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
- 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 — United Nations Relief and Works Agency for Palestine Refugees in the Near East
- UNTAA — United Nations Technical Assistance Administration
- WFUNA — World Federation of United Nations Associations
- WMO — World Meteorological Organization
The Ninth World Health Assembly, held at the Palais des Nations, Geneva, from 8 to 25 May 1956, was convened in accordance with resolution WHA8.25 of the Eighth World Health Assembly and resolution EB16.R6 of the Executive Board (sixteenth 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, they have been grouped by title in the table of contents under the subject-headings of the Handbook (third edition). 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 were originally published.

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MEMBERSHIP OF THE HEALTH ASSEMBLY

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2 Chief Delegate from 19 May
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Dr LAT, Deputy Director of Health Services

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1 Admitted to membership on 9 May 1956 (see resolution WHA9.3.)
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Dr J. M. Mol, Member of Parliament
Miss H. C. Hessling, Division for International Health Affairs, Ministry of Social Affairs and Public Health

NEW ZEALAND
Delegates:
Dr H. B. Turbott, Deputy Director-General of Health (Chief Delegate)
Mr B. D. Zohrab, First Secretary, New Zealand Legation, Paris

NICARAGUA
Delegate:
Dr G. Castillo, Vice-Minister of Health
Adviser:
Mr A. A. Mullhaupt, Consul in Geneva

NORWAY
Delegates:
Dr K. Evang, Director-General of Health Services (Chief Delegate)
Dr F. Mellbye, Director, Division of Hygiene and Epidemiology, Directorate of Health Services
Dr H. Lid, Chief Provincial Health Officer
Alternate:
Miss A. Rimestad, Nursing Supervisor, Directorate of Health Services

PAKISTAN
Delegates:
Dr M. Jafar, Director-General of Health and Joint Secretary, Ministry of Health (Chief Delegate)
Dr M. A. Jabbir, Director, Public Health Laboratories, Dacca

PARAGUAY
Delegate:
Dr H. Miranda, Director, Department of Health Services, Ministry of Health and Welfare

PERU
Delegates:
Dr A. Lynch, Chief, Division of Hygiene and Health Education, Ministry of Health and Welfare (Chief Delegate)
Mr M. de la Fuente Locker, Permanent Representative to the European Office of the United Nations and to the International Organizations in Geneva

PHILIPPINES
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 C. R. Nina, Director, Social Hygiene Centre, Lisbon
Dr G. J. Janz, Professor of Hygiene, Institute of Tropical Medicine, Lisbon

REPUBLIC OF KOREA
Delegates:
Dr Haing In Paik, Director, Bureau of Preventive Medicine, Ministry of Health and Social Affairs (Chief Delegate)
Dr Eung Soo Han, Chief, Chronic Diseases Control Section, Ministry of Health and Social Affairs

SAUDI ARABIA
Delegates:
Dr R. Pharaon, Minister of Health (Chief Delegate)
Dr H. Nassif, Technical Director, Ministry of Health
Dr A. Hashem, Quarantine Adviser, Ministry of Health
Alternate:
Mr S. Khanachet, Press Attaché, Saudi Arabian Embassy, Paris

SPAIN
Delegates:
Dr J. A. Palanca y Martínez-Fortún, Director-General of Health (Chief Delegate)
MEMBERSHIP OF THE HEALTH ASSEMBLY

Mr L. García de Llera, Permanent Delegate to the International Organizations in Geneva
Dr G. Clavero del Campo, Director, National School of Health

Alternates:
Dr J. M. Aniel-Quiroga Redondo, Director for International Organizations, Ministry of External Affairs
Dr F. Pérez Gallardo, Chief, Virus Section, National School of Health
Mr L. de Villegas y de Urzáiz, Deputy Permanent Delegate to the International Organizations in Geneva

SUDAN

Delegates:
Dr M. A. El Sayed, Minister of Health (Chief Delegate)
Dr A. A. Zaki, Director of Medical Services, Ministry of Health
Dr A. M. Khair, Assistant Director of Medical Services, Ministry of Health

SWEDEN

Delegates:
Dr A. G. W. Engel, Director-General, Royal Medical Board (Chief Delegate)
Mr S. O. af Geijerstam, Under-Secretary of State, Ministry of the Interior
Miss M. Andréll, Nursing Officer, Royal Medical Board

Alternates:
Dr M. P. V. Tottie, Adviser, Royal Medical Board
Mr P. B. Kollberg, Permanent Representative to the European Office of the United Nations and other International Organizations in Geneva

SWITZERLAND

Delegates:
Dr A. Sauter, Director, Federal Service of Public Health (Chief Delegate)
Professor E. Grasset, Director, Institute of Hygiene and Bacteriology, University of Geneva
Dr T. Müller, Director, Health Service, Basle

Advisers:
Mr S. Campiche, Conseiller de Légation, Federal Political Department

Miss M. Duvillard, Director, “Bon Secours” School of Nursing, Geneva
Miss K. Oeri, Director, “Lindenhof”, Red Cross School of Nursing, Berne

SYRIA

Delegates:
Dr Dia E. El-Chatti, Director, International Health Affairs, Ministry of Health and Welfare (Chief Delegate)
Dr A. Samman, Director of Health Education and Propaganda, Ministry of Health and Welfare

THAILAND

Delegates:
Dr Prayun Pammon Montri, Minister of Health (Chief Delegate)
Dr Luang Ayukhitkosol, Malaria Consultant, Ministry of Health
Miss Sanguanwan Phuang-Bhejr, Nursing Supervisor, Ministry of Health

TUNISIA

Delegates:
Dr M. El Materi, Minister of Health (Chief Delegate)
Dr M. Slim, Chief, Social Hygiene Service, Ministry of Health
Dr A. Mestiri, Chief, Free Medical Service, Ministry of Health

Alternate:
Mr B. Jaibi, Chief, Hospital Administration Service

TURKEY

Delegates:
Dr N. Karabuda, Under-Secretary of State, Ministry of Health and Welfare (Chief Delegate)
Dr A. Anil, Director-General of Health, Ministry of Health and Welfare
Dr T. Alan, Chief, International Relations and Narcotics Section, Ministry of Health and Welfare

Adviser:
Mrs F. Bengisu, Director, Red Crescent School of Nursing

1 Admitted to membership on 9 May 1956 (see resolution WHA9.4)
UNION OF SOUTH AFRICA
Delegates:
Dr B. M. CLARK, Deputy Chief Health Officer (Chief Delegate)
Mr M. I. Botha, Chief, International Organizations Section, Department of External Affairs
Mr C. Marr, Principal Administrative Officer, Department of Health

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
Delegates:
Sir John Charles, Chief Medical Officer, Ministry of Health (Chief Delegate)
Sir Eric Pridie, Chief Medical Officer, Colonial Office
Mr W. H. Boucher, Assistant Secretary, Ministry of Health
Advisers:
Mr J. F. Hunt, Deputy Accountant General, Ministry of Health
Dame Elizabeth Cockayne, Chief Nursing Officer, Ministry of Health
Dr H. K. Cowan, Chief Medical Officer, Department of Health for Scotland
Mr A. E. Joll, Deputy Registrar General, General Register Office
Dr M. T. Morgan, Ministry of Transport and Civil Aviation
Mr J. C. Wardrop, Permanent Delegate to the European Office of the United Nations

UNITED KINGDOM OF LIBYA
Delegates:
Dr M. Othman, Minister of Health (Chief Delegate)
Dr C. Noger, Deputy Director-General of Health
Mr O. El Gadi, Chief, Administrative Services, Ministry of Health
Alternate:
Mr H. Zlitni, Federal Government Liaison Officer

UNITED STATES OF AMERICA
Delegates:
Dr L. A. Scheele, Surgeon General, Public Health Service, Department of Health, Education and Welfare (Chief Delegate)
Dr C. W. Mayo, Professor of Surgery, Mayo Clinic, Rochester, Minn.
Mr F. O. Wilcox, Assistant Secretary for International Organization Affairs, Department of State
Alternates:
Mr H. B. Calderwood, Office of International Economic and Social Affairs, Department of State
Dr L. T. Coggeshall, Special Assistant for Health and Medical Affairs, Department of Health, Education and Welfare
Dr H. van Zile Hyde, Chief, Division of International Health, Bureau of State Services, Public Health Service, Department of Health, Education and Welfare
Advisers:
Col. T. C. Bedwell, Jr, Office of the Surgeon General, Department of the Air Force
Dr D. Bergsma, State Commissioner of Health, Trenton, N. J.
Mr W. B. Coote, Office of International Administration, Department of State
Dr J. J. Hanlon, Chief, Public Health Division, International Co-operation Administration
Mrs L. P. Leone, Chief Nurse, Public Health Service, Department of Health, Education and Welfare
Dr J. R. Reuling, American Medical Association
Mr K. S. Watson, Consultant in Water Management and Waste Control, General Electric Company, Schenectady, N. Y.

URUGUAY
Delegate:
Mr V. Pomes, Chargé d’affaires, Berne

VENEZUELA
Delegate:
Dr A. Acosta-Martínez, Deputy Director of Health, Ministry of Health and Welfare

VIET NAM
Delegates:
Mr Nguyen Luong, Directeur du Cabinet du Ministre, Ministry of Social Services and Health (Chief Delegate)
Dr Le-Van-Khai, Director-General of Health and Hospitals

YEMEN
Delegates:
Dr C. Toffolon, Private Physician to H. M. the King (Chief Delegate)
MEMBERSHIP OF THE HEALTH ASSEMBLY

Mr S. M. EL-ZOFRI, Directorate-General of Health

YUGOSLAVIA

Delegates:
Mr M. MARKOVIĆ, Chairman, Social Affairs and Health Commission of the Federal Executive Council of the National Parliament (Chief Delegate)
Professor A. ŠTAMPAR, President of the Yugoslav Academy of Sciences and Arts; Member of the Commission for Co-operation with International Health Organizations

Advisers:
Dr B. DJORDJEVIĆ, Professor at the Faculty of Medicine, Belgrade
Mr R. PLEIĆ, Counsellor, Secretariat for Foreign Affairs
Dr B. CVJETANOVIĆ, Associate Professor at the School of Public Health, Faculty of Medicine, Zagreb
Mrs D. URBANCIĆ, Nurse

Representatives of Associate Members

FEDERATION OF NIGERIA
Sir Samuel MANUWA, Chief Medical Adviser to the Government
Sir Francis IBIAM, Medical Officer in Charge, Mission Hospital
Dr R. A. DIKKO, Senior Medical Officer, Northern Region
Mr J. A. JONES, Assistant Secretary, Ministry of Social Services

FEDERATION OF RHODESIA AND NYASALAND
Dr W. C. B. HARRISON, Director of Medical Services, Northern Rhodesia

GOLD COAST
Mr F. K. D. GOKA, Member of the Legislative Assembly; Ministerial Secretary to the Minister of Health
Mr D. M. ALLEN, Permanent Secretary, Ministry of Health
Dr E. AKWEI, Chief Medical Officer, Ministry of Health

SIERRA LEONE
Dr J. KAREFA-SMART, Public Health Adviser

Observers for Non-Member States

COLOMBIA
Dr L. GONZÁLEZ BARROS, Permanent Delegate to the European Office of the United Nations

HOLY SEE
Rev. Father H. M. DE RIEDMATTEN, International Catholic Organizations Centre, Geneva
Dr P. CALPINI, Director, Public Health Service, Canton du Valais

SAN MARINO
Mr E. GRANELLI, Minister Plenipotentiary
Mr H. J. REYNAUD, Vice-Consul in Geneva
Dr B. WARTANOV

Representatives of the Executive Board

Dr O. VARGAS-MÉNDEZ, Vice-Chairman of the Board
Dr F. J. BRADY, Chairman, Standing Committee on Administration and Finance

Representatives of the United Nations and Specialized Agencies

UNITED NATIONS
Mr A. PELT, Director, European Office
Mr P. COŁDAN, Chief, Administrative and Financial Services, European Office
Mr G. YATES, Director, Division of Narcotic Drugs
Mr M. MILHAUD, Chief, European Office of the Technical Assistance Administration
Mr A. DAVID, Assistant to the Deputy Director, European Office

UNITED NATIONS CHILDREN'S FUND
Mr B. RAJAN, President, Executive Board

1 Admitted to associate membership on 9 May 1956 (see resolution WHA9.7)
2 Admitted to associate membership on 9 May 1956 (see resolution WHA9.8)
3 Admitted to associate membership on 9 May 1956 (see resolution WHA9.9)
UNITED NATIONS RELIEF AND WORKS AGENCY
FOR PALESTINE REFUGEES IN THE NEAR EAST
Dr L. FINDLAY, Chief, Health Division

PERMANENT CENTRAL OPIUM BOARD
Mr L. ATZENWILER, Secretary, Permanent Central Opium Board and Drug Supervisory Body

OFFICE OF THE HIGH COMMISSIONER FOR REFUGEES
Mr J. M. Read, Deputy High Commissioner
Mr A. A. HOVEYDA, Chief, Liaison Section

INTERNATIONAL LABOUR ORGANISATION
Dr D. A. MORSE, Director-General of the International Labour Office
Dr A. AMMAR, Assistant Director-General of the International Labour Office
Mr P. P. FANO, Chief, International Organizations Division
Mr M. ROBERT, Chief, Occupational Safety and Health Division
Miss L. E. BODMER, Social Security Division
Mr L. WILDMANN, Social Security Division
Mr P. CURTIS, International Organizations Division

FOOD AND AGRICULTURE ORGANIZATION
Dr W. R. AYKROYD, Director, Nutrition Division
Mrs M. DILLON, Administrative Officer, Geneva Office

WORLD METEOROLOGICAL ORGANIZATION
Mr D. A. DAVIES, Secretary-General
Mr J.-R. RIVET, Deputy Secretary-General
Dr K. LANGLO, Chief, Technical Division

TECHNICAL ASSISTANCE BOARD
Mr P. OBEZ, Secretary

INTERIM COMMISSION OF THE INTERNATIONAL TRADE ORGANIZATION
Mr E. WYNDHAM-WHITE, Executive Secretary

Representatives of Intergovernmental Organizations

COMMITTEE FOR TECHNICAL CO-OPERATION IN AFRICA SOUTH OF THE SAHARA
Mr G. M. GREENWOOD, Assistant Secretary-General

COUNCIL OF EUROPE
Mr H. PFEFFERMANN, Secrétaire à la Direction des Etudes

EUROPEAN ORGANIZATION FOR NUCLEAR RESEARCH
Mr C. BAXTER, Director-General

INTERNATIONAL BUREAU FOR THE PROTECTION OF INDUSTRIAL PROPERTY
Mr C. MAGNIN, Vice-Director

INTERGOVERNMENTAL COMMITTEE FOR EUROPEAN MIGRATION
Dr G. FIGUEROA, Chief Medical Officer

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY
Général-Médecin J. VONCKEN, Secretary-General
Colonel-Brigadier H. MEULI, Berne

LEAGUE OF ARAB STATES
Dr R. BELLAMA, Assistant Secretary-General

ORGANIZATION OF AMERICAN STATES
Dr F. L. SOPER, Director, Pan American Sanitary Bureau

Representatives of Non-governmental Organizations in Official Relations with WHO

BIOMETRIC SOCIETY
Dr R. BORTH, Geneva
Dr A. C. DE GRAFF, New York

CENTRAL COUNCIL FOR HEALTH EDUCATION
Dr J. BURTON, Director

COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES
Professor R. E. TUNBRIDGE, President
Dr J. F. DELAFRESNAYE, Executive Secretary

INTERNATIONAL ACADEMY OF LEGAL MEDICINE AND OF SOCIAL MEDICINE
Professor M. DE LAET, Honorary President (also member of the Delegation of Belgium)
INTERNATIONAL ASSOCIATION
OF MICROBIOLOGICAL SOCIETIES
Professor E. Grasset (also member of the Delegation of Switzerland)

INTERNATIONAL ASSOCIATION
FOR THE PREVENTION OF BLINDNESS
Dr Hedwige Habegger (also representing the International Organization against Trachoma)
Dr D. Klein

INTERNATIONAL BLOOD TRANSFUSION SOCIETY
Dr R. Fischer, Director, Blood Transfusion Centre, Geneva
Dr Z. S. Hantcheff (also representing the League of Red Cross Societies)

INTERNATIONAL COMMISSION ON RADIOLOGICAL PROTECTION

and

INTERNATIONAL COMMISSION ON RADIOLOGICAL UNITS
Professor L. Bugnard, Director, National Institute of Hygiene, Paris

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES
Mrs A. Benoit-Lapointe, President
Miss M. Callou, Secretary-General
Miss Mora, Member of the Committee of the Argentine Association
Miss B. J. Mullan, Member of the General Council; President of the Association of Great Britain
Miss G. E. van Massenhove, Member of the General Council; President of the Flemish Association
Miss de Madariaga, Member of the General Council; President of the Spanish Association
Miss M. Kerens, Chairman of the Technical Commission
Miss L. Siebers, Treasurer-General; President of the Netherlands Association
Miss Mendès, Member of the Committee of the Portuguese Association
Miss Digier, Secretary-General of the Swiss Association

INTERNATIONAL COMMITTEE
OF THE RED CROSS
Professor E. Grasset, Member of the International Committee (also member of the Delegation of Switzerland)
Mr J. P. Schoenholzer, Member of the Legal Section
Miss L. Oder, Member of the International Committee

INTERNATIONAL CONFERENCE OF SOCIAL WORK
Miss V. Weibel, Geneva

INTERNATIONAL COUNCIL OF NURSES
Miss M. M. Bihet, President
Miss E. Broe, Director, Florence Nightingale International Foundation

INTERNATIONAL DENTAL FEDERATION
Dr J. Stork, Treasurer
Dr C. L. Bouvier, Geneva

INTERNATIONAL FEDERATION OF GYNECOLOGY AND OBSTETRICS
Professor H. de Watteville, President
Professor L. Gérin-Lajoie, First Vice-President
Dr W. Geisendorf, Executive Secretary

INTERNATIONAL FEDERATION FOR HOUSING AND TOWN PLANNING
Mr C. E. Burklin, Geneva

INTERNATIONAL HOSPITAL FEDERATION
Mr W. F. Vetter, Member of the Research Committee

INTERNATIONAL HYDATIDOLOGICAL ASSOCIATION
Professor D. Pellegrini

INTERNATIONAL LEAGUE AGAINST RHEUMATISM
Dr K. M. Walthard, Geneva

INTERNATIONAL ORGANIZATION AGAINST TRACHOMA
Professor G. B. Bietti, President
Professor A. Franceschetti, Geneva
Dr Hedwige Habegger, Geneva
INTERNATIONAL PAEDIATRIC ASSOCIATION
Professor F. Bamatter, Geneva

INTERNATIONAL SOCIETY FOR CRIMINOLOGY
Mr C. Gilliéron, Lausanne

INTERNATIONAL SOCIETY FOR THE WELFARE OF CRIPPLES
Mrs J. M. Small (also representing the International Union for Child Welfare
Miss A. Moser (also representing the International Union for Child Welfare)

INTERNATIONAL UNION AGAINST CANCER
Professor R. E. Tunbridge (also representing the Council for International Organizations of Medical Sciences)
Dr J. F. Delafresnaye (also representing the Council for International Organizations of Medical Sciences)

INTERNATIONAL UNION FOR CHILD WELFARE
Mrs J. M. Small, Deputy Secretary-General
Miss A. Moser, Assistant Head, Research Department

INTERNATIONAL UNION FOR HEALTH EDUCATION OF THE PUBLIC
Professor J. Parisot, Honorary President (also member of the Delegation of France)
Professor G. A. Canaparia, Member of the Executive Committee (also member of the Delegation of Italy)
Dr A. Da Silva Travassos, Member of the Executive Committee (also member of the Delegation of Portugal)
Mr L. Viborel, Secretary-General

LEAGUE OF RED CROSS SOCIETIES
Dr Z. S. Hantchef, Director, Medico-Social Bureau
Dr F. Daubenton, Medico-Social Consultant
Miss Y. Hentsch, Director, Nursing Bureau
Miss L. Petschnigg, Assistant Director, Nursing Bureau
Miss B. Slapak, Assistant, Medico-Social Bureau

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
Dr Vera J. Peterson, Geneva

UNION OSE
Dr A. Gonik, Director
Dr B. Shein, Deputy Director

WORLD CONFEDERATION FOR PHYSICAL THERAPY
Mrs R. Agersnap, Executive Director, Danish Organization of Physical Therapists

WORLD FEDERATION FOR MENTAL HEALTH
Dr J. R. Rees, Director

WORLD FEDERATION OF UNITED NATIONS ASSOCIATIONS
Dr A. Khoshkish, Representative to the European Office of the United Nations and the Specialized Agencies in Geneva
Mrs B. Troupin, Representative to the European Office of the United Nations and the Specialized Agencies in Geneva
Mrs C. Cartier, Administrative Secretary
Dr E. Musil, Austrian United Nations Association

WORLD MEDICAL ASSOCIATION
Professor L. Gérin-Lajoie, Assistant to the Chairman of the Council
Dr J. Maystre, Delegate to the International Organizations in Geneva
Dr J. R. Reuling, Florida (also member of the Delegation of the United States of America)

WORLD VETERANS' FEDERATION
Mr C. Campagne, Secretary-General
Mr D. Heaps, Director, Economic and Social Planning
Mr R. Guicharnaud, Director, Rehabilitation Service
OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President:
Professor J. PARISOT (France)

Vice-Presidents:
Dr Nor-el-Din TARraf (Egypt)
Dr B. M. CLARK (Union of South Africa)
Dr E. de Paiva Ferreira BRAGA (Brazil)

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

Committee on Credentials

The Committee on Credentials was composed of delegates of the following countries: Argentina, Ecuador, Ethiopia, Guatemala, Ireland, Japan, Liberia, New Zealand, Saudi Arabia, Spain, Thailand, Turkey.

Chairman: Dr H. B. TURBOTT (New Zealand)
Vice-Chairman: Dr L. SIRI (Argentina)
Rapporteur: Mr Akira SAITA (Japan)
Secretary: Mr F. GUTTERIDGE, Legal Office

Committee on Nominations

The Committee on Nominations was composed of delegates of the following countries: Australia, Brazil, Burma, Cuba, Egypt, Haiti, India, Laos, Netherlands, Nicaragua, Norway, Pakistan, Syria, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Yugoslavia.

Chairman: Dr K. EVANG (Norway)
Rapporteur: Dr Oudom SOUVANNAVONG (Laos)
Secretary: Dr M. G. CANDAU, Director-General

General Committee

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following countries: Burma, Chile, Cuba, India, Japan, New Zealand, Norway, United States of America, Yugoslavia.

Chairman: Professor J. PARISOT (France)
Secretary: Dr M. G. CANDAU, Director-General

Special Committee to consider Item 7.13 of the Agenda and Resolution EB17.R27 of the Executive Board

The Special Committee, established by the Health Assembly at its third plenary meeting, was composed of the members of the General Committee and the delegates of Belgium, Mexico and Saudi Arabia. It considered item 7.13 of the agenda—Notification by the Union of Soviet Socialist Republics concerning participation in the World Health Organization.

Chairman: Sir Arcot MUDALIAR (India)
Rapporteur: Mr Akira SAITA (Japan)
Secretary: Dr M. G. CANDAU, Director-General

Main Committees

Under Rule 34 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 M. JAFAR (Pakistan)
Vice-Chairman: Dr H. B. TURBOTT (New Zealand)
Rapporteur: Dr S. ANWAR (Indonesia)
Secretaries: Dr H. S. GEAR, Assistant Director-General, Department of Central Technical Services; Dr V. A. SUTTER, Assistant Director-General, Department of Advisory Services

Sub-Committee on International Quarantine

Chairman: Dr G. D. W. CAMERON (Canada)
Vice-Chairman: Dr P. J. J. VAN DE CALSEYDE (Belgium)
Rapporteur: Dr Masayoshi YAMAGUCHI (Japan)
Secretary: Dr R. I. HOOD, Chief, International Quarantine Section

Administration, Finance and Legal Matters

Chairman: Mr W. H. BOUCHER (United Kingdom of Great Britain and Northern Ireland)
Vice-Chairman: Mr B. SØRENSEN (Denmark)
Rapporteur: Mr R. PLEIĆ (Yugoslavia)
Secretary: Mr M. P. SIEGEL, Assistant Director-General, Department of Administration and Finance

Legal Sub-Committee

Chairman: Mr M. I. BOTHA (Union of South Africa)
Vice-Chairman: Mr NGUYEN LUONG (Viet Nam)
Rapporteur: Miss H. C. HESSLING (Netherlands)
Secretary: Mr A. ZARB, Chief, Legal Office

1 Representatives from Poland were available for the purpose of consultation as provided for in resolution EB17.R27, para. III, 2. These representatives were:
Vice-Ministre B. Kozusznik; Professor W. Babecki; Professor M. Kacprzak; Mr J. Jurkiewicz.
PART I

RESOLUTIONS AND DECISIONS
RESOLUTIONS AND DECISIONS

WHA9.1 Establishment of Main Committees

The Ninth World Health Assembly

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


First plenary meeting, 8 May 1956

WHA9.2 Terms of Reference of the Main Committees

The Ninth 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 1957-1960;
   (c) recommend the budgetary ceiling for 1957, after examination of the main features of the programme;
   (d) review and recommend the programme for 1957;
   (e) recommend the completed Appropriation Resolution for 1957 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 1955,
       (ii) the status of contributions,
       (iii) the status of the Working Capital Fund, Assembly Suspense Account, Publications Revolving Fund, and any other funds which have a bearing on the financial position of the Organization;
   (b) recommend the scale of assessment for 1957;
   (c) recommend the Working Capital Fund Resolution for 1957, including the amount in which it shall be established;
   (d) review the parts of the budget for 1957 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;

(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 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).


Third plenary meeting, 9 May 1956

WHA9.3 Admission of Morocco as a Member

The Ninth World Health Assembly

ADMITS Morocco as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.


Fourth plenary meeting, 9 May 1956

WHA9.4 Admission of Sudan as a Member

The Ninth World Health Assembly

ADMITS the Sudan as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.


Fourth plenary meeting, 9 May 1956

WHA9.5 Admission of Tunisia as a Member

The Ninth World Health Assembly

ADMITS Tunisia as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.


Fourth plenary meeting, 9 May 1956

WHA9.6 Admission of the Gold Coast as an Associate Member

The Ninth World Health Assembly

ADMITS the Gold Coast as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of the Gold Coast in accordance with Rules of Procedure 111 and 112 of the World Health Assembly.


Fourth plenary meeting, 9 May 1956
WHA9.7 Admission of the Federation of Nigeria as an Associate Member

The Ninth World Health Assembly

ADmits the Federation of Nigeria 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 Nigeria in accordance with Rules of Procedure 111 and 112 of the World Health Assembly.


Fourth plenary meeting, 9 May 1956

WHA9.8 Admission of Sierra Leone as an Associate Member

The Ninth World Health Assembly

ADmits Sierra Leone as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of Sierra Leone in accordance with Rules of Procedure 111 and 112 of the World Health Assembly.


Fourth plenary meeting, 9 May 1956

WHA9.9 Resumption by Certain Members of Active Participation in the World Health Organization

The Ninth World Health Assembly,

Having studied the recommendations of the Executive Board in resolution EB17.R27;

Desiring to find ways and means of enabling those Members who have not been actively participating in the work of the Organization rapidly to resume the exercise of their rights and to fulfil their obligations;

Considering the provisions of the Constitution governing the financial obligations of Members, together with the provisions of the Financial Regulations;

Having considered the principles and policies which should apply to the settlement of the arrears of contributions of those Members;

Considering that, during the period in which those Members were not actively participating in the work of the Organization, the Members who were actively participating carried the financial burden of the Organization, bore the cost of acquiring assets which now belong to the Organization, and of providing to Members not actively participating certain services of the Organization,

1. DECIDES that contributions must be paid in full for the years during which the Members participated actively in the work of the Organization (including the year during which the intention of the Member concerned no longer to participate in the work of the Organization was communicated to the Organization);

2. DECIDES that, for those years during which the Members did not actively participate in the work of the Organization, a token payment of five per cent. of the amount assessed each year shall be required which shall, upon payment, be considered as discharging in full the financial obligations of those Members for the years concerned;

3. DECIDES that the payments required under paragraphs 1 and 2 above must be paid in US dollars or Swiss francs; and may be paid in equal annual instalments over a period not exceeding ten years beginning with the year in which active participation is resumed if the Members concerned wish to take advantage of this provision of the resolution; and that payment of those annual amounts shall be construed as preventing the application of the provisions of Article 7 of the Constitution;

4. DECIDES that, in accordance with Financial Regulation 5.6, payments made by the Members concerned shall be credited first to the Working Capital Fund; and, further,
5. DECIDES that, notwithstanding the provisions of Financial Regulation 5.6, payments of contributions for the years beginning with that in which the Members return to active participation shall be credited to the year concerned;

6. REQUESTS the Director-General, as the token payments established in paragraph 2 above are received, to so adjust the accounts of the Organization as is appropriate under the terms of this resolution in respect of those years;

7. REQUESTS the Director-General to inform the Members concerned of these decisions;

8. EXPRESSES the hope that this decision of the Health Assembly will facilitate the resumption by the Members concerned of active participation in the work of the Organization.

Handb. Res., 3rd ed., 6.2.3; 7.1.2

Seventh plenary meeting, 11 May 1956 (report of the Special Committee)

WHA9.10  Report of the Léon Bernard Foundation Committee

The Ninth World Health Assembly

NOTES the report of the Léon Bernard Foundation Committee.


Eighth plenary meeting, 15 May 1956

WHA9.11  Election of Members entitled to designate a Person to serve on the Executive Board

The Ninth 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:

Canada, India, Italy, Mexico, Syria, and the United Kingdom of Great Britain and Northern Ireland.


Ninth plenary meeting, 17 May 1956


The Ninth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1955 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 70; and

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


Ninth plenary meeting, 17 May 1956 (section 1 of the first report of the Committee on Administration, Finance and Legal Matters)

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1 Annex 1
2 See report of the General Committee
3 Annex 2
WHA9.13  Publications Revolving Fund

The Ninth World Health Assembly,

Having considered the report of the Executive Board ¹ and the Financial Report for 1955 ² on the status of the Publications Revolving Fund and the resolution adopted by the Board on this subject (resolution EB17.R46),

1. DECIDES that the balance as at 31 December 1955 be left in the Fund;
2. NOTES that the Executive Board will consider the status of this Fund at its nineteenth session;
3. REQUESTS the Executive Board to report to the Tenth World Health Assembly on this subject.

Handb. Res., 3rd ed., 7.1.6  Ninth plenary meeting, 17 May 1956 (section 2 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA9.14  Assessments of Austria, Burma and Ceylon

The Ninth World Health Assembly,

Recalling that the Eighth World Health Assembly, in resolution WHA8.5, reaffirmed its decision that the United Nations scale of assessment should be used as the basis for the scale of assessment in WHO and that WHO should progress toward the full application of the necessary adjustments to be made in four annual stages beginning in 1956;

Recalling further that the special assessments of Austria, Burma and Ceylon were fixed for 1956 only, to be reviewed by the Ninth World Health Assembly;

Having studied the report by the Director-General,³ and the report of the Executive Board ⁴ on the scale of assessment with respect to Austria, Burma and Ceylon,

DECIDES that the assessments of Austria, Burma and Ceylon should remain unchanged for one single year more and that commencing with the assessment for 1958 they shall be assessed in accordance with the principles set forth in resolution WHA8.5, at the stages they would normally have been, provided that the adjustment with respect to Austria should be made starting from the basis of 22 units.

Handb. Res., 3rd ed., 7.1.2.2  Ninth plenary meeting, 17 May 1956 (section 3.1 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA9.15  Assessment of Korea

The Ninth World Health Assembly,

Having considered the assessment of Korea in the light of the special circumstances existing relating to war devastation,

DECIDES that the assessment of Korea should for the next five years continue to be fixed at the minimum assessment and that the situation concerning the assessment of Korea should be reviewed again in the year 1961.

Handb. Res., 3rd ed., 7.1.2.2  Ninth plenary meeting, 17 May 1956 (section 3.2 of the first report of the Committee on Administration, Finance and Legal Matters)

¹ Off. Rec. Wld Hlth Org. 69, 31-34
² Off. Rec. Wld Hlth Org. 70, 22
³ Off. Rec. Wld Hlth Org. 68, Annex 9, 71-73
⁴ Off. Rec. Wld Hlth Org. 68, Annex 9, 73-74
WHA9.16 Assessments of Morocco, Sudan, Tunisia; Gold Coast, Federation of Nigeria, and Sierra Leone

The Ninth World Health Assembly,

Considering the admission of certain Members and Associate Members to the Organization,

RESOLVES that the following additions be made to the scale of assessment:

Morocco .... 16 units
Sudan .... 13 units
Tunisia .... 0.04 per cent.

Gold Coast .... 3 units
Federation of Nigeria .... 3 units
Sierra Leone .... 3 units

Handb. Res., 3rd ed., 7.1.2.2

WHA9.17 Scale of Assessment for 1957

The Ninth World Health Assembly,

Recalling that the Eighth World Health Assembly, in resolution WHA8.5, reaffirmed its decision that the United Nations scale of assessment should be used as the basis for the scale of assessment in WHO and that WHO should progress toward the full application of the necessary adjustments to be made in four annual stages beginning in 1956,

DECIDES that the scale of assessment for 1957 shall be as follows:

<table>
<thead>
<tr>
<th>Member</th>
<th>Scale (units)</th>
<th>Member</th>
<th>Scale (units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>6</td>
<td>Finland</td>
<td>33</td>
</tr>
<tr>
<td>Albania</td>
<td>*</td>
<td>France</td>
<td>706</td>
</tr>
<tr>
<td>Argentina</td>
<td>184</td>
<td>Gold Coast</td>
<td>3</td>
</tr>
<tr>
<td>Australia</td>
<td>220</td>
<td>Greece</td>
<td>23</td>
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<tr>
<td>Austria</td>
<td>17</td>
<td>Guatemala</td>
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<tr>
<td>Belgium</td>
<td>158</td>
<td>Haiti</td>
<td>*</td>
</tr>
<tr>
<td>Bolivia</td>
<td>7</td>
<td>Honduras</td>
<td>*</td>
</tr>
<tr>
<td>Brazil</td>
<td>181</td>
<td>Hungary</td>
<td>41</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>17</td>
<td>Iceland</td>
<td>*</td>
</tr>
<tr>
<td>Burma</td>
<td>6</td>
<td>India</td>
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<td>Byelorussian SSR</td>
<td>44</td>
<td>Indonesia</td>
<td>52</td>
</tr>
<tr>
<td>Cambodia</td>
<td>*</td>
<td>Iran</td>
<td>42</td>
</tr>
<tr>
<td>Canada</td>
<td>398</td>
<td>Iraq</td>
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<tr>
<td>Ceylon</td>
<td>*</td>
<td>Ireland</td>
<td>33</td>
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<tr>
<td>Chile</td>
<td>45</td>
<td>Israel</td>
<td>18</td>
</tr>
<tr>
<td>China</td>
<td>678</td>
<td>Italy</td>
<td>254</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>*</td>
<td>Japan</td>
<td>227</td>
</tr>
<tr>
<td>Cuba</td>
<td>34</td>
<td>Jordan, Hashemite Kingdom of</td>
<td>*</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>106</td>
<td>Korea, Republic of</td>
<td>*</td>
</tr>
<tr>
<td>Denmark</td>
<td>88</td>
<td>Laos</td>
<td>*</td>
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<tr>
<td>Dominican Republic</td>
<td>*</td>
<td>Lebanon</td>
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<tr>
<td>Egypt</td>
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<td>Libya</td>
<td>*</td>
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<tr>
<td>El Salvador</td>
<td>6</td>
<td>Luxembourg</td>
<td>6</td>
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<tr>
<td>Ethiopia</td>
<td>12</td>
<td>Mexico</td>
<td>83</td>
</tr>
<tr>
<td>Federal Republic of Germany</td>
<td>450</td>
<td>Monaco</td>
<td>*</td>
</tr>
<tr>
<td>Federation of Nigeria</td>
<td>3</td>
<td>Morocco</td>
<td>16</td>
</tr>
<tr>
<td>Federation of Rhodesia and Nyasaland</td>
<td>3</td>
<td>Nepal</td>
<td>*</td>
</tr>
</tbody>
</table>

* Minimum assessment of 0.04 per cent.
Member | Scale (units) | Member | Scale (units)
--- | --- | --- | ---
Netherlands | 154 | Switzerland | 132
New Zealand | 57 | Syria | 11
Nicaragua | * | Thailand | 26
Norway | 60 | Tunisia | *
Pakistan | 76 | Turkey | 92
Panama | * | Ukrainian SSR | 165
Paraguay | * | Union of South Africa | 110
Peru | 21 | Union of Soviet Socialist Republics | 1244
Philippines | 43 | United Kingdom of Great Britain and Northern Ireland | 1179
Poland | 155 | United States of America | **
Portugal | 39 | Uruguay | 21
Romania | 53 | Venezuela | 43
Saudi Arabia | 8 | Viet Nam | 22
Sierra Leone | 3 | Yemen | *
Spain | 138 | Yugoslavia | 44
Sudan | 13 | |
Sweden | 212 | |

* Minimum assessment of 0.04 per cent.
** Special assessment on largest contributor in accordance with paragraph 3 of resolution WHA8.5


Ninth plenary meeting, 17 May 1956 (section 3.4 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA9.18 Status of Collection of Annual Contributions and of Advances to the Working Capital Fund

The Ninth World Health Assembly,

I. Having considered the report of the Director-General on the status of annual contributions and of advances to the Working Capital Fund,

NOTES with satisfaction the collections of contributions in respect of the current year’s budget;

II. Considering paragraph 2 of resolution WHA8.13 of the Eighth World Health Assembly;

Noting that communications from those Members which would be subject to the provisions of the paragraph regarding payment of their arrears for 1953 and 1954 indicate that they will be paying those contributions in the immediate future,

1. DECIDES not to invoke Article 7 of the Constitution against those Members;

Noting that certain Members are in arrears for 1954 and 1955,

2. CALLS THE ATTENTION of Member governments to the importance of paying their contributions in good time, to make it unnecessary in future for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of such a Member should be suspended;

3. REQUESTS Member governments to provide in their national budgets for regular payment to the World Health Organization of their annual contributions in the year in which they are due; and

4. REQUESTS the Director-General to communicate this resolution to the Members concerned.

Handb. Res., 3rd ed., 7.1.2.4

Ninth plenary meeting, 17 May 1956 (section 4 of the first report of the Committee on Administration, Finance and Legal Matters)
WHA9.19 Working Capital Fund for 1957

The Ninth World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 30 April 1956 be established for 1957 in the amount of US $3 386 126, plus the assessments of Members joining after 30 April 1956;

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 1957 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 1957 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.

Handb. Res., 3rd ed., 7.1.3.2

Ninth plenary meeting, 17 May 1956 (section 5 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA9.20 Sessions of Regional Committees away from Regional Headquarters

The Ninth World Health Assembly,

Having considered a report by the Executive Board 1 on the costs entailed in holding sessions of regional committees elsewhere than at the site of the regional office,

1. REMINDS regional committees of the provisions of resolution WHA7.26 of the Seventh World Health Assembly recommending 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";

2. INVITES the attention of the regional committees to the desirability of host governments participating in the increased cost resulting from holding regional committee meetings outside the regional headquarters, as has been done in some regions; and

3. REQUESTS that regional committees should plan the place of the regional committee meetings, together with its budgetary implications, two years in advance so that appropriate budgetary provisions may be made by the Health Assembly when it approves the programme and budget for each year.

Handb. Res., 3rd ed., 5.3.3

Tenth plenary meeting, 21 May 1956 (section 1 of the second report of the Committee on Administration, Finance and Legal Matters)

1 See Off. Rec. Wld Hlth Org. 69, 26-27.
WHA9.21 Co-ordination with the United Nations and Specialized Agencies on Administrative and Financial Questions

The Ninth World Health Assembly

1. NOTES the report of the Director-General on co-ordination with the United Nations and the specialized agencies on administrative and financial matters;
2. COMMENDS the Director-General for his efforts to continue the satisfactory progress in administrative and budgetary co-ordination and co-operation with the United Nations and with other specialized agencies.


Tenth plenary meeting, 21 May 1956 (section 2 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA9.22 Decisions of United Nations Organs and Specialized Agencies

The Ninth World Health Assembly

NOTES the report of the Director-General on decisions of United Nations organs and specialized agencies which relate to the activities of WHO.


Thirteenth plenary meeting, 25 May 1956 (section 2 of the fifth report of the Committee on Programme and Budget)

WHA9.23 Correction of the French and Spanish Texts of Resolution WHA1.133

The Ninth World Health Assembly

1. DECIDES that the French text of resolution WHA1.133 adopted by the First World Health Assembly (and the Spanish translation thereof), dealing with the official seal and emblem, shall be corrected by the deletion in the second paragraph of the reference to the caduceus, the corrected paragraph consequently reading as follows:

"(2) d’adopter, pour cet emblème, le symbole des Nations Unies coupé verticalement par le bâton d’Esculape avec serpent en or, à la condition que le Directeur général obtienne du Secrétaire général des Nations Unies le consentement de celles-ci pour l’utilisation projetée de leur sceau;”

paragraph (2) of the Spanish text consequently reading as follows:

“(2) adoptar para este emblema el símbolo de las Naciones Unidas cargado de la vara y la serpiente de Esclaupio en oro, a condición de que el Director General obtenga de las Naciones Unidas, por conducto del Secretario General, autorización para utilizar su sello;”

and

2. REQUESTS the Director-General to notify this correction to all Member States.


Tenth plenary meeting, 21 May 1956 (section 3 of the second report of the Committee on Administration, Finance and Legal Matters)
WHA9.24 Special Fund for improving National Health Services

The Ninth World Health Assembly,

Recalling resolution WHA8.21, concerning the proposed "Special fund for improving national health services";

Considering the report of the Director-General on this subject; 

Considering the terms of resolution 923 (X) adopted by the General Assembly of the United Nations at its tenth session; and

Considering that the ad hoc committee established by that resolution on the question of the establishment of a Special United Nations Fund for Economic Development is now in session and that it is expected to submit an interim report to the Economic and Social Council at its twenty-second session and to the General Assembly at its eleventh session,

1. RE-EMPHASIZES the opinions expressed in resolution WHA8.21 as to the scope and establishment of a Special United Nations Fund for Economic Development;

2. NOTES with satisfaction the action so far taken by the Director-General in compliance with resolution WHA8.21, including the statement made on his behalf to the Economic and Social Council in August 1955;

3. REQUESTS the Director-General to continue to keep the Economic and Social Council and the General Assembly of the United Nations informed of the interest the World Health Organization has in the establishment and scope of a Special United Nations Fund for Economic Development;

4. REQUESTS the Director-General to maintain close co-operation with the United Nations and any of its subsidiary organs given responsibility for the planning and the development of a Special United Nations Fund for Economic Development; and

5. REQUESTS the Director-General to report to the Executive Board and to the World Health Assembly at its tenth session on any developments relating to the establishment of a Special United Nations Fund for Economic Development.


WHA9.25 Use of Arabic in the Regional Committee for the Eastern Mediterranean

The Ninth World Health Assembly,

Noting that the Executive Board, at its seventeenth session, has supported in principle the suggestion concerning the use of the Arabic language in the Regional Committee for the Eastern Mediterranean;

Having considered a report of the Director-General on the use of languages in regional committees and in the United Nations and other specialized agencies, and on the budgetary implications of the use of Arabic in the Regional Committee for the Eastern Mediterranean;

Noting that the Director-General has included provision in the proposed programme and budget estimates for 1957 to cover the estimated expenditure entailed in using Arabic in the Regional Committee for the Eastern Mediterranean,

3 Annex 3
4 Annex 4
1. APPROVES the use, commencing in 1957, of the Arabic language in the Regional Committee for the Eastern Mediterranean;
2. AUTHORIZES the Director-General to include appropriate provision therefor in the annual programme and budget estimates of the Organization.

Handb. Res., 3rd ed., 5.2.5.3

Tenth plenary meeting, 21 May 1956 (section 5 of the second report of the Committee on Administration, Finance and Legal Matters)


The Ninth World Health Assembly,

Having reviewed the Annual Report of the Director-General on the work of WHO in 1955,¹
1. NOTES with satisfaction the manner in which the programme was planned and carried out during 1955, in accordance with the established policies of the Organization;
2. NOTES with satisfaction that the administrative and financial affairs of the Organization, as described in the Annual Report of the Director-General, are sound; and
3. COMMENDS the Director-General for the work accomplished.


Tenth plenary meeting, 21 May 1956 (section 1 of the first report of the Committee on Programme and Budget)

WHA9.27 Reports on the World Health Situation

The Ninth World Health Assembly,

Noting resolutions EB15.R51 and EB17.R67 of the Executive Board and the report ² prepared by the Director-General in pursuance of resolution WHA8.40 of the World Health Assembly on “Reports on the world health situation”, as well as resolution 557 (XVIII) of the Economic and Social Council on the organization and operation of the Council;

Recalling the obligation accepted by Member States in Article 61 of the Constitution of the World Health Organization;

Recognizing the responsibility of the World Health Organization to study and report on the world health situation; and confirming that such studies and reports are essential to the fulfilment of the Organization’s other functions,

1. INVITES the Members of the World Health Organization to prepare, as a step towards the fulfilment of their obligations under Article 61 of the Constitution, a report covering as far as possible the period 1954 to the end of 1956;
2. RECOMMENDS, as a basis for the preparation of reports from those Members of the World Health Organization that are also Members of the Pan American Sanitary Organization, the relevant portions of the questionnaire in use by the PASO; ² and, as a basis for the preparation of reports by Members in other regions, the list of headings reproduced in Annex B of document A9/P&B/9,² with necessary adjustments;
3. REQUESTS the Director-General, through the regional organizations, to give all suitable assistance to the Member States in preparing these reports; and

¹ Off. Rec. Wld Hlth Org. 67
² See Annex 5.
4. **REQUESTS** the Director-General to prepare for the Eleventh World Health Assembly the first report on the world health situation, summarizing the reports submitted by Members pursuant to Article 61 of the Constitution.

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**WHA9.28**  
**Special Report to celebrate the Tenth Anniversary of the World Health Organization**

The Ninth World Health Assembly,

In view of the fact that in 1958 ten years will have elapsed since the foundation of the World Health Organization;

In view of the fact that the first report on the world health situation is being prepared for the Eleventh World Health Assembly;

Conscious that during the period that has elapsed, the World Health Organization has acquired considerable experience and developed various methods of work and that by reason of its prestige and its position in the United Nations family, its role has increased in importance;

Conscious that, despite the important results obtained by the World Health Organization, extensive health problems still exist whose rapid solution is essential if conditions of economic stability and social well-being are to be established;

Taking into account the fact that the favourable development of the international situation creates new possibilities and opens fresh perspectives for undertaking still more intensive activities to ensure the attainment by all peoples of the highest possible level of health;

In view of the decision of the Executive Board at its seventeenth session requesting the Director-General to issue a special publication to celebrate the tenth anniversary of the World Health Organization,

1. **DECIDES** to celebrate the tenth anniversary of the World Health Organization;

2. **REQUESTS** the Director-General to submit to the Eleventh World Health Assembly, for this purpose, a special report reviewing all the activities of the World Health Organization during past years, including the period of the Interim Commission; and

3. **DECIDES**, furthermore, that this special report shall be considered by the Eleventh World Health Assembly at the same time as the first report on the world health situation, with the aim of subsequently developing the activities and programmes of the World Health Organization on the basis of the experience acquired and taking into account the new possibilities for international co-operation.

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**WHA9.29**  
**Seventh Revision of the International Lists of Diseases and Causes of Death**

The Ninth World Health Assembly

1. **ADOPTS** the Additional Regulations of 21 May 1956 amending the Nomenclature Regulations 1948 together with:

   - Annex A concerning the Detailed List of the International Classification;
   - Annex B concerning the Rules for mortality classification; and

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1 Annex 6
2. **REQUESTS** the Director-General to have the revised Categories and Tabular List of Inclusions as recommended by the Revision Conference (Annex 4 of its report) integrated with the 1948 Classification to constitute the revised 1955 International Classification of Diseases; and to issue new editions of both volumes of the *Manual* incorporating the Seventh Revision.

**WHA9.30** Future Organizational Studies by the Executive Board

The Ninth World Health Assembly,

Having considered resolution EB17.R48 of the Executive Board, on the organizational study, "Programme planning with particular reference to the integration of preventive and curative medicine in the public-health programme";

Considering that the continuation of this same study for another year would be desirable; and

Finding it desirable that the subject for organizational study should be selected at least a year in advance,

1. **REQUESTS** the Executive Board to undertake the following organizational studies:
   - for 1957: to continue the study on programme planning with particular reference to the integration of preventive and curative medicine in the public-health programme;
   - for 1958: further study on regionalization; and

2. **REQUESTS** regional committees to consider, at their meetings in 1956, the study for 1958 and to submit such views as they wish to express for consideration by the Executive Board.

**WHA9.31** Cardiovascular Diseases and Hypertension

The Ninth World Health Assembly,

Noting the proposals submitted by the Government of India,

REQUESTS the Director-General to give consideration to the proposals put forward by the Government of India, and to set up an expert committee on cardiovascular diseases and hypertension, subject to the availability of funds.

**WHA9.32** Effective Working Budget and Budget Level for 1957

The Ninth World Health Assembly,

Having considered the main features of the programme as contained in the Director-General's proposed programme and budget estimates for 1957; and

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1 *Off. Rec. Wld Hlth Org.* 66
Having considered the recommendation of the Executive Board (resolution EB17.R28), together with its report, as required by Article 55 of the Constitution,

1. DECIDES that the effective working budget for 1957 shall be established in two amounts as follows:
   (1) a basic effective working budget in the amount of US $10,700,000; and
   (2) a supplemental effective working budget in an amount not to exceed US $1,525,000;

2. DECIDES that the budget level for 1957 shall be established in an amount equal to the effective working budget as provided in paragraph 1 (1) above, plus the assessments on inactive Members and China;

3. DECIDES that the budget level for 1957 as established in paragraph 2 shall be financed by assessments on Members after deducting casual income available for 1957 in the amount of US $355,800; and, further

4. DECIDES that the supplemental effective working budget for 1957 established under paragraph 1 (2) above may be implemented only to the extent to which inactive Members notify the Director-General that they will resume active participation in the work of the Organization as from 1957.

WHA9.33 Fixation of Minimum Educational Standards on an International Basis for Doctors

The Ninth World Health Assembly

1. NOTES the proposal of the Government of India concerning "Fixation of minimum educational standards on an international basis for doctors"; 2

2. REQUESTS the Director-General to study the proposal and its possible implications; to consult with other appropriate international organizations; and

3. REQUESTS him to submit his observations in a report to a future session of the Executive Board.

WHA9.34 Future Policy on Financial Support to the Council for International Organizations of Medical Sciences (CIOMS)

The Ninth World Health Assembly,

Having considered the report of the Director-General and the recommendations of the Executive Board on the future relationships with CIOMS; and

Recalling the principles established in resolution WHA2.5,

1. DECIDES that the World Health Organization should continue to provide support to CIOMS for activities approved by WHO to the extent of such financial provisions as may be included in the budget approved annually by the Health Assembly; and

2. REQUESTS the Director-General to continue his consultations with the Director-General of UNESCO and with CIOMS, with the view of developing the most effective means of co-operation with CIOMS.

1 Off. Rec. Wld Hlth Org. 69
2 Annex 7
WHA9.35  Relations with UNICEF

The Ninth World Health Assembly,

Having considered the reports by the Director-General on developments in relations with UNICEF 1 submitted pursuant to the request of the Eighth World Health Assembly (resolution WHA8.12);

Noting with appreciation the action taken by the UNICEF Executive Board at its September 1955 and March 1956 sessions concerning UNICEF/WHO relations and the allocation of funds to reimburse WHO for the costs of international health personnel in certain jointly assisted projects;

Having noted the resolution adopted by the Executive Board at its seventeenth session on relations with UNICEF (resolution EB17.R50),

1. Expresses its appreciation of the continued effective co-operative relationship between UNICEF and WHO and its satisfaction with the arrangements now established in their financial relations;

2. Considers that the financial relations between UNICEF and WHO will continue to be satisfactory as long as the relative level of activities and financial resources of the two organizations is maintained;

3. Notes with satisfaction UNICEF's recognition of the fact that, because of differences in the budgetary cycles of the two agencies, certain costs of international health personnel might need to be assumed by UNICEF when they had not been foreseen at the time of the preparation of the annual programme and budget of WHO.


Eleventh plenary meeting, 22 May 1956 (section 3 of the third report of the Committee on Programme and Budget)

WHA9.36  Place of Meeting of the Tenth World Health Assembly

The Ninth World Health Assembly,

Considering the provision of Article 14 of the Constitution with regard to the selection of the country or region in which the next Health Assembly will be held,

Decides that the Tenth World Health Assembly shall be held in Switzerland.


Twelfth plenary meeting, 23 May 1956 (section 1 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA9.37  Approval of Host Agreement with the Government of Denmark concerning the Regional Office for Europe

The Ninth World Health Assembly

Approves the host agreement between the World Health Organization and the Government of Denmark defining the privileges and immunities of the Organization and of its Regional Office in Europe, signed on 29 June and 7 July 1955, and the exchange of notes relating thereto.2

Handb. Res., 3rd ed., 6.3.2.6 ; 5.2.4.2

Twelfth plenary meeting, 23 May 1956 (section 2 of the third report of the Committee on Administration, Finance and Legal Matters)

1 Annex 8

2 Off. Rec. Wld Hlth Org. 68, Annex 4
The Ninth World Health Assembly,

Having considered the relations established between the International Bureau for the Protection of Industrial Property and the World Health Organization set out in the exchange of letters of 13 February and 9 March 1956,\(^1\)

APPROVES the exchange of letters establishing the relations between the two organizations.


Twelfth plenary meeting, 23 May 1956 (section 3 of the third report of the Committee on Administration, Finance and Legal Matters)

The Ninth World Health Assembly

ADOPTS as the Spanish text of the revised Rules of Procedure of the Health Assembly the text annexed \(^2\) to this resolution together with the drafting corrections.


Twelfth plenary meeting, 23 May 1956 (section 4 of the third report of the Committee on Administration, Finance and Legal Matters)

The Ninth World Health Assembly

RESOLVES that the member of the Executive Board designated by the Government of Canada be appointed as a member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Italy be appointed as alternate member, the appointments being for a period of three years.


Twelfth plenary meeting, 23 May 1956 (section 5 of the third report of the Committee on Administration, Finance and Legal Matters)

The Ninth World Health Assembly

NOTES with satisfaction the status of the operation of the Joint Staff Pension Fund as indicated by the substance of the annual report for the year 1954 and the report of the third actuarial valuation, as reported by the Director-General.

Handb. Res., 3rd ed., 7.2.7.2

Twelfth plenary meeting, 23 May 1956 (section 6 of the third report of the Committee on Administration, Finance and Legal Matters)

\(^1\) Annex 9

\(^2\) The text, as thus adopted, is printed in the Spanish edition of this volume, Annex 15.
WHA9.42 Assignment of Tunisia to the Eastern Mediterranean Region

The Ninth World Health Assembly,

Having considered the request from the Government of Tunisia for the inclusion of that country in the Eastern Mediterranean Region,

RESOLVES that Tunisia shall form part of the Eastern Mediterranean Region.

Handb. Res., 3rd ed., 5.1.3.1

Twelfth plenary meeting, 23 May 1956 (section 7 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA9.43 Provisional Assignment of Morocco to the European Region

The Ninth World Health Assembly,

Having considered the request from the Government of Morocco for the inclusion of that country provisionally in the European Region,

RESOLVES that Morocco shall provisionally form part of the European Region.

Handb. Res., 3rd ed., 5.1.3.1

Twelfth plenary meeting, 23 May 1956 (section 8 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA9.44 Procedural Problems relating to Constitutional Amendments

The Ninth World Health Assembly

DECIDES that, for the present, no provision regarding the procedural problems related to constitutional amendments shall be inserted in the Rules of Procedure.

Handb. Res., 3rd ed., 4.1.4.5 ; 6.1

Twelfth plenary meeting, 23 May 1956 (section 9, as amended, of the third report of the Committee on Administration, Finance and Legal Matters)

WHA9.45 Inter-regional Conference on Leprosy Control, 1958

The Ninth World Health Assembly,

Having discussed the proposal advanced by the Government of Burma for convening a conference in South-East Asia regarding leprosy control; and

Considering the importance of leprosy problems and of national and international activities carried out in different parts of the world,

1. RECOGNIZES the advantage of convening a conference such as that proposed by the Government of Burma, for discussion of leprosy control in countries having similar epidemiological, social and administrative problems; and

2. REQUESTS the Director-General to study the feasibility of holding such a conference, as an inter-regional activity, in 1958.

Handb. Res., 3rd ed., 1.7.4.3

Twelfth plenary meeting, 23 May 1956 (section 1 of the fourth report of the Committee on Programme and Budget)
WHA9.46 Third Report of the Committee on International Quarantine

The Ninth World Health Assembly,

Having considered the third report of the Committee on International Quarantine, including a report on the rejections and reservations to the Additional Regulations of 26 May 1955, amending the International Sanitary Regulations (World Health Organization Regulations No. 2) submitted by governments,¹

ADOPTS the third report of the Committee on International Quarantine, subject to the amendments made, and the recommendations by the present World Health Assembly.²

Handb. Res., 3rd ed., 1.3.1.6

Twelfth plenary meeting, 23 May 1956 (section 2 of the fourth report of the Committee on Programme and Budget)

WHA9.47 Reservations to the International Sanitary Regulations

The Ninth World Health Assembly

1. DECIDES that the reservations of Ceylon, Egypt, India, Pakistan, and those of the United Kingdom of Great Britain and Northern Ireland made on behalf of British Solomon Islands Protectorate, Fiji (with dependency), Gilbert and Ellice Islands Colony, Pitcairn Islands, St Lucia and Tonga Islands, accepted by the Fifth and Sixth World Health Assemblies for a period of five years and which remain in effect after the entry-into-force of the Additional Regulations of 26 May 1955, may continue in effect until these countries are satisfied that such reservations are no longer necessary and consequently withdraw them; and

2. DECIDES that for reservations accepted by the Fifth and Sixth World Health Assemblies and remaining in effect in respect of countries which will become bound by the Additional Regulations of 26 May 1955 amending the International Sanitary Regulations (World Health Organization Regulations No. 2) with or without reservations accepted by this Health Assembly, the words “yellow-fever endemic zone” shall be deleted and replaced by the words “area infected with yellow fever”.

Handb. Res., 3rd ed., 1.3.1.4

Twelfth plenary meeting, 23 May 1956 (section 3 of the fourth report of the Committee on Programme and Budget)

WHA9.48 Additional Regulations of 23 May 1956 amending the International Sanitary Regulations with respect to the Sanitary Control of Pilgrim Traffic

The Ninth World Health Assembly,

Considering that special measures for the sanitary control of pilgrim traffic approaching or leaving the Hedjaz during the season of the pilgrimage are no longer required and that consequently the relevant provisions of the International Sanitary Regulations and of Annexes A and B thereto may be abrogated;

Having regard to Articles 2 (k), 21 (a) and 22 of the Constitution of the World Health Organization,

ADOPTS this 23rd day of May 1956, the following Additional Regulations:

ARTICLE I

1. In Articles 1, 102 and 103, Appendix 2 and Annexes A and B of the International Sanitary Regulations, there shall be made the following amendments:

¹ See Off. Rec. Wld Hlth Org. 72, Part II.
² See Off. Rec. Wld Hlth Org. 72, Part III.
Article 1 — Definitions of "pilgrim", "pilgrim ship", "Pilgrimage", "sanitary station", "season of the Pilgrimage" and "ship's surgeon"

Delete these definitions in their entirety.

Article 102

Delete this Article in its entirety.

Article 103

In paragraph 1, delete the words "Migrants or seasonal workers" and replace by the words "Migrants, seasonal workers or persons taking part in periodic mass congregations".

Appendix 2 — International Certificate of Vaccination or Revaccination against Cholera

In the text of this Appendix, delete the second paragraph in the English text commencing with the words "Notwithstanding the above provisions" and ending with the words "second injection", and in the corresponding French text with the words "Nonobstant les dispositions ci-dessus" and "seconde injection".

Annex A — Sanitary Control of Pilgrim Traffic approaching or leaving the Hedjaz during the Season of the Pilgrimage

Delete this Annex in its entirety.

Annex B — Standards of Hygiene on Pilgrim Ships and on Aircraft carrying Pilgrims

Delete this Annex in its entirety.

2. Each State bound by these Additional Regulations undertakes to require adequate standards of hygiene and accommodation on ships and aircraft carrying persons taking part in periodic mass congregations, and such standards shall be no less effective than those in effect under the International Sanitary Regulations prior to the entry-into-force of these Additional Regulations.

ARTICLE II

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be six months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE III

These Additional Regulations shall come into force on the first day of January 1957.

ARTICLE IV

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1 and 2 and the first sentence of paragraph 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article III of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Geneva this 23rd day of May 1956.

J. PARISOT
President of the World Health Assembly

M. G. CANDAU
Director-General of the World Health Organization

Handb. Res., 3rd ed., 1.3.1
Additional Regulations of 23 May 1956 amending the International Sanitary Regulations with respect to the Form of the International Certificate of Vaccination or Revaccination against Smallpox

The Ninth World Health Assembly,

Considering the need for the amendment of certain of the provisions of the International Sanitary Regulations (World Health Organization Regulations No. 2) as adopted by the Fourth World Health Assembly on 25 May 1951, with respect to the form of the International Certificate of Vaccination or Revaccination against Smallpox;

Having regard to Articles 2 (k), 21 (a) and 22 of the Constitution of the World Health Organization, adopts, this 23rd day of May 1956, the following Additional Regulations:

**ARTICLE I**

In Appendix 4 of the International Sanitary Regulations (International Certificate of Vaccination or Revaccination against Smallpox), there shall be made the following amendments:

**Appendix 4 — International Certificate of Vaccination or Revaccination against Smallpox**

Delete the "box" in this appendix and replace by:

<table>
<thead>
<tr>
<th>Date</th>
<th>Show by &quot;x&quot; whether:</th>
<th>Signature and professional status of vaccinator</th>
<th>Approved stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>show by &quot;x&quot; whether:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Indiquer par &quot;x&quot;</td>
<td></td>
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<td>s'il s'agit de:</td>
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<tr>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>1a</td>
<td>Primary vaccination</td>
<td></td>
<td>1a</td>
</tr>
<tr>
<td></td>
<td>performed</td>
<td></td>
<td>1b</td>
</tr>
<tr>
<td></td>
<td>Primovaccination</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>effectuée</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Read as successful</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Prise</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Unsuccessful</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pas de prise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Revaccination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revaccination</td>
<td></td>
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<tr>
<td>4</td>
<td>Revaccination</td>
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<td>6</td>
<td>Revaccination</td>
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<td></td>
</tr>
<tr>
<td>7</td>
<td>Revaccination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ARTICLE II**

Upon the entry-into-force of these Additional Regulations, the form of Certificate of Vaccination or Revaccination against Smallpox set forth in Appendix 4 of the International Sanitary Regulations may continue to be issued until the first day of October 1957. A certificate of vaccination so issued shall thereafter continue to be valid for the period for which it was previously valid.

**ARTICLE III**

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be three months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

**ARTICLE IV**

These Additional Regulations shall come into force on the first day of October 1956.

**ARTICLE V**

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1 and 2 and the first sentence of paragraph 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article IV of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Geneva this 23rd day of May 1956.

J. PARISOT  
President of the World Health Assembly  

M. G. CANDAU  
Director-General of the World Health Organization

Handb. Res., 3rd ed., 1.3.1

**WHA9.50  Technical Discussions at Future Health Assemblies**

The Ninth World Health Assembly,  

Having reviewed the question of technical discussions at future Health Assemblies,  
1. reaffirms the value of holding discussions on selected technical subjects during the sessions of the Assembly;  
2. requests the Executive Board at its eighteenth session to select the subjects for technical discussions at the Tenth and Eleventh World Health Assemblies respectively from among those suggested during the debates that took place at the Ninth World Health Assembly, and to instruct the Director-General to take the necessary steps for their preparation; and further  
3. requests the Executive Board to review the matter of the organization and conduct of technical discussions in the light of the debates that took place at the Ninth World Health Assembly and to make recommendations thereon to the Tenth World Health Assembly.


Twelfth plenary meeting, 23 May 1956 (section 6 of the fourth report of the Committee on Programme and Budget)

1 See minutes of the twelfth and thirteenth meetings of the Committee on Programme and Budget.
WHA9.51 Proposed Amendment to the Constitution to increase the Number of Members entitled to designate a Person to serve on the Executive Board (Articles 24 and 25)

The Ninth World Health Assembly,

Having considered the proposal by the Government of Belgium to increase the number of Members entitled to designate a person to serve on the Executive Board,¹

DECIDES to preserve the existing text of Article 24 of the Constitution.

Handb. Res., 3rd ed., 6.1 ; 4.2.1

Twelfth plenary meeting, 23 May 1956 (section 1 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA9.52 Rights and Obligations of Associate Members and other Territories in the World Health Assembly and Executive Board, and in the Regional Organizations

The Ninth World Health Assembly,

Considering the proposal ² relating to the rights and obligations of Associate Members;

Considering the statements regarding their rights and obligations made by the representatives of Associate Members;

Considering that it is premature to adopt any changes in the existing rights and obligations of Associate Members,

1. DECIDES to defer to the Tenth World Health Assembly re-examination of the rights and obligations of Associate Members;

2. REQUESTS regional committees to study the subject of the rights and obligations of Associate Members in the regional organizations and to report thereon;

3. REQUESTS the Executive Board to consider the subject together with the comments of the regional committees and to submit its recommendations to the Tenth World Health Assembly.


Twelfth plenary meeting, 23 May 1956 (section 2 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA9.53 Implementation of Resolution WHA7.33

The Ninth World Health Assembly,

Noting the report of the Director-General on the implementation of resolution WHA7.33 ;³

Recalling the provisions of resolution WHA8.23,

1. EXPRESSES the hope that resolution WHA7.33 can still be fully implemented; and

2. REQUESTS all concerned to continue their efforts with a view to giving the resolution full effect.

Handb. Res., 3rd ed., 5.2.5.3

Twelfth plenary meeting, 23 May 1956 (section 3 of the fourth report of the Committee on Administration, Finance and Legal Matters)

¹ Annex 10
² Annex 11
³ Off. Rec. Wld Hlth Org. 68, Annex 3
WHA9.54 Peaceful Uses of Atomic Energy

The Ninth World Health Assembly,

Having examined the reports of the Director-General to the seventeenth session of the Executive Board and to the Ninth World Health Assembly on the peaceful uses of atomic energy; and

Having noted that WHO presently has under way a programme in this field which includes in particular:

(a) conducting courses for the training of public-health personnel;
(b) carrying out consultation with other international agencies concerning the development of standards;
(c) development of a monograph on the medical and health aspects of atomic radiation;
(d) planning of seminars and meetings for public-health personnel concerned with this field;
(e) the study of public-health problems related to somatic and genetic effects of radiations and to radioactive waste disposal,

1. APPROVES the measures taken by the Director-General, as described in his reports to the Board and to the Assembly;
2. APPROVES the provisional plan of action for the near future as described by the Director-General;
3. REQUESTS the Director-General to continue to collaborate with the Secretary-General of the United Nations and with the specialized agencies concerned, in particular by participating in the work of the sub-committee of the Administrative Committee on Co-ordination responsible for co-ordinating the activities of the United Nations and of the various specialized agencies concerning questions relating to the peaceful uses of atomic energy;
4. REQUESTS the Director-General, taking into account the constitutional responsibilities and financial possibilities of WHO, to collaborate with and provide all appropriate assistance in the field of health to the Advisory Committee on Atomic Energy and the Scientific Committee on the Effects of Atomic Radiation as well as to the governments sponsoring the establishment of an International Atomic Energy Agency;
5. BELIEVES that WHO should be represented at the meetings of these bodies, and especially at the Conference for the establishment of the International Atomic Energy Agency; and requests the Director-General to take appropriate steps towards that end;
6. REQUESTS the Director-General to communicate to the governments of all Member States a statement that the Ninth World Health Assembly is of the opinion that, in every national, bilateral or multilateral project concerned with the peaceful use of atomic energy, planning and implementation of such projects should be made in close contact with the responsible public-health authorities; and
7. REQUESTS the Director-General to report to the nineteenth session of the Executive Board and the Tenth World Health Assembly.


Thirteenth plenary meeting, 25 May 1956 (section 1 of the fifth report of the Committee on Programme and Budget)

WHA9.55 Approved 1956 Technical Assistance Programme and the Financial Situation for 1956

The Ninth World Health Assembly,

Having considered the report of the Director-General on the Expanded Programme of Technical Assistance for the year 1956, including the financial situation for that year;
Recalling the provisions of resolution WHA7.41,

1. NOTES with regret that the funds presently available for financing approved Category I projects in the field of health fall short by $247,280 of the amount of the project approval;
2. EXPRESSES the hope that ways will be found of alleviating this unsatisfactory financial situation.

**WHA9.56 Local Costs Arrangements: Expanded Programme of Technical Assistance**

The Ninth World Health Assembly,

Having noted that in future the Technical Assistance Board intends not to grant project waivers of payment of local subsistence costs for international staff,

1. REITERATES the opinion that the policy adopted by the World Health Assembly concerning the exemption of payment of local subsistence costs for international staff should be applicable to all projects in the health field;
2. EXPRESSES the hope that the Technical Assistance Committee will reconsider the decision on this matter with a view to relieving the governments of certain local costs, for projects for which they are making substantial local contributions.

**WHA9.57 Legislative Developments in the United Nations Expanded Programme of Technical Assistance**

The Ninth World Health Assembly,

Having studied the report of the Director-General on legislative developments in the United Nations Expanded Programme of Technical Assistance;¹ and

Having considered resolution EB17.R54 of the Executive Board on this subject,

1. NOTES with approval the developments which have so far occurred concerning the amendments by the Economic and Social Council and the United Nations General Assembly to the basic resolution 222 (IX) of the Economic and Social Council;
2. EXPRESSES the hope that future legislative developments in the Expanded Programme of Technical Assistance will result in simplification and improvement in the machinery and administration of the programme, in order that it may assist as effectively as possible in raising the living standards of the peoples of the world;
3. EXPRESSES the hope that arrangements will be made for increasing the financial stability of the programme by longer-term planning and financing; and, further,
4. AUTHORIZES the Director-General to continue to take the action necessary for WHO to participate in the Programme.

¹ See Annex 13.
WHA9.58  Planning for the 1957 Technical Assistance Programme

The Ninth World Health Assembly,

Having considered the report of the Director-General on the Expanded Programme of Technical Assistance ¹ and resolution EB17.R56 of the Executive Board on the subject,
1. endorses the conclusions of the Board as expressed in resolution EB17.R56;
2. reiterates the importance which it attaches to inter-country projects developed at the request of governments, particularly those directed to the control or eradication of communicable diseases;
3. calls the attention of Members to the need to give the necessary priority to health projects in planning their 1957 country programmes in view of the inseparability of social, including health, and economic factors in the economic development of countries; and
4. calls attention to the need for close co-operation in the planning of the overall country programmes between WHO staff and TAB Resident Representatives in all countries where TAB offices have been established.

Handb. Res., 3rd ed., 3.2; 3.3

Thirteenth plenary meeting, 25 May 1956 (section 6 of the fifth report of the Committee on Programme and Budget)

WHA9.59  Appropriation Resolution for the Financial Year 1957 ²

The Ninth World Health Assembly

I. resolves to appropriate for the financial year 1957 an amount of US $13 265 420 as follows:

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PART I: ORGANIZATIONAL MEETINGS</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>World Health Assembly</td>
<td>195 880</td>
</tr>
<tr>
<td>2.</td>
<td>Executive Board and its Committees</td>
<td>109 330</td>
</tr>
<tr>
<td>3.</td>
<td>Regional Committees</td>
<td>51 780</td>
</tr>
<tr>
<td></td>
<td>Total — Part I</td>
<td>356 990</td>
</tr>
<tr>
<td></td>
<td>PART II: OPERATING PROGRAMME</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Central Technical Services</td>
<td>1 718 812</td>
</tr>
<tr>
<td>5.</td>
<td>Advisory Services</td>
<td>5 864 286</td>
</tr>
<tr>
<td>6.</td>
<td>Regional Offices</td>
<td>1 497 388</td>
</tr>
<tr>
<td>7.</td>
<td>Expert Committees and Conferences</td>
<td>131 900</td>
</tr>
<tr>
<td></td>
<td>Total — Part II</td>
<td>9 212 386</td>
</tr>
<tr>
<td></td>
<td>PART III: ADMINISTRATIVE SERVICES</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Administrative Services</td>
<td>1 130 624</td>
</tr>
<tr>
<td></td>
<td>Total — Part III</td>
<td>1 130 624</td>
</tr>
<tr>
<td></td>
<td>TOTAL — PARTS I, II AND III</td>
<td>10 700 000</td>
</tr>
</tbody>
</table>

¹ See Annex 13.
² For analysis of these appropriations under chapters, see Annex 14.
II. The appropriation voted under paragraph I shall be financed by contributions from Members after deduction of:

(i) the amount of $2,330 representing assessments on new Members from previous years
(ii) the amount of $154,580 representing miscellaneous income available for the purpose
(iii) the amount of $161,890 available by transfer from the cash portion of the Assembly Suspense Account
(iv) the amount of $37,000 available by transfer from the Publications Revolving Fund

Total $355,800

thus resulting in assessments against Members of $12,909,620.

III. RESOLVES further, subject to the provisions of paragraph IV below, to appropriate for the financial year 1957 a supplemental amount not exceeding US $1,525,000 as follows:

<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>3,320</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>1,800</td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>400</td>
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<tr>
<td></td>
<td><strong>Total — Part I</strong></td>
<td>5,520</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>21,700</td>
</tr>
<tr>
<td>5. Advisory Services</td>
<td></td>
<td>14,677,800</td>
</tr>
<tr>
<td>6. Regional Offices</td>
<td></td>
<td>30,000</td>
</tr>
<tr>
<td></td>
<td><strong>Total — Part II</strong></td>
<td>15,194,800</td>
</tr>
<tr>
<td></td>
<td><strong>Total — Parts I and II</strong></td>
<td>15,250,000</td>
</tr>
</tbody>
</table>

IV. Amounts not exceeding the appropriations voted under paragraphs I and III shall be available for the payment of obligations incurred during the period 1 January to 31 December 1957 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 period 1 January to 31 December 1957 to

(i) the effective working budget established by the World Health Assembly, i.e., Parts I, II and III of paragraph I; and
(ii) the supplemental effective working budget established by the World Health Assembly, i.e., Parts I and II of paragraph III.

1 Including $617 representing the amount available from the transfer of the assets of the Office International d'Hygiène Publique
Provided further that the appropriation voted under paragraph III shall be financed from the amount appropriated under Part IV, Appropriation Section 9—“Undistributed Reserve”—of paragraph I and that the Director-General shall limit the obligations incurred during the period 1 January to 31 December 1957 to the amount of the assessments on those inactive Members which notify the Director-General that they will resume active participation in the work of the Organization as from 1957.

V. 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.

VI. When the Executive Board or any committee to which it may have delegated appropriate authority is not in session, the Director-General is authorized, with the prior written concurrence of the majority of the members of the Board or such committee, to transfer credits between sections. The Director-General shall report such transfers to the Executive Board at its next session.

VII. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1957 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1957.

VIII. 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 1957 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1957.

WHA9.60 Progress and Evaluation of Production of Typhoid, Smallpox and Triple Diphtheria-Pertussis-Tetanus Vaccines

The Ninth World Health Assembly,

Having noted the report of the Director-General on communicable-diseases control and in particular the studies made in the evaluation of typhoid, smallpox and diphtheria-pertussis vaccines and their further development,

REQUESTS the Director-General to submit to the Tenth World Health Assembly
(1) a report on progress in the evaluation and production of typhoid, smallpox and triple diphtheria-pertussis-tetanus vaccines; and
(2) a programme for further development in this field in 1958 and subsequent years.

WHA9.61 Malaria Eradication

The Ninth World Health Assembly,

Having considered the report of the Director-General on the implementation of resolution WHA8.3C on malaria eradication;
Noting that considerable progress has been made in some countries towards eradicating the disease;
Having noted with satisfaction the high priority which has been given by UNICEF to malaria eradication programmes and the increased allocations for malaria eradication which are expected to be made in 1956 and subsequent years;

Considering that anticipated requirements in funds, including such special types of needs as cannot be met from local or national or other sources, will call for increased resources in the Malaria Eradication Special Account;

Having noted the action taken by the Executive Board at its seventeenth session and by the Committee on Malaria Eradication established by the Board with respect to the acceptance of voluntary contributions and the authorization of the use of those contributions towards malaria eradication,

1. REQUESTS the Director-General again to draw to the attention of governments the need to intensify their malaria control programmes so that malaria eradication may be achieved as early as possible, by stages under certain circumstances, with a view to ultimate economy in expenditure and to obviate the potential danger of development of resistance to insecticides in anopheline vector species;

2. REQUESTS the Director-General again to invite contributions from governments, non-governmental organizations and private sources to the Malaria Eradication Special Account;

3. RECOMMENDS that UNICEF continue its full support to the continuance and expansion of the existing control programmes as a step towards transformation to eradication campaigns;

4. EXPRESSES its satisfaction at the action of the Board in establishing its Committee on Malaria Eradication which will enable the Organization to take such steps as may be required.

WHA9.62 Fixing of Target Dates for starting Inter-regional Co-ordinated Programmes for Malaria Control leading to Eradication

The Ninth World Health Assembly,

Being convinced that it is highly desirable to obtain malaria control simultaneously in as large areas as possible, for increasing the efficiency of the campaigns and effecting economy, eventually leading to eradication of malaria in border areas between countries and regions,

RECOMMENDS that the World Health Organization offer, subject to availability of funds, appropriate assistance in the forms that may be required by governments.

WHA9.63 Reports of the Executive Board on its Sixteenth and Seventeenth Sessions

The Ninth World Health Assembly

1. NOTES the reports of the Executive Board on its sixteenth and seventeenth sessions; and

2. COMMENDS the Board on the work it has performed.
PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

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

Argentina, Ecuador, Ethiopia, Guatemala, Ireland, Japan, Liberia, New Zealand, Saudi Arabia, Spain, Thailand, Turkey.

First plenary meeting, 8 May 1956

(ii) Composition of the Committee on Nominations

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

Australia, Brazil, Burma, Cuba, Egypt, France, Haiti, India, Laos, Netherlands, Nicaragua, Norway, Pakistan, Syria, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, and Yugoslavia.

First plenary meeting, 8 May 1956

(iii) Verification of Credentials

The Ninth 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, Cuba, Denmark, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Finland, France, Federal Republic of Germany, Greece, Guatemala, Haiti, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Hashemite Kingdom of Jordan, Republic of Korea, Laos, Lebanon, Liberia, Libya, Luxembourg, Mexico, Monaco, Morocco, Netherlands, New Zealand, Nicaragua, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Portugal, Saudi Arabia, Spain, Sudan, Sweden, Switzerland, Syria, Thailand, Tunisia, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela, Viet Nam, Yemen, Yugoslavia;¹

Associate Members
Gold Coast, Federation of Nigeria, Federation of Rhodesia and Nyasaland, Sierra Leone.

First, third, sixth, eighth and tenth plenary meetings, 8, 9, 10, 15 and 21 May 1956

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

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

President: Professor J. Parisot (France)
Vice-Presidents: Dr Nor-el-Din Tarraf (Egypt)
Dr B. M. Clark (Union of South Africa)
Dr E. de Paiva Ferreira Braga (Brazil).

Second plenary meeting, 8 May 1956

¹ The credentials of the delegations of Honduras and Uruguay were provisionally recognized at the sixth and tenth plenary meetings.
(v) Election of Officers of the Main Committees

The Ninth 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 M. Jafar (Pakistan)

**COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

*Second plenary meeting, 8 May 1956*

The main committees subsequently elected the following officers:

**COMMITTEE ON PROGRAMME AND BUDGET**

Vice-Chairman: Dr H. B. Turbott (New Zealand)

Rapporteur: Dr S. Anwar (Indonesia)

**COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS**

Vice-Chairman: Mr B. Sorensen (Denmark)

Rapporteur: Mr R. Pleić (Yugoslavia).

(vi) Establishment of the General Committee

The Ninth 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:

Burma, Chile, Cuba, India, Japan, New Zealand, Norway, United States of America, and Yugoslavia.

*Second plenary meeting, 8 May 1956*

(vii) Establishment of the Special Committee to consider Item 7.13 of the Agenda and Resolution EB17.R27 of the Executive Board

The Ninth World Health Assembly, after considering the recommendations of the General Committee, elected the delegates of the following eighteen countries as members of this special committee:

Belgium, Brazil, Burma, Chile, Cuba, Egypt, France, India, Japan, Mexico, New Zealand, Norway, Pakistan, Saudi Arabia, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, and Yugoslavia.

*Third plenary meeting, 9 May 1956*

(viii) Adoption of the Provisional Agenda and of Supplementary Items

The Ninth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its seventeenth session and, subsequently, the inclusion therein of supplementary items.

*Third, seventh and eighth plenary meetings, 9, 11 and 15 May 1956*
PART II

PROCEEDINGS

PLENARY SESSION AND COMMITTEES
AGENDA ¹

1. Opening of the session
2. Establishment of the Committee on Credentials
3. Establishment of the main committees of the Ninth World Health Assembly
4. Election of the Committee on Nominations
5. Election of President and three Vice-Presidents
6. Election of the Chairman of the Committee on Programme and Budget
7. Election of the Chairman of the Committee on Administration, Finance and Legal Matters
8. Establishment of the General Committee
9. Adoption of the agenda and allocation of items to the main committees
10. Terms of reference of the main committees of the Ninth World Health Assembly, including the proposed procedure for the consideration of the 1957 programme and budget estimates
11. Adoption of arrangements for technical discussions at the Ninth World Health Assembly
12. Technical discussions at future Health Assemblies ²
13. Review and approval of reports of the Executive Board, sixteenth and seventeenth sessions
15. Admission of new Members and Associate Members
   15.1 Admission of Sudan as a Member
   15.2 Admission of Morocco as a Member
   15.3 Admission of Tunisia as a Member
   15.4 Admission of Nigeria as an Associate Member
   15.5 Admission of the Gold Coast as an Associate Member
   15.6 Admission of Sierra Leone as an Associate Member
16. Election of Members entitled to designate a person to serve on the Executive Board
17. Report of Léon Bernard Foundation Committee
18. Approval of reports of the main committees
19. Other business
20. Closure of Ninth World Health Assembly

¹ Adopted at the third, seventh and eighth plenary meetings
² Item referred to the Committee on Programme and Budget
6. COMMITTEE ON PROGRAMME AND BUDGET

6.1 Election of Vice-Chairman and Rapporteur
6.3 Review and approval of the regular programme and budget estimates for 1957
6.4 Supplementary programme and budget estimates for 1956

TECHNICAL ASSISTANCE PROGRAMME

6.5 WHO participation in the Expanded Programme of Technical Assistance

OTHER PROGRAMME MATTERS

6.6 Peaceful uses of atomic energy
6.7 Reports on the world health situation
6.8 International quarantine
   6.8.1 Consideration regarding establishment of Sub-Committee
   6.8.2 Consideration of the third report of the Committee on International Quarantine
   6.8.3 Annual report on the position of States and territories under the International Sanitary Regulations
6.9 International Lists of Diseases and Causes of Death, Seventh Revision, Report of Conference
   Consideration of Draft Additional Regulations amending WHO Regulations No. 1
6.10 Organizational study relating to programme planning (with particular reference to integration of preventive and curative medicine in the public-health programme)
6.11 Suggestion for future organizational studies by the Executive Board
6.12 Malaria eradication
   6.12.1 Report on implementation of resolution WHA8.30
   6.12.2 Fixing of target dates for starting inter-regional co-ordinated programmes for malaria control leading to eradication (Item proposed by the Government of India)
6.13 Cardiovascular diseases and hypertension (Item proposed by the Government of India)
6.14 Fixation of minimum uniform educational standards on an international basis for doctors (Item proposed by the Government of India)
6.15 Relations with UNICEF
6.16 Future policy on financial support to CIOMS
6.17 Leprosy control programmes

CO-ORDINATION AND EXTERNAL RELATIONS

6.18 Decisions of United Nations and specialized agencies affecting WHO's activities

\[1\] Wording agreed to by the Committee on Programme and Budget (see p. 202)
AGENDA

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 1955: Annual Report of the Director-General
7.4 Review of programme and budget estimates for 1957 relating to:
   7.4.1 Adequacy of the estimates for holding the Tenth World Health Assembly, meetings of the
       Executive Board and meetings of the regional committees
   7.4.2 Adequacy of the estimates for administrative services
   7.4.3 Text of the Appropriation Resolution for the financial year 1957

WORLD HEALTH ASSEMBLY

7.5 Selection of the country or region in which the Tenth World Health Assembly shall be held
7.6 Rules of Procedure of the Health Assembly
   7.6.1 Adoption of Spanish text
   7.6.2 Procedural problems relating to constitutional amendments

REGIONAL MATTERS

7.7 Report on implementation of resolution WHA7.33
7.8 Approval of Host Agreement with the Government of Denmark concerning the Regional Office
    for Europe
7.9 Sessions of regional committees outside the regional headquarters
7.10 Use of the Arabic language in the Regional Committee for the Eastern Mediterranean

CONSTITUTIONAL AND LEGAL MATTERS

7.11 Admission of new Members and Associate Members
   7.11.1 Admission of Sudan as a Member
   7.11.2 Admission of Morocco as a Member
   7.11.3 Admission of Tunisia as a Member
   7.11.4 Admission of Nigeria as an Associate Member
   7.11.5 Admission of the Gold Coast as an Associate Member
   7.11.6 Admission of Sierra Leone as an Associate Member

7.12 Amendment to the Constitution to increase the number of Members entitled to designate a person
    to serve on the Executive Board (Item proposed by the Government of Belgium)
7.13 Notification by the Union of Soviet Socialist Republics concerning participation in the World Health
    Organization

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1 Item referred to a special committee of the Health Assembly
7.14 Confirmation of resolution WHA6.37 and admission of the Spanish Protectorate Zone in Morocco as an Associate Member

7.15 Rights and obligations of Associate Members and other territories in the World Health Assembly and the Executive Board, and in the Regional Organizations (Item proposed by the Government of Viet Nam)

FINANCIAL AND ADMINISTRATIVE MATTERS

7.16 Scales of assessment
7.16.1 Report on the implementation of resolution WHA8.5
7.16.2 Review of assessments of Austria, Burma and Ceylon
7.16.3 Assessment of Korea

7.17 Contribution of the Spanish Protectorate Zone in Morocco

7.18 Status of annual contributions and of advances to the Working Capital Fund

7.19 Special fund for improving national health services (Report on developments related to the establishment of SUNFED)

7.20 Review of status of the Assembly Suspense Account

7.21 Establishment of the amount of the Working Capital Fund for 1957

7.22 Review of status of Publications Revolving Fund

7.23 Financial report and accounts of WHO for 1955, Report of the External Auditor, and comments thereon of ad hoc Committee of the Executive Board

7.24 United Nations Joint Staff Pension Fund
7.24.1 WHO Staff Pension Committee: Appointment of representatives to replace members whose period of membership expires

7.25 Report on co-ordination with and decisions of the United Nations and specialized agencies on administrative and legal questions

SUPPLEMENTARY ITEMS

1. Correction of French and Spanish texts of resolution WHA1.133

2. Agreement defining the relations between the International Bureau for the Protection of Industrial Property and the World Health Organization

3. Inequitable geographical representation on the headquarters staff of WHO (Item proposed by the Government of Pakistan)

4. Assignment to regions of new Members and Associate Members

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1 Item withdrawn from the agenda
2 Added to the agenda under Rule 12 of the Rules of Procedure and referred to the Committee on Administration, Finance and Legal Matters
FIRST PLENARY MEETING

Tuesday, 8 May 1956, at 10.15 a.m.

President: Dr I. Morones Prieto (Mexico)

1. Opening of the Session by the President of the Eighth World Health Assembly

The President (translation from the Spanish): I declare the proceedings of the Ninth World Health Assembly open.

I have the very agreeable duty of officially welcoming on behalf of the Ninth World Health Assembly the distinguished people who have done us the honour of attending this opening meeting: Mr Adrian Pelt, Director of the European Office of the United Nations in Geneva and representative of the United Nations Secretary-General; M. Jean Treina, member of, and representing, the Council of State of the Republic and Canton of Geneva; M. Bongard, Vice-Chairman of the Grand Council of the Republic; Mr David Morse, Director-General of the International Labour Office; Mr Davies, Secretary-General of the World Meteorological Organization; Mr Rajan, President of the Executive Board of UNICEF; Mr Wyndham White, Executive Secretary of the Interim Committee of the International Trade Organization; and Mr Cornelius Bakker, Director-General of the European Organization for Nuclear Research.

The unique privilege by which the previous Assembly, of which I had the honour to be President, was held in Mexico gives me the opportunity today again to welcome you here in this great country, which is the seat of our organization. It enables me to convey the greetings of the Government of the Mexican Republic and its President, Don Adolfo Ruiz Cortines, and, at the same time, express the gratitude of my countrymen for the great progress in health which they have achieved through the suggestions derived from your combined experience and the sound constructive criticisms made of our programmes.

The theoretical and practical ideas disseminated by WHO are becoming ever more deeply rooted in human communities, so that in the domain of health it can be claimed that major groups of nations are marching under the same flag, at the same pace, in one united action towards a single goal. That alone would suffice to demonstrate the enormous value of an organization that has achieved these results, which, from the social standpoint, are a significant influence for good will and peace.

I consider that there can be nothing more important than the work which our organization is doing towards making the best possible use of nuclear energy in medicine, in studying virus diseases, and in training technical personnel, as well as the efforts directed to controlling or eradicating communicable diseases, more especially the campaigns for the eradication of malaria. Mexico, as you will recollect, decided at the Eighth World Health Assembly to carry out such a campaign, and I am proud to be able to inform you that it is now in full operation in accordance with the plans drawn up. In this way we are trying to rehabilitate large unhealthy areas, so as to make them properly habitable, and to ensure that the fruits of the soil are available for the general welfare of the community. At the same time we are energetically pursuing, with the approval of the population, our programme of rural social welfare, already familiar to most of you, through which we intend to raise the standard of life in rural centres. These programmes, directed to the same end, form part of our overall public-health programme in Mexico, and we have noted with pleasure that WHO is encouraging this kind of programme in
other parts of the world. Many of you, during your stay in Mexico, will have noticed this kind of dynamic health work which is advocated by WHO, and which is the best method of achieving the economic and social betterment of the population, the goal of modern hygiene.

We hope that the Director-General’s negotiations with the governments which have expressed a desire to resume work in our organization will be successful and we pray that the work and proceedings of this Assembly will yield the harvest of health which you are all so eagerly and wisely sowing.

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

The President (translation from the Spanish): I call upon Mr Pelt.

Mr Pelt, Director, European Office of the United Nations (translation from the French): It is a pleasure to welcome you, Mr President and delegates, to the Palais des Nations, and to convey to you the best wishes of Mr Hammarskjold, Secretary-General of the United Nations, for the success of your work. Our relations with the Director-General of WHO and his Secretariat are most agreeable, as I am glad to emphasize. As almost all the sessions of the World Health Assembly since WHO was founded have been held in this building, it is quite familiar to most of you. Nevertheless I should like to reiterate the hope that you will find in it the material facilities which will help you to carry out your work, at the same time mentioning that the European Office, in consultation with WHO and ILO, is at present making a thorough survey of the problem of adapting the building to the ever-growing needs of the conferences held in these precincts. The Secretary-General intends to submit a report on this survey to the next session of the General Assembly.

You have a heavy agenda. Several of the items are of special importance to the United Nations, since many of the technical problems facing us both can be properly stated, and hence satisfactorily solved, only if they are considered in their various social, health, and even economic, aspects as part of an overall programme of work. The Economic and Social Council, which is entrusted under the Charter with the function of co-ordination, is trying to tackle these problems. In its resolution 590 (XX), dated 5 August 1955, it affirmed the need for concentration of effort in order to ensure the most effective use of available resources and, accordingly, the curtailment of less important activities. It stressed the importance of close consultation among the United Nations and the specialized agencies in the advance planning of programmes of interest to more than one of these bodies, and invited the co-operation of the specialized agencies to that end.

In order to encourage the concentration of work on major economic and social problems, the United Nations periodically issues reviews of the world economic situation and the world social situation. The reviews of the world social situation, which are general surveys of the world situation in the widest sense, contain sections drafted by the specialized agencies and dealing with their respective fields. In this connexion, the proposals before your Assembly concerning the report on the world health situation are of special importance to the United Nations, as it is this report which will be used by the WHO Secretariat as a basis for preparing its contribution to future reports on the social situation, which will have to be considered by the Social Commission and by the United Nations Economic and Social Council itself.

As a logical result of its efforts to collect documentation and carry out basic research, the United Nations Secretariat has supplied the Economic and Social Council with a report on the programme of concerted practical action in the social field, which it carried out with the co-operation of the specialized agencies. This report, prepared in close co-operation with WHO, ILO, FAO and UNESCO, was approved by the Economic and Social Council’s resolution 585 (XX), dated 23 July 1955.

This joint action is carried out with the help of technical working parties of the Administrative Committee on Co-ordination. At present it is mainly concerned with the international definition and measurement of standards of living (a problem on which WHO is also making its own contribution by a study on the measurement of health standards), with the principles of community development, with the training of welfare personnel and auxiliary social workers, with the maintenance of family living standards, and with the financing of housing and community programmes.

The Expanded Programme of Technical Assistance is another field requiring close collaboration among the various United Nations agencies. In the execution of this programme health problems take a leading place and the sums allocated for programmes in WHO’s purview are considerable. In the first years, when the Programme was being launched, difficulties inevitably arose in ensuring that the specialized work of each agency took its proper place in a centrally administered plan of joint action. In
particular, financial difficulties with serious implications for the continuity of the Programme arose on account of its annual character, but the necessary steps for coping with most of these difficulties have been taken by those responsible, and better procedures have been introduced. At its last session your Executive Board welcomed these improvements, expressing the hope that further changes would result in a better administration of the Programme, and that arrangements would be made for increasing its financial stability by longer-term planning and financing.

I should like to take this opportunity of mentioning the efforts made by the Economic and Social Council to facilitate the international financing of economic development schemes in under-developed countries. With regard to the International Finance Corporation, the last General Assembly was told that sufficient countries had ratified the Articles of Agreement to enable the Corporation to be established.

With regard to the Special United Nations Fund for Economic Development, the General Assembly has asked a committee to consider the observations made by governments on the recommendations concerning the establishment of this fund. A report is to be produced in 1957.

Since it obtained its new charter, the United Nations Children's Fund is playing a more and more important part among the United Nations organizations dealing with the problems of childhood in their various aspects. It has been particularly gratifying that a solution could be found for the financial difficulties which arose between UNICEF and WHO concerning the payment of the experts supplied to carry out projects jointly assisted by both Organizations.

I should like to mention that, since your last session, the International Conference on the Peaceful Uses of Atomic Energy, convened by the United Nations Secretary-General, met last year in Geneva. Since then, the Advisory Committee on Atomic Energy, the Scientific Committee on the Effects of Atomic Radiation, and the Atomic Energy Subcommittee of the Administrative Committee on Co-ordination have continued their work, just as WHO has gone on with its own work in the field of protection against nuclear radiation and the effects of radiation on human genetics. Your Executive Board has itself devoted great attention to this problem and its developments.

The charter of the International Atomic Energy Agency has just been drawn up in Washington. Unanimous agreement has been reached on it following conversations held in the United States capital since the end of February, between representatives of the following countries: Australia, Belgium, Brazil, Canada, Czechoslovakia, France, India, Portugal, the Union of South Africa, the Union of Soviet Socialist Republics, the United Kingdom of Great Britain and Northern Ireland, and the United States of America. This draft charter will be considered by representatives of Member States of the United Nations and of the specialized agencies at a conference which is expected to open on 24 September at United Nations Headquarters, New York.

In conclusion, I reiterate the sincerest wishes of the United Nations Secretary-General for the success of the work of your Assembly.

3. Address by the Director-General of the International Labour Office

The President (translation from the Spanish): I give the floor to Mr David Morse, Director-General of the International Labour Office.

Mr Morse, Director-General, International Labour Office: Mr President, Director-General, Your Excellencies, ladies and gentlemen, I should just like to take advantage of this opportunity to wish this World Health Assembly great success. The ILO is a neighbour of this building; I have been Director-General now for almost eight years; but this is the first opportunity I have had in those eight years to come to this Assembly to express personally my appreciation to Dr Candau and his staff for the cooperation and sympathetic understanding that we have always received in the work which we have in hand. I should like to say to the Assembly how much we on our side appreciate the cordial, affectionate relations that exist between our two organizations, relations which permit us to proceed together, helping each other, with joint programmes in the fields of occupational health and safety and in related fields. Our relations have come now to such a point that they have been translated into very practical, concrete fields of action. This I do not think could have been possible without the understanding of your Director-General, Dr Candau, and without the very high competence and dedication of his staff, all of which we appreciate. I should like to say that my absence during these years has been due only to the fact that during the month of May it is traditional for the Director-General of our organization to visit as many of our Member States as humanly possible.

We have been struck in the ILO by the universality of your organization; we have been struck by this
because we feel as a matter of principle that in a universal organization there exists perhaps the greatest opportunity for the reflection of different points of view and their reconciliation, so that the seeds of better understanding and good will can be sown and nurtured in the interests of working for better understanding between people and of peace throughout the world, which after all is our common mission. So we congratulate you on your universality, and we express at the same time the hope to the statesmen of the world, and to the governments of the world, that they will permit the family of the United Nations, which is now accommodating itself and which is now beginning to work within a specified practical framework, to function. We express the hope that with this growing universality, and with the strengthening of this framework, we can have a period in which we can get down to our jobs, concentrating our efforts, perfecting our machines, and getting on together with our common objectives in the interest of world peace.

With these few remarks and hopes, Mr President, I should like to close, bringing to you the best wishes of ILO, our hopes for your success, our hopes for the continued strengthening of your great organization, our hopes that you will maintain steadfastly your mandate, to cure the ills of the world—ills with which we too are concerned, though our part is on the social and spiritual side, a side which it seems to me is intermingled with your mission, with your activities and your objectives. I think that with the relations that exist, with the good will that exists, we have forged together a weapon which will facilitate and accelerate the achievement of our common objective.

We wish you all the best in your coming deliberations.

4. Address by the Secretary-General of the World Meteorological Organization

The President (translation from the Spanish) : I give the floor to Mr Davies, Secretary-General of the World Meteorological Organization.

Mr Davies, Secretary-General, World Meteorological Organization : Mr President, Director-General, Mr Pelt, Your Excellencies, ladies and gentlemen, on behalf of the World Meteorological Organization, I should first like to express my deep appreciation of your courtesy and kindness, Mr President, in inviting me to say a few words at the opening of the Ninth World Health Assembly. I am happy on this occasion to recall that the World Meteorological Organization has been represented at practically all the World Health Assemblies in recent years. Your kind invitation is yet another example of the spirit of friendly co-operation which has at all times existed between our two organizations. That such co-operation should exist is hardly surprising since the two organizations have much in common. We are both specialized agencies of the United Nations, we both have our headquarters in this pleasant city of Geneva, and we both have as basic aims the application of scientific knowledge in our respective disciplines for the overall benefit of mankind throughout the world. Moreover, the science of meteorology is not entirely unrelated to health and medicine, for the climatic aspect of the incidence of disease is well known, while in the newer developments such as the peaceful uses of atomic energy it seems likely that there will be further common ground.

With these thoughts in mind I have watched with particular interest the important and indeed essential role which the World Health Organization now plays in the modern international scene. It is unnecessary for me to stress the importance of the agenda which you have before you for this Assembly, and the lasting significance of many of the decisions which you will be making; I am sure that, with your customary good judgement in both the scientific and administrative fields, you, the delegates to this Assembly, will have a successful meeting, and the plans for another year's fruitful activity will be laid.

In conclusion may I again express my thanks to you, Mr President, and may I again wish you every success in your deliberations?

5. Address by the Chairman of the Executive Board of the United Nations Children's Fund

The President (translation from the Spanish) : I give the floor to Mr Rajan, Chairman of the Executive Board of UNICEF.

Mr Rajan, Chairman of the Executive Board of the United Nations Children's Fund : Mr President, Mr Director-General, Mr Pelt, Your Excellencies, ladies and gentlemen, I wish first to convey the greetings of the Children's Fund to this august Assembly, in whose hands, in whose judgement, rests so much of the responsibility for the health and wellbeing of the world's people. I wish next to express my deep appreciation, both to yourself and to all the members of this body, for the consideration you have shown in agreeing to hear me at this solemn outset of your proceedings. Perhaps it would have been better if my intervention had come later, after your own progress through your agenda had exposed the
range and significance of the co-operation between the Children’s Fund and the World Health Organization. But as my personal circumstances have dictated otherwise, I feel I can console myself with the knowledge that the theme of co-operation is not an unworthy prelude to your proceedings.

It is less than eight months since the Executive Board of UNICEF met to approve a historic recommendation: it allocated 2.4 million dollars for the first eighteen months of a programme of assistance to Mexico which in its totality will cost the Children’s Fund and the Mexican Government just short of twenty-one million dollars. The programme had an ambitious aim: the eradication of malaria from Mexico; but this is only the first part of a larger objective which is nothing less than the eradication of malaria from the Western Hemisphere. Two years ago such an enterprise might have seemed visionary and even fantastic. Today it is a reality in the determination of governments. Seven years from now it may be a reality in the lives of twenty million people to whom the threat of malaria will have become a thing of the past. Already, in the few short months that have followed the approval of the Mexican programme, other programmes of eradication have been approved by UNICEF for no less than six countries in Latin America and four in the Middle East. Our expenditure on anti-malaria work in 1956 is expected to reach seven million dollars. Next year it will approach ten million. More than three-fifths of UNICEF’s programme resources will be committed to these great campaigns.

This dramatic growth is no felicitous accident; it is the result of a conception the uncompromising boldness of which has seized and raised the imagination of governments; and it is based solidly upon the far-sighted planning of some of the best public-health minds in the world—the specialists of the World Health Organization. Every programme for eradication is the outcome of intensive preparation by WHO and by recipient governments, and bears, as it must do, even in its details, the stamp of the Organization’s technical guidance. And at every stage in its execution each programme must draw deeply upon your knowledge, your experience and your skill. The intensified struggle against malaria would be impossible were it not for the mobilizing of WHO’s resources side by side with the resources of UNICEF—the transport, the sprayers and the DDT. That is co-ordination as it should be: not an abstract slogan in committee-rooms or an intimidating chapter in reports, but the application of united effort to achieve a great humanitarian aim.

Perhaps no two organizations in the United Nations are associated by the very nature of their activities as closely as WHO and UNICEF. Your field is the health of all the world’s people; ours is the health and welfare of mothers and children everywhere. You give assistance in the form of technical knowledge and advice; we give it in the form of supplies, equipment and training. Thus, implicit in our individual terms of reference, there is an immense area of common concern, a division of functions, and a union of effort. Is it therefore surprising that the overwhelming majority of UNICEF-assisted programmes are also assisted by the World Health Organization? At present the Fund is giving assistance to 282 programmes in 95 countries and territories. In no less than 213 of these programmes UNICEF and the World Health Organization are jointly engaged. Five-sixths of the allocations made in the last year by UNICEF have been made for mass health and maternal and child welfare programmes, the two great areas of our common concern.

Not even the most cursory inspection of these programmes can fail to reveal the wide range of their benefits or the significance of their impact upon human health and welfare in the less fortunate areas of this earth. In our joint BCG campaigns, for example, nearly sixty million children have been vaccinated so far. 1956 will add another fifteen and a half million to this total. Our programmes against trachoma, launched only two years ago, have been successful beyond all expectations: 1.6 million have been treated so far and another 636,000 will be treated during the present year. The miracle of penicillin in the treatment of yaws has dramatized more vividly perhaps than anything else the results that national effort and international assistance can achieve together in the control of mass disease. Fifty-six and a half million people have so far been tested and 8.3 million treated in a joint yaws programme. This year we expect to treat three million children and mothers, as against 1.7 million in 1955. In malaria campaigns, where our main effort is now directed, UNICEF supplies and WHO’s technical knowledge will protect no less than twenty-two million people during 1956. In maternal and child
welfare programmes the provision of basic equipment has been approved for nearly 10,500 centres in fifty-nine countries and territories. To initiate and maintain these many programmes UNICEF has allocated twelve and a half million dollars in supplies and equipment over the past year, and WHO has committed three hundred of its skilled personnel, not including part-time consultants or those concerned in these programmes at Headquarters. Over three million dollars has been included in your 1957 estimates to meet expenditure in these joint projects. This is a commendable effort on both sides and, joined with the truly heroic effort of benefiting people and governments—efforts which are often many times greater in value than the amount of international assistance—it has yielded undeniably impressive results.

But our gratification at what has been done should not blind us to the far greater magnitude of what remains to be accomplished. In the vast area of Africa south of the Sahara one person in every six is a yaws case; the overwhelming majority of them have still to be reached by international assistance. Perhaps 90 per cent. of our trachoma effort is in Taiwan and along the Mediterranean shores of Africa; we have yet to develop these campaigns among millions elsewhere who suffer from this affliction. Our fight to control leprosy is barely in its infancy. Our fight to cure those actually suffering from tuberculosis is still in the stage of modest pilot projects. Malaria eradication in Asia has hardly begun; in Africa it is not as yet even technically possible. Even in the areas where mass programmes have been in operation for several years they have achieved nothing approaching total coverage. Our maternal and child welfare centres, numerous though they are, have touched only the fringe of the problems of ill health in the rural areas of the world where the great majority of the world's population live. Measured, as it must be measured, against the immense and specific facts of disease the world over, our response is only a small one; and measured against the general facts of ill health, against infant mortality rates of over a hundred per thousand, against life expectancies of under thirty-five years, it is smaller still and even less encouraging. Realism compels us to acknowledge that we have made only the beginning of a beginning.

Yet to have begun at all is in itself significant. The way is a long one; but no one any longer believes that the way is impossible. The challenge of ill health will remain for generations; but submission to it has become a thing of the past. Our co-operation has vividly demonstrated what can be achieved by the combination of national effort and international assistance, acting with vision and acting in conjunction.

Most of all, our co-operation exemplifies and brings alive the United Nations concept. To tens of millions of people the United Nations will be the force that made malarial acres green for cultivation and that freed from ague and the shackles of fever those who labour in those fields. It will be the force that makes eyes clouded by trachoma open again upon a flowered world. It will be that which wipes away the disfigurement and the pain of yaws, that ends the horror of leprosy and its deep humiliation. It will be the few simple instruments and the basic training that give a child born in some far-off village a better chance to live, and a better future to live for. That is what the drab word "co-operation" means, and I am sure we can ask for no richer meaning than this.

6. Establishment of the Committee on Credentials

The President (translation from the Spanish): We will now take item 2 of the provisional agenda, which is: Establishment of the Committee on Credentials. I would remind delegates that this matter is governed by Rule 22 of the Rules of Procedure, which 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 the provisions of this rule and in virtue of the powers thereby conferred on the President, I propose to the Assembly the following
the United Nations itself.

...and in the other specialized agencies, as well as in
...as soon as possible, take the seat of China in WHO
...country that the People's Republic of China could,
...what I am expressing today is the desire of my
...I refer, of course, to the People's Republic of China,
...- and we all welcome them.

...instructions to give a short statement in regard to
...The plenary meeting is resumed.

...It seems that at this Assembly we may be in a posi-
...As you have all heard, several of the speakers
today, including the Director-General of ILO, have
...underlined the importance of the universality of this
organization. WHO can fulfil its task only if it is global
in character, and, I would add, technical in character.
Unfortunately, for a number of years, certain
countries have been missing from these Assemblies,
and missing in the much more important part of the
work of WHO which is going on between the sessions
of the Assembly— I mean the work in the field.

It seems that at this Assembly we may be in a posi-
tion to take a great step forward, in that certain
inactive Members have indicated that they are
interested in returning to the Organization—rejoin-
ing us— and we all welcome them. However, even
if all the inactive Members rejoin the Organization,
there would still be one very big country missing.
I refer, of course, to the People's Republic of China,
and what I am expressing today is the desire of my
country that the People's Republic of China could,
as soon as possible, take the seat of China in WHO
and in the other specialized agencies, as well as in
the United Nations itself.

There has been postponement in deciding this
question. One of the reasons, as we know, is that the
General Assembly of the United Nations in 1950
passed a resolution to which I also had the honour
of referring last year, a resolution recommending to
the specialized agencies that, in case one of the
specialized agencies of the United Nations was in
doubt as to the membership of a specific country,
then the specialized agencies should consider the posi-
tion taken by the United Nations itself in regard to
membership of that country. However, as the
United Nations Assembly has since then (and that
is now six years ago) taken no action at all but only
postponed this issue, my country feels very strongly
that the specialized agencies should not in any way
be bound also to postpone the question. My
country therefore regrets that no application has
been forthcoming this year from the People's Repub-
ic of China and wants to express the desire that
they should also consider rejoining this organization.
Again, this is a global and technical organization,
and in the field of health we all know that we are
not so much in trouble in regard to technical matters
as we are in regard to methodological matters. We
know, scientifically speaking, much more than we
have been able to apply— there are the questions of
how to apply it. Types of personnel, material,
equipment, administration— those are the questions,
and therefore we, as a technical organization, would
welcome all those countries who have been experi-
menting with new methods and who have been trying,
facing great difficulties, to apply a modern scientific
approach in prophylaxis, in curative medicine,
rehabilitation, etc., etc. That is one of the reasons,
fellow delegates, why my country would welcome
back not only the inactive Members but also the
People's Republic of China, which represents the
largest single population of any country of the world.

The President (translation from the Spanish):
Does any other delegation wish to comment? The
delegate of China.

Mr Liu (China): Mr President and honourable
delegates, with regard to the remarks just made by
the delegate of Norway, which touched upon the
representation of China, my delegation is obliged to
make the following statement:

My Government—the Government of the Republic
of China—is the only legitimate government of
China, constitutionally elected by the people of China.
It is recognized as such by a great majority of the
governments represented in this hall, and also by the
United Nations and all the specialized agencies of
the United Nations, including the World Health
Organization. In this connexion, my delegation wishes also to point out that my Government is the same government which over ten years ago, together with the great South American State, Brazil, initiated and sponsored the proposal to establish WHO. Its right to represent the whole of China in the World Health Organization, I am sure we would all agree, can in no case be subjected to any question at all. On the other hand, the Chinese Communist regime in Peiping, to which the delegate of Norway has so endeared himself, is nothing but a regime imposed upon the people of the Chinese mainland against their will, and by the use of force, and with the aid of a foreign power. Suffice it here to say that this is a regime which has been officially condemned by the United Nations as an aggressor in Korea, and the condemnation still stands. This regime has murdered in cold blood over twenty million innocent people of the Chinese mainland, and has put at least another twenty-five million in the numerous slave-labour camps on the mainland of China. These are no guessed figures and no fabrication, but are based on the official announcements of the Peiping regime. While we here in WHO are concentrating and intensifying our efforts to save human lives, that regime is engaged in eradicating and preparing to eradicate human lives, not only in China but also in other parts of the world. Let us ask ourselves, in all conscience, whether such a regime can be accepted either in WHO or in any other international bodies as a legal, useful and honest partner in the work for the good of humanity.

In conclusion, Mr President, ladies and gentlemen, my delegation wishes to protest against the remarks just made by the delegate of Norway, which, in the opinion of my Government, have infringed upon the rights of China in the World Health Organization, and we request that this statement be recorded in the minutes.

The President (translation from the Spanish): I call upon the delegate of Korea.

Dr Paik (Republic of Korea): Mr President, honourable fellow delegates, I wish to take this opportunity to refer to the remarks made by the Norwegian delegate regarding the representation of China. The delegate of Norway is attempting to unseat the legitimate delegation of the Republic of China in the interest of Communist China. In this connexion I would like to remind you, honourable fellow delegates, that the so-called People's Republic of China is the very Communist regime which made its forces join the Korean Communists in their unprovoked aggression against my country; and that the northern part of Korea is still under the unlawful occupation of its invasion force. I believe the honourable delegates will all remember that the United Nations already branded Communist China as an aggressor in 1951. The Korean delegation therefore takes the view that the Norwegian delegate's move in this regard does not deserve any consideration of this Assembly. I am therefore compelled to conclude that the Norwegian delegate's remarks a few minutes ago in this hall are another Communist attempt to disturb the order of this Assembly, and I am sure that the President will rule such remarks out of order.

The President (translation from the Spanish): Any further remarks? The delegate of Yugoslavia.

Dr Štampar (Yugoslavia): Mr President, fellow delegates, on behalf of the Yugoslav delegation, I am very sorry that this rostrum has been used for propaganda purposes, and I think that we should conclude the discussion in this field. On behalf of my Government I have only to say that, in our opinion, the People's Republic of China is entitled to have a seat in this Assembly. Unfortunately the People's Republic of China has never applied for admission; but we believe very strongly that the day will come when the People's Republic of China will apply for a seat at this Assembly and will be admitted. The Yugoslav delegation has already on several occasions pointed out that the People's Republic of China should be represented in this meeting. Therefore I propose that this should close the debate on this issue, and that we should never allow this rostrum to be used for propaganda purposes.

The President (translation from the Spanish): I give the floor to the delegation of Turkey.

Dr Karabuda (Turkey) (translation from the French): Mr President, delegates, the Turkish delegation strongly supports the proposals of the delegates of China and Korea and is opposed to the admission of Communist China to the World Health Organization.

The President (translation from the Spanish): In accordance with Rule 58 of the Rules of Procedure, the debate is closed. The rule reads:

During the discussion of any matter a delegate or a representative of an Associate Member may move the adjournment of the debate on the item under discussion. In addition to the proposer of the motion, one speaker may speak in favour of, and one against, the motion, after which the motion to adjourn the debate shall be immediately put to the vote.
Does the Assembly agree to the closure of the debate? Are there any objections to this proposal? The debate is closed.

I would ask the Assembly if it has any objections to the report which it has just heard. No objections? Then the report of the Committee on Credentials is approved.

8. Establishment of the Main Committees

The President (translation from the Spanish): The next item on the agenda is: Establishment of the main committees of the Ninth World Health Assembly. In its resolution EB17.R30 the Executive Board recommended to the Ninth World Health Assembly the adoption of the following resolution:

The Ninth World Health Assembly
1. establishes a Committee on Programme and Budget;
2. establishes a Committee on Administration, Finance and Legal Matters.

Is the Assembly prepared to adopt this resolution? Any objections? As there are no objections, the resolution is declared adopted.

9. Election of the Committee on Nominations

The President (translation from the Spanish): We will now take the next item on the agenda: Election of the Committee on Nominations. This matter is governed by Rule 23 of the Rules of Procedure of the Health Assembly, which reads as follows:

The Health Assembly shall elect a Committee on Nominations consisting of eighteen delegates of as many Members.

At the beginning of each regular session the President shall submit to the Health Assembly a list consisting of eighteen Members to comprise a Committee on Nominations. Any Member may propose additions to such list. On the basis of such list, as amended by any additions proposed, a vote shall be taken in accordance with the provisions of those Rules dealing with elections.

In accordance with the provisions of this rule and in virtue of the powers thereby conferred on me, I shall submit to the Assembly a list of eighteen Members, and I should like to state that in drawing up this list I have endeavoured to give it an equitable geographical composition. As the Committee has to consist of eighteen Members, I felt it advisable to pay due regard to the geographical distribution of the Executive Board of the Organization, which consists of the same number of Members. In other words, the list I am proposing to the Assembly secures representation for the various regions by the following numbers of Members: Africa, one; the Americas, five; Eastern Mediterranean, three; Europe, five; South-East Asia, two; Western Pacific, two.

My list, then, is as follows: Australia, Brazil, Burma, Cuba, Egypt, France, Haiti, India, Laos, Netherlands, Nicaragua, Norway, Pakistan, Syria, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Yugoslavia.

As provided in Rule 23 of the Rules of Procedure, Members may propose additions to the list. Is there any proposal? I call on the delegation of the Netherlands.

Dr van den Berg (Netherlands): Mr President, fellow delegates, taking account of geographical distribution and the various groups of countries which in previous years have and have not been members of this committee, I should like to include in this list Belgium.

The President (translation from the Spanish): Is there any other proposal? As there is no other proposal we will proceed to a vote. I shall ask the delegates of Burma and Guatemala to act as tellers.

The delegate of the Netherlands.

Dr van den Berg (Netherlands): Mr President, there has been a misunderstanding. I should therefore like to withdraw my proposal, so that no voting is necessary.

The President (translation from the Spanish): I am obliged to Dr van den Berg and should also thank the delegates of Burma and Guatemala. Any other proposals? As no objections have been heard and no additions proposed, I take it that the list is approved and I shall ask the Committee on Nominations to meet in Room XI immediately after the meeting is adjourned.

The plenary meeting is adjourned and will resume at 6 p.m.

The meeting rose at 1.10 p.m.
SECOND PLENARY MEETING

Tuesday, 8 May 1956, at 6 p.m.

President: Dr I. Morones Prieto (Mexico)

later

Professor J. Parisot (France)

1. First Report of the Committee on Nominations

The President (translation from the Spanish): The meeting is called to order.

As the first and second reports of the Committee on Nominations were distributed at 4 p.m. in the Assembly Hall, we shall hear the report of the Committee's Rapporteur, Dr Oudom Souvannavong, delegate of Laos, whom I would ask to come to the rostrum and present the first of these documents to the Assembly.

Dr Oudom Souvannavong (Laos), Rapporteur, read the first report of the Committee on Nominations (see page 379).

2. Election of the President of the Ninth World Health Assembly

The President (translation from the Spanish): I propose to the Assembly that we take each of the recommendations of the Committee on Nominations separately. Thus, we will first proceed to elect the President of the Ninth World Health Assembly. According to the provision concerning elections in Rule 72 of the Rules of Procedure, "... If the number of candidates for elective office does not exceed the number of offices to be filled, no ballot shall be required. ..." In pursuance of this provision, I would ask the Assembly to indicate by acclamation whether it approves the recommendation made by the Committee on Nominations. (Applause)

On the strength of your applause I declare Professor Parisot, Chief Delegate of France, elected President of the Ninth World Health Assembly. Would Professor Parisot kindly come to the rostrum?

Professor Parisot, it is an honour for me to welcome you to this rostrum now that you are about to exercise your functions as President of the Ninth World Health Assembly. I trust that you will meet with the same spirit of co-operation from all present as was extended to me last year and up to the present moment. I feel sure that your ability and exceptional experience will enable the Ninth World Health Assembly to carry out its task satisfactorily.

Professor Parisot (translation from the French): Mr President, I thank your for your kind welcome and also for the good wishes you have expressed for the success of this Assembly. I feel that I need only follow the example you set as President of the Eighth World Health Assembly; my one regret was that I was unable to attend the splendid meeting in Mexico and pay tribute to your success.

Professor Parisot took the presidential Chair.

The President (translation from the French): Fellow delegates, I thank you for the honour you have done me; it has moved me greatly. In keeping with the usual custom I shall take the opportunity to-morrow of expressing my gratitude to you, while submitting a number of considerations regarding the Organization and the Assembly which is now starting its work.

3. Election of Vice-Presidents

The President (translation from the French): We now have to appoint the three vice-presidents, whose names have been given you by the Rapporteur, each of them having to be elected separately.

Since three vice-presidents have been proposed by the Committee on Nominations, and there are three posts to fill, I think we should do as before and decide successively on the nominations for vice-president, which I will now recall to you.

The first name is that of Dr Nor-el-Din Tarraf of Egypt. If you agree to his election, please indicate your decision by acclamation. (Applause)

The second vice-president proposed is Dr Clark of the Union of South Africa. (Applause)
The third vice-president proposed is Dr Braga of Brazil. (Applause)
As these three candidates have been unanimously elected by acclamation, I shall ask them to come and take their places on the rostrum.

4. Second Report of the Committee on Nominations

The President (translation from the French): I would ask the Rapporteur to present the Committee’s second report.

Dr Oudom Souvannavong (Laos), Rapporteur, read the second report of the Committee on Nominations (see page 380).

5. Election of the Chairmen of the Main Committees

The President (translation from the French): If you agree, we shall now elect in turn the chairmen of the main committees, starting with the election of the Chairman of the Committee on Programme and Budget. Dr Jafar has been proposed by the Committee on Nominations. Can I have your decision? (Applause)

Mr Boucher has been proposed as Chairman of the Committee on Administration, Finance and Legal Matters. (Applause)

Dr Jafar and Mr Boucher are elected.

6. Establishment of the General Committee

The President (translation from the French): You now have to elect the other members of the General Committee of the Assembly, for which a list of nominations is before you. As the Committee on Nominations has taken great care, by thorough study, to propose names which will ensure equitable representation of the various geographical regions, it can be assumed that the members nominated, together with those you have just elected, will constitute a satisfactory distribution. We can therefore take a decision on these members by a block vote.

The delegate of Saudi Arabia has asked to speak and I am glad to invite him to do so.

Mr Khanachet (Saudi Arabia) (translation from the French): Mr President, fellow delegates, it is an accepted principle in this Assembly, as the President himself has just pointed out, to take equitable geographical distribution into consideration in assigning all the offices of the Health Assembly. In its report the Committee on Nominations has proposed the representatives of nine countries who would be entitled to sit on the General Committee. My delegation has noticed that, probably by oversight, this geographical distribution has not been equitably effected, since two seats have been assigned to South-East Asia whereas only two seats have been allotted to the Eastern Mediterranean Region, despite the difference in the number of countries in these two regions. I wish to draw the Assembly’s attention to this situation, and to remedy this slight oversight I propose that the one representative of a Member State of the Eastern Mediterranean Region be substituted for one of the two representatives proposed for South-East Asia.

The President (translation from the French): In view of the proposal just made the Assembly will have to take a decision by secret ballot. We shall therefore proceed accordingly, but before proceeding to vote, however, some members of the Assembly may wish to make other proposals. I should therefore be glad if they would indicate any such intention.

I give the floor to the delegate of Iraq.

Dr Al-Wahbi (Iraq): Mr President, honourable delegates, I want to say just a word to support the proposal that has been put forward by the Saudi Arabian delegation, and I should like to nominate Iran for that seat on the General Committee.

The President (translation from the French): We have just heard a proposal from our colleague of Iraq, which you will take into account when voting. I would explain, before we proceed to the election, that the number elected must not exceed nine. Nine names have been proposed and a tenth has just been added. You will therefore have to enter only nine names on your voting papers; if a voting paper contains more than nine names it will be invalid. I shall ask the delegates of Australia and Italy to act as tellers and therefore to come to the rostrum.

I emphasize once again, since it would be a pity if some voting papers were spoiled, that you cannot choose other names or other countries than those already proposed, plus Iran. The vote must, therefore, be taken on the names proposed to you by the Committee on Nominations: Burma, Chile, Cuba, India, Japan, New Zealand, Norway, United States of America and Yugoslavia, plus Iran—the total not to exceed nine.

I presume that delegates have finished filling in their voting papers. I would therefore ask each of you to come to the rostrum when your name is called.

A vote was taken by secret ballot, the names of the following Member States being called in English,
French and Spanish, in the English alphabetical order:
Afghanistan, Argentina, Australia, Austria, Belgium, Brazil, Cambodia, Canada, Ceylon, Chile, China, 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, Italy, Japan, Hashemite Kingdom of Jordan, Republic of Korea, Laos, Lebanon, Liberia, United Kingdom of Libya, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Pakistan, Panama, Peru, 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, Venezuela, Viet Nam, Yugoslavia.

The President (translation from the French):
Before declaring the ballot closed, may I be informed whether any delegations have not been called and so have not voted? Was Burma not called?

Mr Ba Sein (Burma): Mr President, my country’s name was left out at the time of polling.

The President (translation from the French):
I apologize. May I ask you to cast your vote if you have your voting paper ready?

The delegate of Burma then voted.

The President (translation from the French):
I shall repeat my question for the last time. Will the chief delegate of Israel please come to the rostrum?

Dr Btesh (Israel): Mr President, my delegation was not called to vote.

The President (translation from the French):
The Israeli delegation could not vote because it has not yet handed in its credentials. I repeat my question for the last time: have all the delegations voted?

If that is the case, I declare the ballot closed. As it will take about half an hour to count the votes, I think the meeting should be suspended. You will be recalled by the bell, and meanwhile the tellers will count the votes. The meeting is suspended.

The meeting was suspended at 6.45 p.m. and resumed at 7.15 p.m.

The President (translation from the French):
The meeting is resumed. Here is the result of the vote.

Number of members entitled to vote: 63
Absent: 3
Abstentions: 1
Spoiled voting papers: 1
Number of members present and voting: 58
Majority required: 30.

The following have been elected: Chile, 58 votes; Japan, 58 votes; New Zealand, 58 votes; United States of America, 58 votes; Cuba, 57 votes; Yugoslavia, 52 votes; Norway, 50 votes; Burma, 48 votes; India, 46 votes. Not elected: Iran, 34 votes, since the nine countries I have mentioned have received a larger number of votes. That is the result of the ballot.

I thank the tellers for discharging their duties so well. We have finished with the elections. I must also thank the Chairman, Rapporteur and members of the Committee on Nominations.

The meeting rose at 7.30 p.m.

THIRD PLENARY MEETING
Wednesday, 9 May 1956, at 11 a.m.

President: Professor J. Parisot (France)

1. Announcement

The President (translation from the French):
The meeting is called to order. Some delegations presented their credentials yesterday morning after the first report of the Committee of Credentials had been adopted. In order to enable those delegations to take part in the Assembly’s work as soon as possible, I propose to suspend the meeting for fifteen minutes so that the Committee on Credentials may meet immediately. The plenary meeting will therefore resume in a quarter of an hour. The meeting is suspended.

The meeting was suspended at 11.15 a.m. and resumed at 11.30 a.m.
2. Second Report of the Committee on Credentials

The President (translation from the French): I shall ask Mr Saita, Rapporteur of the Committee on Credentials, to inform us of the Committee’s decisions.

Mr Saita (Japan), Rapporteur, read the second report of the Committee on Credentials (see page 378).

The President (translation from the French): Is the Assembly prepared to approve the proposals just made by the Committee on Credentials? As there is no objection, it is so agreed.

3. Presidential Address

The President (translation from the French): You have been good enough to elect me President of this Assembly. In doing so you have, first of all, paid a tribute to my country. You have also shown a personal regard for myself which I feel is justified mainly by the interest, the deep conviction and, if I may say so, the faith which for thirty years past have inspired my work in the field of international co-operation, particularly in the World Health Organization. May I say how grateful I am and assure you of my desire, with your valuable collaboration and full agreement, to solve the technical, administrative, legal and financial questions on the agenda of this session.

Eight World Health Assemblies have now been held. Their Presidents have been drawn from different countries and have, by their succession, constituted in that high office a fair balance between the various parts of the world. I cannot name them all; but in any case, have they not all an equal title to our gratitude and esteem?

I would, however, like to extend a friendly greeting to Professor Andrija Štampar, with whom I have been linked both by twenty-five years of friendship and by the close agreement of our views on social medicine. No one can forget that, nearly ten years ago, he agreed to assume the delicate and responsible task of presiding over the Interim Commission which, from 1946 to 1948, watched over the growth of the newly-formed Organization, nor can we forget that he was the first to hold this office to which you have today elected me.

It is also my duty and pleasure to pay a special tribute of friendship and admiration to Dr Ignacio Morones Prieto—my immediate predecessor—who presided with exceptional skill over the proceedings of the Eighth World Health Assembly. I had not the privilege, I am sorry to say, of attending the meeting in Mexico, but I have heard the most enthusiastic reports about it. I feel sure that the memory of Dr Morones Prieto’s term of office will be for ever associated with a wonderful reception in a most attractive country—now in the process of full economic and social development.

Ladies and gentlemen, on 7 April 1958 it will be ten years since the World Health Organization was finally set up following due ratification of its Constitution, and this event is commemorated annually by World Health Day.

However, while the date of 7 April 1948 marks the constitutional beginning of our organization’s existence, we must not forget that it will be ten years this year since, on 22 July 1946, the delegations of sixty-one States, Members or non-Members of the United Nations, met in New York to establish it. In its Final Acts, the International Health Conference communicated to governments for ratification the documents in pursuance of which the Organization was founded, and defined the special arrangements for terminating the activities of previously existing bodies such as the Office International d’Hygiène Publique, the League of Nations Health Organisation and UNRRA.

Was it the intention in 1946 to regard WHO merely as a renewal of the organizations which by force of circumstances had just closed down?

In point of fact, the unparalleled disturbances and losses caused by the second world war, their economic and social sequelae, and the changes made in national living conditions, and also the enormous and continuous advance in scientific and medical knowledge, made it necessary to follow, in the sphere of the health and social welfare of mankind, a policy that was not merely original but positively daring, and which could no longer be governed by the principles and limitations originally applied.

This policy, it is true, endorsed, by expanding and improving them, many of the investigations previously made and results previously achieved, but its chief aim undoubtedly was to plan and build up the proposed organization so that it could cope with the unprecedentedly far-reaching tasks laid upon it by the tragic world situation.

While individual nations were busily binding up their wounds and repairing their material and human losses, a single lofty idea emerged from the accumulated ruins and inevitably acquired more and more signal importance—individual efforts to restore individual countries had in future to go hand in hand with a general rebuilding of the world. Health, whether in the sense of well-being or of the struggle against disease, scientific research and the benefits derived from new medical knowledge, social progress
—none of these could any longer remain the sole prerogative of the few but, irrespective of national frontiers, would form the common heritage of all nations.

National economy is based upon human economy: the labour, productivity, welfare and strength of a country are closely and reciprocally related to its people's health-capital. If health is to be made accessible to man both at the national and at the personal level, governments and peoples must unite their efforts. Moreover, if health is to be protected, merely defensive measures are no longer enough: an offensive on a world-wide scale must be launched, not only against the diseases of the body but also against those of the mind and against those sources of conflict bred by social inequality. The links between the various parts of the world are daily becoming closer and their isolation is gradually disappearing so that unequal development in different countries in the promotion of health and control of disease, especially communicable diseases, is, as the preamble to our Constitution says, a common danger. Thus the solidarity of peoples in progress towards health would seem to be an essential condition of security and peace.

There was a time when such ideas seemed visionary to many people. In the light of progress, however, and in face of the tremendous catastrophe which swept the world and made all men partners in a common misery, might one not cherish the ambition of bringing them together and letting them live in a single world-wide community?

Utopia has become reality; first in its conception, as expressed in that real Declaration of the Right of Man to Health set forth in the preamble to WHO’s Constitution, then later in its application, by the adoption of a programme of world action which, however ambitious it may have seemed at the outset, has nevertheless by its growing achievements and success exceeded many hopes and is disclosing immense prospects for the future.

It is not, I assure you, my intention to remind you of the main features of the work done; WHO's activities cannot be sketched in a few lines. But a close study of its development will, I think, reveal the gradual creation of a new atmosphere, a new environment which are possibly more important, more significant than the facts themselves. May I give you a few examples?

Whether we consider WHO's own programme of activity or its contribution to the enormous work of the United Nations in promoting the economic and social progress of the so-called under-developed countries, WHO does give practical effect to the basic principle that no scheme for economic development, no programme designed to raise living standards generally, can succeed anywhere unless action is simultaneously taken to improve health conditions.

This principle, constantly asserted but also proved, has also been implemented by WHO in its joint action with the other specialized agencies.

We see it applied with FAO in the work done on food and nutrition in those joint expert committees on food additives, whose main concern is to devise a rational system for combating the dangerous consequences to human health of the improper use of chemical fertilizers and pesticides, which, as a direct result of the advances made in agriculture, are being more and more widely used without proper control.

An even better example of the application of this new policy is supplied by the programmes for the prophylaxis of animal diseases communicable to man—a problem which is so important for rural life and economy—as well as by the co-ordinated action taken in enormous areas which had become desert and barren as a result of malaria, but have been restored to cultivation after its eradication.

Then there is the co-operation with UNESCO in technical and professional education, in school hygiene, in health education programmes carried out as a part of basic education and inspired by the great principle: “To learn is to live”; joint action with ILO in the field of industrial medicine, rehabilitation of the physically handicapped, social security—surely these testify to a concentration of effort which conduces to efficiency and economy and also creates mutual confidence in joint action.

Mention is perhaps particularly called for of the spirit of co-operation existing between WHO and UNICEF despite some transitory vacillation and difficulties—now finally overcome. It is based on a solid foundation, on mutual understanding and a fair division of financial and technical responsibilities. There is thus able to develop on an increasing scale a perfectly co-ordinated programme for the health of mothers and children, and their protection from tuberculosis and for the control of various diseases (such as trachoma) which seriously affect the health of young people.

A new field of activity, however, is just opening whose scope is bound to expand considerably. Thanks to the Director-General's energetic action and the high reputation of WHO, the Organization is already assuming important responsibilities, both in its separate capacity and in the competent international committees, with regard to the peaceful uses of atomic energy. A programme of research and documentation, and of training for all health
and other experts concerned with the use of atomic radiation and with protection against its dangerous effects, has been drawn up; this programme will be concerned simultaneously with the standardization, encouragement and co-ordination of research.

The Health Assembly will have to give serious attention to this whole subject, whose importance was fully appreciated by the Board. The special point to be stressed is the speed with which all this work must be carried out if it is not to be outstripped, as it were, by the rapid advances made in the use of this form of energy. It is a programme that is urgent and that falls completely within WHO’s field of responsibility, since WHO is definitely concerned with the possible harmful consequences to health of contamination of air, water or soil that may result from the increasing use, even for peaceful purposes, of atomic energy.

Our organization’s responsibility extends even beyond this special field. In order to guard against any harmful effects, it must study all the disturbances created by advances in science which upset the balance of nature and can also upset health.

Under its Constitution, WHO is “the directing and co-ordinating authority on international health work”. This mandate might have been misinterpreted as entitling WHO to exercise improper supervision over other international bodies, governmental or non-governmental, and such an interpretation might have been detrimental to the Organization’s range of influence. On the contrary, however, the trust and the support which it has managed to evoke have secured it the co-operation of numerous bodies: there are forty non-governmental organizations in official relations with WHO which vie with one another in giving it the many kinds of assistance it requires. Here are two striking examples out of many: the technical discussions which are about to begin have been prepared partly by the two international nurses’ organizations which are in official relations with WHO; and the success achieved the other day by the third conference of the International Union for Health Education of the Public, held in Rome, constitutes a valuable achievement which fits in completely with the remarkable work of WHO’s Health Education Section.

In short, confidence in and understanding of WHO’s activities and aims are steadily growing in every country. There is evidence not only of the ever increasing amount of assistance received from governments, health administrations and technical experts; there is also the support given by the peoples who are gradually becoming imbued with that spirit of action and collective responsibility conducive to the development of that health and social progress which is the aim of the Organization.

The efficiency and the rapid growth of WHO result largely from the unprecedentedly wide range of co-operation it enjoys and the universal nature of its work. This is meeting ever greater success because decentralization enables WHO to work direct, thanks to the enterprising and constructive efforts of its regional offices and to the atmosphere of trust and confidence it has created.

The progress made and the results achieved, taken as a whole, may, of course, justify an attitude of optimism and gratification. Does that mean that the satisfaction we naturally tend to feel should lead us to overlook imperfections and indulge in a kind of mutual admiration? Certainly not. As a general rule an undertaking so vast, operating in a world as changeable as ours, is always encountering fresh difficulties, whether they arise from the facts of the situation, or whether they are revealed by a closer investigation and better awareness of requirements or even by developments in the ways and means employed. This undertaking calls for constant flexibility, continuous reconsideration and adjustment of activities, principles and structures. Here we can pay tribute to the experience, the sound judgement and wise initiative of the Director-General and his staff at Headquarters and in the regional offices.

As far as we, however, in this Assembly are concerned, a little self-criticism can never come amiss, or be superfluous, particularly if it is candid constructive criticism in a great cause. Like you, I have often regretted that administrative, legal or constitutional problems, which are often difficult to separate from the related political questions, have been given priority in our discussions over the technical activities which are our real raison d’être, such as the Director-General’s Annual Report, the reports of regional directors or the detailed examination of the programme.

It must, of course, be admitted that the Assembly had to establish the newly-formed organization on sound constitutional and legal bases, had to give it an administrative structure and financial equilibrium, and that much of the Assembly’s time had to be devoted to these chief tasks. But, surely, most of these tasks have now been successfully completed. Is it not high time now for us to devote more attention to the future of WHO’s technical activities?

Personally, I have been extremely gratified to notice the trend in this direction followed at recent Assemblies. Nowadays we all fully realize that most of our time, our knowledge and our under-
standing should be devoted to the technical development of the Organization, more especially since it is the thorough discussions in the Assembly and the mature decisions and recommendations resulting therefrom which determine the activities of the Executive Board and show the Director-General in what direction to guide the work of the Secretariat in framing and carrying out the programme. This is the spirit in which many important questions on our agenda must be considered.

The universality of WHO has often been emphasized; the point was made in this very place by the Director-General of ILO at our opening meeting. It is natural that we should have been unanimous, in 1949 and 1950, in regretting the decision of certain Member States to regard themselves as no longer Members of the Organization, and that frequently since then we should have unanimously voiced the hope that they might resume their places with us.

We were whole-heartedly glad to hear the statement made in 1955 to the Economic and Social Council by the representative of the Union of Soviet Socialist Republics to the effect that his country was proposing to take an active part again in our work in the cause of world health. At the Executive Board’s last session the hope thus born became a near-certainty, for, after hearing the representative of the USSR, the Board unanimously took a completely favourable view of the application made to it and left it to the Assembly to settle the exact conditions on which the USSR would by general agreement be re-admitted to our organization.

The prospects in this regard at the opening of the present Assembly were favourable, and I myself firmly believed that a satisfactory settlement would easily be found. It is not so: we have now learnt from the announcement just made by the Director-General to the General Committee of the Assembly that we must abandon, for the time being only, the idea of securing a final decision.

I still think—and in so doing I am abiding by the principles which we all cherish—that it must be our aim to give WHO as universal a character as possible in the interest of all of its Members. I should like here once again to express the hope that the obstacle confronting us is only a temporary one and that by patience and wise determination we shall succeed in overcoming it.

In the foregoing remarks I have been referring to the Union of Soviet Socialist Republics. Naturally, all I have said applies to all the countries which decided they had to leave us and which when the time comes—I hope very shortly—we shall welcome with the same cordial feelings.

While we may, quite properly, feel disappointed by this untoward event, we have, on the other hand, every reason to be gratified at the requests made by three Associate Members which have recently attained independence and which, as they are now fully responsible for the health of their peoples, desire to be admitted as Member States of the World Health Organization.

The Government of the United Kingdom has submitted three applications for admission to associate membership on behalf of African territories.

I do not in the least intend to prejudge the Assembly’s action on these applications, but I would observe that, if they were accepted, there would be a substantial increase in the number of Member States and Associate Members of the Organization. That would surely mean a marked alleviation of the difficulties met with elsewhere.

Closely related to this increase in the number of Member States and Associate Members is the Belgian Government’s proposal to increase the number of seats on the Executive Board. The Assembly will, I feel sure, give this proposal the closest consideration.

Turning to the technical questions on the agenda, I would mention, as among those important enough for your especial attention, the WHO programme for 1957, the Expanded Programme of Technical Assistance, the items concerning international quarantine and also the suggestions made to you, particularly by the Government of India, and lastly the two major problems of the eradication of malaria and the peaceful uses of atomic energy.

Lastly, I must mention the financial problems which will have to be discussed.

One understands the Director-General’s legitimate reasons for submitting a budget that is substantially bigger than that for the previous year. In so doing he is doing his duty, for no one is better placed than he to appraise all the various fields in which a technical, and hence a financial, effort seems desirable. As you are aware, fellow delegates, when we consider the budget proposals submitted to us with the observations and recommendations of the Executive Board, the discussion usually follows the same trend: on the one hand a desire for increased funds to meet needs that are more and more pressing, and on the other hand the material difficulties for many governments in substantially increasing the amounts of their contributions.

These two trends seem to be opposed but they are not really so: the two points of view are equally genuine and equally justified, and they both help to maintain the proper balance and therefore the efficiency of the Organization. The problem is to
find a solution which takes account both of needs and of possibilities. I feel convinced that once again the Assembly will reach a decision which will give the Director-General the necessary resources to ensure the reasonable expansion of the Organization.

With regard to Technical Assistance, which used to cause us anxiety because of the inadequacy of funds, the prospects have definitely improved. The contributions expected are substantially greater than in previous years, and I think it probable that the funds available will be commensurate with our facilities for putting them to effective use. The situation has also been improved by the clear distinction which has been drawn at previous Assemblies between Technical Assistance funds and the resources of WHO's regular budget. From every point of view we can look to the future with confidence.

Lastly, new prospects have opened up in this field in connexion with the United Nations project for setting up a special fund which will furnish the underdeveloped countries with the solid economic and social basis they need to enable them to take full advantage of the technical assistance accorded. The Assembly will doubtless be interested to consider this item of its agenda, more particularly since last year the Assembly took a similar initiative on its own account.

You will perhaps accuse me of excessive optimism. But, as President of this Assembly, I am being quite realistic in adopting this attitude, for I firmly believe that we must trust to the future. The Director-General and the Secretariat have, after all, often proved that this confidence is justified.

It is, I know, quite true that, in spite of these favourable prospects, the idea still holds good which Rajkumari Amrit Kaur, the President of the Third World Health Assembly, expressed so prophetically and so confidently when she said: "We know quite well how to contend with disease ... the tragedy is that we have not, in adequate measure, the sinews of war wherewith to battle against the enemies of humanity".

In the days of the Health Organisation of the League of Nations, it was our hope that international co-operation in the field of health might create a stronger bond between the peoples and develop a frame of mind which would engender peace ... Then came the catastrophe of 1939! Why, even as then, should we not again cherish the hope—even though that may mean reliving an illusion—of seeing some small portion of the immense resources devoted to lethal weapons diverted in favour of life-giving weapons, and of the world-wide activities of our organization? Then the Assembly would have no need, as it will have tomorrow, to hold a long discussion about the size and the balancing of its budget.

You will probably tell me, fellow delegates, that this is all a dream, but are not dreams often an expression of the thoughts which haunt us and are not these thoughts common to all of us? Voiced unanimously by this Assembly of WHO, whose function it is to safeguard human life and security, it may be that those ideas will one day be taken into consideration by those responsible for the fate of nations and the future of the world.

4. Adoption of the Agenda and Allocation of Items to the Main Committees

The President (translation from the French): Fellow delegates, if you agree, we shall now consider the decisions taken by the General Committee at its meeting this morning. Its recommendations to the Assembly are as follows.

First, with regard to the adoption of the agenda, the General Committee recommends that the Assembly should adopt the provisional agenda, document A9/1,1 and include in it the two supplementary items mentioned in document A9/1 Add.1. These two items are: 1. Correction of French and Spanish texts of resolution WHA1.133; 2. Agreement defining the relations between the International Bureau for the Protection of Industrial Property and the World Health Organization.

May I ask if anyone has any remark to make? I note that there are no remarks.

In this connexion I would draw your attention to document A9/14,2 by which the Spanish Government proposes to remove from the agenda items 7.14 and 7.17.

Does anyone require an explanation? No? I shall then proceed.

Secondly, we come to the terms of reference of the main committees. The General Committee recommends first that the Assembly should adopt the resolution proposed by the Executive Board in its resolution EB17.R31. You all have this resolution before you and I think you have taken cognizance of it. If you have any remarks to make, I shall be glad to hear them.

As there are no remarks, I conclude that you approve the recommendation of the General Committee.

The next question is the allocation of the items as between the Assembly in plenary session and the

1 See p. 49.
2 Unpublished
main committees. The General Committee recommends that the Health Assembly should adopt the allocation shown in the agenda, and that item 12 (Technical discussions at future Health Assemblies) should be assigned to the Committee on Programme and Budget, as has usually been done in previous years; and item 17 (Report of Léon Bernard Foundation Committee) should be dealt with by the Assembly in plenary session. The two additional items which I mentioned at the beginning of this statement would be allotted to the Committee on Administration, Finance and Legal Matters. With regard to item 7.13 (Notification by the Union of Soviet Socialist Republics concerning participation in the World Health Organization), the General Committee recommends that this item should be allotted to the Assembly in plenary session—if I may, I shall revert to this matter in a moment. Following the statement I have just made, does anyone need an explanation or has anyone a remark or suggestion to make?

As there are no remarks, I pass to the next item: Arrangements for technical discussions.

5. Arrangements for Technical Discussions

The President (translation from the French): The General Committee recommends that the Assembly should approve the arrangements described in document A9/10, according to which the technical discussions would be held on Friday, 11 May and Saturday, 12 May; the times for the opening of these discussions are given in the document, which I am sure you have noted. The meetings would be held on Friday morning, Friday afternoon and Saturday morning. You know also that it is the custom to hold a plenary meeting at the close of these discussions. This meeting will be held during the second week, and the General Committee of your Assembly proposes to fix the date of this last plenary meeting in due course. Have you any observations or suggestions to make regarding these technical discussions? As there are no observations we will pass to the next item.

6. Notification by the Union of Soviet Socialist Republics concerning Participation in the World Health Organization: Establishment of a Special Committee

The President (translation from the French): The last item is the USSR’s notification about its participation in WHO. The General Committee recommends that the Assembly should, first, take into consideration the Executive Board’s recommendation as set forth in resolution EB17.R27 and set up a special committee to submit to the Assembly a proposal designed to facilitate the “constitutional” settlement of these cases of WHO Members which have become inactive. I would point out that the terms of reference of this committee, based, I presume (since it is the Assembly which will instruct it), on the Executive Board’s resolution, might be to lay down a specific policy, a constitutional provision—since our Constitution says nothing on the point—applicable to all present and future cases. I do not wish that there should be any future cases, but it is essential to lay down the principles on which such a settlement should be based, so that it would be the same for all.

The committee which would be given these terms of reference would consist, if the Assembly agrees, of the members of the General Committee and three other members appointed by the President of the Assembly. Why is the General Committee making this suggestion and recommendation? It is clear that for such an important question—and I would emphasize that it is the question as a whole that must be considered and not this particular case—it is essential that there should be equitable geographical representation among the members of the committee. Since this geographical distribution is a feature of the existing General Committee of the Assembly, but since also it might perhaps be advisable to make it even more representative, the General Committee recommends that three new members nominated by the President of the Assembly should be added to the Committee’s present membership. This, of course, would make it a new committee and it would no longer be the General Committee of the Assembly.

The Assembly would appoint this special committee and give it terms of reference. The special committee would report to the plenary Assembly. However, should circumstances arise which I do not want to specify but which might make it impossible to reach agreement, the General Committee reserves the right to make a recommendation later on to the Assembly that the question should be considered by one of the main committees. I repeat that this is what I would call a precautionary measure and I feel certain it will not have to be adopted.

I should like, then, to hear the Assembly’s views on these recommendations so that when the special committee is set up it can meet at the earliest possible moment. It had been suggested that it might even meet today, since the members of the General Committee have quite rightly pointed out—and the
Executive Board’s resolution also emphasizes this—that it is important to settle this question so that the delegations present can, if appropriate, participate at the earliest possible date in the proceedings and discussions of the Assembly. Before, therefore, I propose the names of the delegates of the three countries who would be added to the General Committee to form the special committee, I should be glad if you would consider the recommendations of the General Committee which I have just communicated to you.

If no one wishes to speak, I shall consider that you regard the recommendations made to you as satisfactory and that you agree to the appointment of a special committee of the Assembly to consider the questions I have mentioned.

As additions to the existing members of the General Committee, and in order to accentuate still further equitable geographical distribution in the special committee, I suggest one Member from Europe, one from America, and one from the Eastern Mediterranean. For Europe the Member would be Belgium; for America, Mexico; and for the Eastern Mediterranean, Saudi Arabia. Those are my proposals to the Assembly. I should be glad to have your views.

As there are no speakers, I take your silence as consent and I consequently conclude that the recommendations and proposals I have just made have been approved by you.

The meeting rose at 12.15 p.m.

FOURTH PLENARY MEETING

Wednesday, 9 May 1956, at 3 p.m.

President: Professor J. Parisot (France)

1. Admission of New Members and Associate Members

   The President (translation from the French): The meeting is called to order. The delegate of Egypt has asked for the floor; would he please come to the rostrum.

   Dr Ramadan (Egypt) (translation from the French): Mr President, item 15 of the provisional agenda deals with the admission of Morocco, Tunisia and Sudan as full Members.

   May I, on behalf of all the Arab States, make the following proposal in order to shorten the procedure and enable these three States, Morocco, Tunisia and Sudan, to take their seats in the Assembly without delay and join in the work of our Organization as full Members.

   My formal proposal is that the Assembly should not wait to take a decision until the Committee on Administration, Finance and Legal Matters has considered the requests for admission made by Morocco, Tunisia and Sudan but that it should admit these three States immediately.

   We submit our proposal for the approval of the plenary Assembly which is the sole judge of the matter.

   The President (translation from the French): I call on the delegate of France.

   Dr Boïdé (France) (translation from the French): Mr President, fellow delegates, the French delegation supports the proposal just made and would be most grateful if the Assembly would give the speediest possible consideration to the applications for admission to full membership made by Morocco, Tunisia and Sudan.

   The President (translation from the French): I call on the delegate of the United Kingdom.

   Sir Eric Pridie (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, if it is agreed to deal immediately with the applications for full membership, perhaps the Assembly would also be prepared to deal with the applications made by the United Kingdom for the admission to associate membership of the Federation of Nigeria, the Gold Coast and Sierra Leone. My delegation would be grateful if you could see your way to do this.

   The President (translation from the French): I call upon the delegate of Indonesia.
Dr Anwar (Indonesia) : Mr President, fellow delegates, I should like to support the proposal made by the Egyptian delegate as well as that made by the United Kingdom delegate.

The President (translation from the French) : I call on the delegate of Liberia.

Dr Togba (Liberia) : Mr President, fellow delegates, the Liberian delegation wants to express its agreement with and acceptance of the proposals made by the United Kingdom and Egyptian delegates. We would like to see the admission to full membership of the countries which have applied for it and the admission to associate membership of the three countries proposed by the United Kingdom.

The President (translation from the French) : Does anyone else wish to speak? I see there are no other speakers. A formal proposal has just been made by the delegate of Egypt regarding the applications of three Associate Members, Morocco, Sudan and Tunisia, for admission to full membership.

This proposal has been seconded by the delegate of France. We also have a formal proposal by the United Kingdom regarding three Associate Members, which, like the previous proposal, has been supported by the delegations of Indonesia and Liberia.

The position is as follows: in order to deal with these proposals we must open the discussion on items 15.1, 15.2, 15.3, 15.4, 15.5 and 15.6 regarding the admission of Members and Associate Members.

Does the Assembly agree to reverse the decision it took this morning when it approved its agenda? These proposals entail a modification of that decision? Does the Assembly agree to deal in plenary session with the proposals now before it?

I would therefore ask you to indicate whether you agree to accept these proposals and thus reverse your earlier decision. I shall give you a few moments for reflection and then ask you whether you have any objections. In the absence of objections I shall take it that the Assembly agrees to accept these proposals.

There seem to be no objections. I consider therefore that the Assembly unanimously agrees to accept the proposal to place on today's agenda first, the admission of the three countries requesting full membership and, secondly, the admission as Associate Members of the three territories sponsored by the United Kingdom.

Since the Assembly has agreed to do this, I think it would be better to deal immediately with the admission of these countries—on the basis of the proposals submitted—in order not to break the discussion on the reports of the Executive Board and of the Director-General, which is on our agenda for today. I would therefore ask the delegations wishing to discuss the admission of Morocco, Sudan and Tunisia to express their views.

I call on the delegate of France.

Dr Bodé (France) (translation from the French) : Mr President and fellow delegates, the French delegation has the honour to support the applications made, particularly those by Tunisia, Morocco and Sudan for full membership. With regard to Tunisia, this country is fully qualified to become a full Member of the Organization. France has formally acknowledged the independence of Tunisia by the Franco-Tunisian Protocol of 20 March last, which states, inter alia, that:

"France formally recognizes the independence of Tunisia ..."

This implies:

(c) the exercise by Tunisia of responsibility for its external affairs ".

There is no doubt that this independence enables Tunisia to assume all the obligations and responsibilities which would devolve on it from the new status for which it is applying. I might also point out that Tunisia was admitted on 25 October 1955 as a full Member of the United Nations Food and Agriculture Organization and has just secured the unanimous approval of the United Nations Economic and Social Council for its request to be admitted to UNESCO.

In the case of Morocco, I declare that this country is fully qualified to become a full Member of the Organization. France formally recognized Morocco's independence by the joint Franco-Moroccan declaration of 2 March last, one clause of which states:

"The Government of the French Republic formally confirms its recognition of the independence of Morocco, which implies responsibility for the independent conduct of diplomatic relations ".

This independence therefore enables Morocco to assume all the obligations and responsibilities devolving upon it from the new status which it is requesting. France would be glad therefore if these two countries could be granted full membership, which would enable them to collaborate more fully and more effectively in the work of your Assembly.

The President (translation from the French) : I call on the delegate of the United Kingdom.
Sir Eric Pridie (United Kingdom of Great Britain and Northern Ireland) : Mr President, fellow delegates, my delegation has much pleasure in supporting the applications of Tunisia and Morocco. In our opinion, full membership of the Organization is open only to sovereign and independent countries, and as we understand that the Franco-Tunisian Protocol and the Franco-Moroccan Joint Declaration have conferred this status on these countries, my delegation will be glad to see them admitted as full Members of the Organization. My delegation has very much pleasure in supporting the application of the Republic of Sudan.

The President (translation from the French) : I call on the delegate of Spain.

Mr de Villegas (Spain) (translation from the Spanish) : Mr President, the Spanish Government is glad to support Morocco's application to be admitted as a full Member of the World Health Organization. This support for the application submitted by Morocco is based on the joint Hispano-Moroccan declaration of 7 April last by which the Spanish Government recognized the unity and independence of the Moroccan Empire.

The President (translation from the French) : Does any other delegate wish to speak on these points? I call on the delegate of the United States of America.

Mr Wilcox (United States of America) : Mr President, fellow delegates, the Government of the United States of America is happy to join with other Members of the World Health Organization in supporting the motions now before the Assembly. We are pleased to support the admission of these countries of Africa to the Organization, and we are sure that they will make a worthwhile contribution to the Organization and will help it achieve its great objectives.

The President (translation from the French) : Does any other delegation wish for the floor? In the absence of other speakers, I take it that the support given to the applications of Morocco, Tunisia and Sudan, the formal statements made by the delegates of France and Spain, and finally the statements of the delegate of the United Kingdom and the remarks of the delegate of the United States, indicate that there is no objection to accepting these applications. I therefore propose—in the absence of any objection—that the Assembly vote on these three countries' applications as a whole and by acclamation. (Applause)

I therefore declare Morocco, Tunisia and Sudan admitted to full membership of the Organization; their admission will become effective when the instruments of acceptance of the WHO Constitution have been deposited with the Secretary-General of the United Nations.

Meanwhile, in view of the applause which has just greeted this decision, I wish on behalf of the Assembly and myself, to express to the representatives of Morocco, Tunisia and Sudan who are with us here our very sincere congratulations and our pleasure that they will shortly be taking a very active part in the work of the Organization.

I call on the delegate of Morocco.

Dr Faraj (Morocco) (translation from the French) : Mr President and fellow delegates, it is especially gratifying to me to express, on behalf of the Government of His Majesty Sidi Mohammed V, the sincere thanks of my country for the honour you have conferred upon it by admitting it to full membership of your esteemed Assembly.

Morocco is no newcomer here. Some years ago you were good enough to admit it to associate membership. At that time it did not have the responsibility for its external affairs but, as an Associate Member, it had the privilege of participating in your work and of receiving considerable assistance from WHO.

On 2 March 1956, by the Franco-Moroccan Joint Declaration, France formally recognized the independence of Morocco, and on 7 April 1956, by a Hispano-Moroccan declaration, Spain recognized its independence and the unity of its territory. Morocco is thus here as an independent sovereign State with a united territory. The question of the so-called "international" zone of Tangier is at present being studied and will very soon be finally settled.

Morocco is deeply imbued with over a thousand years of Arab and Moslem civilization. Its position at the extreme limit of the West—as the Arab geographers put it—gives it the signal privilege of being at the meeting of the roads, of linking Europe, whose culture it has received for some forty years past, with the East, from which it draws its spiritual strength.

My country's problem at the moment is to give a new, national, direction to its health policy. Hitherto stress has been laid on the prevention of epidemic diseases, as the need was urgent. That phase has now passed as a result of the efforts and devotion shown by French medical personnel, who have given of their best in the fight against epidemic diseases. Nowadays, we must tackle the so-called
As nationals of an independent Sudan, we appreciate and realize the duties and responsibilities that independence carries with it, and will, therefore, be even more deeply attached to the established policies and aims of the World Health Organization.

Two years before the Sudan had qualified for associate membership in 1955, the strong desire of the World Health Organization to help was demonstrated significantly by its participation in many projects of major health importance in my country, such as the control of malaria, bilharziasis, tuberculosis, and sleeping sickness, BCG vaccination, nursing and pharmacy education, mental health, and fellowships in various fields. A public-health seminar which consisted of members of the Eastern Mediterranean Region, was convened in Khartoum and was most instructive in the interchange of valuable information.

In this connexion it should be mentioned that this Assembly is considering proposals to assist in the control of venereal diseases, the promotion of dental health and health education, the planning of a model rural village, and the grant of more fellowships in educational and training projects in various fields of public health.

I should now like to acknowledge with deep gratitude the personal interest that Dr Shousha and his secretariat have always taken in our health problems, and also the sympathetic consideration shown by the members of the Eastern Mediterranean Region. We are no less indebted to UNICEF and the Technical Assistance Board for all their valuable help. Although important public-health objectives have been gained, which have resulted in the reduction of the incidence of morbidity and mortality from epidemic and endemic diseases, and the Sudan has much to be proud of in its history of health achievement in many fields, we are conscious that much more remains to be done, and that the problems and difficulties still facing us are considerable. Nevertheless, my Government is determined to solve and overcome them.

As a full Member State, the Republic of the Sudan, I am sure, will continue to receive from the World Health Organization the help it needs. On the other hand, you can rely on the fullest cooperation of my Government as a partner in the Organization, with so much to give as well as to receive, playing its part in the work of that great international agency.

Mr President, I conclude by expressing on behalf of my Government and the Sudanese people their great appreciation of the honour of membership which has been accorded them today. We shall always strive to be a worthy Member of this distinguished Assembly, and to collaborate to the fullest extent possible with the Organization as a
whole and with each and every Member State. I should like to convey my thanks to Egypt for moving the motion at this early stage, to France the United Kingdom, Liberia, Indonesia, the United States of America, and other Members which joined them and which I cannot recall at this moment, and should like to thank you all.

The President (translation from the French) : I call on the delegate of Tunisia.

Dr Materi (Tunisia) (translation from the French) : Mr President, fellow delegates, ladies and gentlemen, the Assembly has just admitted my country as a Member of the World Health Organization on the same footing as all the other nations that have full enjoyment of their rights and independence. It is an extremely agreeable duty and a signal honour for me to express the gratitude of the Tunisian delegation, of my Government and of all Tunisians, who will certainly feel great satisfaction on hearing the good news.

We are indeed extremely happy, as you will easily understand. It was in the World Health Organization four years ago, in May 1952, that Tunisia, still a protectorate and not yet responsible for its external relations, was nevertheless able to participate for the first time in the work of an international gathering. As an Associate Member, with only limited rights—and also limited obligations—Tunisia, nevertheless, tried to establish close and intimate relations with your organization, and to be regularly represented both at the annual Health Assemblies, and at meetings of the Regional Office, even when the country was passing through particularly difficult times and when its internal and international positions were extremely delicate.

Thus, while it was still striving to gain its independence, Tunisia made a point of always attending your meetings, and its representatives collaborated in your work.

The Tunisian delegation has always received a warm welcome and most friendly understanding from the other delegations. Every year, on returning to Tunisia, our delegation has reported on your proceedings, explained the meaning and scope of your decisions, described the extent of the work done by your organization and its repercussions, both on a national and on a world-wide scale. This, we think, is why World Health Day is always so enthusiastically and eagerly celebrated every year by the whole population of Tunisia.

As you are aware, Tunisia—a small country but one with a very ancient civilization—is passing through a phase of complete transformation, demonstratively and eagerly celebrated every year by the whole population of Tunisia.

It is why World Health Day is always so enthusiastically and eagerly celebrated every year by the whole population of Tunisia.
grateful we are; still, I should like to express our thanks formally in this Assembly, especially on our admission to full membership, an occasion which will be a red-letter day in our history.

The President (translation from the French): I call on the delegate of Egypt.

Dr Tarraf (Egypt): Mr President, fellow delegates, this is for us a very happy and a pleasant occasion, to take the floor to speak on behalf of the Egyptian delegation and on behalf of the Egyptian Government, to greet and congratulate our colleagues, the delegates of our neighbour countries, namely, Sudan, Morocco and Tunisia, with whom we are closely related by common ties of culture and social bonds. These three independent sovereign States have been Associate Members of our organization and their contribution in that capacity has proved most efficient. We are confident that their contribution as full Members will be most fruitful and for the benefit of the whole Organization.

The President (translation from the French): I call on the delegate of Iraq.

Dr Al-Wahbi (Iraq): Mr President, fellow delegates, last year in the Eighth World Health Assembly, it fell to my good fortune to stand on this rostrum and welcome Sudan as an Associate Member. I am really overwhelmed with joy to be here this year and to speak on behalf of the Iraq Government in welcoming three sister great nations—Morocco, Tunisia and Sudan—together.

Mr President, I welcome these three great nations, with whom we have ties innumerable and relations brotherly to say the least, and we know that they will be an asset and a contribution to the World Health Organization. As Associate Members they have been participating in the work of this organization to the fullest extent, and I am sure that they are going to contribute to the work of the Organization by their presence as full Members much more than they did before.

To conclude, Mr President, I do welcome all these three great nations most heartily to full membership of this organization.

The President (translation from the French): I call upon the delegate of Lebanon.

Dr Hayek (Lebanon) (translation from the French): Mr President, on behalf of the Lebanese delegation and of my Government, I have the honour to welcome the independence of three countries, Sudan, Morocco and Tunisia, with which we have so many spiritual, geographical and social ties, and whose admission as full Members has just been approved by the Assembly.

I feel certain that these new Member States will, in their new capacity, continue to receive from WHO and from us all the fullest support and collaboration in efforts to improve world health and the welfare of humanity.

The President (translation from the French): I call on the delegate of Saudi Arabia.

Dr Pharaon (Saudi Arabia) (translation from the French): Mr President and fellow delegates, on behalf of my delegation and my Government, I wish to welcome to the Organization the delegations of Morocco, Tunisia and Sudan. Their admission to full membership gratifies us, not only because it ensures their collaboration in the work of WHO, but also because it enables them to exercise the privileges of independence and sovereignty which they have just attained.

This occasion is all the more gratifying to me, since the ties which have always existed between Saudi Arabia and these three countries are based on a common history in the past and on common hopes for the future. On behalf of my Government I give them the most cordial welcome to this Assembly and extend to them my country’s wishes for their success and prosperity.

The President (translation from the French): I call on the delegate of Ethiopia.

Mr Tséghé (Ethiopia): Mr President, fellow delegates, it gives me great pleasure, on behalf of my Government, of my delegation, and particularly of my Sovereign Emperor, to welcome these three countries as full Members of the World Health Organization—in particular Sudan, a neighbouring country which we have cherished for all the things we have in common; it is indeed a pleasure that she has been welcomed today to share with us in this capacity. I am sure that as a result of the admission of these three countries this organization will be enriched a great deal because of the contribution which they will bear tomorrow.

The President (translation from the French): I call on the delegate of Libya.

Dr Othman (Libya): Mr President, ladies and gentlemen, on behalf of the Libyan delegation and of my Government I have the honour to welcome wholeheartedly our neighbours, independent Tunisia, Morocco and Sudan. I am definitely sure that their contribution to this organization as full Members will be valuable, and we wish them success in the service of mankind.
The President (translation from the French): I give the floor to the delegate of Pakistan.

Dr Jafar (Pakistan): Mr President and fellow delegates, on behalf of the Pakistan delegation I extend a very warm welcome to the new independent Members who have joined the Organization today—Morocco, Tunisia and Sudan. I am quite certain that their participation in the deliberations of this organization is going to be extremely useful. We congratulate them on the attainment of this status and extend our very best wishes for their future role in this sphere.

The President (translation from the French): There are no more speakers announced on the admission of Morocco, Tunisia and Sudan. Can I consider the discussion closed?

If so, we shall now turn to the second proposal, made by the United Kingdom, for the admission of the Federation of Nigeria, the Gold Coast and Sierra Leone as Associate Members of the Organization.

You will perhaps consider it appropriate if, for the purpose of admitting these three countries as Associate Members, we follow the procedure just adopted for the three full Members. I should be glad to hear if there are any objections. Apparently there are none.

I call on the delegate of Guatemala.

Dr Soza Barillas (Guatemala) (translation from the Spanish): Mr President and fellow delegates, although the delegation of Guatemala will vote in favour of Nigeria as well as of the other countries, it enters the reservation that Guatemala does not recognize that the trusteeship territory of the Cameroons forms part of the Federation of Nigeria.

The President (translation from the French): There are no objection to the admission of Nigeria.

Glad to hear if there are any objections. Apparently there are none.

I call on the delegate of the United Kingdom.

Sir Eric Pridie (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, the United Kingdom of Great Britain and Northern Ireland is honoured to accept this associate membership on behalf of the Gold Coast, the Federation of Nigeria, and Sierra Leone, and assumes responsibility for ensuring the application of Articles 66 to 68 of the Constitution of the World Health Organization with regard to these territories.

Having made this formal statement, may I now have the pleasure of extending the hearty congratulations of my delegation to these three countries and to their distinguished representatives?

I think that the representatives of the Federation of Nigeria and the Gold Coast would now like to say a few words. The representative of Sierra Leone has not yet reached Geneva, but I am sure he would be grateful if he could be allowed to address you as soon as he arrives.

The President (translation from the French): I give the floor to the delegate of Liberia.

Dr Togba (Liberia): Mr President, fellow delegates, on behalf of the Liberian Government I wish to express our appreciation for the steps which have just been taken by the members of this great body. You have just accepted to full membership the
countries of Tunisia, Morocco and Sudan. Liberia appreciates that very highly, and wishes at the same time to express its appreciation to the various governments previously responsible for the welfare of those countries for making it possible for them to become independent and thus become full Members of this body.

We have just voted to admit as Associate Members the countries of Nigeria, the Gold Coast and Sierra Leone. Liberia looks forward to the day when these countries will be able to speak for themselves, will be independent, and will become full Members, so that those of us who are in Africa south of the Sahara will be able to say that we have more than only one or two countries south of the Sahara. We also hope the day will come when there will be others who will be able to join that region so that we may have a greater body in the African Regional Organization, and can compete with other regions whose votes require three, four or five seats on the Executive Board, as we know from our experience.

I want therefore to thank the Government of the United Kingdom of Great Britain and Northern Ireland for making it possible for Nigeria, the Gold Coast and Sierra Leone to become Associate Members today.

The President (translation from the French) : I give the floor to the representative of the Gold Coast.

Mr Goka (Gold Coast) : Mr President, delegates, I feel very proud to address you on behalf of the Government of the Gold Coast on the occasion of the admission of my country as an Associate Member of the World Health Organization. I am glad to be its representative and to express to the Assembly the gratitude of my Government and of the people of the Gold Coast for this recognition, to which they have been looking forward. I wish to assure the Assembly of the keen interest displayed in my country in public health—an interest which is not limited to the Gold Coast but extends to the advancement of medical science and practical achievements in the field of health wherever they may take place.

The Gold Coast is a comparatively small country whose population of about four and a half million is engaged largely in the production of foodstuffs and cocoa, and in fishing, commerce, mining, and the extraction of timber. The health problems associated with industrialization are, except in the case of mining, largely absent; but the rapid growth of towns such as Accra, Kumasi and Sekondi-Takoradi has brought its own difficulties, particularly in the sphere of housing and sanitation. In the rural areas there are a number of endemic diseases whose eradication has been hampered by lack of communications, of balanced diet, of pure water, and of equipment and trained staff.

My Government has not been inactive in the face of these problems. Medical matters have been placed under a member of the Cabinet who is responsible for health and has no other commitments. Under the Government's current development plan, substantial sums have been placed at his disposal for the capital works he has requested should be undertaken. In particular, two hospitals—at Accra and Kumasi—have been chosen for reconstruction, and those delegates here who may have seen them will no doubt confirm my conviction that each of these hospitals now constitutes a valuable centre of specialist and surgical treatment. During the forthcoming phase of our development plan my Government intends to concentrate its capital expenditure in the rural areas, where there are thirty-two smaller hospitals and where it is intended to provide fifty or more health centres, the functions of which include maternity and child welfare work and the health education of the people in the vicinity. In addition, each of the major endemic diseases is being tackled by national departments which are under a specialist, and we are determined that malaria, leprosy, yaws, tuberculosis, bilharziasis, river blindness and sleeping sickness shall be controlled in the foreseeable future and ultimately eradicated.

The Gold Coast is one of the few countries in tropical Africa to have a specialist psychiatrist, and foundations have been laid for a dental service and a school health service. In addition to the government services proper, the mining companies maintain medical services in their areas; and I wish to pay a tribute also to the medical work carried on, often in remote places, by medical missions. Finally, there are the local authorities whose special responsibility for sanitation has been recognized in recent legislation and whose work is supervised by the Ministry with which I have the honour to be associated.

With regard to plans for the future, each of the specialists to whom I have referred carries out research projects, and my Government is associated with other West African governments in the West African Council for Medical Research. My Ministry is staffed to an ever-increasing degree by Gold Coast Africans. The Gold Coast Medical Register contains the names of sixty-nine African doctors with full qualifications as recognized in the United Kingdom, of whom forty-five are in government service. Associated with each of the big hospitals in Accra
and Kumasi are nurses’ training colleges, which give training to the same standard as that required of nurses in the United Kingdom; a great majority of the nurses also receive training in midwifery. Other schools provide for the training of health inspectors and health centre superintendents.

We come to this Assembly conscious of many deficiencies. Much work remains to be done. We have confidence that the World Health Organization will not fail us when we request assistance in research, in personnel, or in material for health campaigns. Through the good offices of the United Kingdom Government we have already requested, and have received, substantial assistance from the World Health Organization and from UNICEF—for which I wish to express my country’s appreciation. For our part, should it be thought that anything that we are doing in our country would be of interest to any Member country of the World Health Organization, we should be glad indeed to receive visitors and to exchange views about the problems which affect so many countries the world over.

The Gold Coast now stands on the threshold of independence and my Government considers associate membership to be wholly in keeping with the important advances achieved in the constitutional field in the last few years. I look forward to the day when my country will be accepted as a worthy member of the family of nations. Mr President, I pledge the co-operation of the Gold Coast in the work of the Organization and I thank the Assembly most cordially for its personal welcome to me and my colleagues today.

The President (translation from the French): I call upon the representative of Nigeria.

Sir Samuel Manuwa (Federation of Nigeria): Mr President, on behalf of my country, I tender to you and to the delegates of the Ninth World Health Assembly our greetings and most grateful thanks for the great honour which you have conferred on us by admitting the Federation of Nigeria to associate membership of the World Health Organization. This historic event will give deep satisfaction to the peoples and to the five Governments of the Federation of Nigeria.

Nigeria is the largest British dependent territory. In size we are approximately equal to Pakistan, or nearly four times the area of the United Kingdom. Within its 373 250 square miles live 32 million people, of whom all except 16 000 are native Africans. It is thus the most populous country of the African continent and by far the largest unit of African racial origin in the world. Our climate is typically tropical; and many African tribes, religions, and languages are represented within our borders, living side by side under the Pax Britannica in peaceful co-existence—if one may use a current term. Our economy is basically agricultural, the great majority of our people being peasant farmers. As in many tropical countries with a similar economy our progress in our march to nationhood within the commonwealth of free nations must stand or fall by our success or failure in promoting and conserving the health of this teeming agricultural and rural population; and it is to this task that we have unremittingly directed our efforts for many years.

The problems peculiar to this task are, Mr President, quite familiar to all delegates of this Assembly, so I shall not attempt to detail them. Suffice it to say that within the limits imposed by funds, staff and equipment, our main aim has been directed against those diseases which do us most damage—that is to say, the largely preventable endemic mass or community diseases; and these diseases we endeavour to combat, control and if possible eradicate by attack in the mass, in the community. I refer, as you must all be aware, to diseases such as malaria, worm infestations, including guinea worm, filaria, bilharzia, chronic bowel diseases, yaws and venereal diseases. Our various medical development plans have been directed mainly against these diseases. We have achieved much in recent years in implementing these plans, though very much more still remains to be done.

It is in furtherance of progress against community diseases that the assistance of the World Health Organization has been of particular benefit to Nigeria. Our first contact with the Organization was in 1952, when a Nigerian delegate had the honour of leading the United Kingdom delegation to the first Regional Committee meeting held on African soil in Monrovia, Liberia. Since that time we in Nigeria have received help in many varied forms. In fact Nigeria is the largest single beneficiary of the Organization in tropical Africa. Through its aid and that of the other United Nations agency concerned with health—I refer to UNICEF—we are at present conducting a campaign which we hope will eventually rid large areas of that most disfiguring and crippling disease, yaws. This campaign I believe was witnessed by delegates to the WHO international symposium
on yaws held in Eastern Nigeria last year, during which two other World Health Organization conferences—those on malaria and environmental sanitation—were also held in Nigeria. A large-scale malaria-control pilot project which will protect a rural population of 120,000 in an area covering some 600 square miles is in active operation, with the Organization's assistance, in Northern Nigeria. Leprosy also is being assisted in its rapid flight from several areas of Eastern Nigeria by aid from the Organization. In all these enterprises we must of course not forget the considerable assistance which we received, and continue to receive, from the United Nations Children's Fund, UNICEF, in the form of medical supplies and equipment totalling many thousands of dollars, and for which we are very grateful indeed. Many overseas fellowships and visits by consultants to advise us on our tuberculosis, maternity and welfare services, on health education, nursing and on other problems, figure also on the long list of items in respect of which we have received much valued assistance from the World Health Organization.

For our part, we have had the honour of repaying some of this debt in a small measure by receiving WHO fellows from other territories to study our methods of dealing with malaria and leprosy. The Western Africa area health officer of the Regional Office of the Organization has his permanent headquarters in the capital of the Federation; a Nigerian officer in our medical service is on the Organization's Expert Panel on Public-Health Administration; while the Professor of Public Health and Social Medicine at the Medical School of our University College, a Nigerian, is at present touring Africa as the Organization's representative on a United Nations mission on community development. Again the first WHO malaria training course for public-health officers was conducted by our malaria service during 1952, and I have already referred to the three international conferences held in Nigeria last year under the auspices of the Organization.

Before I end, I would like to pay Nigeria's very warm tribute to two eminent officials of the World Health Organization, namely our first Regional Director for Africa, Lieutenant-General Daubenton, and his successor Professor Cambournac. We greatly value their services. It is due to their unfailing tact, energy and devotion that much of what has been achieved in Nigeria has been possible.

Finally we are also deeply grateful to our sponsor, the Government of the United Kingdom, under whose understanding tutorship during these past fifty years we have now arrived at the present stage of our development.

Mr President, our country, the Federation of Nigeria, is now on the threshold of self-government. It has made very rapid progress in all fields in the last few years, not least in the forward march to health. The fact that Nigeria has been elected today as an Associate Member of this august organization is perhaps the most outstanding evidence of that progress. We are but a young nation. By your admitting us, a purely African country, to the fellowship of your great society this day, you have again clearly demonstrated your adherence to the ideals of the United Nations and have shown that in the fight against disease there can be no racial boundary, no international boundary, no political boundary.

Mr President and delegates to this Ninth World Health Assembly, in accepting the honour which you have done to us today, I wish to assure you that it is one which we deeply appreciate. We shall do our utmost to exercise our newly assumed responsibility in a manner so fully worthy of that honour that, in the fullness of time and on the attainment of full self-government, when the time arrives for us to come again to you to seek full membership, we hope, as in the present happy instance, that there will be no dissentient voice.

The President (translation from the French): I give the floor to the delegate of Austria.

Dr Gratzer (Austria): Mr President, we only recently got back our freedom, though paying for it heavily, and we are always happy to hear that other countries have regained or got their freedom, or are on the way to independence. Therefore, I warmly welcome the new full Members and Associate Members of our family and wish them, on behalf of my Government, the best of success.

The President (translation from the French): Are there any more speakers?

If not, the discussion is closed. A moment ago you heard the delegate of the United Kingdom give an assurance that Articles 66 to 68 of the WHO Constitution would be applied. I take due note of this declaration.
2. Reports of the Executive Board on its Sixteenth and Seventeenth Sessions

The President (translation from the French): If you agree, we will now come back to the agenda that we drew up this morning—first the statement on the reports of the Executive Board and afterwards the statement on the Report of the Director-General, if we have time, since the Assembly must rise at 5 p.m.

Do you think that we have time to hear the statement on the reports of the Executive Board? As the Board's representative appears to think that he will have sufficient time, I shall call upon him to speak.

Dr Vargas-Méndez, representative of the Executive Board (translation from the Spanish): Mr President, fellow delegates, now that the initial formalities have been completed I have the honour of submitting to the Assembly the reports of the Executive Board, which will form a basis for the forthcoming discussions.

Since the Eighth World Health Assembly, held in Mexico City, of which we all have happy memories, the Board has held two sessions, one in Mexico on 30 May 1955, when sixteen resolutions were adopted, and the other in Geneva from 17 January to 2 February 1956, when seventy-two resolutions were adopted on various questions and problems. In addition to these sessions, there were meetings of the Standing Committee on Administration and Finance, held on seven working days in Geneva before the Board's seventeenth session and also during that session. The reports on all these sessions have been sent well in advance to Member governments in Official Records Nos. 65, 68 and 69. In addition to the sessions mentioned, there have been meetings of the Standing Committee on Non-governmental Organizations, of the UNICEF/WHO Joint Committee on Health Policy, and of other committees and special working parties.

The Executive Board made a detailed study of the Organization's programme and considered the proposals made for future activities. It reviewed in detail the programme and budget estimates for 1957 proposed by the Director-General, and discharged its constitutional duty of making its recommendations on these to the Assembly.

Without going into details about these documents, I might mention some other activities of the Board which may be of interest to the Assembly. There is the study of the role which WHO is playing and will play in the peaceful uses of atomic energy; work connected with the Malaria Eradication Special Account, whose method of operation was laid down by the Executive Board. The Board noted and approved the publication of seven expert committee reports; it recommended the admission of six more non-governmental organizations; it reviewed the relations between WHO and the Technical Assistance Programme and UNICEF with respect to programmes, finance and administration, and considered the report of the External Auditor.

As already mentioned by the President, I should like to remind you that the Executive Board received a visit from representatives of the Union of Soviet Socialist Republics, and, after hearing statements made by them, adopted resolution EB17.R27, in which it recommended the Ninth World Health Assembly to 'establish, at the beginning of its session, a committee which, after consultation with the delegation of the USSR and with the delegations of any other Members which may be in a similar position, would submit to the Assembly a proposal aimed at facilitating settlement of the question of contributions in arrears'.

The Assembly has therefore before it three documents of the Executive Board: Official Records No. 65, containing the resolutions adopted at the sixteenth session; Official Records No. 68, containing the resolutions adopted at the seventeenth session; and Official Records No. 69, giving a detailed analysis of the programme and budget estimates for 1957, with comparative graphs and tables, which will enable delegates to compare these proposals with the activities of previous years.

In order to assist the Assembly in its discussions, the Executive Board has appointed two representatives—Dr Brady and myself—who will be at the disposal of the Assembly to present the Executive Board's proposals for your approval, and also to deal with any query that may be made regarding the Board's actions.

In conclusion, I should like to state that, if the Executive Board was able to accomplish its task, as represented in the three reports before you which result from the many discussions held during its sessions, this was due to the admirable co-operation of the Director-General and his staff—to the Deputy Director-General, the Assistant Directors-General and the Regional Directors. The willing assistance they afforded us on every occasion greatly facilitated our work and we tender them all our sincere thanks.

The President (translation from the French): I should like to thank Dr Vargas-Méndez, Vice-Chairman of the Executive Board, very warmly for
his necessarily brief, but extremely clear, interesting and factual report. He has told us that he and Dr Brady, as representatives of the Board, will be at the disposal of the Chairmen of the various committees during the discussion of the problems which are to come before them.

This statement gives me an opportunity to say a word about these sessions of the Board, which I have had the privilege of attending. They were very interesting and much information was contained in the speeches of all the members of the Board. The Assembly will be able to appreciate for itself the importance of the discussions held and the resolutions resulting from them.

I should like especially to mention the well-deserved congratulations extended to all the members of the Board, and in particular to its Chairman, Dr Al-Wahbi, who conducted its work.

If no one else wishes to speak, I declare the meeting closed.

The meeting rose at 5 p.m.

FIFTH PLENARY MEETING

Thursday, 10 May 1956, at 10 a.m.

President: Professor J. Parisot (France)

1. Address by the Representative of Sierra Leone

The President (translation from the French): The meeting is called to order.

Gentlemen, we were to have opened with the Director-General’s report, but since the representative of Sierra Leone, which you elected yesterday as Associate Member, is present and wishes to speak, I think it would be better to hear him first, and I request him to come to the rostrum.

Dr Karefa-Smart (Sierra Leone): Mr President, ladies and gentlemen, I count it a privilege to be delegated, on behalf of the Government and people of Sierra Leone, to accept the honour of being elected to associate membership of the World Health Organization. I am particularly happy that the members of the “class of 1956”, so to speak, also include our sister territories of Nigeria and the Gold Coast, both of which have until very recent times shared with my country the ill-repute of being known as “The White Man’s Grave”—a title which was not altogether undeserved.

I do not need to refer in detail before this learned Assembly to the devastations which the major endemic and epidemic diseases such as malaria, yellow fever, smallpox, leprosy and trypanosomiasis previously wrought on the human populations in our part of the world, but which are now being increasingly checked by the brilliant work done by the medical and health services, by voluntary agencies such as missionary societies, and more recently with the substantial help of international agencies, chief of which in this field is the World Health Organization.

In Sierra Leone, we are very proud that, in spite of our size as a small country of less than 30,000 square miles and a population of but two million, we have played our part in all the recent developments in tropical public health. The organization of our health services, like that of our sister British territories in West Africa, has from the beginning sought to integrate the curative and the preventive services into a unified service, as is now urged for serious consideration by this Assembly.

Blessed as we have been by an abundance of the purest and most easily available sources of drinking-water on the West Coast, our capital city of Freetown has from the earliest times—long before the discovery of the American continent—been a favourite port of call for such great sailors and explorers as Hanno of Carthage, Prince Henry the Navigator of Portugal, Admiral de Ruyter of Holland and Sir Francis Drake of England. Thus we were inevitably brought into the picture in all developments in international health control, particularly in its maritime aspects; and we have adhered, as far as our resources have permitted us, to all international health regulations. I wish to remind you that it was in Sierra Leone that, without the benefit of penicillin, and working only with the salts of sodium and potassium, and...
more recently with acetylsarsan, the brilliant organization of the late Dr Harding (in our Endemic Diseases Control Unit) clearly demonstrated that the mass control of yaws is a definite possibility when sufficient attention is given on the one hand to as nearly complete coverage of the population as possible, and on the other hand to repeated follow-ups. This principle remains true even now in all the mass control projects against this disease, with the benefit of penicillin, which form a major part of the field programme of the Organization.

We have already received considerable assistance from the World Health Organization through the services of short-term experts and consultants who have advised us in the fields of malaria control and mental disease, through training fellowships which have been awarded to our medical personnel, and through participation in conferences and training courses organized by the Regional Office for Africa. We now look forward to increased assistance in other fields, and we are particularly happy that this very year marks the beginning of a WHO- and UNICEF-assisted project in yaws control, with the very realistic goal of eradicating this disease in Sierra Leone within five years. In taking this first major step of moving from the purely receiving end towards fuller participation in the planning and other aspects of the programme of the World Health Organization, it is the hope of the Government and the people of Sierra Leone that we shall be able to play whatever role it falls to us to perform in perfecting, at both the regional and central level, this great organization as the major instrument of international co-operation in the field of health.

Mr President, fellow delegates, I understand that you have already received from our parent delegation of the United Kingdom the thanks and appreciation of my country for this great honour of election.

I will also refer briefly to those trends and problems which I consider most important for the future evolution of the Organization.

Part II of the Report submitted for your consideration contains concrete examples in geographical terms of the efforts WHO is making for the improvement of health throughout the world. The overall policy we are pursuing is everywhere the same: namely, to provide Member States with the sort of international assistance they need to strengthen their own public-health services. While in many cases the techniques needed to attain this goal are the same, there are also, owing to regional differences, certain variations on which I should like to touch very briefly.

In our youngest region, Africa, for instance, it is clear that no extensive and effective programmes of health work can be undertaken without first obtaining precise and reliable information on the nature and extent of the health problems which face this continent. It is therefore logical that a very considerable part of WHO's assistance to African countries and territories should take the form of planning and co-ordination of surveys and pilot projects on tuberculosis, bilharziasis, nutrition, treponematoses and other important problems which this region has to solve.

On the other hand, in Europe and North America increasing attention is being given to problems characteristic of highly industrialized communities, such as occupational health, cardiovascular diseases, cancer and rheumatism. Here, too, there is need for a series of studies on possible modifications in the pattern of health services arising from the fact that the proportion of the old people in relation to the total population is steadily increasing.

For the other regions—and let us not forget that these contain close on 80 per cent. of the world’s population—the fight against communicable diseases, and their ultimate control and eradication, still retains a high priority. In the Eastern Mediterranean, for instance, 43 per cent. of the field budget was spent for this purpose in 1955, in particular to combat gastro-intestinal infections, tuberculosis, malaria, trachoma and the treponematoses. Furthermore, most of the fellowships granted for that region were for studies in the control of communicable diseases.

In this field, the most vital and the most urgent problem is at present the need to strike at the malaria-carrying mosquitoes before they are able to develop resistance to insecticides. Since the Annual Report for 1955 was issued, we have unfortunately received further evidence of such resistance: in Nigeria,
in an area where WHO and UNICEF are assisting antimalaria work, *Anopheles gambiae* has been found to have developed a high degree of resistance to dieldrin, and to a lesser degree to BHC. In the light of this information, the steps recently taken by several governments to join in co-ordinated malaria campaigns are particularly gratifying. Last December in Belgrade, experts from Albania, Bulgaria, Greece, Romania, Turkey and Yugoslavia discussed ways and means of jointly ensuring co-ordination in malaria control in order to protect border areas, and ultimately to achieve eradication. In Asia, representatives of Cambodia, Laos, Thailand and Viet Nam recommended early this year the establishment of a joint antimalaria co-ordination board, the final aim of which would be to clear the Indochinese peninsula of one of its most expensive and most debilitating diseases.

The Second African Malaria Conference, which took place in Lagos last November, recommended that, despite the gaps in our present knowledge of the epidemiology of malaria in Africa, malaria control should be extended. A resolution adopted by the Conference suggested practical measures for undertaking control operations for both urban and rural populations in the malarious parts of all African territories.

The growing interest of our Member States in this problem is further illustrated by the fact that, following the example given by China and Brunei last year, the Federal Republic of Germany and Iraq have this year made contributions to the Malaria Eradication Special Account, which was established by the Eighth World Health Assembly.

However, in practically all regions the improvement of environmental sanitation and the education and training of all types of personnel emerge now more and more as the two essential methods for raising the health levels of the population. In Part I of the Report you will find many examples of the progress WHO has made during 1955 in these two fields. I should like to mention here some useful results of the Ceylon seminar on sewage disposal, both in rural and urban communities, which was held in Kandy last year. The main purpose of the seminar was, of course, to disseminate technical information among sanitary engineers and health officers in the South-East Asia and Western Pacific Regions. However, in at least two countries, the seminar has also had the effect of stimulating national conferences on the same subject. We could have no better proof of the beneficial effects seminars of this type can have on the promotion of public-health work both on a regional and a national basis.

Throughout the Report you are about to discuss there is ample evidence of the extensive aid WHO is giving to national health administrations, anxious to solve the shortages of health personnel which continue to be a major deterrent to progress throughout the world. The fellowship programme of WHO, which has now made more than five thousand awards, is one contribution to the improvement of training and the more rational use of medical and health personnel, which we know to be essential to the success of practically all WHO regular and Technical Assistance programmes. It is indeed clear that a substantial increase in adequately trained health personnel is our best guarantee that international aid will have a lasting effect on the health situation of Member States.

The same purpose is being served by the assistance the Organization gives to teaching institutions, as well as by the training courses and conferences it sponsors. The nursing education projects in Pakistan, Jordan, Chile, Bolivia, Guatemala, Afghanistan, Burma, Colombia, Taiwan, Japan, and many other places show the vast geographical area covered by WHO in the effort to develop the nursing and mid-wifery facilities of our Member States.

Another type of training, this time for specialists in public health, was promoted by WHO in 1955 through a variety of projects, such as the aid given to a number of universities and schools of public health, in all regions. As an example of the seminars organized for the same purpose I should like to mention the one held at the end of last year in the Eastern Mediterranean Region, which brought together public-health experts from about fifteen countries.

The relevant chapters of Part I of the Report describe the world-wide services rendered by WHO in such fields as epidemiological intelligence, statistics, and biological standardization. These services will undoubtedly remain for a long time outstanding examples of the benefits which Member States can derive from international organizations, and which scarcely could have been obtained without them. May I here call your attention to the report of the International Conference for the Seventh Decennial Revision of the International Lists of Diseases and Causes of Death, which met last year under the chairmanship of your President, Professor Parisot. This report, which was distributed to Member States last year and which this Assembly will consider, represents an important step forward in the process of improving and making more uniform, and there-
fore more valuable, statistics of morbidity and mortality, and is an important landmark in a remarkable endeavour that has been going on now for sixty years, the last nine of which have been under the active direction of the World Health Organization.

I would also like to say a few words about two WHO publications, because they record instances of what the Organization can achieve by stimulating and co-ordinating research on various public-health problems. I am referring to the technical report, issued early this year, which contains a preliminary review of the questions raised, by health administrators and the public at large, about poliomyelitis vaccination.1 I have no doubt that the recommendations made in this report, which resulted from discussions held by twelve experts who met in Stockholm last year, will be of great value to those health authorities who have already started, or who are about to start, large-scale production of poliomyelitis vaccines. As far as WHO is concerned, it will continue—as advised by the Stockholm group—to enlist the collaboration of international laboratories with national laboratories in order to facilitate the collection of the data needed for the successful application of poliomyelitis vaccination under the different conditions found in various parts of the world.

The other publication I had in mind is a recent issue of the WHO Bulletin,2 which gives the first definite confirmation of the success of a special method of prevention of rabies in man following severe exposure. This method, tried out under WHO auspices in Iran in collaboration with our expert panel members in France, Israel, Spain and the United States of America, combines the traditional vaccine treatment with the use of hyperimmune serum. These findings should be of great value to many countries where rabies is a serious problem.

The latest developments relating to WHO's contribution to the peaceful uses of atomic energy are summarized in the document which I am submitting to this Assembly under item 6.6 of its agenda. Here I should like to say a few words about the study group which met last month in Geneva and which was composed of outstanding experts in radiation. Our future work in this field will be largely guided by the findings of this group, which examined in particular the question of standards of radio-isotopes for medical use, the training of technical workers in radiation protection, the disposal of radioactive wastes with proper regard to public health, and the modifications in medical education necessitated by the emergency of atomic energy. The waste disposal question seems to me of especial interest. Indeed, the problems of radiation hazards have now passed beyond the confines of industrial medicine, where they mostly concern the individual, and have become a general public-health problem. It seems logical, therefore, that the fact-finding and clearing-house functions of WHO should be applied to methods of identifying potentially harmful radiations wherever they can reach man.

As you know, WHO has pledged its co-operation in the health aspects of all efforts undertaken by governments, under the aegis of the United Nations, to mobilize internationally available resources for the peaceful uses of atomic energy. We were represented at the International Conference on the Peaceful Uses of Atomic Energy and also at the Scientific Committee on Radiations established by the General Assembly of the United Nations. We are ready to attend the conference scheduled to meet in New York, in September 1956, to consider the draft statute of the new international atomic energy agency. On the basis of information now available, this statute specifically mentions, as among the functions of the agency, the interchange of scientific information and the protection of health in relation to atomic energy projects. This, of course, will call for co-operation between the new agency and WHO, and I can assure the Assembly that, within the means at our disposal, our Organization will accept the responsibilities it faces in this new field which holds such high hopes and magnificent potentialities for mankind.

I have dealt so far with the efforts made in 1955 for the improvement of health throughout the world. Let us now turn to the consideration of the resources which were available to support those efforts.

You all recall that the Seventh World Health Assembly decided to appropriate, for the 1955 programme, some $800 000 less than had been proposed to finance that programme. It was therefore unfortunately impossible to satisfy a number of urgent requests for assistance from a number of governments. Internal rearrangements among various parts of the budget made it possible to avoid other serious repercussions on the whole working programme which the cut effected in the sums proposed for 1955 might otherwise have had. Fortunately, in 1955, there was a considerable improvement in the financing of the Expanded Programme of Technical Assistance, which made it possible to render more assistance to governments under this programme than in any preceding year. This to some extent offset the adverse effects which would otherwise have resulted from further delays in providing urgently-needed assistance for health work. I am glad to be

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2 *Bull. Wld. Hlth Org.* 1955, 13, 743
able to report that it was possible to implement the adjusted programme of the Organization in an orderly way.

The continued support of UNICEF in 1955 for jointly assisted projects was, as always, invaluable in the work which our two organizations are doing. Fortunately, we have now arrived at the stage when our financial relations are satisfactory to both organizations.

Most of you will recall that, for several reasons, I felt that I had no choice but to adapt my programme proposals for 1956 to approximately the same budgetary level as was approved by the Assembly for 1955, although this did not meet even the minimum demands for Member States. It remains the responsibility of the Ninth World Health Assembly to make it possible to meet these needs in 1957. I shall have an opportunity later during the Assembly to go into some more detail on this crucial question before you. At this point, may I say in all frankness that it would be a great pity indeed if, for purely budgetary reasons, the Organization were to be prevented from fulfilling the very important functions the people of the world have entrusted to it. And I repeat "for purely budgetary reasons" because I believe it is generally recognized that by this eighth year of its existence WHO has definitely established the sound and enduring foundations on which its future can be built. This is true of our Headquarters and, thanks to the now adequately decentralized system, also of the regions, where our personnel is assisting governments in their struggle for better health.

While we shall go on perfecting the professional and other qualifications of our staff, it can be said that WHO can already call on the services of experts with an exceptionally wide technical knowledge and also—an essential requirement for organizations such as WHO—with a full appreciation of the importance of human understanding in international work.

And so it appears clear that the only major obstacle to the orderly development of WHO, and the only reason which could prevent it from carrying out its constitutional obligations fully, is to be found in the budgetary limitations it has accepted in the last few years. I do not want to prejudice the discussions you will have on this question. However, having witnessed the growing attachment of all Member States to the principles of international solidarity, I cannot but remain optimistic as to the outcome of your deliberations.

Another reason for my confidence in the success of this Assembly and in the future of our organization is related to the question of the universality of our membership. We know that, by its very nature, WHO can operate effectively only if it is assured of the full and active participation of all our Member countries. It is indeed encouraging that you have yesterday accepted the application of three Associate Members for full membership and the application for admission into associate membership of three more countries. I am sure that I am speaking for all of you when I say that it is our fervent hope that all those countries which we have missed from our Assemblies during the last several years will soon resume active work in WHO.

Let us not forget the simple truth that brought us together in 1948; in terms of health our only choice is solidarity on a world-wide basis. We must stand together if we are to carry on successfully the task to which we have dedicated ourselves: to alleviate human suffering and to prepare a healthier tomorrow for our children.

The President (translation from the French): I shall certainly be speaking for all the members of this Assembly, as well as myself, first in thanking you, Mr Director-General, for your Report, which becomes more interesting every year, and secondly in congratulating you for what you are doing in directing this great organization. Besides describing the work of the Organization, you have advanced considerations based on your own experience which, while they will certainly enlighten us on the future of WHO and what must be done to make that future even more certain, will also throw a light on the conceptions and therefore the decisions, which will have to be taken by the members of this Assembly when they study the programmes submitted for their discussion.

May I also venture to pay a tribute through you to the work done by all your staff at Headquarters, as well as in the regional offices.

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

The President (translation from the French): If you agree, we might now turn to the discussion of the Executive Board’s reports on its sixteenth and seventeenth sessions and of the Director-General’s report, which we have just heard, on the work of the Organization in 1955.

At present there are twelve speakers on the list. As I said yesterday, I should like all those who still wish to speak to hand in their names so that we can be clear about the actual time-table of our Assembly. The first speaker on the list is the delegate of Iran, whom I will ask to come to the rostrum.
Dr Saleh (Iran): Mr President, fellow delegates, ladies and gentlemen, on behalf of the delegation of Iran it is my pleasure and privilege to convey to you my most sincere and cordial felicitations on your unanimous election to this important and august office.

The World Health Organization is by now universally recognized by all countries of the world, and has set an example as an institution which endeavours above all to improve and protect the health of all peoples, to fight for the reduction of inequalities among countries in this improvement of health standards, and to provide the necessary technical assistance for the achievement of these ends. Today I cannot help but have the greatest hope and encouragement from this gathering of medical experts from all over the world who are seeking a solution to the problems of health through collective effort. Our sole aim is the achieving of the well-being of mankind, and our aspiration is to exercise with efficiency our utmost efforts towards the alleviation of human suffering. With this goal in mind we shall undoubtedly inspire the people of the world with faith and interest in a better and a more prosperous future.

The excellent Report of the Director-General certainly indicates that the objectives of the World Health Organization are being achieved each year to a greater and greater extent. The activities which the Organization has carried out in close co-operation with UNICEF have been of real value. The direction and co-ordination of research activities promise continued progress in the future, but above all it is the educational projects that will obtain the greatest results. The seminars of experts from different countries, the distribution of published material, the experts who work in the so-called under-developed countries, and the fellowships for study, are programmes which will be of permanent value.

We are grateful to the World Health Organization for the assistance that has been so generously accorded to us in different fields of health, such as the control of insect-borne diseases, the tuberculosis demonstration and training centre, BCG vaccination, venereal disease, cancer, trachoma and leprosy control, public-health administration, the maternal and child health demonstration and training centre, and the assistance to nursing and midwifery schools, together with other educational and training projects of considerable value and extreme importance.

It is also my duty to express my hearty appreciation to UNICEF for its most valuable assistance to such projects as that in maternal and child health, the pasteurization plant, and especially the immense help which has been recently accorded towards the radical malaria eradication plan. On this occasion credit should also be given to the United States Operations Mission in Iran, which has been helpful in carrying out our country-wide campaign against malaria, and has also been of extreme value in health education, the establishment of public-health centres, and environmental sanitation. Technical Assistance has in many ways been effective in the implementation of our programmes, and we have appreciated the close and friendly co-ordination among all the Technical Assistance representatives, including the WHO teams. Such collaboration, in my opinion, should be especially emphasized, as it seems absolutely indispensable for the proper determination of relative needs, priorities, and the proper and effective implementation of various programmes which are of joint interest. An intelligent integration of all health activities at various levels will prevent the otherwise inevitable duplication of effort, and eventually a combined action will be of more value in the achievement of the same objectives.

The Ministry of Health of Iran has done its share to expedite the progress desired in health activities. A seven-year plan is at present under way and a total of $75 000 000 has been allocated by the Government over seven years for this plan. Thirty million dollars of this sum has been obligated for health centres, hospitals, clinics and rural dispensaries. The remaining $45 000 000 has been allocated for the eradication and control of communicable diseases. Although great progress has already been achieved in our malaria campaign, we have set aside $12 000 000 for the eradication of malaria and it is expected that in 1961 Iran will be totally free from this scourge. In this connexion, I should like to extend again my Government's appreciation and gratitude to UNICEF, which has so generously agreed to contribute to this project.

In the current year $9 000 000 will be spent on public health only. A mass campaign against smallpox has already been launched and half a million dollars has been allocated for this purpose. Similarly, projects are under way for the control of trachoma, venereal diseases, tuberculosis, and water- and insect-borne diseases. In our seven-year plan, particular emphasis has been given to the training programme, within the country and abroad. A number of schools for training auxiliary personnel have been established and one of them in particular, the school for sanitarians, has had regional acceptance. Among the students who graduated from the school in this last year were six from our neighbour Afghanistan.
The Ministry has also been successful in passing important bills, which will undoubtedly have a direct influence on the health of the people. A bill which has recently been adopted by the Senate and is awaiting the approval of Parliament calls for the decentralization of the public-health and medical-care activities to local provincial level and the turning over of such responsibilities to the people themselves, and to authorized Boards of Health, which will determine and solve their own health problems under the guidance of the provincial health officers. This will create more interest in health problems as it will be a programme for the people, by the people, and it will certainly stimulate personal and public interest in contributing and co-operating for the advancement of health problems in their own provinces. Consistent with the evolution elsewhere, and with recent WHO resolutions, efforts are now being made within my Ministry to closely integrate and co-ordinate the expanding programmes of both preventive and curative medicine—in their planning, administration and the construction of physical facilities. This is difficult, as you all know, but will be a big step forward towards better health for all.

The most outstanding health achievement in Iran is the recent ratification and implementation of the bill which prohibits the cultivation of the poppy and the non-medical use of opium. My Government has undertaken an international health measure which merits a few moments of your kind attention and consideration.

For many years it has been the main purpose of the international conventions on narcotic drugs to eliminate, as far as possible, the improper use of narcotics, morphine and its derivatives. Those concerned have done their utmost to have close control over all illicit dealings in such drugs. In order to prevent a diversion to illicit channels they have exercised all their efforts to watch such activities from the stage of production to that of consumption. Their success in these undertakings depends on close collaboration by the different governments, the fulfilment of their obligations, and the accurate and complete information and relevant statistics supplied by such governments.

This collaboration has been outstanding on our part, as stated in official document E/OB/W.285, a report by the Secretary of the Permanent Central Opium Board on his recent mission to Iran, 29 June 1955. Unfortunately, I did not have the pleasure of meeting the Secretary of the Board, but I gather from his report, which had been prepared even before the ratification of the anti-opium bill, that all Iranian officials and public leaders had been most cordial and sincere in furnishing him with the necessary data. The Board, in its recent report to the Economic and Social Council, has gratefully acknowledged the courtesy shown by the Iranian Government, and has even specified that the area of discussion was substantially broadened by the fact that the Iranian authorities themselves brought up various aspects of the opium problem.

The Board should be very happy to note that such collaboration on the part of Iran is due to the fact that Iran has been, and is, acutely aware and conscious of the seriousness of the opium problem, and therefore has taken a historically important step, from both the national and international point of view, to ban completely the cultivation of opium throughout the country. Having recognized the gravity of the situation, we have frankly exposed the question of opium production and addiction in cold figures, and as Minister of Health I pleaded with the Senate and Parliament for urgent ratification of the anti-opium bill, which certainly ensures the health of millions both inside the country and abroad. The bill was passed after many stormy sessions in both Houses, because it did involve an economic problem for the farmer and deserved full consideration. We had learned by experience, however, that in the long run efforts directed only to limiting production and abolishing opium addiction are very likely to meet with failure; that as long as opium is accessible to the public, an anti-opium campaign and withdrawal measures are absolutely useless. Although this drastic measure involved a tremendous economic sacrifice for a country which tries hard to balance her budget, it was a sincere and significant evidence of Iran's interest in international health collaboration, to stop the sources of illicit opium traffic throughout the world.

However, this bill includes three phases of activity, each of which is of relative importance for effective administration. The legislation requires: (1) the banning and total abolition of poppy cultivation; (2) the treatment of addicts, and (3) the control of illicit opium traffic. Strict control is already being exercised over poppy cultivation; and, since the enactment of the law, over 12,000 hectares of cultivated land have been ploughed under and hundreds of dens have been closed throughout the country. Many custodial institutions for the treatment of addicts have been established, and millions of anti-opium pills have been distributed to the provinces where opium addiction is a problem. One aspect of the problem remains to be solved, however, and that is the danger of opium being smuggled from outside the country. There is no doubt that if the outside
illicit traffic, especially from some of the neighbouring countries, is not controlled, our efforts will be completely wasted. Some countries have failed year after year to co-operate with the Opium Board and do not send the statistics required by the 1925 and 1931 Conventions, nor exercise strict control towards the prevention of illicit traffic to other countries.

In conclusion, may I thank the Member countries of our region for the support given to us by the recent resolution taken in the last regional committee meeting in Beirut, and may I take the liberty to refer to similar support in the recent report and comments of the Permanent Central Opium Board, which states:

It is a matter for satisfaction that the Government of Iran has now recognized the gravity of the problem and has decided to grapple with it, but it is evident that a number of difficulties will have to be overcome before their intentions can be fully and successfully carried into effect. The Board welcomes any positive step which may be taken to cope with so dangerous a situation and will watch with the greatest interest the result of the measures which are taken by the Government to implement its decision.

Yes, a number of difficulties have to be overcome, but we have already overcome most of them. However, I should like to voice from this rostrum the plea of Iran to all those countries and health organizations that are interested in the improvement of health measures and standards, to give us a helping hand in the implementation of this most vital and universally important bill, to encourage and stimulate the enactment of a similar law in countries where poppy cultivation is a source of income, and above all to invoke sanctions, proper sanctions, when such countries not only do not meet their obligations but continue to be centres and zones of danger to other countries by smuggling opium across the border. Gentlemen, is there any political or economic advantage, any legal argument or excuse, which can justify the prevention of public-health improvement or the social well-being of the people? I leave the answer to you.

The President (translation from the French): I call upon the delegate of Indonesia.

Dr Anwar (Indonesia): Mr President, fellow delegates, ladies and gentlemen, it is a great pleasure and honour for me to convey to the Assembly, and to you Mr President, the best wishes of my Government and its sincere hope that this Assembly will achieve results to the satisfaction of all concerned.

Mr President, the Indonesian delegation has studied the Annual Report of the Director-General and the report of the Executive Board, and it is my pleasant duty to express our appreciation and respect for the work done and the achievements in the various fields of health, many of them in sound co-operation with other members of the United Nations family, but also with other agencies, governmental as well as non-governmental, interested in the raising of the standard of health and the improvement of social conditions, particularly for the peoples living in the less fortunate parts of the world.

It is gratifying indeed to learn about the activities and achievements in the three categories of programmes of fundamental importance, namely: the fight against communicable diseases, in many countries still causing unnecessarily high mortality figures and suffering; the strengthening of national health services, whose deficiencies, quantitative and qualitative, are the reason why in so many under-developed countries efforts made towards improvement of health conditions do not result in satisfactory achievements; and the raising of standards of education and training for all types of health personnel, of immense importance for organized and effective health work.

The new trend in the combat against malaria, aiming at its eradication, and against tuberculosis, resulting in large-scale BCG programmes and in the more and more general acceptance of domiciliary treatment of the tuberculosis patients, for whom in many countries even the idea of creating a sufficient number of hospital beds may be absurd because of its impracticability; the attack on yaws and trachoma and other killing, crippling, and disabling diseases; efforts in the form of mass treatment, mass immunization, prevention of diseases and promotion of health through improved personal hygiene, environmental sanitation, health education, etc.—all these could surely in many, many countries be credited to WHO, the highest international leading and co-ordinating health agency, created by the nations themselves.

The leading and catalysing role of WHO, through direct as well as indirect means, combined with the activities and assistance of other agencies, among which special mention in regard to my own and other Asian countries should be made of UNICEF, the United States International Co-operation Administration, and the Colombo Plan—this role is actually too obvious to be specially mentioned now and from this place. The only reason I am doing so is that, especially for Indonesia, this role was and is still considered as of the utmost importance.
It was probably only the existence of WHO, in many respects co-operating effectively with the other agencies, mentioned or not, which made it possible for my country, facing so many complicated problems during the first years of its independence, to launch big-scale health programmes, of course starting with those problems generally accepted as the most important ones.

Our mass campaign against yaws, that disfiguring and crippling disease, is the biggest in the world—indeed a doubtful honour, but only showing how much good co-operation between WHO, UNICEF and my Government has achieved. Although disputes still take place, and complete scientific satisfaction is still lacking, as regards some details of the methods, it is hoped that this satisfaction will come for all concerned as a result of the International Yaws Conference, held in Africa in 1955, where Indonesian workers in the yaws campaign were strongly represented and were able to give full information about the results and background of our way of thinking, and information about what really happens in our large territory, where a standardized method will not work in the various parts (islands) with completely different population density, social structure and so forth. It should be appreciated, and especially by WHO, that when workers of a country in many respects considered to be under-developed, or even backward, in internationally assisted projects sometimes show a sort of independent thinking, giving the impression sometimes that they are opposing the opinions and conclusions of the world’s most high-standing scientists serving or advising an organization like WHO—it should be understood that this seeming opposition is mostly based on full consciousness of responsibility, serious thought, thorough knowledge of actual possibilities, and acquaintance with specific details about all things involved in the problems in their country; for though conditions in every country admittedly have many similarities with those in many other countries, they will never be completely like those in any particular one, which results necessarily in slight variations even in so-called basic principles.

The figures for the achievements during the period of five years behind us, starting slowly but expanding satisfactorily (I will not say as rapidly as we national workers would like ourselves, because of limitations beyond everybody’s power), constitute the evidence of the seriousness of the responsible people involved. Working with a very limited group of part-time fully qualified workers—whose good will alone could actually be relied upon, because of their various other duties—and with ill-educated and very underpaid and short-trained lay workers, over one million persons are at present examined monthly and about 100,000 treatments given to diagnosed cases all over the country, although the vast majority is concentrated in Java, where about fifty million out of the estimated eighty million of Indonesia’s population lives. About the beginning of this year a total of over eighteen million persons had been examined during first surveys, and almost nineteen million during re-surveys, giving a total of thirty-seven million examinations, while over three million and a half cases had been treated with penicillin.

Project areas reported to be already reaching a stage of so-called “consolidation”—where the disease is coming to a stage at which it is controllable in an easy way through the understanding developed during the campaign, health education, and individual care, and by use of existing dispensaries—amount to sixty-four, covering a population of almost two million, of which eighty per cent. are living in fifty-one consolidated project areas in East Java, where I myself incidentally am still responsible for that part of the national campaign.

Mr President, distinguished delegates, I have to beg your pardon for the details just mentioned, but the yaws campaign is one of our first big-scale activities and has a special place in our hearts, and I am sure that it is also true for WHO and UNICEF. Millions of people have been made happier and healthier, and thus more productive, in one country only, and more millions will, we hope, be similarly benefited within reasonable time. And these millions like others, saved by national efforts, encouraged and assisted by WHO together with other international bodies, are and will always be in debt to WHO and those bodies, agencies and countries which within the frame of international co-operation are aiming at a world where peace and a minimum of prosperity and social security, including good health, is the basic right of every human being.

The BCG campaign, gradually expanding and in early March already covering about six million people tested and almost a million and a half vaccinated; the maternal and child health activities, resulting already in about 1400 centres all over the country—an amount which is gradually increasing—and during 1955 already attracting almost two million and a half visitors (infants, toddlers and mothers, the first and last groups constituting the vast majority) to be checked, advised and where necessary given simple treatment; the vast malaria-control programme aiming ultimately at eradication—although the practical problems involved are of such magnitude, and not all just a matter of finance, personnel
and equipment, that they sometimes cause discouragement and raise some doubt as to the possibility of completing the task within a reasonable time, as is essential according to modern knowledge; the pilot projects on trachoma, which have started in four different areas, concentrating on the primary schoolchildren, and one of which, after a simple but regular local treatment with aureomycin, has given the very encouraging result of 85.5 per cent. cure after three months; all these activities, Mr President, launched by the national health services with the very limited numbers of medical officers in charge, are at least underlining the first paragraph in the Director-General's introduction to his Annual Report, since all these activities in my country, as well as those of the same kind in other countries of our region and elsewhere, are to be considered as closely linked with WHO activities, according to its constitutional task. The list I have given is not at all complete, even as regards activities in Indonesia, which include medical training, training of lower professional health workers, etc., etc.

Thus it is significant of WHO's leadership in the field of health, and its keeping abreast with the sometimes overwhelming speed in some sectors of the world's development, that after referring in his Annual Report for 1954 to the new challenges facing the Organization, among others the increasing use of atomic energy and the relationship of atomic energy to disease and health, the Director-General in his 1955 Report (Official Records No. 67, Chapter 3) has already been able to report certain positive steps and activities of the Organization in this new field within the frame of the regular programme.

As regards the organizational structure of WHO, the Indonesian delegation feels happy to reiterate its appreciation of the close co-operation between the countries of the region to which it belongs. Resolutions and recommendations of practical value for the Members concerned have resulted from the session of the Regional Committee held in 1955 in Indonesia.

In concluding my observations, Mr President, on behalf of my Government and my delegation, I want to repeat that the Director-General's Annual Report for 1955 has given us a gratifying and an encouraging picture of the task of the Organization in accordance with its Constitution, a task to be accomplished with a relatively small budget, if compared with the amounts spent by national governments in their efforts in connexion with medical care, health protection and health promotion for their respective populations.

The President (translation from the French): I call upon the delegate of Austria.

Dr Gratzer (Austria): Mr President, at the last session, held in beautiful Mexico City, I declared that my country was on the way to freedom and I expressed our gratitude for all the help we had received from WHO during the dark days. I mentioned that the moral help we received had played an even greater part than the technical, because through WHO we were linked in some way, though not officially, with the United Nations, and thus our name, our existence, our troubles, our yearning for freedom, remained alive in the conscience and heart of people all over the world. Now the situation has changed. We are free; we are already a Member of the United Nations, and we can openly thank all our friends who helped us in the struggle for freedom.

But, as regards the particular field of this Assembly, I already declared last year that my country is no longer in any way under-developed, and I can confirm that again today. I do not intend now to read a long list of data; I will say only that our mortality and morbidity rates bear comparison with similar data of the so-called healthier countries. Yes, Mr President, our people are healthy and by our recent law of social security we are on the way to securing for the whole population, besides physical and mental well-being, social well-being, which is a third condition in WHO's definition of health.

This same law deals with the care of old age; the town of Vienna in particular makes every effort to care for old people in the most modern and effective way. The leading principle, it seems to me, must be to give them the impression that they are esteemed, and not a useless, tolerated nuisance. Moreover, a recently constituted society of geriatry held, in March, a well-attended conference for surgeons, where all problems connected with ailing old people were thoroughly discussed.

Our health education—carried out by a "people's university"—is very well developed. May I mention also the Government's vaccination campaigns, its tuberculosis work and cancer care, the work of the mother and child welfare centres, of our school and sports doctors, of the various private and semi-private institutions and societies—for example, the
Austrian Junior Red Cross and, especially, the Austrian working society of people's health, which has been very busy until now and has achieved much success, especially in the field of modern nutrition.

But to avoid any hyperplasia—I say, not hypertrophia but hyperplasia—to unify all efforts in this field, to keep away every commercial influence, to secure the purity of the basic principles and to reach a higher level of health education, we have established recently, six months ago, an Austrian union of health education, of which I am president. Now, after hearing and learning something from this Assembly has occasion to come to Vienna we hope he will not forget to visit our new hospital for accidents. Last year I had the happy chance to see and admire the well-known Bethesda Hospital in the United States, and I think that what I felt then will be felt by you when you see this most modern hospital in Vienna.

Finally Mr President, I am happy to say that the Vienna School of Medicine, once a brilliant star in the medical sky, is getting its old position back again.

These few examples, Mr President, are all good news for the Health Assembly and one might ask whether we now need any help at all from WHO. Yes, we need a great deal of help. Please do not forget that we did not get our freedom as a present: we paid for it, and are paying for it heavily. In our health efforts and our health situation we are like a farmer who is unable to cultivate his good soil fully for lack of tools. We have our own scientists, experts, and diligent research workers, but there is a lack of equipment for these diligent research workers. I mentioned already last year that it was especially in this respect that WHO could assist, because with such help we can perhaps reap rich harvests for the whole country.

But, Mr President, this financial question belongs more to the committees, and we shall have ample opportunity there to discuss it, and also to discuss the excellent Report of the Director-General. For the moment, Mr President, I wish merely to deliver to you, and to this high Assembly, the greetings and the best wishes of my Government.

The President (translation from the French): I call on the delegate of Viet Nam.

Mr Nguyen Luong (Viet Nam) (translation from the French): The delegation of Viet Nam, again invited this year to take its seat in this vast international assembly of WHO, takes the opportunity of conveying its warmest greetings to all the national delegations here present.

Speakers of greater authority from other delegations have just paid a well-merited tribute to the untiring work of our Director-General, his Secretariat and the Executive Board. My delegation joins in expressing to these high authorities its feelings of warm regard. It takes the same opportunity to tender its sincere thanks to the Swiss authorities for their customary kind hospitality. I also feel it my duty to pay public tribute to the retiring President, Dr Morones Prieto, for the distinguished services he has rendered to our organization.

As for yourself, Mr President, your competence and affability are so well known as to call for no further remarks by me. The unanimous support given you when you were appointed to the high position of President of the Ninth World Health Assembly is the most eloquent testimony to those qualities. All that remains for me is to congratulate you most sincerely and wish you every success in the noble mission entrusted to you. My delegation also extends its warmest greetings to the Vice-Presidents who have just been elected and to the Chairmen of the two main committees.

My Government has always taken the deepest interest in the work of WHO, and my delegation is particularly happy to learn that WHO has now concentrated its attention on the inter-country projects, to which it attaches the greatest importance. Co-ordination of the efforts of many countries is surely the best way of making our work in the public-health field successful, particularly the work done in combating or eradicating communicable diseases.

The most important of these projects is, unquestionably, the malaria control project. The number of people who are victims of this scourge is not less than 300 millions all over the world. A remarkable feature of this campaign is the enthusiastic welcome which countries have given to it; Governments like the Federal Republic of Germany, Brunei and China have made their voluntary contributions to the world malaria fund, thus affording eloquent evidence
of international co-operation for the improvement of public health.

The fight against this disease is extremely important to my country. Malaria is very common in Viet Nam and has caused great ravages among the population of areas which have not yet been completely rehabilitated. If we are to master this scourge, which physically undermines our people and impoverishes our economy, it will be essential for us to link up our efforts with those of our neighbours, such as Cambodia, Laos and Thailand, in order to succeed in eradicating a dangerous disease whose spread can be restricted only by well-organized health measures. An antimalaria co-ordination council has been recommended, and we hope to be able to combat effectively this common scourge before the anopheline vectors show resistance to insecticides.

We sincerely trust that brotherly ties will be further strengthened between the neighbouring countries, and that this co-operation will extend to all forms of health action for the greater benefit of all nations.

Viet Nam is glad to note that WHO is interested in the programme for using atomic energy for medical purposes, more especially the public-health aspect of the programme, the protection of the health of populations against atomic radiation, and the related problems of the effects of radiation on human genetics.

With reference to the work of the Assembly and the favourable consequences it can have for my country, I cannot resist taking the opportunity afforded me of giving here a short description of the public-health situation in Viet Nam, so as to acquaint the Assembly with the difficulties Viet Nam has experienced and the efforts it has made in this field.

It may be said, without fear of exaggeration, that Viet Nam was one of the countries of South-East Asia which were least favourably situated from the public-health point of view. We suffer from a shortage of technical personnel, hospital institutions and medicines. We have only some 300 qualified doctors and about forty hospitals for a population of nine millions. From these figures alone you can judge how small are our resources and how great are the efforts which our young republic has to exert to make a success of its difficult task in this field. No single practitioner, however conscientious he may be, can cope with the needs of 30,000 people.

This state of affairs has impressed our neighbours and the international health organizations which have been good enough to give us their voluntary assistance: doctors and nurses from the YMCA and evangelical missions come to us and travel through our countryside to treat our sick. I wish, on my country's behalf, to pay them a sincere tribute for their loving kindness and disinterested devotion. By their actions they have given the finest example of the brotherhood and solidarity of the nations.

Encouraged by this enthusiasm, our Government, for its part, is doing all it can to solve these difficult problems and to operate a new public-health policy based on definitely democratic principles. A programme for the speedier training of doctors has been introduced, and a school of health technicians has been founded which will in the relatively short period of three years train people who are sufficiently qualified to practise in rural areas. Our Government is anxious to give our peasant population the benefits of Western medicine, which until now has been the exclusive reserve of the wealthier classes and a small proportion of the urban population.

Hand in hand with this effort to make medical knowledge more widely accessible and to train personnel, steps have also been taken to increase the number of hospitals to meet the growing needs of an ever larger population. Another of my Government's chief preoccupations is the local manufacture of pharmaceutical preparations which gradually will replace imported medicines, always scarce and costly.

In carrying out this immense programme we are privileged to have the valuable collaboration of leading specialists and technicians from friendly nations.

My Government's efforts extend even beyond the framework of this programme: in order to raise the standard of health and free our people from their major ills, my Government has launched a relentless campaign against the two chief scourges of our society, namely, opium addiction and venereal disease. All opium addicts have been ordered to take a course of disintoxication in hospitals. An experimental centre has been set up in a Saigon hospital to prepare an effective and cheap form of treatment to be applied in all the other institutions. The scheme is proving effective and, although still in its early stages, has given encouraging results.

The campaign against venereal disease has also been launched by imposing a ban on prostitution and closing all the licensed houses. A training and reorientation centre has been opened to care for these misguided women and enable them to earn an honest livelihood by apprenticing them to a trade.

Such, in broad lines, is the picture of the present situation in our country and of its achievements and projects in the public-health field. As it finds that its efforts always meet with the sympathetic support of other countries, Viet Nam can do no other than
continue boldly the work it has begun so as to deserve the honour of being a Member of WHO.

Reverting to the Constitution of our organization, may I voice here my country’s views on the rights and obligations of Associate Members? It would like to see this problem reviewed by the present Assembly. We feel that this wish is all the more justified inasmuch as the number of Associate Members has been reduced to four or five and the same wish has been expressed by some other Member States and Associate Members.

Seven years ago, the Executive Board recommended to the Second World Health Assembly that Associate Members should be granted in regional organizations the same rights and obligations as the Member States. The Second World Health Assembly, however, did not adopt those recommendations and continued to refuse Associate Members the right to vote in the plenary meetings of regional committees, and in the subdivisions dealing with finance or constitutional matters. The Executive Board remained patient and at its eleventh session reiterated the same recommendations to the Sixth World Health Assembly, which unfortunately decided to adjourn the question, on the grounds that it was too soon to change the status of Associate Members.

Seven years have now passed since the Second World Health Assembly, to which the Executive Board made its first recommendations. Last year, at the Eighth World Health Assembly, Dr Zaouche of the Tunisian delegation remarked quite truly, and somewhat wryly, that the right to vote which in principle Associate Members enjoy in regional committees is really no more than a theoretical right, since, owing to the brevity of the sessions, only plenary meetings have so far been held.

Furthermore, the insistence with which the Executive Board recommends this reform justifies us in claiming that the question has been carefully studied and should be given consideration by the Assembly. I shall therefore venture, on behalf of my delegation, to support this point of view which is so deservedly shared by many nations and to express the hope that it will be adopted by this Assembly. We feel that, in the field of public health, equality should be the rule for all peoples.

The President (translation from the French): As the Special Committee, which you appointed yesterday, has to meet at noon I must interrupt the discussion on the reports. The first speakers to be called, on the resumption of the discussion, will be the delegates of the United Kingdom, Australia and Haiti.

4. Announcements

The President (translation from the French): I have an important announcement to make. May I draw the attention of Members of the Assembly to Rule 93 of the Rules of Procedure, which reads as follows:

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

In pursuance, therefore, of this Rule, I invite Members wishing to make any suggestions to communicate them not later than Monday 14 May at 10 a.m. to Mr Bertrand, Assistant to the Secretary of the Assembly.

The meeting is adjourned.

The meeting rose at 11.55 a.m.

SIXTH PLENARY MEETING

Thursday, 10 May 1956, at 4.30 p.m.

President: Professor J. Parisot (France)

1. General Discussion on the Reports of the Director-General and the Executive Board (continued)

The President (translation from the French): The meeting is called to order. I give the floor to the delegate of the United Kingdom.

Sir John Charles (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, ladies and gentlemen, the growing line of the distinguished Presidents of this Assembly acquires new lustre by the addition of the name of
Professor Jacques Parisot. Listening to his memorable exhortation yesterday, couched in the calmly flowing and majestic periods of the French tongue, one realized and accepted again not only his mastery of that incomparable language, but his dominating authority and prophetic vision in the fields of public health and social medicine. To those of us who have been privileged to see him against the background of his Faculty of Medicine in Nancy, it was to listen once more to the distilled wisdom of his thirty years’ experience of international affairs, and to understand how in that city the name and the achievements of the Parisots have become a tradition to be prized and envied by less fortunate places of learning.

Such an occasion as yesterday tempts one into the gracious valleys of reminiscence and recollection. Although this is in fact only its ninth Assembly, the Organization has already become a little forgetful about its age and its birthdays—a human failing maybe, but a little disturbing to the historian.

It was in March 1946 in the Palais d’Orsay at Paris, under the guidance of René Sand, that the embers of international co-operation in health were rekindled, and the first halting words describing the aims and objectives of this present organization were shaped into the bold, confident and challenging phrases of our Constitution. If for a moment I digress to tell you what those ten years have meant to my country, it is only by way of an example, for in its broader fields WHO has even greater and more far-reaching achievements to record.

In 1947, our infantile mortality rate was 41 per thousand related births; it is now 24.9. In 1947 our tuberculosis death rate was 552 per million; in 1954 it was 178. In 1947 we had still as many as 242 deaths from diphtheria; in 1954, in a population of forty-four and a quarter million, there were nine. The deaths that have not occurred, the lives that have been extended in length of days and usefulness, are numerous enough to give us a feeling of profound satisfaction, but they are numbered in tens of thousands at most, whereas under the auspices of WHO hundreds of thousands, even millions of survivors are the witnesses of the successful outcome of its campaigns.

For the future historian of those vast strategic operations the annual tactical summary which is the Annual Report of the Director-General is one of the basic documents, those documents which alone can tell us the truth. If we look at all those multitudinous activities of the last few years, as it were, through the wrong end of the telescope so as to put them into sharper focus and clearer perspective, we can see I think the methods behind the miracles. The great pioneers of public health—Shattock in the United States of America, Simon in my own country, Frank in several of the countries of Europe, Léon Bernard in France—laid down certain fundamental principles, which were amplified and improved upon and adapted for topical purpose by other men of equal fame. The epidemiological approach, the harnessing of bacteriology and parasitology, the statistical assessment of the situation, the study of nutrition, the development of administrative skills—these taken together can be regarded as providing the essential tools of the public-health worker. Even though other disciplines have become necessary adjuncts—psychology, sociology and anthropology—they still remain the basic sciences and form the hard core of the expertise, which is to be found in the Secretariat of this organization. For it is here in Geneva that the Organization rightly concentrates its experts and authorities in those subjects, the Central Technical Services, which constitute a pool of knowledge and experience of which all of us can take full advantage and to which it should be our privilege to contribute.

A year ago in Mexico City the Director-General first hinted at the demands which would fall to be met by the Organization as a consequence of the emergence of those epoch-making developments in physical science which are comprised in the plain and undramatic title of “the peaceful uses of atomic energy”. The box of Pandora has been opened; the atomic forge supplies not only weapons for war but the ploughshares of peace. The future holds innumerable gifts for mankind—gifts which, however carefully they may be used, have inherent unhappy propensities and potentialities for the public health. That the world may be made aware of these tendencies, that it may learn, through the guidance of experts and by the observance of certain simple rules and precautions, how all this enormous source of power may be safely and wisely harnessed to the greater benefit of humanity, is the responsibility which has been placed on the shoulders of this Organization, and which it will faithfully bear.

Public health has moved mountains during the past century. It has added to the sum total of human happiness and productivity. In the new age, so filled with promise, it has its part to play, its destiny to follow.

The President (translation from the French): I call upon the delegate of Australia.
Professor Ford (Australia) : Mr President, fellow delegates, the Australian delegation is honoured to present its compliments and good wishes to our President upon his election. We have admired and esteemed Professor Parisot over the years as a distinguished thinker, teacher and leader in the field of public health and social medicine. It is a great pleasure and a very great honour therefore to have this opportunity of conveying to him in person the felicitations and the thanks of his fellow health workers of my country.

I should also like to take the opportunity of offering the congratulations of my delegation and of my country to the distinguished representatives of Morocco, Sudan and Tunisia upon the election of their countries to full membership of the Organization, and also to the Commonwealth countries, the Gold Coast, the Federation of Nigeria, and Sierra Leone, upon their associate membership.

The Australian delegation warmly compliments the Director-General on the work of the past year and on the efficient and enterprising way in which he and his talented staff have carried out their great tasks. We hope that the Director-General will find it possible to accept an invitation from my Government to visit Australia when it is convenient to him in the near future.

My delegation, on behalf of our Government, would also like to express our firm appreciation of the developmental work which has been carried out by the Regional Director of the Western Pacific Region and his staff. We have noted with great satisfaction that the Regional Committee at its sixth session, at Singapore, in September 1955, recommended the reappointment of Dr I. C. Fang as Regional Director from July 1956 to 1961. We should like to pay a tribute to the work of Dr Fang and his staff of the Western Pacific Region. The reputation of the Organization within our region has been fostered and enhanced by his enthusiasm, cordiality and helpfulness.

My Government is pleased to note that, in addition to the new works that have been initiated in this region, a number of Member States are continuing certain projects from which international assistance has now been withdrawn, and that some governments in the Region have commenced new projects with technical advice from the Regional Office. We are also particularly pleased to note the co-operation of WHO and UNICEF in the launching of joint projects in the Western Pacific Region.

The President (translation from the French) : I call upon the delegate of Haiti.

Dr Villard (Haiti) (translation from the French) : Mr President, fellow delegates, at the opening of the Ninth World Health Assembly in this lovely city of Geneva, which seems to have been designated by fate as the place where all great decisions for the good of humanity are taken, in this Palais des Nations, where so many distinguished speakers have been heard at different times, I feel it is a very great honour to speak on behalf of the Government of the Republic of Haiti.

If my country, which is one of the most loyal members of this organization, has always made a point from the outset of encouraging all its efforts and supporting all its actions, it is because we are convinced that health work, like all great work, cannot make headway in the world today without efficient international collaboration; it is because we fully realize that in the field of health, more than anywhere else, the interdependence of peoples is a reality which compels heads of governments to follow a policy for which WHO has defined the procedure and laid down the rules.

The analysis of the Director-General’s lengthy report—on which we congratulate him most warmly—goes to confirm our point of view and strengthen our convictions on this subject.

The delegation of Haiti is therefore happy to bring, with its sincere wish to contribute to the success of the Ninth World Health Assembly, the full support of the Government of the Republic of Haiti to the WHO’s programme of work, the ultimate purpose of which is the physical and mental well-being of all peoples.

The physical and mental well-being of all peoples: can one really imagine a finer ideal for humanity?

In a troubled world, divided by conflicting interests, a world recovering only with great difficulty from the destruction caused in every continent by hateful wars, there can be no nobler or more important task than that which brings us together at this moment in this historical city: that of combating the evils of disease and providing men of every country and every race with the conditions most favourable to the development of their health.

In order to achieve this task, the direction of which has been entrusted to WHO, should not our organization be provided with fully adequate resources?

This is why, among the many items on the agenda of this meeting, the budgetary problem has attracted our special attention. We have noticed, with some surprise, the tendency of the majority in recent years to oppose systematically any budgetary increase. At every plenary meeting those who hold this view have always rejected proposals for any increase.
Without wishing to go more deeply into the question and express a premature opinion, I feel I should emphasize here and now that the Assembly should adopt on this subject an attitude that is logical and in conformity with its aspirations. After all, gentlemen, if we approve the programmes and plans so meticulously and carefully prepared by the Director-General, if we agree with the views he so shrewdly expresses on health problems, can we refuse to support these projects when the necessary resources are available?

In this connexion I would like to recall the words of Dr Anwar, a member of the Executive Board: “The stabilization of the WHO budget at such an early stage would be tantamount to a backward step... No country could at the present stage afford to neglect the development of other countries, particularly in respect of health and social conditions...”

This view, which was expressed during the interesting discussions held in the Standing Committee, summarizes admirably the feelings of our delegation. We greatly hope that the decisions of the Ninth World Health Assembly will be inspired by this realistic idea.

If the various governments which we are privileged to represent here work unremittingly to ensure the effective functioning of their health services so as to comply with the international obligations contracted under the auspices of WHO, is it not fitting to increase the working resources of this Organization, which is, as it were, the public-health department of humanity at large?

The Republic of Haiti is at present receiving technical and economic assistance from WHO for various programmes: the training of midwives, which is in full development, the eradication of yaws and syphilis in rural areas, which is now in its final stage, and the malaria eradication campaign which has just recently expanded considerably. I need not stress the importance of these various programmes, which have been carried out with a success that is truly commendable. The delegation of Haiti wishes to express to the Organization the sincere gratitude of the Government and people of Haiti for the help so generously given to us.

It is my agreeable duty to offer Dr Candau, the distinguished Director-General of the Organization, my warm and sincere compliments on the magnificent work he has done at the head of this institution.

Mr President, fellow delegates, in conveying to you the brotherly greetings of the people and Government of Haiti and their fervent and heartfelt wishes for the continuity of WHO’s work for the benefit of mankind, the delegation of Haiti is glad to add its best wishes for the success of this Assembly.

Before concluding I should like, on behalf of the delegation of Haiti, to convey our warmest congratulations to our friends, the countries which have just been admitted to WHO, whether as full Members or as Associate Members.

The President (translation from the French): I call on the delegate of Guatemala.

Dr Soza Barillas (Guatemala) (translation from the Spanish): Mr President, fellow delegates, I feel it an honour to be addressing this Assembly on behalf of the Government and the delegation of Guatemala and to offer to the Director-General of the World Health Organization our warmest congratulations on the brilliant way in which he had presented to this Assembly his Report on the Organization’s work during 1955.

It is gratifying to find that the tasks which are now being assumed by the Government of Guatemala with the assistance of the World Health Organization in organizing and administering local public-health services, especially in rural areas, have been referred to by the Director-General in his Report as a striking example of the importance of those services.

I should like to make one small reservation: the fact that the delegation of Guatemala is participating in the discussion of this interesting Report should not be taken as signifying the slightest derogation of Guatemala’s legitimate right to the territory of Belize, which is referred to in the Report under another name.

I wish to express thanks for the grants made to the laboratories of the Institute of Nutrition of Central America and Panama, comprising the six sister countries, and also for the technical assistance of the World Health Organization and the collaboration of UNICEF, which are working under a joint plan in the programme for the eradication of malaria.

In attending this important meeting and having an opportunity to extend a cordial greeting to the President and our fellow delegates, Guatemala feels truly gratified to have been chosen as the seat of the eighth meeting of the Regional Committee for the Americas of the World Health Organization, which is to be held next September and at which there will be a discussion of “Methods for the preparation of national public-health programmes”. Guatemala will welcome with open arms the representatives of public-health authorities, and requests them in advance to make themselves completely at home.

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1 Executive Board, seventeenth session: Standing Committee on Administration and Finance, minutes of seventh meeting, section 2
when they come to our country, since that will make it easier for us to create the fraternal atmosphere which we should like to offer as the best return for the honour done to us.

The President (translation from the French) : I call on the delegate of the Federal Republic of Germany.

Dr Buurman (Federal Republic of Germany) : Mr President, fellow delegates, ladies and gentlemen, I have great pleasure in expressing on behalf of my Government and of the German delegation our congratulations and our best wishes on the election of Professor Parisot as the new President of this high Assembly, and our appreciation of the work accomplished by the World Health Organization in 1955.

The Annual Report of the Director-General shows that the Organization has made substantial progress in many fields of health work. We should like to congratulate the Director-General on this excellent Report and are glad to be in full agreement with the general policy outlined therein. The German Government is greatly interested in co-operating in and contributing as much as possible to the work of the Organization. In the Constitution of the World Health Organization it is stated that unequal development in different countries in the promotion of health and control of disease is a common danger, and that the achievement of each individual State in the promotion and protection of health is of value to all.

May I express the hope that the Director-General, in his next Annual Report, will be in a position to state that still more progress has been made towards the goal of complete eradication of malaria, on which the Report already provides valuable new information. Although the control of communicable diseases, such as malaria, tuberculosis, trachoma, poliomyelitis and the like, is rather a traditional field of work for the Organization, and although it will be necessary for a considerable time to continue present activities, the Report indicates that new concepts of work will have to be considered. The subject of the peaceful use of atomic energy has to be dealt with in all its public-health consequences.

The WHO regions which are technically most advanced will have to face these problems first and probably will have to provide assistance. These problems, as well as those of mental health and of the aging population, are leading to the necessity for intensified study and consideration; they mark the growing range of public-health responsibilities which may result in the revaluation of the work traditionally done.

We trust that the European Region, under the able leadership of Dr Begg, will also in future contribute to the solution of these problems. We had the pleasure of meeting the Regional Director several times in our country and discussing our problems with him and members of his staff. We should like to emphasize that such personal interviews proved exceedingly valuable with regard to the strengthening of co-operation and to the clarifying of existing problems.

For this reason we are also in favour of an intensive fellowship programme, as well as other activities. However, we wish, in particular, a progressive co-operation between the health administrations of those countries which belong to the same WHO region. The Report gives ample evidence of progress in this field.

We are glad that the education and position of nurses has been chosen as the topic for technical discussion, as this question is at present the object of lively discussions in our country; and in view of the fact that we are preparing new regulations regarding the matter, it is our hope that the technical discussions will enrich our knowledge and aid us in our work, and that they will enable us to profit by the experience gained in other countries and regions.

As regards the suggestion made by India to discuss the education and practice of physicians with a view to concluding an international agreement on certain standards, although the subject is not as yet included in the Annual Report, it also belongs to these educational problems and is therefore welcomed. We should like to mention that we are preparing an amendment of our regulations especially with a view to facilitating an uncomplicated exchange of students and physicians at the inter-country level.

The new public-health problems as indicated are rapidly growing in importance. The training of future physicians, nurses and public-health workers able to deal with these new aspects is a primary task, in the handling of which international co-operation under the guidance of the Organization will be indispensable.

My Government would be very grateful to the Director-General if the work of the Joint FAO/WHO Conference on Food Additives could be given further attention with a view to obtaining exact documentation on food legislation in all Member States and to examining the possibilities of unifying food legislation.

Since the 1955 Report presented by the Director-General clearly indicates that the Organization is aware of these responsibilities, one may expect that
this Assembly also will arrive at resolutions which will testify to the competence of the Organization to solve these problems.

The President (translation from the French) : The delegate of India has the floor.

Sir Arcot Mudaliar (India) : Mr President, delegation after delegation has expressed its great appreciation of the fact that you have adorned the Chair at this, the Ninth World Health Assembly. The Indian delegation desires to offer its warmest felicitations that after all you have been pleased to accept this responsible position. From what they know of your great work in your country, and the part that you have played in the organization of the World Health Assembly, they feel sure that we could not have had a better captain to steer us through our aims and ideals. We are, therefore, particularly happy ; and may I add a personal note, as, having worked with you from the very first World Health Assembly, having had the privilege of meeting you in your own city of Nancy in connexion with an expert committee, and knowing the great part you have played there in the sphere of social medicine, I feel particularly happy at our good fortune that you are occupying the Chair at the Ninth World Health Assembly.

Mr President, we have listened to the report of the Director-General and we have perused with great interest the excellent publication that has been placed before us. May I say that it is a matter of great gratification to us that the Director-General has placed before us a valuable document in the report that he presents to each Assembly, and which contains facts on the manner in which the Organization has been conducting itself which are most encouraging. I am sure that I am voicing the feelings of all and not of my delegation alone when I say how deeply we appreciate the work of the Director-General and of the Secretariat.

Incidentally, may I point out that this work has been greatly helped by the organization of the regional committees. These regional committees have had a great share in distributing the burden of the responsibilities of the Organization. On this occasion I would recall the First World Health Assembly, when it was the privilege of the Indian delegation to move a resolution to set up the regional organizations. I would also recall that there were not wanting those who had their own doubts about the substance of regional organization and about the wisdom of creating regional organizations. I think at this stage I may say, without hesitation, that the regional organizations have proved themselves to be the best method of translating into action the ideals and objectives of the World Health Organization. It was extremely pleasant for me to hear the words of praise that were bestowed on the Western Pacific Region by the delegate of Australia. May I also add that we have been greatly pleased with the work of the regional organization in the South-East Asia Region, and I should like to avail myself of this opportunity to thank and congratulate the Director and his assistants on the excellent work that they have done in a field where the problems of health are many and the disastrous consequences of communicable diseases are great.

Mr President, I do not propose to take up much of your time, but I should like to touch upon a few of the problems that have been stated in the Director-General's Report. Coming first of all to the eradication of malaria ; as you are undoubtedly aware, our country, in association with many other Asian countries, is still subject to malaria ; it is our hope that the experiments that are now being carried on will prove successful and that we shall really attain our objective—the complete eradication of this fell disease from the whole of the globe. I heartily echo the wishes expressed by many of those countries that it will be possible that in the course of time malaria will be an out-moded disease. There are, however, some problems which are awaiting solution or which are actually engaging the attention of the malarialogists concerned with this fell disease.

It is gratifying to note that one of the main things that the World Health Organization has taken up is the effective strengthening of the different national health services. We believe that unless these health services are properly enrolled and put to proper use, all the great discoveries of public health which are transmitted through the World Health Organization and other great scientific authorities will not be properly implemented in the regions and in the countries concerned. It is therefore particularly fortunate that attention is being paid to the organization of the health services in these countries, even in some of the developed countries. Much more so have other countries yet to realize that the health services form an essential fabric for the proper regulation of all health control and for the eradication of disease.

In this connexion, I should like to refer to the great part that has been played by WHO and by UNICEF in the promotion of maternal and child health. We are particularly happy that UNICEF has been able to contribute materially to this particular aspect of health work, and we are sure that with an increasing measure of rapidity the results will prove...
to be wholly acceptable to us all. We are very glad indeed, as the delegate of the Federal Republic of Germany has stated, that at this Assembly we shall have a technical discussion on the place of the nurse and the training of nurses. I look forward eagerly to those discussions, for unfortunately, although we have attended several World Health Assemblies, the voice of the nursing profession has been none too frequent and almost faint. I hope, therefore, that on this occasion they will not hesitate to speak out, speak frankly, and speak effectually, so that all the men doctors present here may know exactly how far the nursing profession can come to our aid in the great realm of the eradication of disease and the promotion of public health.

We, in our Government and in our delegation, have suggested that there is a need for considering the future of undergraduate medical education. We are convinced that all the steps that are being taken by the World Health Organization cannot bring forth fruit unless there is at least a minimum of efficiency in the medical personnel of the countries. We do not want to standardize these things, but we believe that the World Health Organization can effectively give its opinion as to the sort of training that is necessary, the sort of laboratory equipment that is essential, the libraries that must be available, the sort of hospital accommodation that must be provided for effective training, the domiciliary visits that may be necessary, the field work in the domain of public health that will be very useful for any undergraduate before he is fully trained. It is our hope that the Assembly will take up this question seriously and, probably through expert committees, issue a brochure on undergraduate medical training that may be kept at hand by all governments. We are also very forcibly impressed by the fact that the need for postgraduate training in the medical sciences is great if we are effectively to demand results in the training of undergraduates. We are therefore particularly desirous of emphasizing the need for training postgraduates in the basic medical sciences—anatomy, physiology, pathology, bacteriology, pharmacology, public health and social medicine—which are so very necessary for the effective training of undergraduates.

In this connexion may I state how happy we are that the World Health Organization has found it possible to award a large number of fellowships. Over 950 have been awarded, and I wish to thank and congratulate the Director-General on this step, which is really one of the fundamental steps towards training field workers in public health in many countries. I hope also that the spirit in which the team training of fellows has been accepted will continue, and that in future more and more fellowships will be available in such branches of both preventive and curative medicine as may be required by the different countries in our Organization.

Mr President, I am glad that among the projects which deserve research WHO has taken up the question of trying to help in the research programme of poliomyelitis vaccine. I am also glad to note that the Director-General in his Report has referred to the possibility of undertaking work on other diseases that require so much further attention. One of those diseases, in which our delegation is particularly interested, is cardiovascular disease. I have no doubt that work in this field is being carried on in many countries, but I do believe that the co-ordination of the World Health Organization, and the catalytic effect that it can give, will go a long way to giving us fundamental ideas as to the problems connected with the cardiovascular diseases. It will be the role of my delegation to submit a paper on this subject to the Committee on Programme and Budget when it meets later.

We are very glad that the World Health Organization is co-operating with all the specialized agencies in a most effective manner. I have heard nothing but praise of the work which WHO has done in this field, and as one who has had the good privilege of being associated with another specialized agency, the United Nations Educational, Scientific and Cultural Organization, may I say how much the work of WHO in the field of fundamental education, and in other fields in which UNESCO is greatly interested, has been appreciated.

I am happy indeed that at last there is a good understanding between UNICEF and WHO, the two organizations that are so intimately connected in the promotion of health among a very large section of humanity. If the health of the mothers and children can be improved, the whole of the world will naturally improve, since the mothers will look after us and the children will be better citizens in the future.

Mr President, it is a matter of great joy to us that on this occasion, and on the very first day of the World Health Assembly, it has been possible, despite difficulties, to attract to our organization three Member States—Tunisia, Morocco and the Sudan—and three Associate Members—Federation of Nigeria, the Gold Coast and Sierra Leone. The Indian delegation offers its respectful congratulations to the World Health Assembly on the increase in its membership, and its felicitations to the Members mentioned on their joining this great and noble Organization. Today the membership of the Organization stands at eighty-eight, the largest number in
any agency, not excluding the United Nations itself. Our hope is that it will be a global organization, that it will include every single country, either as a Member State or as an Associate Member. It is also our fervent hope that those countries which were once Members, and which for various reasons found themselves unable to continue as active Members, will ere long find it possible, necessary and advisable to rejoin us, to give us the benefit of their advice, their full co-operation and their identity of interest in the pursuit of our great aims for world health.

Today marks the tenth year of the conception which promoted the launching of the World Health Organization. Many have been the great pioneers in this task whose devoted zeal and enterprise have helped us to build up this great organization, which has consistently striven to maintain its ideals, namely, that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, and that the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States. That is writ large in our Constitution, and we have to remind ourselves frequently that that is the ideal at which we aim. On this day therefore, let us remember with gratitude the great work of those who helped us to found this organization and to strive for this goal, and let us re-dedicate ourselves to this great task with humility and sincerity, alike for the benefit of humanity and the glory of man.

The President (translation from the French) : Gentlemen, the plenary meeting of the Assembly must rise at 5.30 p.m. because two committees have to meet. We still have to hear the report of the Committee on Credentials. I must therefore suspend the discussion on the reports of the Executive Board and the Director-General.

In this connexion, I have on three occasions asked delegates to be good enough to hand in their names if they wish to speak in this general discussion. I still have the names of three speakers—the delegates of Israel, Egypt and Argentina. In accordance with Rule 56 of our Rules of Procedure I propose to declare the list of speakers closed, subject to the Assembly’s approval. I would, however, make one last appeal to the delegations who wish to enter their names to indicate this by raising their place cards. I note Saudi Arabia, Ceylon, Spain, Yugoslavia. Are there no other speakers? I shall add the names of these delegations, then, to the previous list and, if the Assembly agrees, I shall declare the list closed. Any objections? As there are none, I take it that that is agreed.

2. Third Report of the Committee on Credentials

The President (translation from the French) : I would ask Mr Saita, Rapporteur of the Committee on Credentials, to come to the rostrum and present the Committee’s third report.

Mr Saita (Japan), Rapporteur, read the third report of the Committee on Credentials (for text, see page 379).

The President (translation from the French) : You have heard the report. I should be glad if you would adopt it, if you have no objections. There are none? The report is adopted, and the meeting is adjourned.

The meeting rose at 5.30 p.m.
Dr BTESH (Israel): Mr President, fellow delegates, I am glad to say that our Organization is showing signs of maturity. No longer do we concentrate on dealing with emergencies and short-term programmes. No longer do we emphasize the fight against a particular disease or a particular epidemic. The Report of our Director-General for the year 1955 shows that strides have been made in gaining acceptance for the basic principles of public health on a world-wide basis, and in assisting national health services in long-range programmes for the promotion of health and the prevention of disease.

Mr President, Dr Candau’s Report deserves serious study. In his usual clear, matter-of-fact style, Dr Candau has presented us with a full picture of health conditions in the world, and indicated how to improve them. No health worker can fail to find this report a most enlightening and stimulating document.

With your permission, Mr President, I should like to refer to some of the problems raised in the Report.

Two outstanding developments in the work of the Organization deserve special mention. I refer first to the principle of integration of health services. This principle, sponsored by our organization, is being widely accepted by national health workers. In our country the principle of integrated health services has been officially accepted by the Government, and rural health centres, combining both curative and preventive services, are already functioning in various parts of the country. Secondly, I should like to refer to the promotion of inter-regional conferences and seminars. In our opinion, this constitutes a very welcome innovation. We are looking forward to the first inter-regional conference on malaria to be held shortly in Athens. Our country is deeply interested in the eradication of malaria and we hope that this conference will pave the way for co-operation by the various Member States within our region in a joint effort to eradicate this ancient scourge.

The world-wide decline in the mortality and morbidity of tuberculosis is impressive. In our country, this decline has enabled us to shift the emphasis from hospital treatment to prevention. In this connexion, I should like to pay tribute to the Organization for its assistance in developing a model dispensary centre in Israel. Two WHO experts have succeeded in developing a highly efficient unit within the short period of one year. The centre has now been taken over by the Ministry of Health and is staffed by local personnel trained by WHO.

Ours is neither a big nor a rich country, yet we feel that we can contribute towards harnessing atomic energy for peaceful uses and humanitarian ends. Active research into the peaceful use of atomic energy is now going on in Israel. We are deeply interested in the problem of the use of atomic radiation in the treatment of various diseases and we are also interested in the search for protective measures against its injurious effects.

A year ago the world was elated over the announcement that an efficient vaccine had been discovered for the prevention of poliomyelitis. Unfortunately most countries were unable to secure supplies of this vaccine and only a very few can hope to obtain it in the near future. Israel was struck by a major epidemic of poliomyelitis in 1950 and the disease still continues to claim a large number of victims every year. Being unable to secure the vaccine, we set about producing it ourselves. I am happy to report that our efforts were crowned with success and we expect to have enough vaccine on hand to embark on a nation-wide campaign of immunization before the end of the year. Israel is glad to place the facilities of its virus laboratories at the disposal of Member States of the Organization both in and outside our region. In a year’s time we hope to be in a position to undertake vaccine production for the whole area.

The control of acute communicable diseases, the improvement of child health and the advances made in diagnostic and therapeutic medicine have created a new problem: the problem of the aging population and chronic disablement. In my address to the Eighth World Health Assembly, I mentioned a projected survey of chronic disease in Israel. A joint effort of WHO, the American Joint Distribution Committee and the Ministry of Health of Israel has enabled us to complete the survey and clarify the situation regarding chronic diseases in our country. I wish to pay public tribute to Dr Moroder of WHO, who led the team during six months of arduous work of collecting and evaluating data. Dr Moroder’s report is now ready for publication, and I am sure that Member States which are faced with similar problems will find it interesting to compare this report with similar studies in their own countries. With the assistance of the Organization, we are now engaged in a study of mental health problems in Israel.

Mr President and fellow delegates, this year’s report represents a picture of progress and a basis for hope to mankind. I feel sure that every one of us has come to the Ninth World Health Assembly with a feeling that much has been achieved, and we look forward to further achievement in the future. Our family has been enlarged by the addition of new Members and Associate Members. There is, too,
the prospect that previously inactive Members will renew their participation in our work. In the name of my delegation I wish to welcome both.

And finally, Mr President, allow me to congratulate you on your election to the office of President of the Ninth World Health Assembly. I also wish to pay tribute to the outgoing President, Dr Morones Prieto, whose efficient leadership contributed so much to the success of the Eighth World Health Assembly held in his own country.

The President (translation from the French): I call on the delegate of Saudi Arabia.

Dr Pharaon (Saudi Arabia) (translation from the French): Mr President, fellow delegates, on behalf of my delegation and myself I should like to express to Professor Parisot most sincere congratulations on his election as President of the Ninth World Health Assembly.

In asking you, Mr President, to conduct the proceedings of this session the Assembly could not have made a better choice, nor could it have found a more effective way of showing the esteem and affection which we all have for you. The outstanding contribution which you have always made, with such faith and devotion, to the Organization's work, and your own achievements in the field of public health and social medicine throughout your arduous and brilliant career, are a testimony to the value of your past accomplishments and a promise of success in the work you have yet to undertake. I would ask you, Mr President, to regard this as a personal tribute from a friend who appreciates and honours you as you deserve.

Mr President, fellow delegates, may I take this opportunity of making a short statement. At its seventeenth session the Executive Board had before it the request of the Government of Saudi Arabia for the deletion of Annex A of the International Sanitary Regulations. In its resolution EB17.R38, the Board approved the arrangements suggested by the Director-General for a group of quarantine experts to visit Saudi Arabia and inspect the quarantine installations set up at Jeddah for the protection of pilgrims. This group, consisting of three distinguished experts, Professor Canaperia, Dr El Halawani and Dr Jafar, during their stay in Saudi Arabia from 11 to 17 March 1956, visited the quarantine station at Jeddah, as well as several sanitary installations established on Saudi Arabian territory as part of the Ministry of Health's five-year programme. Their report, which is reproduced as an appendix to document WHO/IQ/39,1 was submitted to the Committee on International Quarantine which met at Geneva from 19 to 24 March 1956.

In its third report that committee expressed the opinion that "the Quarantine Station of Jeddah is now equipped to handle pilgrim traffic satisfactorily and recommends to the Health Assembly the deletion of Annex A of the International Sanitary Regulations".

On 3 April 1956 the vast quarantine station at Jeddah was inaugurated in the presence of Dr Shousha, representing the Director-General of WHO, and of representatives of all the Arab and Moslem countries and other countries interested in the Mecca Pilgrimage. The representatives of all these countries expressed their satisfaction with the work already carried out by the Saudi Arabian Government in all fields, especially that of public health, as did also the experts in their above-mentioned report.

I should therefore like on behalf of my Government to ask this Assembly, now that it has evidence of the efficiency of the quarantine arrangements in Saudi Arabia, to decide to delete Annex A, as recommended by the appropriate committee.

Before concluding, I should like, on behalf of my Government and myself, to thank the group of experts which visited our country, the Committee on International Quarantine and the whole Organization for their valuable assistance to us in our task in public health.

The President (translation from the French): The delegate of Argentina has the floor.

Dr Siri (Argentina) (translation from the Spanish): Mr President, fellow delegates, this is the new Government of Argentina's first opportunity of contact with the various Member governments of the World Health Organization. I should like, on this occasion, to greet them cordially on behalf of my Government and to express before this Assembly Argentina's intention of collaborating fully in the work of the World Health Organization, in entire compliance with the obligations undertaken, as it is doing in all the international organizations to which it belongs. My Government is convinced that, in the age in which we are living, a people can no longer develop its activities on a purely national scale. To do so would be to deal with only one aspect of a problem, whereas, to be effective and lasting, national action must be supplemented by, and harmonized with, the work being done elsewhere: on the regional scale—which in the case of the Americas would be a continental scale—and, greatest of all, on the worldwide scale. If this is true of most of the problems of mankind, it is imperative in the case of the problems
connected with the fight against disease, and the efforts to achieve the mental, physical and social well-being of humanity.

As proof of its adherence to this principle, my Government, wishing to reorganize public-health services, has decided to do so in co-operation with the World Health Organization, whose advice and support it has requested.

Secondly, I wish to express, on behalf of my Government, my warm appreciation of the work accomplished in 1955 by the World Health Organization and to congratulate and thank the Director-General and his collaborators for their remarkable achievements. I consider, therefore, that the Report submitted by the Director-General merits not only the applause but also the gratitude publicly expressed by this Assembly.

The President (translation from the French) : I call on the delegate of Ceylon.

The Hon. Mrs Wijewardena (Ceylon) : Mr President, fellow delegates, ladies and gentlemen: the Ceylon delegation offers its felicitations to the President for the high honour which the Ninth World Health Assembly has conferred upon him by electing him to preside over its deliberations. Professor Parisot is known in Ceylon as the pioneer in social medicine, in which the World Health Organization is deeply interested.

I would not be human, much less a woman, if I were not deeply conscious of the honour of representing my country at this Assembly as the first woman minister of Ceylon, especially after it has attained the status of a Member of the United Nations.

The Ceylon delegation congratulates the Director-General on the admirable report he has submitted on the activities of the Organization during the year 1955. The Report indicates the nature and type of assistance we, in Ceylon, of the South-East Asia Region, have received and for which my country's gratitude has to be expressed on this occasion. In this connexion, I must not fail to mention the kind co-operation and assistance that has always been extended to Ceylon by the Regional Director, both by personal advice and by assistance within the Constitution of the World Health Organization.

This Organization, starting as a pipe dream of many nations ten years ago, has grown within a decade into a mighty missionary endeavour in reality, spreading the gospel of health among mankind.

Men with a mission have gone forth from this Organization to the four corners of the earth, teaching diverse people the four freedoms of life: freedom from disease, freedom from dirt, freedom from disability, and freedom from suffering. You have preached a new strange doctrine to the peoples of the world: the right to be healthy, the right to be hardy and, as a result, the right to be happy.

In tackling the ills that the flesh was once supposed to be heir to, Ceylon has much to be grateful for to WHO. We have seen the missionary as health expert in the field in our country. In the campaign against that dreaded disease of mankind, tuberculosis, this Organization has given technical guidance and assistance that the people in Ceylon will never forget. It is perhaps one of the fields where assistance in the curative field is paramount in preventing a disease. Ceylon, in its social approach to tuberculosis, is spending four million rupees a year as assistance to about 8000 known patients, but our experience has been that this money is not wisely spent unless scientific knowledge is brought to bear on the problem of rehabilitating the patients. In order to utilize such knowledge, UNICEF is the organization to which we look for assistance to supply us with facilities and equipment.

We in Ceylon have a proud story to tell about our achievement within the past decade. We have reduced the general death rate to that of any other civilized country, so that we can now die respectably without being ashamed of it! But while we live, we live a fuller life and that proudly, in that we have yet a very long way to go. The road is rugged, the way is tedious. Pure water, adequate shelter and clean food have to be provided for our growing population if we are to walk the earth with heads erect and raise the level of health of our people. In this connexion we appreciate the importance that the Director-General has given in his Report to the problem of environmental sanitation, a most pressing problem in our South-East Asia Region.

We welcome the assistance received from the World Health Organization in the field of our nursing education, which has been reoriented to meet the growing demands of the profession, both in hospital practice and community medicine. By selecting the role of the nurse in the field of health for technical discussion at the Ninth Health Assembly, you have given this matter its due importance.
This great organization has always in the past shown us the way, told us the “how” and the “wherefore”. It will, I am certain, do likewise in the future, in helping us to travel the long, tedious, rugged road to health and happiness.

We have come together, a healthy family of nations, to talk over a few family matters of pooling of knowledge and experience in finding better ways of spreading the gospel of health and happiness among mankind. Here I should like to offer this august Assembly of experts a suggestion which, if taken up, may prove to be of some use to the rest of mankind. I come from a country where we have had a complete system of medicine for the past two thousand years. It is from this system, Ayurveda, or the science of life, that Western medicine has borrowed Rauvolfia serpentina (or Ekaweriya as we call it in Ceylon) as a remedy against high blood pressure. It is a system in which the cure of a disease is effected by raising the specific resistance of the tissues to fight an infection. Ayurveda is a system of medicine from which the West, I believe, has quite a lot to learn. You in the West have mastered diseases of infection. But are you not entering a new era of diseases of degeneration, perhaps the result of newer and more potent drugs.

My woman’s prayer to you is that this organization give some thought as to how the world may benefit from our ancient system by applying the searchlight of modern science to our remedies and herbs which have stood the test of centuries. Who knows, you might enter a new world of light—the wonder of which you have not yet known. Science certainly does not mean an intolerance towards truths you do not know, but a respectful approach towards truth others may propound.

In conclusion, I offer my tiny country’s humble greetings to the Member nations of this august Assembly and to the countries which were elected to full and to associate membership at this Ninth World Health Assembly. I hope you have a session of useful exchange of knowledge and experience.

The President (translation from the French): I call on the delegate of Egypt.

Dr Tarraf (Egypt): Mr President, honourable delegates, I consider it a privilege and an honour to express to this great Assembly our appreciation and recognition of the achievements of this organization, which are of far-reaching benefit to humanity.

I wish to avail myself of this opportunity to congratulate you, Mr President, on your well-deserved election as President of this Assembly, and I wish also to convey my thanks to you all for the honour you have bestowed upon me by electing me as a Vice-President.

As you know, the Constitution of the World Health Organization has been framed in the spirit of creating among all nations of the world the closest co-operation in establishing the foundation of health all over the world, irrespective of race or creed. In order to achieve this goal, we are confronted with difficulties requiring incessant work and endeavour. It is therefore the duty of every government Member of this organization not only to make the greatest effort towards raising the standards of health in its own country, but also to offer all possible help within its capacity to its neighbours. Acting in this spirit the Government of Egypt has participated actively in the work of this organization since its creation and has contributed its own public-health experts to serve neighbouring countries. Also my Government has started immense health schemes, which are planned to cover the whole country in five years. The implementation of this comprehensive health programme has placed new obligations and responsibilities upon the Ministry of Health. The health schemes carried out during the past three years bear witness to our continued and determined efforts.

Mr President, we have reviewed with great interest the work of the Organization during the year 1955 and wish on this occasion to congratulate the Executive Board, the Director-General and the Secretariat on the excellent reports they have prepared for our consideration. It is not possible for any speaker to comment in the short time allotted to him on the great quantity of information that is contained therein. However, although handicapped on account of time limitation, I shall endeavour to draw the attention of the Assembly to certain points which have direct bearing on some of the subjects.

As regards the mass campaign against malaria, I believe that such eradication, if accomplished, would be a great historical event. Egypt was one of the first countries which attempted this type of eradication in the Sahara Oasis. It is true that malaria has disappeared, but the anophelines have returned after at least two years of complete absence, being conveyed by aeroplanes. Therefore we are very desirous that the Organization should take the necessary steps to formulate and enforce international regulations aiming at preventing anophelines from being reintroduced through the various means of communication. I believe also that the eradication of Aëdes aegypti from areas receptive to yellow fever is of great importance. In view of the question of the International Sanitary Regulations concerning yellow fever, which were amended by the Eighth World
Health Assembly but rejected by several Member States, emphasis on the eradication of *Aëdes aegypti* should be the policy of this meeting.

Another problem of great importance in several regions of the earth is the prevalence of filariasis. The Report refers to a study group held in Kuala Lumpur from 6 to 15 December 1955. We should like, however, to see more active field work carried out on this programme in coming years. The complications of Wucherian filariasis and onchocerciasis justify speeding up such a programme of control, or eradication if possible. In Egypt we are surveying this disease on a large scale and instituting control and mass treatment in certain foci.

As regards tuberculosis, we share the view expressed in the Report. We desire to know how effective a control programme will be if it is based on chemotherapy without institutional care and on chemoprophylaxis, and how such a programme can be organized and carried out. The problem of tuberculosis has received great attention in my country. The number of dispensaries and sanatoria beds have been more than doubled in the last two years. The beds have reached a total of 10,000. In addition, a law has been enacted regulating compulsory BCG vaccination.

Recognizing the seriousness of epidemics of poliomyelitis and the tendency towards increased incidence of this disease in my country, I recommend further development of the WHO programme for the study of poliomyelitis and especially the giving of effective help to our region in this respect. I would like also to suggest to the WHO Expert Committee on Poliomyelitis that it investigate the possibility of the control of the disease in international traffic.

Although the Report referred to bilharziasis I am under the impression that the work on this vast and most intricate problem should receive at least the same effort and attention as malaria. Bilharziasis is on the increase in tropical and subtropical countries, owing to the increase of irrigation schemes. Its complications are very serious, and in this connexion I refer to cancer of the bladder. Therefore we are in dire need of greater effort by WHO and of substantial help from UNICEF for countries where this disease plays havoc with the population. My Government has started comprehensive schemes for combating bilharziasis as well as other endemic diseases. As a result a very appreciable drop has been demonstrated recently, but continuous efforts are essential and the effective assistance of the international agencies is required in this field for all countries concerned.

We are still facing the problem of shortage of nurses and therefore new schools are being opened and old ones expanded. In this respect we extend our thanks to WHO, because with its help a Higher Institute of Nursing has been established and incorporated in the University of Alexandria in order to graduate higher grades of nurses. We are therefore gratified that the technical discussions at this year's Assembly are entirely devoted to the training of the nursing staff, and sincerely hope that fundamental results will ensue from these meetings.

As regards dental health, my delegation has noted that WHO has undertaken to collect information on the fluoridation of water in Member countries. We believe that such an important question ought to be dealt with by a study group.

My delegation has followed with great interest Chapter 5 of the Director-General's Report, on the peaceful uses of atomic energy. It has dealt with practically all the points within the framework of the Organization. It is evident that all Member States should provide adequate personnel for the inspection of radiological institutes and atomic laboratories, to ascertain that all the precautions of protection are strictly followed. For this purpose training of staff in health physics is highly necessary. We have noticed that this was carried out by the Organization in Europe, but apparently no one from our region was given this same facility. Moreover we would like to lay emphasis on the obligation of WHO towards Member States to ensure protection against radiation on an international basis as, for instance, in the control of the pollution of drainage systems with radioactive material. Further, we would like to emphasize the importance of the study of the effects of radiation in producing cancer and blood diseases and rendering exposed individuals more vulnerable to infectious agents. Human genetics is an important subject requiring the attention of the Organization. We know that a Congress on this subject will be held in Copenhagen this year and we shall depend on the Organization to communicate the results of its discussions to Member States.

Mr President, we sincerely hope that during this Assembly the Arabic language will be decided upon as one of the official languages of the Regional Committee for the Eastern Mediterranean. This will be a very well justified decision. Regarding publications and reference services, we also entertain the hope that the Arabic language will be used in the Region. This will facilitate the spreading of medical knowledge and training in the various fields of health in the Arabic-speaking countries.

My delegation is fully aware of all the difficulties and obstacles under which this organization is
carrying out its responsibilities, particularly the budgetary limitations and restrictions. Therefore my Government has always pleaded in previous Assemblies for an increase in the working budget of the Organization, and will continue to do so provided that this increase be used to provide direct services to Member States in various parts of the world which have need of them.

My delegation is also of the firm conviction that more attention should be directed towards the development of educational and training services for all types of public-health personnel, in the form of schools, fellowships, seminars or travelling groups; because we feel the great shortage of such qualified personnel in almost all parts of the world, and we believe that the activity of the Organization in this direction will have a far-reaching and lasting effect on the development of the national health administration in Member States.

Another problem, Mr President, is the question of shortage of experts. We note that the progress of success of some projects has been to a certain extent impeded by the non-availability of suitable experts. We are confident that the Director-General is doing his best to solve this problem. But what can the Organization do when the demand for new projects is steadily exceeding our ability to develop the required experts? This problem is increasing in magnitude. We suggest that the Organization consider the possibility of training its own set of experts for carrying out the various projects in the different parts of the world. We know that this is a difficult task but, if carried out, it may be one of the means of solving the problem.

My delegation would also like to express its satisfaction with the arrangements agreed upon and the relations of the Organization with UNICEF. This agreement will no doubt foster and enhance the activities of the two organizations for the benefit of mankind. We hope to see in the near future the fruits of the co-operation of this great Organization will be reaped with greater success.

The President (translation from the French) : I call on the delegate of Spain.

Dr Clavero del Campo (Spain) (translation from the Spanish) : It is a great pleasure to my delegation to address this Assembly presided over by Professor Parisot. Faithful to its tradition, WHO calls on its best qualified and most distinguished members to preside over its Assemblies.

The admirable Report of the Director-General to which I wish to refer gives a clear idea of the work done by this Organization in 1955 and also of the steady development of current projects. The list of these projects fills a hundred closely printed pages of the Report. This shows the extent and variety of the tasks undertaken; and also that, were anyone to describe them as evidencing dispersion of effort we should have to make him understand that it is precisely we, the public-health officers of Member countries, who are asking for this manifold assistance.

Technically speaking, preventive medicine is an applied science which is prompt to make speedy use of the knowledge and resources of other sciences for its own purpose — the prevention of disease. This naturally adds to its commitments: for instance, the utilization of atomic energy will create new complications for us and will therefore also produce new programmes for us.

WHO does not claim to take the place of national administrations; it is therefore clear that the various activities should first be reviewed, in order to separate those that are strictly national from those with international significance and which therefore fall within our province as Members of WHO. This would avoid in future—naturally within certain limits—the progressive increase in the budget of the World Health Organization.

WHO is a specialized agency of the United Nations; we would welcome closer relations with the other specialized agencies of the United Nations, for example, with FAO and UNESCO. It has often been said here that health programmes, if they are to be fully effective, must be related to programmes for education, agriculture, social security, etc. I shall be glad to see this tendency towards closer relations, indicated in the Director-General's Report, further accentuated. Even in the strictly medical field, we are all agreed that not only preventive medicine but also medical assistance plays an important part in reducing our mortality and morbidity rates. We are glad, therefore, to see that in the agenda of this Assembly there appears, as item 6.10, an "organizational study relating to programme planning, with particular reference to integration of preventive and curative medicine in the public-health programme"; for, as public-health administrators, we have the duty of planning and providing preventive along with
curative medical services. In my country, for instance, the mortality rate fell to 9.5 per thousand when it became possible to include in the social security benefits the unlimited medical assistance which is now enjoyed by more than half the population. Naturally, we are hoping to achieve much more.

In its 1955 programme the World Health Organization has favoured Spain, not with ample funds but with something which is worth much more—its wise guidance. For instance, in combating infantile mortality we achieved a figure of 50 per thousand by our own resources; then, in order to reduce this figure still further and reduce mortality among infants one month old, we introduced model institutions for premature babies. We have had similar success with syphilis: as a result of the free treatment given in the out-patient departments dealing with this disease there was an enormous and unexpected decrease; to accentuate this decline even further the World Health Organization has helped us with a casefinding scheme for congenital syphilis and latent syphilis, by the use of the new serological techniques. Finally, we have asked the Organization to give us the benefit of its experience in a campaign against certain foci of trachoma prevalent in eastern Spain. The work which is being done is most promising. UNICEF, of course, is taking part in these activities and we would express here our most sincere thanks to that organization.

And now may I be permitted to express publicly, from this rostrum, my satisfaction at the admission of new Members, and especially the admission of Morocco as a full Member. Spain supported this from the very outset, as can be seen from document A9/14,¹ which reproduces the letter sent by the Minister of Foreign Affairs to the Director-General of WHO regarding the application made by the Sherifian Empire.

The Spanish delegation accordingly will be glad when the time comes also to voice the wish that preferential assistance should be given in WHO programmes to those States which, like Morocco, have at this Assembly been made Members of the Organization and will thus shortly have to assume responsibility for their public-health administration.

The President (translation from the French): I call on the delegate of Yugoslavia.

Mr Marković (Yugoslavia) (translation from the French): Mr President, ladies and gentlemen, the Director-General's Report deals with the work of WHO during the past year, work which is unques-

¹ Unpublished
Some of the Members of WHO which have recently not been taking an active part in the Organization’s work have announced their readiness to resume their activity and thus help in solving public-health problems throughout the world. The Yugoslav delegation hopes that our Assembly will do its best to enable these Members to resume their full activity.

Nevertheless, even though these countries resume active participation and even though new Members are admitted, our organization will not become a world-wide body so long as the Chinese people does not participate in WHO.

The second condition is to obtain financial resources for achieving the aims of WHO. My country, as you are aware, has always striven and is striving today for the greatest possible accumulation of international resources in order to solve economic and social problems in general and health problems in particular. During the last year we have witnessed in international circles many expressions of opinion in favour of increasing international resources for assisting the undeveloped countries.

There can be no question that the creation of a Special United Nations Fund for Economic Development would have an effect on the achievement of WHO’s aims. At last year’s Assembly, the Organization took up a position for the setting up of this Fund. I consider that we should all ask our governments to see that this idea is pushed through, particularly since some developed countries are showing themselves to be increasingly in favour of setting up this Fund as quickly as possible. However, we shall have to take an even longer view and envisage even greater possibilities for our work if agreement can be reached on a reduction of armaments. All the nations of the world intensely desire this reduction and the great majority of the most practical-minded and most responsible statesmen are moving in this direction. That is why there are grounds for some optimism regarding the resources which might, in the foreseeable future, be available to mankind for raising the standard of living in the world.

While increasing our efforts to secure greater financial resources we should try to see that the most rational use is made of those resources and the greatest possible economy observed. I am not implying that this has not been done; far from it. The Director- General has done his utmost to reduce administrative expenditure and has taken steps to enable more effective use to be made of the limited resources at his disposal. But the greater the efforts we make, the better will be the results obtained.

In this connexion the Yugoslav delegation thinks that it would be preferable to concentrate on a smaller number of projects and make them more effective. If we undertake too much there is a risk that we may not always be able to meet the financial obligations entailed, or we may find ourselves faced with the need to cut down the Organization’s assistance to a disproportionately low level, in which case administrative expenditure may even exceed that on the actual assistance given.

The third condition to be borne in mind is the nature and methods of WHO’s work. My delegation considers that we should devote special attention to this, for several reasons.

The first reason, which explains the need for new types of activity, is that during these last years conditions in many countries have changed and substantial results have been achieved. Consequently, the nature and form of the Organization’s help should be adapted to the newly-created conditions. To continue working on old lines by sending experts and awarding fellowships in standardized subjects, or by undertaking public-health projects which can be provided from resources already existing inside many of the countries themselves, would mean that our work was stagnating.

I think mention should be made in this connexion of the training of medical personnel. The present system of medical training does not produce the type of doctor that would be most useful and that is most in demand in most countries. It can be stated that almost everywhere medical personnel are not receiving training in both preventive medicine and social medicine. WHO has already done a good deal of work in this field; but it is still not enough and greater importance should, in any case, be attached to the question generally. In my opinion the greatest weakness of the work being done in preventive medicine comes from the fact that the public-health services very often carry on their preventive and curative work as two separate functions instead at combining then in one. Such unity will be achieved only if the so-called curative institutions do not confine themselves to treating the sick but try also to eliminate the causes of disease. This is how medical personnel should be trained and this is the line which WHO should follow in order to ensure unity in public-health services.

My delegation considers that we should now examine the matter, see whether new activities can be undertaken and, then try to obtain fresh funds for achieving the aims laid down in WHO’s Constitution. I do not propose now to enter into points of detail or to enumerate everything that should be done. I consider that the Committee on Programme and Budget should discuss the subject and try to formulate
definite conclusions. For the time being I shall merely make a general suggestion. In 1958 it will be ten years since WHO was founded. That is a significant date in the history of our Organization. Since the First World Health Assembly we have gone a long way, had many successes and acquired valuable experience.

At the Eighth World Health Assembly we decided to draw up a report on the world health situation. Following that decision, the Executive Board has now submitted to us a proposal this year on the procedure for preparing this report. The Yugoslav delegation supports, in principle, the Executive Board’s proposal but feels that, in addition to this report, the Director-General should furnish the Eleventh World Health Assembly with a special report reviewing all the work done by the Interim Commission and by WHO in the years that have elapsed. This special report, together with that on the world health situation, would be used as a basis for analysing the world health situation and the experience gained and for studying new types of work and the new possibilities opening up for international co-operation in the field of health. The tenth anniversary of WHO would thus be celebrated by an increase in effort to improve current working methods and to find new methods by which the most effective contribution can be made to the attainment of the noble humanitarian aims of WHO.

If this suggestion is favourably received, the Yugoslav delegation is prepared to submit a definite proposal to the Committee on Programme and Budget.

In conclusion, Mr President, I should like once more to draw attention to recent international events which will not only improve considerably the prospects for peace, but will also open up fresh possibilities of international co-operation. In the light of these events, WHO’s importance becomes even greater and its function wider. Provided our organization reacts speedily and appropriately to all these new positive factors, which I feel are a portent of substantial changes in international relations, WHO can today take the initiative and point out the way towards a solution for many problems of international co-operation.

My country and the Government which I have the honour to represent here will, in the future, as in the past, give their full support to measures taken to develop, ever more sincerely and on an even wider scale, international co-operation and assistance to undeveloped countries.

The President (translation from the French) : I call on the delegate of Cuba.

Dr Hurtado (Cuba) (translation from the Spanish) : Mr President, Mr Director-General, fellow delegates, I should not have taken your time at this meeting, which has already so heavy an agenda, were it not for my pressing wish to express my deep admiration and esteem for the senior officers of this Ninth World Health Assembly.

Once again the Government and people of Cuba extend very cordial greeting to all the eminent representatives of all the countries here assembled on this further occasion when we are striving to find new and better ways of securing better health conditions for our people and thus achieving a state of well-being closer to the ideal.

I wish today to renew our thanks and to acclaim Dr Marcolino Candau, the Director-General, who is so brilliantly achieving magnificent results in the field of world health. We extend congratulations also to his admirable collaborators in the Secretariat, both the senior staff and the junior staff and to all the numerous anonymous collaborators who undoubtedly contribute a great deal to the general result.

The Cuban delegation similarly wishes to express its gratitude to the Executive Board, our executive body, which has worked so effectively and in such a co-ordinated manner, as is shown by the admirable report submitted here by Dr Brady and Dr Vargas, through whom we offer our homage to the executive body of the Organization.

Fellow delegates, I do not wish to forget the simultaneous interpreters, those veterans who so skilfully ensure that all our speeches are mutually understood by the perfect way they operate the system and to which they on occasion impart an undeniably personal touch. To everyone my heartiest greetings.

Gentlemen, the chief reason for my coming to this rostrum is that the medical profession of Cuba, the teaching staff in its medical school, the public-health authorities, the population at large and the Government of the Republic wish at this Assembly to extend very cordial greetings to Professor Parisot, our President, the illustrious representative of France who has done so much for the world by his noble teaching.

The presence of Professor Parisot as the President of this Assembly, a gathering on which the eyes of the world are turned today, is a sure guarantee. His career, with its long record of achievement, his thorough knowledge of the subjects under discussion, the accuracy with which he interprets the whole body of our regulations—and with all this the extremely elegant and beautiful way in which he expresses
himself, make of our President an exceptional figure which evokes our combined affection and esteem. May I, Mr President, offer you my heartfelt greetings and in your name evoke the noble figures of Pasteur, Albarrán, and many other glorious representatives of French medicine.

The President (translation from the French) : The delegate of Afghanistan is not present. As he is absent we have come to the end of our list of speakers.

2. Inclusion of a Supplementary Item in the Agenda

The President (translation from the French) : We can now take the second item of our agenda, namely the addition of a supplementary item. This supplementary item is proposed by the delegation of Pakistan and reads “Inequitable geographical representation on the headquarters staff of WHO”. At its meeting yesterday the General Committee of the Assembly found that this supplementary item had been proposed within the time-limit laid down in Rule 12 of the Rules of Procedure of the Assembly and it therefore recommended that the Assembly should include the item in its agenda.

May I then ask the Assembly whether it is prepared to adopt this recommendation or whether it has any objection to make. In the absence of objections the recommendation is adopted.

3. Report of the Special Committee of the Assembly

The President (translation from the French) : I now come to an important item—that concerning the report of the Special Committee of the Assembly. I invite Mr Saita, Rapporteur of the Special Committee, to submit his report.

Mr Saita (Japan), Rapporteur, read the report of the Special Committee of the Assembly (for text, see page 381).

The President (translation from the French) : Gentlemen, you have, of course, taken careful note of this report. In order that the discussion may proceed on logical lines, I should be glad to know if there are any delegates who wish to speak, and I would ask them to raise their cards.

As there are no speakers, I think we can consider this resolution as a whole. I should like, first, to ask whether there is any objection to its adoption. If not, I propose to put this resolution as a whole to the vote. Will those in favour kindly raise their cards. Any votes against? Are there any abstentions? The result of the vote is as follows: in favour of adoption, 51; against, none; abstentions 5. The resolution is therefore adopted.

This brings our agenda to an end. The meeting is closed.

The meeting rose at 6.40 p.m.
NINTH WORLD HEALTH ASSEMBLY

1. First Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the French): The meeting is called to order.

Gentlemen, the first item on the agenda is the first report of the Committee on Administration, Finance and Legal Matters.¹ This report is contained in document A9/22. This document was distributed to delegations only this morning, and as twenty-four hours have not elapsed between its distribution and this meeting, I should request the Rapporteur of the Committee, in accordance with Rule 51 of the Rules of Procedure, to read it out. If, however, all delegates have read the report, it would be possible to avoid this long and perhaps tiresome process. What are the wishes of the Assembly? Even if only one delegate wishes the report to be read out, it shall be done. I would therefore ask any delegate who wishes to have the report read out to raise his card. Apparently no one objects to our not reading the report, so we will consider the various resolutions it contains.

¹ For text, see p. 393.

2. Fourth Report of the Committee on Credentials

The President (translation from the French): The first item on the agenda is the fourth report of the Committee on Credentials. I would ask Mr Saita, Rapporteur of the Committee, to submit his report.

Mr. Saita (Japan), Rapporteur, read the fourth report of the Committee on Credentials (for text, see page 379).

The President (translation from the French): You have heard the report. I should be glad to know if there are any objections? As there are none, the report is approved.

3. Report of the Léon Bernard Foundation Committee

The President (translation from the French): The second item on the agenda is the report of the Léon Bernard Foundation Committee. This is document A9/3 which you have before you. I would ask Dr Vargas-Méndez, Rapporteur of the Committee, to submit his report.

Dr. Vargas-Méndez, Rapporteur of the Léon Bernard Foundation Committee, read the Committee's report (see Annex 1, page 405).

The President (translation from the French): Have you any remarks to make on this report? Can I take it that the report is approved? That there are no objections? The report is approved.

4. Allocation to the Committee on Administration, Finance and Legal Matters of the Supplementary Agenda Item proposed by the Government of Pakistan

The President (translation from the French): The third item on the agenda deals with the allocation to the Committee on Administration, Finance and Legal Matters of the supplementary item proposed by the Government of Pakistan.

In this connexion you will probably remember that at an earlier plenary meeting you decided to include this item in your agenda. At its meeting yesterday the General Committee recommended that the Assembly should allocate this item to the Committee on Administration, Finance and Legal Matters. If there are no objections we shall do so. It is so agreed.

We have dealt with the various items on our agenda; the meeting is therefore adjourned.

The meeting rose at 3.20 p.m.
I therefore put up for discussion the first resolution—Financial Report of WHO for 1955 and Report of the External Auditor. Are there any remarks? As there are none, the first resolution is adopted.

The second resolution concerns the Publications Revolving Fund. Any remarks? Adopted.

Third resolution—Scale of Assessment, beginning with the assessments of Austria, Burma and Ceylon (section 3.1). Do you accept this resolution? Adopted. Then comes Korea (section 3.2). Any remarks? Adopted. Section 3.3 concerns the new Members. Morocco, Sudan and Tunisia, and the new Associate Members: Gold Coast, Federation of Nigeria and Sierra Leone. Any remarks? Adopted.

Section 3.4, Scale of Assessment for 1957, with the scale shown in the table which follows. Any remarks? Adopted.

The delegate of Spain requests the floor and I ask him to come to the rostrum.

Mr DE VILLEGAS (Spain) (translation from the Spanish): Mr President, on behalf of the Spanish Government I desire to make the following statement in connexion with the scale of assessment.

When the Seventh World Health Assembly decided to amend the scale of assessment so as to bring it gradually into line with the United Nations scale, Spain reserved its position because at the time it was not a Member of the United Nations. Later, when it became a Member, Spain lodged an objection to the percentage fixed for its contribution to the international organizations. This objection will not be considered until the next General Assembly. Spain, therefore, reserves its position with regard to its future contribution to the World Health Organization.

I would add, Mr President, that this reservation does not apply to the contribution for 1957, as set out in document A9/22, but to subsequent years, in accordance with any decisions which may be taken in connexion with the afore-mentioned objection lodged with the United Nations.

The President (translation from the French): Note has been taken of the reservation which you have just made for the years following 1957. Are there any other remarks on this resolution? Apparently not.

We now come to section 4—Status of Collection of Annual Contributions and Advances to the Working Capital Fund. Any remarks? Adopted.

Finally, section 5—Working Capital Fund for 1957. Are there any objections? This resolution also is adopted.

You have adopted successively these various resolutions, taking due account of the reservation made by the delegate of Spain. Are there any remarks on the report as a whole? If not, I ask you to approve it. No objections? The report is therefore approved.

2. Election of Members entitled to designate a Person to serve on the Executive Board

The President (translation from the French): We now come to the second item on the agenda—Election of Members entitled to designate a person to serve on the Executive Board. In accordance with Rule 94 of the Rules of Procedure, document A9/21, which has been distributed to you, contains the report of the General Committee on the subject and gives its proposals. As twenty-four hours have elapsed between the time when the document was distributed and the opening of the present meeting, we can therefore legitimately proceed to the election, the procedure for which is governed by Rules 92, 95 and 97 of the Rules of Procedure. Before proceeding to the vote by secret ballot, however, I would ask all delegations if they have any remarks to make or explanations to request. If no one wishes to speak, I will now draw your attention to some important points.

Ballot papers will be distributed and each delegation is asked to write six names on its paper. I wish to make it clear that exactly six names are required because if there is a name too many or too few the ballot paper will be considered null and void. Therefore, I repeat, six names only.

Secondly, the ballot paper may not contain the names of Member States other than those, nine in number, listed in document A9/21. That is, your voting paper must have on it six names taken from the nine indicated, and must not include the names of Members other than those indicated.

Thirdly, the delegations will be called in alphabetical order and should, when their name is called, come to the rostrum and deposit their paper in the ballot box. I shall ask our colleagues, Mr Botha (Union of South Africa) and Dr Regala (Philippines), kindly to act as tellers, and as such I ask them to come to the rostrum.

1 For text, see p. 380.
Does any delegate desire any further explanation? Before declaring the voting open I will give you a few minutes to fill in your ballot papers.

I think we can now proceed with the voting.

A vote was taken by secret ballot, the names of the following Member States being called, in English, French and Spanish, in the English alphabetical order:

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

The President (translation from the French): Before closing the voting I should like to know whether all delegations have had their names called and have voted. If any delegation has not been called, will it please say so? As all delegations have been called, I declare the voting closed and suspend the meeting for the time necessary for the votes to be counted. A bell will be rung to inform you when the meeting is resumed.

The meeting was suspended at 10.35 a.m. and resumed at 11.5 a.m.

The President (translation from the French): Would the tellers kindly let me have the results of the vote?

The results of the vote are as follows:

| Number of Members entitled to vote | 71 |
| Absent | 0 |
| Abstentions | 0 |
| Papers null and void | 1 |

Number of Members present and voting | 71 |
Majority required | 36 |

Votes obtained:

| Syria | 66 |
| Mexico | 64 |
| India | 61 |
| Italy | 51 |
| United Kingdom of Great Britain and Northern Ireland | 48 |
| Canada | 46 |
| Nicaragua | 33 |
| Ireland | 28 |
| Yugoslavia | 23 |

Consequently, the following six countries, having obtained the required majority, are entitled to designate a person to serve on the Executive Board: Syria, Mexico, India, Italy, the United Kingdom of Great Britain and Northern Ireland, and Canada.

I therefore propose to the Assembly the adoption of the following resolution:

The Ninth 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:

then come the names of the six States which I have just read out. I repeat that list once again, with the number of votes obtained: Syria, 66; Mexico, 64; India, 61; Italy, 51; United Kingdom of Great Britain and Northern Ireland, 48; and Canada, 46.

I should like to mention an important point: as the eighteenth session of the Executive Board is due to begin on Monday, 28 May, it would be extremely helpful if the six States just elected could let the Director-General know as soon as possible the names of the persons whom they designate to serve on the Board. The Director-General will then be in a position to send to the persons designated formal notice of the convening of the eighteenth session of the Board, together with the relevant documents.

I thank the tellers for their help and the speed with which they counted the votes.

Does anybody wish to speak? As no one wishes to speak, I declare the meeting closed.

The meeting rose at 11.15 a.m.
1. Address by the Rajkumari Amrit Kaur

The President (translation from the French):

The meeting is called to order.

Gentlemen, it is a privilege to have with us today Rajkumari Amrit Kaur, the Minister of Health of India. Although only on a very short visit to Geneva, she was anxious to come to this Assembly, whose debates she directed, as President of the third session, with the experience and conviction which distinguish all her actions, whether in promoting the health and social progress of her own country or in supporting and expanding our Organization. Though the duties of her office now keep her away from our work she is nonetheless a keen spokesman for the World Health Organization wherever her journeys take her; and through the highly appreciated collaboration of our colleagues of the Indian delegation she still exhibits the same interest in the cause of world health, of which she was one of the early and principal pioneers. In greeting her on your behalf I would ask her to accept this tribute and expression of our gratitude.

Rajkumari Amrit Kaur: Mr President and friends: first of all, Mr President, I have not words enough in which to thank you for the honour you have done me—for the very kind words with which you have been pleased to welcome me. I do not deserve the honour, but I look upon it as a recognition of India's love for the World Health Organization.

For me, it has been a privilege to be connected with this Organization from its very inception; I have always had faith in it, not only because it is an organization of the United Nations, the Charter of which great organization stands for world peace and for creating world understanding, but also because in serving the cause of health we are serving the cause of humanity. I come from a country where we need health to be promoted, not only physical health but also mental health, and I think that that applies to all the nations of the world today. I think that WHO has established itself in the hearts of the people, and in particular the people of the under-developed countries, because it has not remained at Headquarters only, but has gone out into the vast field where its services are needed; and it has thereby contributed to international understanding and to the development of the very numerous and great projects which are bringing light where there was darkness and which are helping us to understand how we can help ourselves and how we can help each other to bring welfare to our people.

I think that in view of the last ten years of the World Health Organization it can be said that now it is a going concern, running on oiled wheels as it were, and that all its work is done in an atmosphere of good will—because that counts more than anything else.

Mr President, I hope you will forgive me if I share one or two thoughts with you. It has been a matter of regret that India, that has always wanted to raise the budget of the World Health Organization because we, like other countries in the East, stand so much in need of help, has not been able this year to vote for the budget that the Director-General asked for. But we have many commitments in our Second Five-year Plan which is just beginning; we have put all the resources that our country can command into that, and even the present budget will mean a definite increase in our contribution. We can however assure you that we shall always contribute as far as lies within our power, so that the work of WHO shall not cease.

The World Health Organization has been lucky, I think, in having been put on proper foundations by the great Director-General in whose hands the foundations lay in the first instance; and I am glad that the traditions that he left have been worthily carried on by his successor.

Many things have happened of importance, and I think that this year the fact that the non-participating countries have expressed a desire to come back augurs well for the future. We cannot call ourselves a World Health Organization while we are without all the countries that have not participated so far, and those which, for whatever circumstances, have left collaboration with us and are now willing to
2. Fifth Report of the Committee on Credentials

The President (translation from the French): Gentlemen, we shall now turn to the various items on the agenda of this meeting. First, we have to adopt the fifth report of the Committee on Credentials. I invite Mr Saita, Rapporteur, to submit his report.

Mr Saita (Japan), Rapporteur, read the fifth report of the Committee on Credentials (for text, see page 379).

The President (translation from the French): Does any delegate wish to speak? Are there any objections? The report is approved.


The President (translation from the French): We shall now take the report on the Technical Discussions. I invite Dame Elizabeth Cockayne, Chairman of the Technical Discussions, to submit the report.

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1 Published in Chron. Wld Hlth Org. 1956, 10, No. 7

Dame Elizabeth Cockayne, Chairman, Technical Discussions: Mr President, fellow delegates, ladies and gentlemen: in presenting the report of the technical discussions on nursing I should like to stress their real value. The fact that these have been undertaken at world level with nurses, administrators and doctors all taking part, emphasizes the influence and development which should and can arise from them.

I should specially like to thank Dr Štampar for his foresight and his personal interest in suggesting the topic of nurses for these discussions. Group techniques have been a new and beneficial experience for some participants, and in this regard I cannot do better than to quote Sir Arcot Mudaliar, who, in the final meeting, said, “I think we all share the feeling that we have had an education we lacked all along—an education in which our nursing sisters actually performed the part of educators.”

It has been stressed, especially by the nurse participants, that they should carry out their nursing functions as their primary responsibility and that other technical functions which in the past have been, and in some countries are still, the function of the doctor, should not prevent this. We would like the world to know this, as sometimes nurses are criticized for leaving more of the real nursing to students and auxiliaries.

A careful study of the five roles of the nurse, listed in the report, will show the need for the nursing student to have had a sound general education on which to base a broad nursing education if she is to be prepared to function efficiently in these roles. It has been generally agreed that the education of the nurse should be dictated by her needs as a student and not by the service requirements of the hospital. On the other hand, it is fully appreciated that planned and supervised nursing practice is an essential part of nursing education. In seeking to improve nursing education, I would like to emphasize, as Mrs Leone did at our final meeting, that the objective is the better nursing service to the community, be it in the home, the school, in industry or in hospital. We should constantly focus the student’s attention on this point, gradually teaching her to assess the total patients’ needs and from that the local community’s needs, the country’s needs, and finally the world’s needs. This broader viewpoint should assist in the better distribution of nurses to shortage fields such as isolated rural areas, to mental hospitals and to countries in dire need of nurses.

The inclusion of the preventive and social aspects of disease, and of mental hygiene, in the student’s curriculum, received considerable attention; and
the point I would like to stress is the help we need from our medical colleagues to bring this to full effect.

Dissemination of knowledge through group discussions, through post-basic and refresher courses, is essential for all nurses if the students having this newer knowledge are not to be frustrated in putting their theory into practice.

The nurse as a member of the administrative team has been freely acknowledged, and the report draws attention to the role she can play at local and national levels to assist in the development and smooth running of all health services.

Mr President, on behalf of all nurses, I wish to thank all those in WHO who have contributed to the organization of these discussions and to thank all delegates not only for their help, but for their sustained and keen interest.

The President (translation from the French): Do any delegates want to discuss this report? Apparently no one wishes to speak.

I wish, in any event, to associate the whole Assembly with the congratulations which we extend to the Chairman of these technical discussions and to the Chairmen of the various discussion groups, and to thank them for the work they have done. I should also like to congratulate the Organization and all who have helped to draw up this report and who have made such valuable discussion possible. We have evidence here not only of the collaboration of the Secretariat but also of the assistance of non-governmental organizations in official relations with WHO—the two principal international nurses' organizations which, through their own contacts with the national organizations, have been able to provide comprehensive documentation from all over the world.

A further feature of these discussions has been the participation of medical officers highly qualified both in public-health administration and in all matters connected with health protection and social welfare. This has very appropriately been emphasized during the discussions and I think that such collaboration proves the team spirit which is at the very root of the work, both of nurses and of doctors, in the field of preventive, curative and social medicine.

I need not, of course, stress the importance of this report but I would point out that everyone, nurses and doctors, who took part in these technical discussions found that the time allowed was short in comparison with the importance and scope of the subject. The World Health Organization may be able, at a later date, to take up again certain aspects of these subjects to which the technical discussions have served as a kind of introduction.

As you are aware, the technical discussions are not an integral part of the Assembly's work. You do not therefore have to approve the report but I would suggest that it be noted so that it may appear in the records of the Organization.

Do you agree? It is so agreed.

4. Second Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the French): We shall now take the third item on our agenda, namely, the second report of the Committee on Administration, Finance and Legal Matters. I imagine you have carefully studied this document and the others that we are going to consider. Unless any delegate expresses a wish to have this report read from the rostrum, I think that we might merely take in turn the various resolutions it contains, discuss them if necessary, and adopt them.

As no one then wishes the report to be read in full, we shall now take in turn the resolutions it contains:

1. Sessions of Regional Committees away from Regional Headquarters
   Are there any remarks? If not, the resolution is adopted.

   Any remarks? None. The resolution is adopted.

3. Correction of the French and Spanish Texts of Resolution WHA1.133
   Any remarks? None. The resolution is adopted.

4. Special Fund for improving National Health Services

   The delegate of the United States of America.

   Dr Scheele (United States of America): Mr President, fellow delegates, the delegation of the United States of America is deeply impressed with the great importance of health and all matters of economic development. However, we wish to repeat here some of the things that we said in the committee meeting. To us, this particular resolution implies an endorsement of the establishment of the special fund for economic development; and it is our opinion that we are somewhat premature in taking action

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1 For text, see p. 396.
in the World Health Assembly on this very important matter, which will be considered in due time by the Economic and Social Council and the General Assembly of the United Nations. The United States delegation therefore proposes to abstain on this proposition.

The President (translation from the French) : I thank the delegate of the United States for the explanation he has given of his abstention, which will be duly noted. Are there any other speakers on this item? As there are none, the resolution is adopted. The United States abstention will be recorded.

5. Use of Arabic in the Regional Committee for the Eastern Mediterranean
   Any remarks? None. This resolution is adopted.

I would ask you now if you have any remarks on the report, and, if not, to approve it as a whole. Any objections? It is approved.

5. First Report of the Committee on Programme and Budget

The President (translation from the French) : We come now to the first report of the Committee on Programme and Budget. This document also has been distributed in sufficient time, I think, for delegates to have studied it. If there is no objection, we shall deal with this report as with the previous one, that is, discuss it and adopt the various resolutions.

Any objections? I open the discussion on the resolutions:

   Any remarks? None. The resolution is adopted.

2. Reports on the World Health Situation
   Any remarks? None. The resolution is adopted.

3. Special Report to celebrate the Tenth Anniversary of WHO
   Resolution adopted.

4. Seventh Revision of the International Lists of Diseases and Causes of Death
   No remarks. Resolution adopted.

5. Future Organizational Studies by the Executive Board

6. Cardiovascular Diseases and Hypertension
   No remarks. Resolution adopted.

Are there any remarks on this report as a whole? If not, the report is approved.

6. Second Report of the Committee on Programme and Budget

The President (translation from the French) : We come to the next item: the second report of the Committee on Programme and Budget, which contains only one resolution—on the effective working budget and budget level for 1957. This document also has been distributed in advance. There will probably be some speakers, in view of the importance of the report. The first speaker is the delegate of Norway. Will he please come to the rostrum.

Dr Evang (Norway) : Mr President, fellow delegates, in view of the very full discussion which took place on this matter in the Committee on Programme and Budget, it is not my intention today to repeat the various arguments which in my opinion would ask for a somewhat higher figure than that proposed in the draft resolution before you. I have mainly two reasons for raising the question here in plenary session.

The first reason is that I think that in all fairness the members of the Assembly should be quite clear as to what they are doing to international health work generally, and to the work of WHO specifically, before voting on this proposal. I think we all sensed the rather depressed state in which the Assembly found itself after the voting in the Committee on Programme and Budget. You could not avoid the impression that even some of the delegates who had voted for the proposal which was accepted would have been happier in their hearts if it had been defeated.

My second reason for raising this matter is that there obviously seems to be some confusion as to the second part of the resolution, which deals with the supplemental working budget to be implemented in case the inactive Members return.

Now, just a few words on the first part of the resolution, that is, the effective working budget. The position, as you know, is quite clear: the Director-General suggested a figure of $11 441 000, the Executive Board suggested a figure of $11 000 000, and finally a figure of $10 700 000 was accepted by the Committee on Programme and Budget. My point is this: the figure which was accepted was not a considered figure. It was not a figure that had been matched point by point against the needs of the
Organization, against the needs of the regional offices, and I submit, Mr President, that if in a national Assembly, a Parliament, a Congress, such an unconsidered figure had been suggested from the floor as the final appropriation for health services, it would have been returned to the proper body for consideration and detailed examination. Before the Assembly takes a decision, I would invite the Director-General to tell us how he is going to handle the situation if this figure is accepted. We do not know it. I should also like to know who is going to undertake the cuts in case the figure is accepted. The Director-General in consultation with the regional directors—will they have to take full responsibility for this most painful process of stopping projects, cutting out new projects, etc., etc.?  

The difference between the Director-General’s suggestion and the figure proposed in the draft resolution is $741 000; the difference between the figure proposed in the draft resolution and the Executive Board’s suggestion is $300 000. These figures may seem small to many countries, especially if you divide them between the 80 Member States of this Organization; in particular they may seem small to certain countries which have taken so great an interest in international health work that they contribute to international health vast amounts through channels other than the World Health Organization. To these countries we would respectfully submit that we are not asking them to increase their contribution towards international health. We are only asking them to channel a very small part of that amount through the body which they themselves have established in the name of all the nations of the world, namely, the World Health Organization, so that that Organization can thrive and grow organically into the expanded work in international health. This money is not lost, Mr President, it pays dividends, and again I submit that it would be very difficult to find any other body which can pay dividends to such an extent as the World Health Organization. We can see that reflected in the increased interest of all the Member countries of the world in the work of the World Health Organization. It was also reflected in the general discussion this year on the increased frustration on the part of the Secretariat, its Headquarters, and the regions which are already feeling now that their working capacity is larger than the budget would allow; and, first and foremost, reduced activities in the various regions.

My delegation, Mr President, would have preferred to vote for the figure proposed by the Director-General, $11 441 000. However, I would be very glad, and I think the whole Assembly would feel happier, too, if we tried to meet, and I would therefore formally move that you replace the figure of $10 700 000 in your draft proposal by the figure of $11 000 000, which is the figure proposed by the Executive Board.

As for the second part of the resolution before us, the part dealing with the supplemental effective working budget to be implemented in case the inactive Members return, something rather remarkable happened in the Committee on Programme and Budget. When the sum of $800 000 was put forward as part of the Japanese/South African/United Kingdom proposal, it was rejected, according to my notes, with 21 votes against, 18 for and 12 abstentions. That makes a total of 51 votes, as against 60 votes counted in the voting immediately before, and 66 votes in the voting which followed. This by itself indicates a certain amount of confusion. The impression of such confusion was strengthened by the fact that when this same figure of $800 000 was voted on as part of the United States proposal, it was carried, and this time by 31 votes for, 27 against, 7 abstentions, and 6 absent: that is according to my notes, which may not be perfectly accurate, but the Secretariat will correct these figures if they are not correct. One of the reasons for this apparent confusion may have been that the various draft resolutions before us in the Committee on Programme and Budget on this point did not have the same wording. I should like now, fellow delegates, to refer you to paragraph 4 of the second report of the Committee on Programme and Budget and to suggest that we simplify the wording of that paragraph to read as follows:

4. DECIDES that the supplemental effective working budget for 1957 established under paragraph 1 (2) above may be implemented only to the extent . . . and now comes the change I am suggesting—to which inactive Members notify the Director-General that they will resume active participation in the work of the Organization as from 1957.

My reason for proposing this is that I do not think we should place inactive Members, when they return, in any position different from that in which we would have placed other Member States. We should not ask more from them, and the present wording is, in a way, a little discriminating. If
Mr Botha (Union of South Africa) : Mr President, the resolution of the Committee on Programme and Budget, if confirmed by the Assembly, would, in its first part, increase the effective budget by almost five per cent., and in its second part by almost thirteen per cent. This would also mean that the budget of WHO will have almost doubled since 1950. The assessments on active Members show an even larger increase over 1956 than this percentage, owing to the reduced casual income available this year. The active Members alone will be called upon to pay sixteen per cent. more in assessments next year than in 1956.

We are all aware that the health needs of the world are virtually limitless; unfortunately, however, the financial resources of Member governments are

Members resume active participation they are, under the Constitution, obliged to pay their contributions, and we must in all fairness assume that they will do so without signing a special document to that effect.

As far as the amount itself is concerned, you will all have noticed that there is no difference between the proposals of the Director-General and of the Executive Board on this point. Both propose that we should adopt, not the figure of $800 000, but that of $1 525 000, for the supplemental working budget. Of course this money will, as a whole, come from the assessments of inactive Members. We have been informed that the amount to be paid by these inactive Members under the conditions accepted by the World Health Assembly would, in fact, considerably exceed the amount of $1 525 000. I would formally move, therefore, that the figure $800 000 in paragraph 1 (2) of the draft resolution be replaced by the figure of $1 525 000.

In conclusion, let me remind you that it has now been stated on several occasions that this Ninth World Health Assembly has been the most harmonious of the World Health Assemblies we have had so far. With a few, and I must say rather painful exceptions, this is true. However, on this, a fundamental point which affects the life and blood of the Organization, its work, its place, its relationship to international health work which is growing everywhere, we have reached no harmonious decision. That is why, in the interests of this Organization, which you all know I have at heart, I am trying here to find a compromise, and I think we can compromise on the figure of the Executive Board, that is, $11 000 000.

The President (translation from the French) : I thank the delegate of Norway for his proposals, which have been noted and to which a reply will be given.

I call on the delegate of the Union of South Africa.

Mr Botha (Union of South Africa) : Mr President, my delegation has already had occasion in the Committee on Programme and Budget to explain the views of my Government, both on the general question of budget levels of international organizations and, in particular, on the level of the budget of the World Health Organization for 1957. I have no intention of repeating them here and, in fact, had no intention of intervening at all in this debate. In view, however, of the attempt that is now being made to reverse the decision taken by the Committee on Programme and Budget, I wish to take just one moment of the Assembly's time to express my delegation's disagreement with any contention that the resolution adopted in the Committee lacks generosity.

Sir, I submit that the Committee on Programme and Budget adopted this resolution after careful consideration and, as far as I am aware, there was no confusion. I listened with interest to the example given by Dr Evang of what, to his mind, seemed to indicate that there was confusion. He referred to the difference between the voting on the figure of $800 000 contained in the Japanese and South African resolution, and the vote on a similar figure in the second part of the United States resolution. May I respectfully point out that at the time the vote was taken and a division was asked for, when the first part of the Japanese/South African resolution had been lost, I took the liberty of intervening and suggesting to the Committee that since the first part of our resolution had been lost, the second part should not be voted upon. It so happened that the gentleman who opposed that suggestion of mine was the same distinguished representative of Norway who now seems to blame us for confusion.

I did at that time feel that the reason why we should not vote on the second part of our resolution was that it was obviously tied to the first part, its subject being even described as a supplementary effective working budget. Now I, like a few of my colleagues, am under a disadvantage in not speaking in my own language; but I was of course forced to learn the English language, and to me the word "supplementary" was taught as meaning "dependent upon". I felt therefore that the supplemental budget had to be tied to the basic figure. Now if a supplemental figure is tied to a basic figure of $10 500 000, and that same supplemental figure is again tied to a figure of $10 700 000, I do submit that the voting on the figure cannot remain the same.

Mr President, the resolution of the Committee on Programme and Budget, if confirmed by the Assembly, would, in its first part, increase the effective budget by almost five per cent., and in its second part by almost thirteen per cent. This would also mean that the budget of WHO will have almost doubled since 1950. The assessments on active Members show an even larger increase over 1956 than this percentage, owing to the reduced casual income available this year. The active Members alone will be called upon to pay sixteen per cent. more in assessments next year than in 1956.

We are all aware that the health needs of the world are virtually limitless; unfortunately, however, the financial resources of Member governments are
not. Consequently, when considering the establishment of the budget level for the year 1957 we are forced to address ourselves to the financial implications to governments. We must ask ourselves whether we can reasonably expect Member governments to accept an even larger increase in their commitments than is entailed by the resolution adopted by the Committee. I submit that, upon reflection, we cannot but conclude that the budget levels suggested in this resolution are high and that, if we bear in mind the further increases that future years are bound to bring, and the cumulative effect of the increases of the budgets of all the sister organizations, then we cannot entertain any proposal for further increasing our budget level beyond the figure proposed by the Committee on Programme and Budget.

The President (translation from the French) : I call on the delegate of Argentina.

Dr Sirit (Argentina) (translation from the Spanish) : Mr President, I had not intended to take part in this discussion as I did not realize—though I should have, inexplicable though it is—that a resolution approved by the Committee would be discussed.

I wish, Mr President, to explain the apparent contradiction between my statements in the Committee in favour of the budget estimates prepared by the Director-General, or, failing that, at least of the budget recommended by the Executive Board, and the vote which I found myself obliged to give as a result of the definite instructions received from my Government.

Personally, I fully support the statements and the principles expressed by the delegate of Norway, even though I regret I cannot support him—because of these definite instructions—in the concrete proposal which he makes regarding the budget figures.

As a member of the Executive Board I supported very heartily also the estimates submitted by the Director-General.

The Director-General is the person who receives applications from all over the world from peoples in need of help to improve their health as the foundation of general well-being, for without health no economic plan can improve the depressed situation in which many countries find themselves because of disease, and any economic plan should have as one of its basic principles the most important, which is the improvement of the health of the population.

We are all agreed that aid must be given to such peoples, both to help them and to co-operate in promoting the well-being of humanity as a whole. I would venture to say also that it not only denotes a sentiment of human, world-wide solidarity, but also constitutes a form of self-defence for the more powerful and civilized countries, since health—this has been said again and again and is worth recalling—knows no frontiers and with the speedy means of communication we possess today it is very easy to communicate disease and to spread the scourges that are continually decimating mankind.

Every country, therefore, wishes, for all these reasons, to help promote the health of the countries which are unable to meet their requirements in this respect out of their own resources. The Director-General receives requests and his staff of eminent experts—specialized in each of the subjects in the wide programme recommended by its Constitution to the World Health Organization—spends days and months in determining by every possible means the necessity and the desirability, for the country in question and for the others, of carrying out a given project. Statistics are studied, data on the local situation are consulted; it is decided that the project should be undertaken; the estimated costs are worked out, and in this effort the World Health Organization expends a store of money and human energy. On the basis of all this work the Director-General formulates his proposals. The Assembly elects an executive body to deal with these reports on its behalf, discuss them and then submit its recommendations to the Assembly. Thus, after thorough investigation, the Director-General submits a proposal for $11 400 000 as a minimum budget—forgive me, gentleman—it seems to me a mere drop in the ocean.

In deference to a majority view that this budget be cut to the minimum possible figure, the Executive Board decides to accept a proposal for $11 000 000, and we come to the Assembly and find that the majority opinion there, and in the Committee of Programme and Budget as well, is in favour of reducing even further this proposal submitted by the Director-General.

All the countries send appeals; many countries have urgent needs; the study is carried out; is revised; the Executive Board, which is the Assembly itself in action, recommends a budget—but, when the time comes to take a vote, all this work is practically useless, and we say to the Director-General: go and see what you can do, but we cannot agree to giving you more than this amount of $10 700 000, which does not amount even to a drop in the sea, in all the seas of the world.

I voted in favour of this proposal and against the attitude which, in my personal capacity as a member of the Executive Board, I was able to adopt in the Board, and against the same attitude as shown in the
Committee on Programme and Budget. I repeat—I did so simply because my Government has found itself obliged to adopt the minimum budget figure.

I asked to speak from this rostrum to tell the first meeting of the Assembly that my Government proposes, as in the case of all the international organizations, to comply fully with the obligations it has undertaken and will give its full support to the World Health Organization, convinced as it is that this is its elementary duty. Unhappily, as you are all aware, my country is in an exceptionally difficult situation. I should not like to let myself at this moment be moved by a feeling which, as an Argentinian, I should suppress, but it is useless to dissemble the fact that in Argentina the system and structure of government have suffered one of the worst eclipses that could befall any country; from the position of a country with one of the soundest economies after the Second World War it has, because of the Government which has brought our country’s governmental structure to this sorry situation of complete eclipse, come to the pass where it is faced with a debt of two thousand million dollars.

Those are the reasons, gentlemen, for the disparity between my views and the line of conduct which I find myself obliged to follow in the discussion of this supremely important problem, which is fundamental to the World Health Organization both as regards its reputation and the efficacy of the functions assigned to it by the governments of the world.

I should like, therefore, in my personal capacity, to appeal to the countries of the world that are privileged to have resources to join with the countries that may ultimately benefit by the implementation of a health programme such as the Director-General has prepared and to approve a budget which represents at least the minimum sufficient to satisfy the needs and the hopes of all these necessitous countries. That is all I have to say, Mr President.

Dr Štampar (Yugoslavia): Mr President, fellow delegates, on behalf of the Yugoslav delegation I have to endorse fully the proposal made by the delegation of Norway. Our delegation is particularly interested in the change of the wording of paragraph 4. In our opinion the wording is discriminatory; and we therefore propose that the words “by the time of the opening of the nineteenth session of the Executive Board” and the last words of the paragraph “and that they will meet their respective financial obligations for that year” should be deleted.

If you read carefully the wording as presented to the Assembly, you will see that it really is discriminatory, because we are dealing with the inactive Members in a different way from the active Members. We have already passed a resolution facilitating their re-entry; and I think it is very important indeed that we should facilitate that re-entry and not discriminate against them. If, for instance, they express the wish to re-enter the Organization by March and not by January, this will of course put them in a rather difficult position. I think we should trust them to come back feeling that they should closely collaborate with the Organization and fulfil their obligations.

I must also remind fellow delegates that we are not applying the same measures to these Members as to other Members of the Organization. You will
I therefore appeal to you again, fellow delegates, at least to approve the recommendation of the Executive Board, as proposed by the delegate of Norway. Perhaps some of you, if we took a vote now, would be in a state of confusion. So I would suggest, Mr President, that this proposal of the delegation of Norway be mimeographed and circulated for us to study before going on to vote on the budget.

The President (translation from the French): The proposal of the delegate of Norway has been mimeographed and will be distributed in a few minutes.

I give the floor to the delegate of Indonesia.

Dr Anwar (Indonesia): Mr President, fellow delegates, I have asked for the floor in order to state that the Indonesian delegation endorses fully the statement made by the honourable delegate of Norway. This Assembly should consider, as the final court of appeal, the urgent needs of the people in many parts of the world, who have to face a further delay in receiving help from WHO. I appeal, Mr President, in the name of the Constitution accepted by all the governments we are representing here. I do so also with the conviction that the role of WHO is more than just giving assistance to individual projects: there is the general catalytic role of WHO, to which I already referred during the general discussion of the Director-General’s Annual Report for 1955 in respect to the various programmes we have started in my own country. It is in the name of my country, and other countries in the same situation as mine who are trying to improve the standards of health of their peoples with the limited means and experience at their disposal, that the Indonesian delegation wishes to join the plea made by the previous speaker.

My country is still in need of the accepted leadership of WHO in the broad field of health, and consequently the Indonesian delegation endorses the additional increase of assessment which would result for Indonesia if the modest increase to $11 000 000 is agreed upon by this Assembly. Because of reasons we all understand, the small casual income available actually is evidence of the willingness of Member States to fulfil their obligations—including payment of their arrears due for the last few years. Moreover, the adjustment of the scale of assessment to the United Nations scale goes beyond the responsibility and control of the Director-General, as stated by him to the Committee on Programme and Budget. For these reasons, the increase in the assessment of many countries would be
considerable. In the case of my country, the increase would be among the highest, namely, over 40 per cent. This is substantially more than would be the case for many other governments in a more fortunate position. Despite the relatively high increase in assessment which an effective working budget of $11 000 000 would entail for us, we ask that the Assembly should accept this modest increase of $300 000 in the budget level for the benefit of the needy peoples in many countries.

As for the amendment relating to the supplemental effective working budget, I have little to add to what the Norwegian delegate has already said. I should like, however, to emphasize that the Executive Board, after its careful and detailed examination of the Programme and Budget Estimates proposed by the Director-General for 1957, including the supplemental budget, did not recommend any reductions whatsoever in the amount of the supplement. From the scale of assessment shown in document A/9/P& B/19, it seems that the assessment of the present inactive Members would be $1 925 920 if the basic effective working budget recommended by the Executive Board, namely $11 000 000, the same that is now proposed by the Norwegian delegate, is accepted. But even with a basic working budget of $11 000 000 we have to realize that the unmet programme requests of governments would still amount to $4 250 000, not including an estimate of $300 000 in case some of the present inactive Members resume active participation in the work of WHO in 1957.

Mr President, my delegation would prefer that the recommendation of the Executive Board now proposed by the Norwegian delegate be adopted by this Assembly, namely, a supplementary provision of $1 525 000, which would still leave a backlog of over $3 000 000. May I remind you, fellow delegates, that this adoption will result in no increase in the assessment of any Member for 1957, whether active or inactive.

Mr President, if this Assembly, as a result of our plea, is willing to accept the proposed increase in the effective working budget for 1957 to $11 000 000, my delegation would wish to propose formally an amendment to the amendment proposed by the delegate of Norway to the second part of the draft resolution, namely, to substitute $1 200 000 for $1 525 000. The Indonesian amendment should then be considered as the amendment furthest removed from the original draft resolution.

In this connexion, the Indonesian delegation also wishes to formally propose that the Norwegian amend-

1 Unpublished
the year. I think any restrictive suggestion would certainly impede the possibility of the inactive Members joining us in the manner in which we wish them to join. We have expressed in a very generous way our intention of welcoming these inactive Members; the resolution that has been passed by this Assembly goes far, I think, to enable them to join. We therefore feel that nothing should be said or done which will in any way inhibit their joining with that amount of good grace and with that amount of appreciation of the attitude that the Ninth World Health Assembly has adopted. I have therefore much pleasure in accepting the suggested amendment of the Norwegian delegation, which reads:

4. Decides that the supplemental effective working budget for 1957 established under paragraph 1 (2) above may be implemented only to the extent to which inactive Members notify the Director-General that they will resume active participation in the work of the Organization as from 1957.

As for the other parts of the resolution, we submit to the will of the Assembly. My delegation and my Government have always accepted without any question and with equanimity whatever the final decision of the Health Assembly may be.

The President (translation from the French): I give the floor to the Director-General, so that he may reply to the various points which have been raised.

The Director-General: Mr President, honourable delegates, it is always very difficult for the Director-General to try to answer the questions put to him in a plenary meeting of this Assembly.

The honourable delegate of Norway has asked the Director-General of the possible effects of the reduction in the budget on the work of the Organization. Mr President, it is very difficult to answer this question because we are not quite sure what will be the subsequent decisions of this Assembly. I will refer the honourable delegates to page 11 of Official Records No. 69, the report of the Executive Board. On that page you will find the different figures of the proposed increase in several parts of the budget of the Organization. If I understood properly the discussion in the Committee on Programme and Budget, the proposal that was accepted provided for statutory salary increments, other statutory staff costs, and the increased costs of continuing activities relating to malaria eradication and atomic energy totalling some $300 000. As you know, the proposal that was approved gives an increase of $500 000, and in this case the Assembly will have to decide what to do with the $200 000 over and above the $300 000 for the expenses just mentioned. The Assembly is going to discuss the details in the Committee on Programme and Budget and of course there is on page 11 of Official Records No. 69, a list of other amounts probably totalling more than $100 000, that will be necessary to cover other expenses at Headquarters—and I am not taking into consideration the proposal that has been approved, subject to the financial possibilities, of establishing new expert committees.

If you add all the other items listed on that page you will see that a little more than $50 000 will be left from this $500 000 for the regions—not for the field work—for the regions, because certain amounts needed for the regional offices and for regional advisers will practically completely cover this $50 000. In a provisional statement I should like to tell the Assembly that the suggested cut of $741 600—that is the difference between the proposal of the Director-General and the proposal accepted by the Committee on Programme and Budget—will have to be made in the regional programmes—and I emphasize, in the regional programmes—because this will affect not only the field but the regional offices, regional advisers, area supervisors, and so forth. If you will apply the same ratio that we apply for the allocations to the regions the reduction will be: for Africa, $91 000; for the Americas, $154 000; for South-East Asia, $148 000; for Europe, $85 000; for the Eastern Mediterranean, $152 000; for the Western Pacific, $109 000.

Mr President, this is the reduction as compared with the programme proposed by the Director-General at the level of $11 441 000. If it is compared with the 1956 level of activities the programme for 1957 will be as follows: the level of activities will be increased in Africa by $76 000; in the Eastern Mediterranean Region by $108 000; in the Western Pacific by $98 000; and a reduction in the level of activities will be applied to the Americas in the amount of $24 000; for South-East Asia in the amount of $69 000 and for Europe in the amount of $11 000.

This refers, Mr President, to the first part of the proposal approved by the Committee on Programme and Budget. In regard to the second part, I have only to call the attention of the Assembly again to a statement made by the delegate of the Union of South Africa that he considers that the increase of $800 000 will be used for increasing the activities of the Organization as planned. I should like to remind the Assembly again that in the proposal of the Director-General $250 000 will be for services for the countries that have resumed participation in the work of the
Organization and $30,000 for increases in the European Regional Office, and in those circumstances, instead of $800,000 you have $520,000 only.

Mr President, I do not want to add anything else. I do not wish to repeat arguments. I saw the emotion of certain delegates in speaking this morning and I am referring especially to the delegate of Argentina, who told us what he had in his heart and what he has had to do because he is under instructions. Mr President, honourable delegates, I consider this a failure on our part to be able to sell to the governments and the people in the countries the importance of giving WHO a chance to do more, to do better, for the health of the world.

The President (translation from the French): The delegate of Indonesia has asked for the floor.

Dr Anwar (Indonesia): Mr President, I have to beg your pardon for asking for the floor a second time. I am fully aware of the confusion I myself have found and I suspect the delegations found themselves in regard to the last part of my speech; and therefore I want to make it clear that the Indonesian delegation, in considering the amendment put forward by the Norwegian delegate, wants to withdraw its proposed amendment to the amendment—but to maintain the proposal that the different parts of the Norwegian amendment should be voted upon separately.

The President (translation from the French): Do any other delegates wish to speak on the points which have just been raised by delegations or by the Director-General in his explanation? The delegate of Indonesia has withdrawn his proposed amendment but has formally proposed twice that a separate vote should be taken on the three parts forming the amendment proposed by the delegation of Norway. Does the Assembly agree to this proposal, namely to take a separate vote on the three parts forming the amendment proposed by the delegation of Norway? Is there any objection? I call on the delegate of the United States.

Dr Scheele (United States of America): Mr President, fellow delegates, we would like to ask for a roll-call vote on those items which have to do with dollar figures. We do not especially ask for a roll-call vote on the change in the text of the resolution, but we do ask for a roll-call vote on the regular budget level and the supplemental budget level.

The President (translation from the French): The request just made by the delegate of the United States is to take a roll-call vote only on the figures in paragraphs 1 (1) and 1 (2).

I shall therefore draw a letter: it is “U”. We shall therefore begin the roll-call vote with the Union of South Africa.

I open the voting therefore on the first part of the amendment proposed by the delegation of Norway, namely, to substitute the figure of $11,000,000 i.e., that proposed by the Executive Board, for the figure of $10,700,000. Are we agreed? I repeat: amending the figure of $10,700,000 proposed in the resolution which you have before you to read $11,000,000, as proposed by the Executive Board. No remarks? The voting will begin.

Which of you are in favour of the proposal of the delegation of Norway to raise the figure to $11,000,000? You will answer “yes” if you are in favour, and “no” if you object, or you can abstain.

A vote was taken by roll-call, the names of the following Member States being called in English, French and Spanish in the English alphabetical order, starting with the letter U.

The result of the vote was as follows:

In favour: Afghanistan, Brazil, Cambodia, Chile, Denmark, Ecuador, Egypt, Finland, Haiti, Honduras, Iceland, Republic of Indonesia, Iran, Iraq, Hashemite Kingdom of Jordan, Lebanon, Liberia, United Kingdom of Libya, Norway, Panama, Peru, Saudi Arabia, Sudan, Syria, Tunisia, Viet Nam, Yemen, Yugoslavia.

Against: Argentina, Australia, Austria, Belgium, Canada, Ceylon, Dominican Republic, France, Federal Republic of Germany, Greece, Ireland, Italy, Japan, Republic of Korea, Luxembourg, Mexico, Monaco, Netherlands, New Zealand, Pakistan, Paraguay, Republic of the Philippines, Portugal, Spain, Sweden, Switzerland, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela.

Abstaining: Burma, China, Ethiopia, Guatemala, India, Israel, Laos, Morocco, Uruguay.

Absent: Cuba, El Salvador, Nicaragua.

The President (translation from the French): The results of the vote are as follows: 28 for, 32 against, 9 abstentions, 3 absent. The amendment proposed to paragraph 1 (1) is therefore lost.

We shall now take the amendment to paragraph 1(2). May I remind you that this amendment proposes to replace the figure $800,000 by $1,525,000. The
letter G has been drawn, so we shall begin voting by the Federal Republic of Germany.

Let me remind you once again that this amendment proposes to replace the figure of $800,000 by $1,525,000. Therefore, as before, you have to vote “yes” or “no” — “yes” if you agree to the proposal to increase the figure to $1,525,000 and “no” if you do not agree. The abstentions, of course, will also be taken into account.

A vote was taken by roll-call, the names of the following Member States being called, in English, French and Spanish, in the English alphabetical order, starting with the letter G.

The result of the vote was as follows:

In favour: Brazil, Burma, Cambodia, Ceylon, Chile, Denmark, Ecuador, Egypt, Ethiopia, Finland, Haiti, Honduras, India, Indonesia, Iran, Iraq, Hashemite Kingdom of Jordan, Lebanon, Liberia, United Kingdom of Libya, Mexico, Morocco, Norway, Panama, Peru, Saudi Arabia, Sudan, Sweden, Syria, Tunisia, Yemen, Yugoslavia.

Against: Argentina, Australia, Austria, Belgium, Canada, Dominican Republic, France, Federal Republic of Germany, Greece, Ireland, Italy, Japan, Korea, Luxembourg, Monaco, Netherlands, New Zealand, Pakistan, Paraguay, Republic of the Philippines, Portugal, Spain, Switzerland, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela.

Abstaining: Afghanistan, China, Guatemala, Iceland, Israel, Laos, Thailand, Uruguay, Viet Nam.

Absent: Cuba, El Salvador, Nicaragua.

The President (translation from the French): Here are the results: 32 for, 28 against, 9 abstentions, 3 absent. Consequently, the amendment is adopted.

We now have to take the third part of the amendment proposed by the delegation of Norway, namely, that dealing with the change in paragraph 4 of the resolution. You have the proposed text before you.

The United States delegation, though it asked for a roll-call vote—which has now been taken—on the first two paragraphs, has not asked for it on this paragraph, so the vote will be taken in the usual way.

Are you ready to vote, therefore, on the change in wording proposed in the Norwegian delegation’s amendment?

Will those in favour of the amendment kindly raise their cards? Those against? Abstentions?

The results of the vote are as follows: for the amendment, 47 votes; against, 9; abstentions, 11; the change in wording proposed in the Norwegian delegation’s amendment is therefore adopted.

We now have to vote on the whole of the resolution as amended in paragraph 1 (2) and paragraph 4 by your earlier votes. Are you ready to vote on the whole of this resolution as amended? Will those in favour please raise their cards. Those against the resolution? Abstentions? The results are as follows: for the adoption of the resolution as amended, 48 votes; against, none; abstentions 19.

I have still to ask you to vote on this report as a whole with the amendments you have just decided upon. Are you in favour of adopting this report? I take it that you are all in favour since you have voted on the various proposals. Are there any objections? The report is approved.

We have finished approving the various reports. The delegation of India has asked to speak.

7. Statement by the Delegate of India

Sir Arcot Mudaliar (India) Mr President and fellow delegates, the Indian delegation invites the attention of this Assembly to the anomaly that has been allowed to be repeated too long in the records of the Organization. I refer to statements contained in Official Records No. 70, pages 17 and 20, and in several other records of the Organization. This is in regard to “special assessments” under China. It will be noted that China has been assessed for $563,010 for 1955 and that the total outstanding as at 31 December 1955 is $3,267,858. Likewise under the Working Capital Fund, a sum of $180,696, that is, the entire amount for the Working Capital Fund, is stated to be outstanding on 31 December 1955. My Government feels that these entries are unrealistic and that it is an illusion to repeat these entries under the heading “China”. My Government has maintained and repeatedly stated that when China is referred to the reference should be to the People’s Republic of China, and these figures, if they have any relevance at all, should be in regard to that State and that Government. My Government has recognized the People’s Republic of China as the Government responsible for the Government of China, and so have several other Member States of the Organization. It is therefore my Government’s view that these facts should be taken note of in future records of the Organization. In this connexion, may I state that my delegation shares the view taken by the delegates of Norway and Yugoslavia at an earlier meeting of this Assembly. My Government wishes it to go on
record that while they have no doubt that the People’s Republic of China would, when it applies for membership of the Organization, find a seat in this Assembly, they wish to make it clear that they cannot be a party to any unrealistic attitude being adopted in future and that these illusory statements should no longer find a place in the records of the Organization.

The President (translation from the French): The statement just made by the delegate of India will be included in the verbatim record of this meeting. Does any other delegate wish to speak? If not, I declare the meeting adjourned.

The meeting rose at 12 noon.

ELEVENTH PLENARY MEETING

Tuesday, 22 May 1956, at 5 p.m.

Acting President: Dr E. de Paiva Ferreira Braga (Brazil)

1. Third Report of the Committee on Programme and Budget

The Acting President: Fellow delegates, first of all I wish with all my heart to thank our eminent President, Professor Parisot, for having invited me to preside over one of the plenary sessions of this august Assembly. It is indeed an honour to substitute for a President who is conducting our work in a most masterly manner. I only wish that, with the kind help and understanding of the honourable delegates, I may be able to perform my duties to the best of my ability.

In the second place, I should like to express to the participants of the Ninth World Health Assembly all my appreciation for their having elected me as one of its Vice-Presidents. I am sure that this high distinction should be considered a recognition of the ever-present interest of Brazil in the growth and development of WHO; and in the name of my delegation I am very pleased to convey to you not only our gratitude but also our most cordial greetings.

The only item on the agenda of the present meeting is the third report of the Committee on Programme and Budget. According to Rule 51 of the Rules of Procedure of the Assembly, reports of main committees need not be read aloud in the plenary meeting if they have been distributed twenty-four hours in advance. As this is not the case, I should like to invite the Rapporteur of the Committee, Dr Anwar, to come to the rostrum and present the report.

Dr Anwar (Indonesia), Rapporteur, read the third report of the Committee on Programme and Budget (for text, see page 385).

The Acting President: I should like to ask the Assembly if it would be willing to consider the different sections of this report successively, i.e., the first section to be discussed first, and then the second and the third?

If this is the wish of the Assembly, I should like to submit for its consideration the first section of this report, which deals with the fixing of minimum educational standards on an international basis for doctors. Are there any comments or observations? If none, I will consider that the Assembly is willing to approve this first item.

The second item deals with future policy on financial support to CIOMS. Are there any observations or comments? If there is no objection to this section, I declare approved this second item of the report.

Then we have the third section, which relates to relations with UNICEF. Any observations? Any comments? I can see that the delegates are willing to approve the report rapidly, so if there are no objections to it I declare this section approved.

It has been the general policy for the President to have the report as a whole approved after its different points had been approved. I should like to hear from the honourable delegates whether there are any objections or comments on the approval of the report as a whole. If there are none, the report is approved.

I thank you for your kind attention. The meeting is adjourned.

The meeting rose at 5.15 p.m.
1. Third Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the French): The meeting is called to order. The business of this meeting includes the discussion and approval of three reports transmitted by the General Committee. You have probably had these three reports distributed to you, but twenty-four hours have not elapsed between the time of distribution and the time of discussion. May I therefore ask you to say whether you would like them to be read in full or whether, having had time to take cognizance of them, you think we could discuss simply the various resolutions they contain. The request for a full reading of the reports need only be made by one delegate for it to be granted.

As no such request seems to be advanced, we shall begin by taking the first report, namely, the third report of the Committee on Administration, Finance and Legal Matters. It contains the following resolutions which I would ask you therefore to consider for discussion and approval:

1. Place of Meeting of the Tenth World Health Assembly

Are there any remarks? If not, I shall consider the resolution as adopted.

2. Approval of Host Agreement with the Government of Denmark concerning the Regional Office for Europe

This resolution has to be adopted by a majority of two-thirds of the Members present and voting, as required by Rule 67 of the Rules of Procedure. Can I take it that you all agree to adopt this resolution? If there is unanimity, a two-thirds majority will certainly be secured. Are there no objections? Then this resolution is adopted unanimously.

3. Agreement defining the Relations between the International Bureau for the Protection of Industrial Property and the World Health Organization

As with the previous resolution, a majority of two-thirds of the Members voting is required. Are there any objections? Can I take it that the resolution is unanimously adopted? It is so agreed.

4. Adoption of Spanish Text of the Rules of Procedure of the Health Assembly

Are there any remarks? The resolution is adopted.

5. Appointment of Representatives to the WHO Staff Pension Committee

Are there any objections? The resolution is adopted.


Are there any remarks? The resolution is adopted.

7. Assignment of Tunisia to the Eastern Mediterranean Region

Are there any remarks? The delegate of Tunisia has asked to speak. I invite him to come to the rostrum.

Mr Jaibi (Tunisia) (translation from the French): Mr President, delegates, ladies and gentlemen, for four consecutive years Tunisia has belonged to the Regional Office for Europe as an Associate Member of the World Health Organization. After a careful and thorough consideration of the question by the Tunisian Government, and for technical and geographical reasons, and because our problems resemble those of the nations in the Eastern Mediterranean, Tunisia has felt it should opt to join the latter regional office, but this gives me a very welcome opportunity of indicating the deep gratitude which the Tunisian delegation feels for the understanding and good will which it has always met from the other delegations in the Regional Office for Europe. In this regional office, and particularly from Dr Norman Begg, the Regional Director, and Dr Montus, Deputy Regional Director, it has received the greatest kindess and most valuable assistance.

Another advantage which it had in the Regional Office for Europe was to be attached to the French delegation, which, as I wish to state here, has helped the Tunisian delegation to take its first steps in the World Health Organization. It is a most agreeable duty for me to express from this rostrum our gratitude...
to the French delegation, and, more particularly, to its distinguished chief, the present President of the Assembly. This assistance has always been most valuable. It has also been completely objective, as I was glad to emphasize in the Committee on Administration, Finance and Legal Matters.

Tunisia will now be a Member of the Eastern Mediterranean Region and it would also like to assure all the Members of that region of its entire good will and its desire to co-operate effectively in the common cause.

The President (translation from the French): Does any delegation wish to speak on the seventh resolution: Assignment of Tunisia to the Eastern Mediterranean Region? Are there any objections to its adoption? The resolution is adopted.

8. Provisional Assignment of Morocco to the European Region.

Are there any remarks? I call on the delegate of Morocco.

Dr Faraj (Morocco) (translation from the French): Mr President, delegates, I am personally grateful to you for having accepted my country’s request that provisionally, and in the interests of a harmonious transition, Morocco should temporarily remain assigned to Europe. My country thinks that next year it may be in a position to ask you to reconsider this assignment. When it does so, it will be for no other consideration than from a desire to co-operate effectively with the various countries. Morocco is also very grateful to the Regional Office for Europe for having given it such a warm welcome, and takes this opportunity of expressing its sincere thanks to Dr Begg and Dr Montus, whose kindness is equalled only by their devotion to the cause of health. In the experimental field the assistance given to my country has been so valuable that we hope to extend its application to the whole country.

These results, however, could not have been obtained if the country had not had already an organized public-health system. It has been built up in the last forty years. For thirty years a fight has been waged against the epidemic diseases, which were becoming cyclic in nature. Typhus, plague and smallpox have completely disappeared. Malaria, which was endemic over much of the country, is tending to disappear; in any case, it is no longer a serious problem.

This has made budgetary resources available for hospital equipment, sanitary teams, maternal and child welfare, research and analytical laboratories, in a word, all the facilities of modern medicine for a country of ten million inhabitants. That is what France has done in Morocco since she took charge of the country’s destinies. We cannot forget it; above all, we cannot forget the services rendered to my country by our French colleagues. The memory of those who died victims of their duty will remain graven in the memory of my compatriots. I myself have for some twenty years had the privilege of participating in this inspiring work which France has done for my country.

To-day our destiny is in our own hands, and public-health and social-welfare work must continue and be completed. In these circumstances, may I be permitted, Mr President, to put to you, on my delegation’s behalf, a few general ideas on this problem of assignment to a region.

The solution of assigning Morocco to the Eastern Mediterranean, which I envisage for the future, though it satisfies logic and sentiment, does not accord with the economic trend and the life of the nations, which care little about logic. Similarly, the decision to assign Morocco provisionally to Europe, more particularly now that the Regional Office is to be transferred to Copenhagen, does not seem to take into account the various aspects of the problem. The questions of interest to the European Office—aging of populations, cardiovascular diseases—do not seem to us in Morocco to be so acutely important at the present stage. Our task is rather to save the younger generation from death, to combat social scourges, to enact social legislation and train qualified personnel.

May I therefore, Mr President, suggest to your Committee and the Assembly to reconsider the question of regional arrangements. In Article 44 of the Constitution we find the following:

(a) The Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization.

(b) The Health Assembly may, with the consent of a majority of the Members situated within each area so defined, establish a regional organization to meet the special needs of such area...

If I understand this wording aright, I infer that a country is not assigned to a particular region once and for all. My delegation, therefore, feels that in connexion with the study which the Executive Board proposes to make on the problem of regionalization, consideration should be given to the possibility of rearranging regions in general and the Eastern Mediterranean Region in particular. This region is a well defined geographical entity. The countries around the Mediterranean basin have almost all
the same public-health problems to solve. They are also children of the same civilization which began in Greece, moved to Baghdad through Iran, then to Cairo, then to Fez and Cordova, from which it spread to the whole of Europe and particularly Italy. If, after the Executive Board has made its study, the Assembly decided to review the present situation, my delegation could, when the time comes, bring the question up again in the interest of achieving an agreement beneficial to all the nations.

In conclusion, Mr President, may I extend from this rostrum the fraternal greeting of the Moroccan people to all the delegations and in particular to those which have supported the cause of Moroccan independence.

The President (translation from the French) : Are there any other remarks on this resolution? If there are not, I shall consider it as adopted.

9. Procedural Problems relating to Constitutional Amendments

I call on the delegate of Belgium.

Mr Geeraerts (Belgium) (translation from the French) : Mr President, on reflection I wonder whether the text of the resolution before us in section 9 fully meets the situation. The resolution reads as follows:

DECAPES for the present to make no addition to the Rules of Procedure regarding the procedural problems related to constitutional amendments.

As far as I know, Mr President, there is, at present, no provision in the Rules of Procedure regarding the procedure to be followed in amending the Constitution. That being so, I find it hard to see how you can add something to nothing. I wonder whether it would not be more correct to say that the Assembly decides not to insert for the time being in the Rules of Procedure any provision regarding the procedural problems related to constitutional amendments.

May I ask the Assembly to consider whether the text I have just read does not meet the point more exactly.

The President (translation from the French) : In pursuance of Rule 50 of the Rules of Procedure of the Assembly, I would ask the Belgian delegate to submit the text of this resolution in writing and to hand it to the Director-General, whereupon his request for a discussion will be granted. I shall adjourn consideration of section 9 of the document.

As the first eight resolutions have been adopted, I think we can propose that the report as a whole, with the exception of the ninth resolution, be considered. Is there any objection to the adoption of the report, less the ninth resolution, which will be discussed later? No objections. The third report of the Committee on Administration, Finance and Legal Matters is therefore approved except for the ninth resolution.

2. Fourth Report of the Committee on Programme and Budget

The President (translation from the French) : We now pass to the fourth report of the Committee on Programme and Budget.1

1. Inter-regional Conference on Leprosy, April 1958

Regarding this resolution the observer of the Holy See has asked for permission to speak and I am sure the Assembly will be happy to hear him. I see no objection and I will therefore ask the observer of the Holy See to come to the rostrum.

Reverend Father de Riedmatten (Holy See) (translation from the French) : Mr President, gentlemen, I thank you for allowing me to address your Assembly on the subject of this resolution. First of all, however, I should like to take this opportunity to tell the President how happy my delegation is—and particularly that member of it who has been at its head for several years—at his election to the Presidency of the Ninth World Health Assembly.

Mr President, you will not be surprised that the observer of the Holy See should intervene at this point in your debates. Other fields than that of leprosy demand vaster efforts and wider activities on the part of your Organization; but Christian charity, following the example of our divine Master, has always felt a special concern for the leper, for there are few diseases which so profoundly affect human dignity and man's natural and deepest aspirations. Banished by society, the leper has for centuries symbolized contagious disease in its most hideous form. Charity alone led men to look after such sufferers as normal human beings requiring every possible care and redoubled brotherly attention because of their distress. If the world has treated lepers as pariahs, it is one of the glories of Christianity that it has lavished particular affection upon them. The names of Father Damien, Carlos Ferris, Pierre Donders, and the still greater name of that saint who was a sovereign of your country, Mr President, caring for lepers in establishments which French charity erected for them far back in

1 See p. 386.
the Middle Ages, are an eloquent proof of this fact.

Now in less than twenty years scientific developments have completely altered the problem of the leper and his treatment. In November 1952 the expert committee confirmed the conquests of science which make it possible in theory to see the end of this terrible scourge. At the seventeenth session of your Executive Board Dr Rodríguez described the new situation in impressive terms: lepers who could be completely cured and easily reached; the fear of contagion removed; life reopening for the leper, for whom segregation will no longer be necessary.

WHO could not fail to be active in a field in which such results were being obtained. Pursuant to the suggestion of the Executive Board, and on the proposal of the Government of Burma, the Committee on Programme and Budget, after lengthy discussion, adopted the resolution which you are now considering and which, by providing for an international conference, marks the first step towards the co-ordination and stimulation which is eminently necessary in this field and for which WHO appears to be exceptionally qualified.

I should like here to assure you that, responsible as it is for a large proportion of lepers at present receiving treatment in all parts of the world, the Holy See and the organizations which depend upon it intend taking all necessary steps to orientate their activities along the lines of the recent progress and new prospects to which I have referred. We do not believe that such a revolution means the dismissal of all who have worked in the field on the pretext that the new methods of treatment call for resources and action which only States or an international body are capable of providing. The new methods make it more than ever necessary to obtain the confidence of the patients; they call for skilled case-finding, perseverance in action, ability to transform public opinion, mobility of medical personnel and auxiliary elements coupled with regularity of examination and treatment, which alone will make it possible to reach all the patients in a given area. The independent or private organizations which have up to now done so much for the treatment of lepers as well as for scientific research would seem eminently qualified—with your help and that of the national governments—to meet at least part of these demands.

No doubt the distress of the leper will lose its spectacular character as a result of the new therapy. If, as is to be hoped, national legislative provisions take into account at an early date the new aspects of this problem, the prolonged—even indefinite—segregation of the leper, with all that that involves, will soon be a thing of the past.

But there is, alas, a more serious segregation which will continue to affect leprosy sufferers unless everything possible is done to prevent it: I mean the segregation which will result from prejudice—a segregation more terrible than that imposed by the law, and even more capable of making life impossible for the persons concerned. The leper or ex-leper will be avoided; he will not be integrated into everyday life; he will not be allowed to pursue an occupation in a normal manner; his children will be removed from him; he will be "taboo". Science and public information will no doubt conquer many of these prejudices; but there are too many effective remedies can be found than the delicacy and persuasiveness which belong to charity—the assurance conveyed by someone who is loved and respected for the courage with which he faced the danger which is no longer present? Technical knowledge will help in this work, for prejudice will disappear when the facts it feeds upon no longer exist. This charity, therefore, to be effective, must gradually concentrate its untiring energy upon the tasks of physical, occupational and social rehabilitation.

The recent Congress held in Rome under the auspices of the Sovereign Order of Malta made this work its theme and the subject of its final resolutions. When receiving in audience the members of the Congress the Sovereign Pontiff summed up the ethics of the new battle against leprosy as follows: "Undoubtedly a question of organization and technique, but even more a question of human sympathy and real love". Organization, technical ability, sympathy, love: the observers of the Holy See present at this world assembly felt that at this turning point in the history of leprosy it was their duty to emphasize these four cardinal elements. Need we say, Mr President and delegates, that these principles will be applied to the 70,000 lepers in the two hundred or so leprosaria attached in various ways to our dicasteries?

It is our hope that the large-scale application of new methods will make it possible to multiply rapidly the scope and efficacy of an undertaking which, strong in its ancient tradition and in the undeniable generosity of its aims, is now drawing new strength from the enthusiasm of those who, after a stubborn battle which was humanly speaking almost hopeless, now feel themselves to be on the threshold of victory—on condition that there is no slackening of vigilance and that they have the necessary competence for the tasks they undertake, conscious of the fact that even if, outwardly, less heroism in risking contagion is involved, nevertheless those who serve
the leper must still be ready to "lay down their lives" for those they love.

The President (translation from the French): Are there any other remarks in connexion with this resolution? Is there any objection to its adoption? It is adopted.


Any objections to its adoption? It is adopted.

3. Reservations to the International Sanitary Regulations

Any remarks? Adopted.

4. Additional Regulations of ... May 1956 amending the International Sanitary Regulations with respect to the Sanitary Control of Pilgrim Traffic

Any objection to its adoption? Do you wish me, for purposes of fuller discussion, to read Article I, paragraph 1, Appendix 2, Annex A, Annex B and paragraph 2, and Articles II, III, and IV? Any remarks or objections? The resolution as a whole is adopted.

5. Additional Regulations of ... May 1956 amending the International Sanitary Regulations with respect to the Form of International Certificate of Vaccination or Revaccination against Smallpox

Has anyone any observation to make in connexion with the five articles and the appendix which are covered by this resolution? There being no remarks, the resolution is adopted.

6. Technical Discussions at Future Health Assemblies

Any remarks? The resolution is adopted.

Has anyone any observation to make regarding the report as a whole? There being no remark, the report as a whole is approved.

3. Fourth Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the French): We will now turn to item 3 of our agenda, the fourth and last report of the Committee on Administration, Finance and Legal Matters. As for the previous reports, we will take the various sections separately.

1. Proposed Amendment to the Constitution to increase the Number of Members entitled to designate a Person to serve on the Executive Board (Articles 24 and 25)

Are there any remarks? Are there any objections to the adoption of this resolution? It is adopted.

2. Rights and Obligations of Associate Members and Other Territories in the World Health Assembly and the Executive Board, and in the Regional Organizations

Any objection? It is adopted.

3. Implementation of Resolution WHA7.33

Any observations? It is adopted.

4. Inequitable Geographical Representation on the Headquarters Staff

No objections? Approved.

I now submit to you the report as a whole. Does anyone object to its adoption? It is approved.

4. Third Report of the Committee on Administration, Finance and Legal Matters (resumed)

The President (translation from the French): The draft resolution submitted by the Belgian delegation is being distributed and I think all delegations now have a copy of the proposed text, which has already been read. I will read both texts—first of all the text of the resolution as presented in the report:

The Ninth World Health Assembly

DECEDES for the present to make no addition to the Rules of Procedure regarding the procedural problems related to constitutional amendments.

The proposed new drafting is as follows:

The Ninth World Health Assembly

DECEDES that, for the present, no provision regarding the procedural problems related to constitutional amendments shall be inserted in the Rules of Procedure.

It is a question of different drafting, and it is never a bad thing to improve upon a text by making it more clear and precise. I think, in application of Rule 62, that this is purely an amendment and that it should be put to the vote with a view to adoption. I invite the delegate of Liberia to come to the rostrum.

Dr Togba (Liberia): Mr President, fellow delegates, I am asking for the floor only for a point of information. I am not quite clear on the amendment proposed by the delegate of Belgium and should like him to explain. Also, since we have had a long debate on this particular issue, and he has brought forward an amendment, I think it requires some time for study. I should therefore like to have some explanation.

See p. 399.
and, if it is agreeable to you, Mr President, I should also like, if we have to vote on this amendment, to defer voting until we have had time to give it full thought.

The President (translation from the French): Are there any other remarks? I will ask the delegate of Belgium to come and give the additional explanations asked for by the delegate of Liberia, but which do not appear to have been requested by other delegates.

Mr Geeraerts (Belgium) (translation from the French): Mr President, I thought that brevity did not exclude clarity. I think I have already pointed out that the purpose of the drafting amendment I proposed was to avoid a certain lack of sense in the text submitted to us under section 9. I can only repeat what I have already said, namely that the text submitted to us under section 9 mentions an addition to the Rules of Procedure, which implies that there are already provisions covering procedural problems related to constitutional amendments, and that it is not intended to make any addition to them. I pointed out that, as far as I was aware, there is in the Rules of Procedure no provision regarding procedural problems related to constitutional amendments, and that it therefore appeared to me logical, at least in French, not to speak of an addition, seeing that it is not possible to add something to nothing. It was for this reason that I proposed a simple amendment of the text to make it say that it was decided not to insert in the Rules of Procedure any provision regarding procedural problems related to constitutional amendments.

I do not know if I have made myself clear this time, Mr President, but I do not think I can explain in any other way.

The President (translation from the French): The delegate of Liberia has also moved the adjournment for more thorough study of this new drafting.

In application of Rule 58, a delegate having requested adjournment, the Assembly must decide the matter. I should be obliged if those delegates who desire adjournment would raise their cards.

Thank you. Will those who oppose adjournment, that is, who desire immediate discussion and vote, kindly raise their cards? Thank you. Abstentions? Thank you.

The result of the vote is as follows: for adjournment, 2; against 39; abstentions 19. The adjournment is therefore rejected.

Are there any other observations? If there are not, I will put to the vote the amendment submitted in the form of a new drafting by the Belgian delegation. Will the delegates in favour of this new drafting kindly raise their cards? Thank you. Against? Thank you. Abstentions? Thank you.

The result is as follows: for, 37; against, 7; abstentions, 15. The amendment submitted by the Belgian delegation is therefore adopted.

It only remains for me to ask for your vote on the whole of the third report of the Committee on Administration, Finance, and Legal Matters, the ninth resolution of which has been amended. Are there any objections? There are none and the report is therefore approved.

This brings us to the end, I think, of the agenda for this meeting of the Health Assembly.

The meeting rose at 3.30 p.m.

THIRTEENTH PLENARY MEETING

Friday, 25 May 1956, at 10 a.m.

Acting President: Dr B. M. Clark (Union of South Africa)

later

President: Professor J. Parisot (France)

1. Fifth and Sixth Reports of the Committee on Programme and Budget

Fellow delegates, I am deeply conscious of the honour you have done me, and through me the Union of South Africa, in electing me one of your Vice-Presidents at this the Ninth World Health Assembly. I am very grateful to you for this honour;
I regard it as a tribute and a gesture of good will to the country which I have the honour to represent, and this I value very greatly. I should also like to express my sincere gratitude to Professor Parisot, our very distinguished President, for inviting me to preside over this plenary meeting.

The first two items on our agenda this morning deal with two reports of the Committee on Programme and Budget. These documents have been distributed to the delegates this morning—that is to say less than twenty-four hours before they are to be discussed. In accordance with Rule 51 of the Rules of Procedure of the Assembly, these reports should be read aloud by the Rapporteur of the Committee if any delegation so wishes. However, as has already been the case in previous plenary meetings, I invite the Assembly to indicate whether it wishes these reports to be read or not. Does any delegation wish these reports to be read? As I see no indication that any delegation wishes, I shall not call upon the Rapporteur to read them, but shall take it that they have been fully studied by all delegations.

We shall first deal with the fifth report of the Committee on Programme and Budget; and here we shall deal with the various resolutions seriatim.

1. **Peaceful Uses of Atomic Energy**
   Are there any observations on or objections to this resolution? If none, it is adopted.

2. **Decisions of United Nations Organs and Specialized Agencies**
   Are there any observations on or objections to this resolution? That not being so, the resolution is adopted.

3. **Approved 1956 Technical Assistance Programme and the Financial Situation for 1956**
   Any observations or objections? Adopted.

4. **Local Costs Arrangements: Expanded Programme of Technical Assistance**
   Observations or objections? Adopted.

5. **Legislative Developments in the United Nations Expanded Programme of Technical Assistance**
   Observations or objections? Adopted.

6. **Planning for the 1957 Technical Assistance Programme**
   Any observations? Adopted.

And now I should like to take the fifth report of the Committee on Programme and Budget as a whole.

Is there any objection to the approval of this report as a whole? As there is no objection, it is approved.

Now we shall pass on to the sixth and final report of the Committee on Programme and Budget.

1. **Appropriation Resolution for the Financial Year 1957**
   Now, fellow delegates, this of course is an extremely important resolution; I think therefore it would be desirable for us to vote on it, and I should be glad to have a vote by show of cards. Those in favour of the adoption of this resolution, will they kindly show their cards? Those against the adoption of this resolution? Abstentions? The Appropriation Resolution for the financial year 1957 is adopted by 48 votes in favour, none against, and one abstention.

We now pass on to the next resolution:

2. **Progress and Evaluation of Production of Typhoid, Smallpox and Triple Diphtheria-Pertussis-Tetanus Vaccines**
   Are there any observations, or objections to the adoption of this resolution? Adopted.

3. **Malaria Eradication**
   Are there any objections or observations on this? Adopted.

4. **Fixing of Target Dates for Starting Inter-regional Co-ordinated Programmes for Malaria Control Leading to Eradication**
   Any observations or objections? Adopted.

And now I should like to take the report as a whole—the sixth and final report of the Committee on Programme and Budget. Any observations, or objections to the approval of this report as a whole? The report as a whole is approved.

2. **Reports of the Executive Board on its Sixteenth and Seventeenth Sessions**

The ACTING PRESIDENT: In accordance with Article 18 (d) of the Constitution, a draft resolution has been distributed this morning in the Assembly Hall, by which it is proposed that the Assembly should take note of the reports of the Executive Board on its sixteenth and seventeenth sessions. I presume that you all have had the opportunity of studying this document, and I therefore propose that the resolution contained in it should be adopted. Are there any observations, or are there any objections to this procedure? As I see no indication of

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1 See p. 389.

2 See p. 391.
observations or comments on this resolution, may I take it that it is adopted? Thank you, the resolution is adopted.\(^1\)

I now wish to announce that all the resolutions that have just been adopted, that is to say, those contained in the fifth and sixth reports of the Committee on Programme and Budget, and the one concerned with the reports of the Executive Board, as well as an index to all the resolutions adopted by the Ninth World Health Assembly, will be distributed to all the delegates in the Assembly Hall very shortly. There will be a short suspension of this meeting, and delegates will have these documents distributed to them in the hall during this short suspension. They will thus be able to leave Geneva with a comprehensive list of the resolutions of the Ninth World Health Assembly. I shall now suspend the meeting and it will be called together again in approximately ten minutes. The meeting stands adjourned.

The meeting was suspended at 10.20 a.m. and resumed at 10.35 a.m.

3. **Tribute to the Late Dr Norman Begg, Regional Director for Europe**

The President (translation from the French): The death of Dr Begg, which was announced yesterday, will have been felt by all of us who knew him not only as a sad loss to the Organization he served so well, but also as a personal loss through the passing of a colleague and friend. I will not here recall the details of Dr Begg’s career—a well-filled one although so short; its broad lines were traced for you by the Chairman of the Committee on Programme and Budget, Dr Jafar. Begg died in his prime, before he could realize all the promise of his strong and lovable personality. Endowed with a remarkable capacity for work, he gave unstintingly of himself in the service of the World Health Organization for more than eight years, first in helping the reconstruction of countries devastated by the war, then in organizing the Regional Office for Europe, which was largely his creation.

With his great lucidity of mind, his intuition, his profound knowledge of health problems, his humane understanding of the principles of social medicine, he presented and directed year by year a programme of action that was ever more closely adapted to the extremely varied needs of his region. Begg was conscientious, thoughtful, prudent in the best sense of the word, courageous in expressing and defending his opinions, generous in his ideas and in his conduct. Modest, reserved in manner, he showed a warm and confiding nature to those who really knew him. We could see these qualities in all his personal relations, in his conversation—where a touch of Scottish humour came out—and in the thoughtful way he listened to others, never evading difficulties or hiding behind vague or incomplete replies.

I had the privilege of receiving him at Nancy when nearly four years ago he came, as representative of the Director-General, to open the debates of the expert committee set up to study the teaching of hygiene and social medicine. For me those few days of warm friendship remain a moving memory.

The esteem and affection in which he was held by his colleagues was very clearly demonstrated by the consternation of the whole staff of the Organization, and especially of the Regional Office, at the news of his death. His deputy—who was bound to him by ties of friendship as well as of work—and the whole band of collaborators with whom he had surrounded himself and who participated intimately in his work and in his preoccupations have, by their deep sorrow, borne witness to the great place he occupied in the life of the Organization and in the affections and esteem of all.

We bow before the sorrow and the courage of his wife, who has surrounded him unremittingly with her loving care during these painful weeks. We offer her and the children whom untimely death has robbed of so strong a support our deep and sincere sympathy. I feel sure you will allow me to express on your behalf to this sorely bereaved family the esteem and admiration we all felt for Dr Begg, and our sorrow at the passing of a man of such high qualities of heart and mind.

I call upon the delegate of Ireland, Dr MacCormack, who will address the Assembly on behalf of the Regional Committee for Europe. I would ask him to come to the rostrum.

Dr MacCormack (Ireland): Mr President, fellow delegates, ladies and gentlemen, it is my sad duty this morning to pay tribute to the memory of a well loved friend and trusted colleague, Dr Norman Begg, whose untimely death has cast an air of sadness over these concluding days of this memorable Assembly.

There are so many fine speakers in this distinguished gathering that you may well wonder, as I did, why I was chosen to do honour to the memory of a great and good man. The explanation is to be found in the

\(^1\) See resolution WHA9.63.
fact that I am a representative of a Member State of the European Region, and my colleagues in the Region chose me to speak for them, because Norman Begg essentially belonged to us. Perhaps my colleagues chose me because I was the first Chairman of the European Region, and I presided at the meeting which elected Dr Begg as our Regional Director. I am grateful to them for this graceful gesture—unworthy as I consider myself to be to pay fitting tribute to one who deserves only the very best. I am no orator, and I am not going to attempt any flights of eloquence. Neither am I going to introduce quotations from the great writers or speakers of bygone ages. Every word I say shall be the simple and sincere expression of my heart, and I think that is the way my friends in the Region would have me speak. It is more befitting to the memory of a man who was himself so simple and unaffected.

I have said that Norman Begg essentially belonged to us, and we were proud to claim him for our own. There was a bond of friendship and understanding between us which nothing could break—a bond that was forged by his own upright, kindly, and lovable personality. He was not demonstrative, but he was sincere, and he rang as true as steel. He engendered trust in everyone with whom he came in contact, and he never failed anyone. No wonder we claimed him jealously as our own, and to a man we were united in the determination that we would not exchange him for anyone else in the world. It is given to few men indeed to inspire such feelings of loyalty, trust, and affection, but Dr Begg did it without trying—he did it by just being his natural self.

The work accomplished in the European Region in the few short years that he was given to us is a fitting monument to the ability of the man. He took over a welter of nations of widely divergent political views, and each one strong in its own age-old nationalism, and proud of its own traditions and beliefs—even in the medical world. In a few short years, he had welded this Region into a homogeneous and harmonious whole, and imbued it with a spirit of cooperation and mutual understanding and friendship second to none in the world. He had no favourites and yet we were all his favourites. He was a profound psychologist and he played on the strings like a master musician. The inter-country programmes he established achieved far more than an improvement in medical techniques and knowledge. They brought about a better understanding between the countries of the Region, and fostered real friendship and mutual understanding. We in Europe owe Dr Begg an eternal debt of gratitude. With his passing we have lost a wise counsellor and a valued friend.

Those of us who live in the more northerly parts of Europe do not like to show our softer feelings in public. When we are hurt we often try to maintain a cold and calm exterior, or even to smile in adversity. None the less the pain is there, and it is often the greater because its expression is repressed. In this sad moment our hearts must all go out in sympathy to one whose loss is more poignant and irreparable than our own—to Mrs Begg, the most perfect partner any man ever had. To her we do indeed extend our sympathy. She shall know that the memory of her husband will live in our hearts as long as we live ourselves, and shall go down as a cherished tradition so long as the European Region exists.

I can best finish, Mr President and fellow delegates, with the prayer of my own faith—“May he rest in peace”. And whatever belief you may hold you will find the equivalent prayer in your own hearts, and re-echo it with mine.

The President (translation from the French) : Ladies and gentlemen, I invite you to stand for one minute in silence as a tribute to the memory of Dr Begg.

The Assembly stood in silence for one minute.

4. Closure of Session

The President (translation from the French) : Gentlemen, the Assembly has finished its work. If there are delegates who wish to speak before I say a few words on the conclusions to be drawn from our work, I shall be glad to have their names. Two delegates have so far put their names down. First of all, the delegate of Lebanon, whom I would ask to come to the rostrum.

Dr Anouti (Lebanon) (translation from the French) : Mr President, this is the first time I have had the privilege of participating in the work of the World Health Assembly, but the Organization’s reputation in my country and the programmes which have been implemented there with the Organization’s help have made me familiar with its activities and aware of the importance of the role it plays in the field of public health throughout the world.

Moreover, on the occasion of the meeting at Beirut of Sub-Committee A of the Regional Committee for the Eastern Mediterranean, I was fortunate in being able to witness at closer quarters the efficacy and extent of the work undertaken by the Organization. As I had the honour of presiding over that regional meeting, I was able to appreciate the perfect
harmony which exists between its various organs and the spirit of honest and sincere collaboration which animates all its Member States.

In its Constitution, the World Health Organization sets itself the aim of leading all peoples to "the highest possible level of health", without distinction of race, religion, political belief, economic or social condition. It thus confirms its universal character and emphasizes the unity of the human race and its right to absolute equality in the enjoyment of legitimate and fundamental rights.

This equality and unity were clearly established by the laws of life itself. It is man who has created divisions and erected barriers between himself and his fellows, separating the human family on the basis of material interests, instead of uniting it in friendship, understanding and co-operation so as to bring about better conditions of peace, well-being and prosperity.

Human solidarity has always been at the root of any society, even the most primitive. First of all, it was established within the limited framework of the clan, for the purposes of ensuring the necessities of life and security. The concept grew, and the nation became the corporate unit. But it was soon apparent that this new structure of society was inadequate: the needs and interests of the various nations went beyond their respective potentialities and, unfortunately, their relations were characterized by mistrust and covetousness. Alliances were formed and groups of nations were constituted, always opposed to one another.

Since the last two wars, a new tendency has begun to make itself felt, and we hear talk of the unity of the human family and of the duty to work for the establishment of that unity in peace and prosperity.

Alas, we do not yet see signs in the world of this spirit of conciliation or of the success of man's efforts to achieve this ideal. Nevertheless, considerable progress has been made in that direction and our World Health Organization is a shining example of this. The mission to which the Organization is consecrated, the ideal it has set itself, are a guarantee of its success; they also prove that the idea of a world united in friendship and in peace is no longer a Utopian dream, but a concrete reality. The tens of thousands of sufferers who have benefited from its services, the vast international projects it undertakes in order to liberate human beings from disease, enable us to cherish bright hopes and to predict better living conditions for all men in a more reassuring future.

This spirit which has animated WHO and which has established its universal and humanitarian character has secured a favoured place for the Organization among its Member States, among the peoples of the world, among all men who have suffered and who still suffer, because they have confidence in it, they are grateful to it, and they set their hopes upon it.

These facts are all so many assurances that we may look to the future with hope and serenity and believe that the Organization will continue on its way with increasing faith, and that the great nations and the other international organizations will profit from its example.

The President (translation from the French): The delegate of Laos has the floor.

Dr Oudom Souvanavong (Laos) (translation from the French): Mr President, fellow delegates, ladies and gentlemen, my principal reason for asking to speak was that I too, Mr President, might be able to offer you my warmest congratulations. You are an eminent figure, engaged in international activities and known the world over; everyone knows and appreciates your high qualities. Moreover, have you not shown them during the many meetings of this Ninth World Health Assembly? Your masterly, firm and pleasant handling of the debates has been admired by all.

But I would wish, through you, Mr President, to salute the noble country of France which you represent so fittingly and with so much distinction. If France today, through you, has the honour of presiding at this Assembly, it is only right that Laos should take some pride in that honour, for we cannot forget, Mr President, that it is to France that we owe our present independence, our admission in 1950 to the World Health Organization, and our more recent admission to the United Nations.

I wish also, Mr President, to express our gratitude to the World Health Organization and to all those friendly countries which have helped us, particularly the United States of America. Thanks to them, the foundations of the public-health services of my country have been laid and campaigns against social diseases have been prepared and conducted.

Fellow delegates, may I also take the liberty of congratulating you upon the pleasant atmosphere of mutual understanding which you have created and which has constantly pervaded our various debates. It is for us most reassuring to find that there has been a real easing of the international situation, and that it is continuing. Small countries like mine can only exist in tranquillity and hope in so far as the great nations live together in peace and concord.
The delegate of Saudi Arabia has the floor.

Mr KHANACHET (Saudi Arabia) (translation from the French): Mr President, fellow delegates, the delegation of Saudi Arabia wishes to take this opportunity of expressing to the Assembly its very sincere thanks and its gratitude for the resolution adopted during this session whereby Annexes A and B to the International Sanitary Regulations are deleted.

By its decision, the Assembly has shown its confidence in Saudi Arabia, and my country hopes to justify that confidence. My delegation would also like to thank the group of experts who visited our country at the beginning of the year, and the Subcommittee on International Quarantine and the Assembly, for their part in bringing about this decision.

The Saudi Arabian delegation wishes too to acknowledge its debt to the Organization for the valuable and efficient assistance it has given unceasingly to our health services in the implementation of the five-year plan established by the Ministry of Health. This assistance is, for us, a guarantee of success.

Through its delegation, Saudi Arabia wishes again to renew its undertaking to collaborate on the international and regional levels in order to provide on its territory the best possible sanitary conditions for protecting the health of the pilgrims. In this task my country will continue to rely upon the help of the World Health Organization, by placing all facilities at its disposal.

Mr President, I would not wish to let this opportunity pass of saying how much we have admired the skill and mastery with which you have presided over the work of this Health Assembly. Those of us who knew Professor Parisot before, knew also that he would again reveal his outstanding personality, whose mind is universally admired. I feel sure, Mr President, that the torch of the Organization which you will pass on next year to your successor will never have burned more strongly or shone more brightly.

The President (translation from the French): Thank you.

Fellow delegates, ladies and gentlemen, now that our work is ending you will, I am sure, allow me to review very briefly the decisions we have taken and to draw from them lessons which, in my opinion, are worth remembering.

I was re-reading yesterday, in the provisional records of the Assembly, the speech in which, at the beginning of our third plenary meeting, I expressed to you, together with my gratitude for the honour done to me, my opinion of the agenda submitted to us. It is with great satisfaction that I note that most of my hopes for a successful outcome of our debates have been fulfilled. On many points, if not on all, hopes have been transformed into certainties; varied and sometimes opposing opinions have been reconciled so that the decisions, which were often unanimous, form a coherent whole.

I should like, fellow delegates, to pay a tribute to your collective success. In comparison with the substantial results obtained and the time and effort that have been expended here, my task—thanks to your competence, your assiduity, your spirit of understanding, your friendly cooperation—has seemed light, and I thank you most sincerely.

It has often been said—and rightly—that the main task of our Assembly is to vote the Organization’s annual budget. Once again this year two opposing tendencies appeared and the conclusion reached by the Committee on Programme and Budget, after long debate, had to be reconsidered and a fresh vote taken in the plenary meeting. I am well aware that our Director-General and the many delegations which approved his budgetary proposals without reservation regret that the limits which most Member States had to fix for their contributions prevented the Assembly from acting in a more open-handed manner. I am, nevertheless, of the opinion that the final decision is not incompatible with normal development of the Organization’s activities.

Certainly, if we had greater resources at our disposal we could do much more, and I hope most fervently that the future will open more favourable perspectives in that direction. It would, however, be a mistake, in my view, to judge our possibilities of developing our work on the basis of a single year’s budget. The general aims as laid down in our Constitution cannot be attained in one or even several years; only by considering them as part of a long-term undertaking can we obtain an accurate assessment of our efforts—bearing in mind always that it would be an error to remain static and that we must build, for today certainly, but also with a view to the future.

On another occasion, by rejecting the proposal made by the Committee on Programme and Budget concerning the credits which would become available if the “inactive” Members again participated in the Organization’s activities in 1957, you adopted in plenary session the proposals of the Director-General in preference to those, more restrictive, put forward by the Committee.

Your resolution seems to me very significant; it demonstrates your desire to use any increase in the
number of contributions for the development of the Organization, and above all it demonstrates our common wish to see those Member States which are to-day cut off from us again associating themselves with our work in the very near future.

This was an act of faith on your part—an act of faith which goes far beyond the budgetary problem. You will allow me here, as your President, to emphasize again how desirable it is for the Organization to resume the universal character that it has lacked for the past few years. The fact that on this point, without debate and unanimously, you adopted the proposals submitted to you by the Special Committee is a clearer proof than any words can be of our common will in this matter; it also seems to me the best possible augury of a favourable way out of the difficulties that have so far beset us.

In my opening address I mentioned that our difficulties in the matter of the universality of the Organization would already be considerably attenuated if you acceded to the requests submitted to you by countries desiring to acquire the enviable status of Member or Associate Member of WHO. This has now been done, and I would renew my congratulations to the delegates here present of the six countries concerned. I am certain that these new Members will not only greatly benefit from their association with the Organization but that they will also by their co-operation make a very valuable contribution to it.

As in previous years, you have reconstituted the Executive Board. You exercised full liberty in the submission of your suggestions to the General Committee, which, after examining them in a thorough and objective manner, proposed to you the nominations that seemed likely to give a well-balanced Board. You expressed your choice by a single ballot. In this matter also the result must be considered from the point of view of overall development of the Organization. Every year there are countries which are not elected, even though they are quite fitted to designate a member of the Board; and many of them have, in fact, been elected a year or two later.

This difficult choice between States whose rights and obligations within the Organization are constitutionally equal is made still more difficult by the progressive increase in the number of Member States while the number of seats on the Board remains unchanged.

A proposal was made to increase this number. You discussed it and decided, for the present, not to adopt the amendment to the Constitution that such a change would imply. If you will allow me to express an entirely personal opinion (which cannot now influence you as your decision has already been made) I would say that an increase in the size of the Board will become necessary at some stage in the Organization's development because—and for no other reason—of the continual increase in the number of Member States towards the universality we all desire.

I do not wish to keep you any longer, but you would think it strange if I were to pass over in silence the emphasis you have placed on technical matters at this session. We have all regretted too often that so much time has had to be given to administrative, legal and financial questions not to rejoice that this year these subjects have occupied a smaller, although indispensable, place. It is significant in this connexion that the Committee on Administration, Finance and Legal Matters completed its work long before the Committee on Programme had exhausted its agenda. I have been particularly impressed by the great interest which the various delegations have shown in exchanges of views on the health policy of the Organization in general, and in particular the health policy that has developed as a result of the increasing activities of the regional offices. The debates on malaria, leprosy and the peaceful uses of atomic energy have been among the most interesting and constructive we have had.

Particular mention should be made here of the discussion on atomic energy, introduced by the Director-General's reports and by an impressive statement by the representative of the International Commission on Radiological Protection and the International Commission on Radiological Units. Your remarks, and your judicious proposals, have demonstrated the interest you take in a subject whose importance and gravity are such as to require the Organization to assume its full responsibilities.

You have approved the steps taken to ensure that the Organization shall be entrusted with its proper share of the combined work of the agencies—both existing and to be set up—which will be concerned with the peaceful uses of atomic energy and which will also have the compelling duty to ensure that work in this field does not endanger the health or the future of mankind.

You have adopted the programme of research and of action prepared and already put into operation by the Director-General. You have strengthened that programme by making constructive proposals, emphasizing in particular the need to improve the technical qualifications of public-health doctors, and to provide the medical profession generally with adequate and appropriate instruction in its role in
In my view, WHO, in addition to the steps it has already taken to provide information and documentation, and to increase knowledge in this field, should also approach the competent authorities and the schools of medicine with a view to ensuring that adequate basic training is given in these subjects: in particular, that, into the normal training in physical medicine, there should be introduced a concern for the protection of health and for the prevention of accidents and organic lesions due to radiation. I will not insist further on this subject; I would only stress the necessity for rapid action by WHO so that its programme of protection may not be overtaken by the ever faster progress which is being made in utilization of this source of energy.

The unanimous approval given by the members of the Assembly and by the Executive Board to the action taken seems to me to indicate that the Director-General has their full support in the orientation and conduct of this new and important mission of the World Health Organization. Nevertheless, this mission is only a part of the Organization's still wider task and responsibility—to watch unceasingly for disturbances which may be produced by progress, so as to guard against any harmful effects they may have; for progress may perhaps succeed in subjugating nature, but it may also upset the delicate balance which is necessary to life.

I have already praised the technical discussions, particularly those we have had this year in which nurses met together with doctors in fruitful and profitable discussions. I, personally, welcome particularly the suggestion that the technical discussions should in future be more completely integrated into our work; this is a clear indication of a development for which we have always hoped, and I believe that this Assembly will be found to have made an important step forward in this connexion.

But above all, gentlemen, the Ninth World Health Assembly has, I feel, been dominated by a spirit of good will, a desire for agreement and for frank and friendly co-operation, which have continually animated you all and which have created that harmony to which several of you have alluded. This will be for me the most striking and the most satisfying memory of the office to which you appointed me.

It is with a particular sense of gratification that I thank you for your efforts, and congratulate you on your success. We have greatly appreciated the unstinting help given by the Vice-Presidents, the Chairmen of the main committees, the representatives of the Executive Board and the members of the General Committee.

I must also mention the valuable support received from the representatives of the United Nations, the specialized agencies, and a great many non-governmental organizations whose attendance at our debates has demonstrated the interest they take in our work.

Finally, I address myself to you, Sir, our Director-General, not in order to congratulate you on your work, for this Assembly has already given you sufficient proof of its esteem and confidence, but in order to express to you my gratitude for the loyal assistance continuously received from you and your collaborators. And, lastly, I would not forget that the smooth running of the heavy and varied work of this Assembly has been greatly facilitated by the devoted work of the Secretariat and by the valuable help of the interpreters.

It is now my agreeable duty to wish you all a safe return to your countries, where you will find awaiting you the national duties which you may seem to have left for a few weeks, but which you have in reality been continuing during your stay in Geneva—because our international activities here have no other aim than the raising of the level of health in our respective countries. (Applause)

Gentlemen, I declare the Ninth World Health Assembly closed.

The session adjourned at 11.15 a.m.
1. Consideration of the Supplementary Agenda

It was agreed to recommend that the plenary Assembly include on its agenda two items on the supplementary agenda: “Correction of the French and Spanish texts of resolution WHA1.133” and “Agreement defining the relations between the International Bureau for the Protection of Industrial Property and the World Health Organization”.

2. Terms of Reference of the Main Committees, including the Proposed Procedure for the Consideration of the 1957 Programme and Budget Estimates

It was agreed to recommend the Health Assembly to adopt the draft resolution contained in resolution EB17.R31 of the Executive Board.

3. Allocation of Items on the Agenda to the Main Committees

It was agreed to recommend that the Health Assembly should allocate the agenda items to the main committees as indicated in the provisional agenda; and that item 12 “Technical discussions at future Health Assemblies” should be discussed by the Committee on Programme and Budget; item 17 “Report of the Léon Bernard Foundation Committee” by the Health Assembly in plenary session, and the two items on the supplementary agenda (see section 1 above) should be referred to the Committee on Administration, Finance and Legal Matters.

4. Notification by the Union of Soviet Socialist Republics concerning Participation in the World Health Organization

The Director-General announced that on the previous day the permanent delegate of the Union of Soviet Socialist Republics in Geneva had informed him that the USSR would not be represented at the Health Assembly. He thought, however, that the item, in view of its importance, should nevertheless be discussed by a committee, so that the Assembly could take a decision as soon as possible.

Dr Scheele (United States of America) was of the same opinion as the Director-General; it was important to define as soon as possible the terms under which the inactive Members would resume active participation in the work of the Organization.

Dr Štampar (Yugoslavia) pointed out that representatives of the Government of Poland were in Geneva and available for consultation; he thought that it would be desirable for them to be present at the deliberations of the committee.

Sir Arcot Mudaliar (India) felt, like Dr Scheele, that a committee should be set up to give general study to the terms under which the inactive Members would resume their participation in the work of the Organization and, in particular, to the question of settlement of their arrears of contributions.

The Chairman also thought that it was necessary to establish general rules which could be applied in future to all cases of the kind. Furthermore, the
different regions should be represented on the committee set up to examine the matter. He therefore suggested that, to save time, the General Committee itself should make the study.

Dr. Scheele (United States of America), Dr. Štampar (Yugoslavia) and Sir Arcot Mudaliar (India) supported the suggestion.

Dr. Jafar (Pakistan) thought that Members not represented in the General Committee might wish to express their views regarding such an important matter, which might give rise to controversy. Any decision should therefore be left to the Health Assembly.

Dr. Turbott (New Zealand) stated that he also was in favour of setting up a separate special committee.

Dr. Evang (Norway) felt that the Health Assembly could make the General Committee itself a special committee—a solution which would have the advantage of avoiding loss of time.

Dr. Jafar (Pakistan) said that it was not for the General Committee to suggest to the Health Assembly that the latter should make it a special committee.

The Chairman suggested a compromise solution: the Health Assembly might set up a special committee consisting of members of the General Committee, with the addition of two or three members chosen in such a way as further to improve geographical representation.

It was so agreed.

The Director-General said that item 7.13 of the provisional agenda, "Notification by the Union of Soviet Socialist Republics concerning participation in the World Health Organization", had been allocated to the Committee on Administration, Finance and Legal Matters; it would now have to be included in the items entrusted to the plenary Assembly for consideration.

After an exchange of views between Dr. Evang (Norway) and Dr. Jafar (Pakistan), it was agreed that the special committee should report direct to the Health Assembly, although that procedure might be modified (e.g., by referring the item to one of the main committees) if difficulties arose.

5. Arrangements for Technical Discussions

The General Committee decided that the opening plenary meeting of the technical discussion would take place on Friday, 11 May, from 9 a.m. to 10.30 a.m. and that the discussion groups would meet on Friday from 10.30 a.m. to 12 noon and from 2.30 p.m. to 5.30 p.m. and on Saturday, 12 May, from 9 a.m. to 12.30 p.m. The date of the final plenary meeting would be fixed the following week.

6. Programme of Work of the Health Assembly and its Main Committees

The General Committee decided that plenary meetings of the Health Assembly should be held on Wednesday, 9 May, at 11 a.m. and 3 p.m. and on Thursday, 10 May, at 10 a.m., and adopted the agenda for those meetings. It also fixed its own programme of meetings and those of the main committees and the special committee of the Health Assembly.

The Director-General asked whether he should invite the representatives of the Government of Poland to attend the deliberations of the special committee.

It was agreed not to ask the representatives to attend the first meeting, which would be purely procedural.

The meeting rose at 10.40 a.m.

SECOND MEETING

Thursday, 10 May 1956, at 12 noon

Chairman: Professor J. Parisot (France)

1. Programme of Work of the Health Assembly

It was agreed to hold a plenary meeting in the afternoon to continue the general discussion on the reports of the Executive Board on its sixteenth and seventeenth sessions, and on the Report of the Director-General on the work of WHO in 1955.

The meeting rose at 12.5 p.m.
THIRD MEETING

Thursday, 10 May 1956, at 6.5 p.m.

Chairman: Professor J. PARISOT (France)

1. Transmission to the Health Assembly of the Report of the Special Committee to consider Item 7.13 of the Agenda and Resolution ER17.R27 of the Executive Board

The General Committee transmitted to the Health Assembly the report of the Special Committee.

2. Addition to the Agenda of an Item proposed by the Government of Pakistan

In accordance with Rule 12 of the Rules of Procedure of the Health Assembly, it was agreed to recommend that the plenary Assembly include in the agenda an item proposed by the Government of Pakistan, entitled “Inequitable geographical representation on the headquarters staff of WHO”.

3. Programme of Work of the Health Assembly and its Main Committees

Dr JAFAR (Pakistan), Chairman of the Committee on Programme and Budget, reported that the Committee had met that day at 3 p.m. and, after electing its officers, had immediately established a Sub-Committee on International Quarantine. It would be unable to proceed with its work until the Health Assembly had completed in plenary session the general discussion of the Executive Board’s reports on its sixteenth and seventeenth sessions and of the Director-General’s Report on the work of WHO for 1955.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland), Chairman of the Committee on Administration, Finance and Legal Matters, explained that that committee had heard a statement by the Assistant Director-General, Department of Administration and Finance, and had begun its examination of the problem of assessments.

In view of the statement by the Chairman of the Committee on Programme and Budget, the General Committee decided that the next plenary meeting should be held on Friday, 11 May, at 5 p.m., so that the main committees could begin their work on Monday, 14 May, and adopted the agenda of the meeting.

It was also decided that the closing meeting of the technical discussions would be held on Tuesday, 15 May, at 9 a.m.

The CHAIRMAN reminded the Committee that the suggestions for the election of Members entitled to designate a person to serve on the Executive Board should be communicated to the Assistant to the Secretary of the Assembly before Monday, 14 May, at 10 a.m. The General Committee could therefore consider the question at its meeting on Tuesday, 15 May.

The meeting rose at 6.30 p.m.

FOURTH MEETING

Monday, 14 May 1956, at 12 noon

Chairman: Professor J. PARISOT (France)

1. Addition to the Agenda of an Item proposed by the Government of Pakistan (continued)

It was agreed to recommend to the Health Assembly that the supplementary item of the agenda (Inequitable geographical representation on the headquarters staff of WHO) proposed by the Government of Pakistan be referred to the Committee on Administration, Finance and Legal Matters.
2. Programme of Work of the Health Assembly and its Main Committees

Dr JAFAR (Pakistan), Chairman of the Committee on Programme and Budget, reported that the committee had begun its review of the work of WHO in 1955 at the morning meeting and proposed to continue the discussion in the afternoon.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland), Chairman of the Committee on Administration, Finance and Legal Matters, stated that the Committee had finished its discussion on casual income and hoped to complete consideration of the scales of assessment in the afternoon.

The General Committee fixed the programme of meetings for Monday, 14 May, and Tuesday, 15 May, and adopted the agenda of the eighth plenary meeting, to be held on Tuesday, 15 May, at 3 p.m.

The meeting rose at 12.10 p.m.

FIFTH MEETING
Tuesday, 15 May 1956, at 11.30 a.m.

Chairman: Professor J. PARISOT (France)

1. Addition to the Agenda of an Item: Assignment to Regions of New Members and Associate Members

The CHAIRMAN announced that the three new Members admitted by the Health Assembly (Morocco, Sudan, Tunisia) had deposited with the Secretary-General of the United Nations their instruments of acceptance of the WHO Constitution and that they could therefore now enjoy full membership rights in the Assembly. The Health Assembly would have to decide to what regions the Members concerned would be assigned. In that connexion, the Chairman called the Committee’s attention to the case of Morocco, which, as an Associate Member, had had two separate parts of its territory assigned to two different regions, i.e., Europe and Africa. He also mentioned that Tunisia had expressed a wish to be assigned to the Eastern Mediterranean Region.

Notwithstanding the provisions of Rule 12 of the Rules of Procedure of the Health Assembly, he proposed recommending to the Health Assembly that the new item on the agenda (Assignment to regions of new Members and Associate Members) be referred to the Committee on Administration, Finance and Legal Matters.

It was so agreed.

2. Programme of Work of the Health Assembly and its Main Committees

Dr JAFAR (Pakistan), Chairman of the Committee on Programme and Budget, having reported that that committee would be able on the following day to begin consideration of the budget ceiling, the General Committee decided that the Committee on Programme and Budget would meet on Wednesday, 16 May, at 10 a.m. and 3 p.m. to examine that item of its agenda. In accordance with the provisions of resolution WHA9.2, paragraph 3, there would be no meeting of the Committee on Administration, Finance and Legal Matters.

3. Election of Members entitled to designate a Person to serve on the Executive Board

The CHAIRMAN drew the General Committee’s attention to Articles 24 and 25 of the Constitution and to Rules 93, 94 and 95 of the Rules of Procedure of the Health Assembly, and invited it to draw up a list to be used for electing Members entitled to designate a person to serve on the Executive Board. In accordance with the usual practice, he proposed, first of all, to take a trial vote to clarify the position. A final vote would then be taken to draw up a list of nine Members for submission to the Health Assembly, and to recommend, out of the nine, six Members whose election would, in the General Committee’s opinion, ensure a balanced distribution of the seats on the Board.

Dr Turbott (New Zealand) and Mr Saita (Japan) were requested to act as tellers.

Dr EVANG (Norway) said that so far Ireland had never been invited to designate a person to serve on the Executive Board; he also announced that he had
been asked by the Ethiopian delegation to inform the General Committee that Ethiopia did not wish to stand for election.

Sir Arcot Mudaliar (India) said the delegation of Ceylon had requested him to make a similar announcement.

A trial vote was taken by secret ballot.

The General Committee then took a final vote by secret ballot for the purpose of drawing up a list of nine members to be proposed to the Health Assembly. The following countries were nominated: India, Canada, Ireland, Syria, Italy, Mexico, Yugoslavia, United Kingdom of Great Britain and Northern Ireland, Nicaragua.

The Director-General drew the Committee’s attention to Rule 94 of the Rules of Procedure of the Health Assembly, which read: “The General Committee shall recommend in such list to the Health Assembly the six Members which, in the Committee’s opinion, would provide, if elected, a balanced distribution of the Board as a whole”. In order to obtain that balanced distribution, it would be desirable to nominate two Members of the Region of the Americas, one Member of the South-East Asia Region, two Members of the European Region and one Member of the Eastern Mediterranean Region.

A vote taken by secret ballot for the purpose of selecting six Members resulted in the following countries being chosen: India, Syria, Canada, Mexico, United Kingdom of Great Britain and Northern Ireland, Yugoslavia.

The meeting rose at 12.55 p.m.

SIXTH MEETING

Tuesday, 15 May 1956, at 3.30 p.m.

Chairman: Professor J. Parisot (France)

1. Programme of Work of the Health Assembly and its Main Committees

The General Committee fixed the programme of meetings of the main committees for Wednesday, 16 May, and Thursday, 17 May, and decided that a plenary meeting of the Health Assembly should be held on Thursday morning, 17 May, to elect the Members entitled to designate a person to serve on the Executive Board.

The meeting rose at 3.35 p.m.

SEVENTH MEETING

Wednesday, 16 May 1956, at 12 noon

Chairman: Professor J. Parisot (France)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted to the Health Assembly, for consideration at its next plenary meeting, 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 Jafar (Pakistan), Chairman of the Committee on Programme and Budget, reported that that committee had completed its consideration of the Director-General’s Report on the work of WHO in
1955 and of several other items, and that it would be able to begin discussion of the budget ceiling the following day.

In the absence of the Chairman of the Committee on Administration, Finance and Legal Matters, Mr Sørensen (Denmark), Vice-Chairman, said the work of that committee was progressing satisfactorily. The General Committee decided that a plenary meeting should be held on Thursday, 17 May, and adopted its agenda.

It also fixed the programme of meetings for Thursday, 17 May.

The meeting rose at 12.10 p.m.

EIGHTH MEETING

Thursday, 17 May 1956, at 11.40 a.m.

Chairman: Professor J. Parisot (France)

1. Programme of Work of the Health Assembly and its Main Committees

The Chairman said that, until it was known when the Committee on Programme and Budget would complete its discussion of the budgetary ceiling, it would not be possible to fix the time of the next meeting of the Committee on Administration, Finance and Legal Matters, and of the next plenary meeting of the Health Assembly, which would decide on the budget level for 1957. He asked the General Committee, therefore, to authorize him to make the necessary arrangements, according to the progress made in the Committee on Programme and Budget.

It was so agreed.

It was agreed that the General Committee would meet on Friday, 18 May, at noon.

Dr Jafar (Pakistan), Chairman of the Committee on Programme and Budget, on being asked to report on the progress made by the Sub-Committee on International Quarantine, said that at its meeting on the previous day the Sub-Committee had set up a working party to consider the deletion of the provisions of the International Sanitary Regulations relating to the Mecca Pilgrimage. The Working Party had met immediately after the Sub-Committee and had disposed of the items on its agenda; it was to meet again that afternoon 5.30 p.m. to approve a draft resolution amending certain provisions of the International Sanitary Regulations.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland), Chairman of the Committee on Administration, Finance and Legal Matters, said that the work of that Committee was progressing very satisfactorily.

The meeting rose at 11.45 a.m.

NINTH MEETING

Friday, 18 May 1956, at 12 noon

Chairman: Professor J. Parisot (France)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted the first report of the Committee on Programme and Budget to the Health Assembly for consideration at its next plenary meeting.

2. Programme of Work of the Health Assembly and its Main Committees

The General Committee fixed the programme of meetings for Friday, 18 May, Saturday, 19 May, and Monday, 21 May; it also decided that, if the report on the technical discussions were received in time for its meeting on Saturday, it would be placed on the agenda of the plenary meeting of the Health Assembly to be held on Monday, 29 May, at 9.30 a.m.

The meeting rose at 12.15 p.m.
TENTH MEETING

Saturday, 19 May 1956, at 1 p.m.

Chairman: Professor J. PARISOT (France)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted to the Health Assembly the second report of the Committee on Programme and Budget and the second report of the Committee on Administration, Finance and Legal Matters, for consideration at its plenary meeting on Monday, 21 May.

2. Transmission to the Health Assembly of the Report on the Technical Discussions

The CHAIRMAN welcomed Dame Elizabeth Cockayne, General Chairman of the Technical Discussions, and asked her to comment on the report before the General Committee.

Dame Elizabeth COCKAYNE, General Chairman of the Technical Discussions, explained that the report began with a short description of the way in which the technical discussions had been organized, and ended with four annexes, embodying four communications, which had constituted the subjects for the group discussions. The report itself was based on the group discussions, which were presented under the following three headings: (1) The role of the nurse in health programmes; (2) The education of the nurse; (3) The administration and effective utilization of nursing services. The group discussion meetings had been summarized at the final plenary meeting by Mrs Leone and Sir Arcot Mudaliar, who had stressed the importance of the technical discussions for nursing services. To conclude, it could be said that the technical discussions had been completely successful and had aroused very keen interest.

At the request of Dr BRAGA (Brazil) a correction was made to his title in the list of group chairmen in the report on the technical discussions.

It was agreed to transmit the report, thus amended, to the Health Assembly for consideration at its plenary meeting on Monday, 21 May.

3. Programme of Work of the Health Assembly and its Main Committees

The General Committee fixed the programme of meetings for Monday, 21 May, and adopted the agenda for the tenth plenary meeting, to be held the same day.

4. Date of Closure of the Ninth World Health Assembly

The CHAIRMAN asked the General Committee, in pursuance of Rule 32 (f) of the Rules of Procedure of the Health Assembly, to fix the date for the adjournment of the Assembly’s session and asked each of the Chairmen of the main committees to state how far their committee’s work had progressed.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland), Chairman of the Committee on Administration, Finance and Legal Matters, said that the Committee’s work was making satisfactory progress. In view, however, of the interest taken by delegates in the technical aspect of the discussions, it appeared unlikely that the Committee would complete its work before Thursday, 24 May.

Dr JAFAR (Pakistan), Chairman of the Committee on Programme and Budget, said that the Committee’s work was making satisfactory progress. In view, however, of the interest taken by delegates in the technical aspect of the discussions, it appeared unlikely that the Committee would complete its work before Thursday, 24 May.

The CHAIRMAN suggested that the closure of the Ninth World Health Assembly should be fixed for Friday, 25 May.

It was so agreed.

The meeting rose at 1.15 p.m.
ELEVENTH MEETING

Monday, 21 May 1956, at 12 noon

Chairman: Professor J. PARISOT (France)

1. Programme of Work of the Health Assembly and its Main Committees

The General Committee fixed the programme of meetings of the main committees for Tuesday 22 May, and decided that a plenary meeting of the Health Assembly should be held the same day, at 5 p.m., to consider the reports transmitted to it by the General Committee at its noon meeting.

The meeting rose at 12.5 p.m.

TWELFTH MEETING

Tuesday, 22 May 1956, at 12 noon

Chairman: Professor J. PARISOT (France)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted to the Health Assembly the third report of the Committee on Programme and Budget and the third report of the Committee on Administration, Finance and Legal Matters, for consideration at the afternoon plenary meeting.

2. Programme of Work of the Health Assembly and its Main Committees

Before inviting the chairmen of the two main committees to report on the work of their respective committees, the CHAIRMAN drew the attention of the General Committee to resolution WHA9.2, according to which the Committee on Programme and Budget should not meet while the Committee on Administration, Finance and Legal Matters was reviewing those parts of the budget which dealt with Organizational Meetings and Administrative Services. He therefore suggested that only the Committee on Administration, Finance and Legal Matters should meet after the plenary meeting at 5 p.m.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland), Chairman of the Committee on Administration, Finance and Legal Matters, approved the Chairman’s suggestion. He added that in the afternoon that committee would continue its discussion on the report relating to the implementation of resolution WHA7.33; the committee still had to consider the geographical representation of staff at Headquarters. It could, therefore, devote the meeting to be held after the plenary meeting of the Health Assembly to the study of those parts of the 1957 budget estimates relating to organizational meetings and administrative services, and to the text of the Appropriation Resolution.

Dr JAFAR (Pakistan), Chairman of the Committee on Programme and Budget, also expressed approval of the Chairman’s suggestion. He stated that the work of the Committee on Programme and Budget was progressing satisfactorily and would probably be completed within the time anticipated.

The CHAIRMAN proposed that both the main committees should meet at the beginning of the
afternoon and that the Committee on Administration, Finance and Legal Matters should meet immediately after the plenary meeting to consider the budgetary matters assigned to it; in accordance with resolution WHA9.2, paragraph 3, the Committee on Programme and Budget would not meet at that time.

*It was so agreed.*

The General Committee agreed with the Chairman that it was desirable for the plenary meetings to be short and to be held at the beginning of the morning or afternoon, so as to interrupt the work of the main committees as little as possible.

*The General Committee fixed the programme of meetings for Wednesday, 23 May.*

*The meeting rose at 12.10 p.m.*

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**THIRTEENTH MEETING**

*Wednesday, 23 May 1956, at 12 noon*

*Chairman: Professor J. Parisot (France)*

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1. **Transmission to the Health Assembly of Reports of the Main Committees**

The General Committee transmitted to the Health Assembly the fourth report of the Committee on Programme and Budget and the fourth report of the Committee on Administration, Finance and Legal Matters, for consideration at the plenary meeting to be held in the afternoon.

2. **Programme of Work of the Health Assembly and its Main Committees**

Mr Boucher (United Kingdom of Great Britain and Northern Ireland), Chairman of the Committee on Administration, Finance and Legal Matters, said that the Committee had held its last meeting that morning, when it had adopted its fourth and final report and transmitted its second report to the Committee on Programme and Budget.

The Chairman congratulated the Chairman of the Committee on Administration, Finance and Legal Matters on the manner in which he had conducted the discussions of the committee and on the speed with which the latter had completed its work. He called on the Chairman of the Committee on Programme and Budget to report on its work.

Dr Jafar (Pakistan), Chairman of the Committee on Programme and Budget, said that the Committee had begun to consider the last item on its agenda and should complete its discussion the following day. If necessary, the Committee would hold an evening meeting to enable it to complete its work in the required time.

*The General Committee adopted the agenda for the plenary meeting to be held that afternoon and decided that the Health Assembly would hold a plenary meeting on the morning of Friday, 25 May to examine the remaining reports. That meeting would be followed by the meeting of closure proper.*

*The meeting rose at 12.20 p.m.*
1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee transmitted to the Health Assembly the fifth and sixth reports of the Committee on Programme and Budget for consideration at the plenary meeting immediately following the meeting of the General Committee.

2. Closure of the Session

Before declaring the session of the General Committee closed the Chairman thanked all its members for the assistance they had given him and the confidence they had placed in him. He also wished to express his sincere thanks to the Director-General and his co-workers, whose aid had been of the greatest value in helping him to carry out his duties successfully.

The meeting rose at 9.50 a.m.
SPECIAL COMMITTEE TO CONSIDER ITEM 7.13 OF THE AGENDA
AND RESOLUTION EB17.R27 OF THE EXECUTIVE BOARD

FIRST MEETING

Wednesday, 9 May 1956, at 5 p.m.

Chairman: Sir Arcot Mudaliar (India)

1. Election of Chairman

Professor Parisot, President of the Health Assembly, declared the meeting open and said that the Committee’s first duty was to elect a chairman.

Sir Arcot Mudaliar (India) was unanimously elected Chairman.

2. Election of Rapporteur

Mr Saita (Japan) was unanimously elected Rapporteur.

3. Item 7.13 of the Agenda and Resolution EB17.R27 of the Executive Board

The Chairman remarked that all were aware of resolution EB17.R27 adopted by the Executive Board at its seventeenth session in regard to the matter under consideration and of the discussion thereon at the morning meeting of the Health Assembly. Representatives from Poland were available to take part in the Committee’s discussions.¹ It might perhaps be better to touch on the general aspects of the question before inviting the Polish representatives to join in the discussion.

Dr Jafar (Pakistan) thought it would be useful if the representative of the Executive Board were to give a summary of what had happened at the Board’s previous session in regard to the matter.

Dr Brady, representative of the Executive Board, explained that the Union of Soviet Socialist Republics had indicated to the Director-General, before the seventeenth session of the Executive Board, that it would like to be represented, in accordance with Rule 3 of the Rules of Procedure of the Executive Board, when the Board discussed the question of the resumption of participation of inactive Members. The USSR had sent representatives to the seventeenth session of the Board; they had assured the Board of the desire of the USSR to resume its participation in the work of the Organization and had asked the Board to decide what the conditions of resumption would be. The Board, for its part, fully conscious of the fact that it consisted of eighteen persons, acting as the executive organ of the Health Assembly in an organization composed of more than eighty Member States, had felt it inappropriate to assume the onus of determining such conditions. It had accordingly adopted resolution EB17.R27, the terms of which were known to all.

The Committee, in its deliberations, might find it useful to review the statement made by the USSR representative to the Executive Board, which would be found in the Board’s records.²

Dr Evang (Norway) felt that the Executive Board had evaded the issue by not making any specific suggestions for the consideration of the Health Assembly, more especially as it had had the opportunity to discuss the matter with the representatives of the USSR.

Dr Brady, representative of the Executive Board, explained that the Executive Board’s attitude had been governed by the fact that any financial proposals

¹ See footnote to p. 13.
² Minutes of the seventeenth session of the Executive Board, tenth meeting, section 1, and fifteenth meeting, section 1
it made might have compromised the ultimate decision of the Health Assembly; in consequence, it had abstained from putting forward any specific alternatives.

The Chairman remarked that it was accordingly the Committee's duty to take up where the Executive Board had left off. He felt that consideration should be directed towards laying down general principles which would apply in all cases, past or future, where participation of Members in the work of the Organization might be suspended.

Mr Geeraerts (Belgium) asked whether, from the statement made at the morning meeting by the President of the Health Assembly (see page 70), it was to be concluded that the USSR had modified, for the moment at least, its previously declared intention to resume participation in the Organization's activities. Perhaps the Director-General could clarify the present position, since the problem under consideration involved a number of moral aspects which should not be overlooked.

The Director-General said that he had received a visit the previous day from the permanent representative of the USSR to the United Nations in Geneva, who had informed him that the USSR would not be represented at the Ninth World Health Assembly. On his recent visit to Moscow, he had been informed that a delegation from the USSR would be present at the Health Assembly.

Mr Geeraerts (Belgium) felt that, in the absence of representation, it was somewhat difficult for the Committee to consider the question of the resumption of participation of any country, and, in particular, the financial conditions to be attached. In those circumstances, discussion of proposals and counter-proposals was ruled out. If the Committee was to take a decision on the matter, he felt that it should lay down certain general principles of action.

The Chairman reminded the Committee that Poland was in the same position vis-à-vis the Organization as the USSR, and representatives from Poland were available for the conduct of negotiations.

The Director-General confirmed that the Polish representatives had indicated this readiness to enter into negotiations, in particular on the question of arrears of contributions.

Dr Jafar (Pakistan) thought the main points at issue were quite clear. The chief obstacle to the resumption of participation of inactive Members was the question of outstanding arrears of contributions.

The USSR was definitely disinclined to meet contributions for the period during which it had taken no part in the Organization's work, although under the Constitution it had continued to be a Member of WHO. There was no question but that the renewed adherence of the countries that had withdrawn would be welcomed by all in the interests of the universality of the Organization. The first point to be considered, therefore, was whether or not those arrears of contributions could be written off.

The Chairman stated that there was obviously no question of forgoing contributions due for the years 1948 and 1949; the question was whether all, or a proportion, or none of the succeeding years' contributions should be exacted.

It might be interesting to recall what another specialized agency had done in similar circumstances. UNESCO had decided, at the eighth session of its General Conference, that similar arrears of contributions should be paid in full, but over a series of years. That arrangement, however, had subsequently run into difficulties.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) said that the Chairman had already made it abundantly clear that the Committee was called upon to discuss not only relations with certain countries but the whole question, whenever it might arise, of how to deal with any Member that might withdraw from the Organization and subsequently desire again to take up its membership. In those circumstances, the Committee would have to be very careful not to create any dangerous precedent.

It was hardly necessary to remind the Committee that successive Health Assemblies had consistently taken the view that withdrawal from participation in the Organization's activities did not mean termination of membership. In fact, inactive Members had been assessed for annual contributions. Accordingly, he could only take the view that that action had been legally correct. Any solution that the Committee might recommend should therefore be within the framework of the decisions already taken, otherwise the action of earlier Health Assemblies might be open to interpretation as wrong.

To take the extreme view, he thought that outstanding arrears of contributions assessed against existing inactive Members should be payable in full. That did not, however, preclude some suitable arrangement for liquidating those arrears. The fact that the solution adopted by UNESCO was not working well did not prejudice its rightness. He would accordingly like to see the Committee deal with the matter on those lines.
Professor Parisot (France) felt that the point raised by the delegate of Belgium called for even further clarification of the position. It had emerged from the earlier discussion in plenary session that the problem was a general one—to lay down general principles that would be applicable in any case where a Member ceased to take part in WHO’s work and subsequently desired to resume participation.

In the second place, once the general principles were laid down judicious arrangements might be made in respect of individual cases, all appropriate circumstances being taken into account.

Mr Geeraerts (Belgium) thanked the previous speaker for throwing light on the issues involved. He was in wholehearted agreement with Mr Boucher that, since the Constitution made no provision for withdrawal from membership, all Members, whether active or inactive, should be liable for assessment. Otherwise, the Organization’s position would be untenable.

On the other hand, the financial problem raised serious implications when a number of inactive Members desired to resume participation. In the circumstances, therefore, would it not be better to envisage a compromise of some sort? Insistence on the letter of the law might merely lead the Organization into difficulties and failure to achieve what everyone desired.

Dr Evang (Norway) felt that previous speakers had not sufficiently stressed the fact that the problem arose out of the fact that WHO was the only international organization in existence which had no provision for withdrawal from membership. The original decision to that effect in 1946 had been based on the feeling then prevalent that the world had reached a stage where such a provision was unnecessary. Time had proved that thinking to be premature and he accordingly considered that once the present situation had been settled the Health Assembly should take steps to amend the Constitution.

The damage resulting from that lacuna could not be repaired by standing on the letter of the law. It was obvious that the Organization and the countries concerned would regard the situation differently. He did not agree with Mr Boucher that practically full payment should be exacted. For the years of participation in the Organization’s activities payment of contributions should be in full, but for the years of inactive membership the amount to be contributed should be decided by friendly discussion with the countries concerned. The varied economic positions of the countries in question made it difficult to establish a general percentage payment; hence, the token payment in each individual case might be decided separately.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland), explaining his position further, said what he had been stressing was not the absence of any provision in the Constitution for withdrawal from membership but the decisions taken by successive Health Assemblies on the absence of certain Members and the financial manipulations that had been decided upon to meet the resulting extraordinary situation. The Committee could surely take no decision in the sense that earlier Health Assemblies had been wrong in their decisions.

Dr Evang had suggested the possibility of amending the Constitution to include provision for withdrawal from membership; all were aware of the difficulty involved in such an action.

The Chairman said there was no question that outstanding contributions should be payable for the years during which the countries concerned had been active Members. The real point at issue was what proportion of the contribution assessed should be accepted for the years during which they had not participated in WHO. Technically the assessments were already fixed, but might not the financial difficulties of some of the countries concerned be taken into account by setting some pro rata contribution? It would, of course, be a bad precedent for the future to waive contributions for those years entirely.

The question of amending the Constitution was wholly outside the Committee’s terms of reference. However, considering the character of the Organization? it was his view that any such amendment would be most unfortunate.

In the past, the World Health Assembly had given sympathetic consideration to financial stringency among its Members and had in some cases agreed to accept token contributions. A similar course of action might be followed in the present case.

The Director-General drew attention to the fact that a decision would also be necessary on the period for which the countries concerned could be regarded as active Members. The USSR had indicated its readiness to pay the assessed contribution for 1948 in full but not the contribution for 1949, the year in which it had withdrawn. Four countries had withdrawn in 1949 and five in 1950. The question of the contribution to the Working Capital Fund was not at issue.

The Chairman said the decision on that matter would depend entirely on the date of the letter of withdrawal.
Dr Jafar (Pakistan) said that some of the inactive Members had taken their stand on the question of payment of arrears of contributions for the years of inactivity not on internal financial difficulties but on the issue of considering themselves withdrawn from the Organization. Where that was the case, the Constitution must be complied with; where a plea of inability to pay was made, that would of course constitute grounds for reconsideration of the assessment.

Dr Evang (Norway) felt it would be undiplomatic to force any country to put forward a specific plea. He fully shared the Chairman's view that there was nothing in the Constitution to preclude the Health Assembly from taking into consideration external circumstances.

The Chairman asked whether the question had been raised during the Executive Board's discussions with the USSR delegation.

Dr Brady, representative of the Executive Board, said the point had not been discussed. The representative of the USSR had intimated to the Executive Board that the USSR intended to meet its obligations towards the Organization from 1946 until its withdrawal in 1949. The USSR representative, on the other hand, had made no mention of any difficulty in meeting financial obligations.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) asked whether the Health Assembly was empowered under the Constitution—by which it was bound—to remit arrears of contributions in respect of years for which Members had been inactive.

The Director-General said he could only refer the Committee to Article 56 of the Constitution, which governed the fixing of annual assessments of Members.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) said that article merely served to confirm his earlier point, namely, that all Members, whether active or inactive, were assessable each year.

Mr Geeraerts (Belgium), although scrupulously respectful of principles, felt that in the present situation rigid adherence to them might jeopardize the possibility of a reasonable solution. It was the absence of any provision in the Constitution for withdrawal from membership that had given rise to the present problem. It seemed to him that as a starting point it should be agreed that the full contribution ought to be maintained for the years 1948 and 1949—even although it was in the course of the latter year that the USSR had intimated its intention of no longer taking part in the Organization's work—and that the full contribution should be payable from the moment the USSR resumed its participation. The whole problem lay in deciding how much the USSR should be asked to pay as a token of its goodwill for the period during which it had remained inactive. That was the core of the problem, and it called for a real show of international collaboration. A compromise solution now was essential to enable the inactive Members to come back to the Organization—an objective which repeated resolutions throughout the period of inactivity had stressed.

The Chairman drew attention to Article 18 (m) of the Constitution, whereby the World Health Assembly, as the supreme governing body of the Organization, was empowered "to take any other appropriate action to further the objective of the Organization". In his opinion, that article provided the possibility of action in any given set of circumstances.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) was unable to accept that view, as making it quite impossible to apply the Constitution. It would not stand the test, he was sure, of a court of law.

Since it had been he who had raised the constitutional problem, he suggested as a way out that if the countries concerned would accept the fact that they had been properly assessed for the years of inactivity and that the outstanding arrears were payable, it might be possible to reach agreement not to invoke the sanctions provided by Article 7 of the Constitution if instalment payments were made.

Dr Stampar (Yugoslavia), recalling the constitutional difficulties which had faced the World Health Organization in 1948, pointed out that they had been successfully overcome because WHO had recognized the paramount importance of making its membership world-wide and had made that principle prevail. He urged the Committee to act on that principle again and appealed for the adoption of a conciliatory attitude in order to place no unnecessary obstacle in the way of the return of the inactive Members. In view of the historic decision which the Health Assembly was being called upon to make, any conditions should be as mild as possible. It was WHO's avowed aim to be universal; without the inactive Members it could never achieve its aim.

He proposed that the Committee ask for full payment of contributions for the years of active
membership and suggest a token payment, to be determined, for the years of inactive membership.

Dr Evang (Norway) seconded the motion.

In reply to Dr Scheele (United States of America), the Chairman assured the Committee that the advances to the Working Capital Fund would be required for all the years under consideration, both active and inactive.

Dr Turbott (New Zealand) asked when and where the Committee considered that the token figure should be determined.

Dr Stampar (Yugoslavia) said that the essence of his proposal was to consult the Polish representatives on the subject before decision on a figure. He thought that once Poland had been welcomed back to active participation, it would not be difficult to reach a decision in consultation with the Polish representatives themselves.

Decision: The Committee agreed:

1. to propose full payment of the contribution for the years during which the inactive Members had been active; and
2. to propose payment of a token contribution for the years of inactive membership.

The Chairman, welcoming the Polish representatives, explained the Committee's views and its desire to be as conciliatory as possible regarding the token contribution. However, the Committee was conscious of its duties under the Constitution. The Polish representatives would appreciate that, although some Member States had become inactive Members earlier than others, it was normal that they should pay the full contribution for all years of active membership. The Committee was considering a token payment for years of inactive membership and would like to hear the views of the Polish representatives before making a recommendation to the Health Assembly.

Professor Kacprzak (Poland) thanked the Committee for its welcome and expressed Poland's earnest wish to resume active co-operation with WHO. He agreed with the Committee regarding payment for years of active membership, whether past or to come, but felt that, whatever the strictly legal view, his country should not be asked for a contribution for years during which it had neither given to WHO nor received its services. He would welcome details of how the Committee would deal with other applications of the same kind.

The Chairman explained that, even in the absence of exchange of services, Member States, however inactive, still shared an obligation to enable WHO to continue its work in spite of the extra financial burden which had fallen and would always fall in such circumstances on remaining Member States.

Professor Kacprzak (Poland) added that he hoped that in the interests of universality WHO would refrain from placing insuperable difficulties in the way of the return of the inactive Members.

The Chairman explained that the friendly discussion which the Committee wished to have with the Polish representatives on the whole subject was intended to prevent the involuntary raising of obstacles.

Dr Stampar (Yugoslavia) said that the token he had in mind would be a very small sum. Could the Polish representatives fall in with the Committee's decision on that assumption?

Professor Kacprzak (Poland) said that he would require time to think the matter over. Had the Committee reached any decision regarding payment for parts of years, as the Polish decision to cease active participation had been notified to WHO on 15 August 1950?

He urged the Committee to bear in mind that Poland's payments to WHO had to be made out of foreign currency from the normal budget of the Ministry of Health. If Poland were to be required to pay too large a sum, she would be obliged to curtail her imports of vital health supplies and equipment. He was sure that WHO would wish to avoid placing his country in the dilemma which that implied.

In reply to the Chairman, he said that whether Poland could agree to make a token payment would depend upon the figure involved. He would prefer to participate in the discussion of the figure, if the Committee was willing.

Dr Stampar (Yugoslavia) said that details of the payments to be made by Poland for years of active membership might be settled between WHO's and Poland's financial experts. He emphasized that the token he had in mind would be very small indeed and would not involve Poland in the dilemma to which the Polish representative had referred.

Dr Díaz-Coller (Mexico) suggested one-twelfth of a year's assessment for each year of inactivity as a basis for discussion.

Professor Kacprzak (Poland) feared that such a figure might be as much as $10,000 per annum.
Dr ŠTAMPAR (Yugoslavia) said that personally he would be willing to accept a very low figure.

Professor KACPRZAK (Poland) pointed out that if Poland had to pay her contribution in full, she would have to transfer some $640,000—a sum clearly beyond her means.

Dr ŠTAMPAR (Yugoslavia) suggested that the Polish representatives might prefer to have time to consider the Committee’s suggestions.

Professor KACPRZAK (Poland) asked for the Committee’s opinion on the payment to be made for 1950.

The DIRECTOR-GENERAL referred the Committee to the report of the Executive Board on its seventeenth session (Official Records No. 68, pages 67 and 68), which contained a statement of amounts due for the years 1948 to 1955 by Members that had not been fully participating. The assessment for 1956 amounted to $114,130.

Professor KACPRZAK (Poland) asked the Committee to bear in mind that, although notification was made only on 15 August 1950, Poland had in fact ceased to receive WHO services from the beginning of that year.

The CHAIRMAN inquired whether Professor Kacprzak could accept the suggestion of the delegate of Mexico in the light of the Director-General’s explanation.

Professor KACPRZAK (Poland) hoped that his country, being the first inactive Member to apply for regularization, would not receive less favourable treatment for that reason.

The CHAIRMAN said that he could not guarantee that the same terms would be offered in all such cases, but he could assure the Polish representative that later applications were unlikely to receive more favourable treatment.

Dr EVANG (Norway) said that, while earnestly desiring the return of the inactive Members, the Committee was also acutely conscious of WHO’s great need. WHO was the poorest of the specialized agencies in relation to its task, and so the Committee was obliged to ask Poland to pay as much as it could to help in that important work.

The Committee had reached no decision on the payment to be made for 1950.

As regards the token payment, he urged the Polish representative to agree to the highest possible figure so that the work of WHO, which was the common interest of all Member States, might benefit as much as possible.

The Committee had reached no final decision on whether to treat all such applications in exactly the same way. It was his personal opinion that WHO would do well to consider each case on its merits and show a certain amount of flexibility.

Mr JURKIEWICZ (Poland) feared that such flexibility might enable some countries to return on less exacting terms than those proposed for Poland unless the Committee adopted some principle to be applied in all cases.

Dr EVANG (Norway) said that that view would certainly be taken into consideration. As soon as agreement had been reached, Poland would be invited to take its place at the current session.

The CHAIRMAN stated that the adoption of the Mexican proposal would involve a payment of $33,210 for the years 1951 to 1955.

Dr TURBOTT (New Zealand) pointed out that the Mexican suggestion was not the Committee’s considered proposal.

Dr ŠTAMPAR (Yugoslavia) suggested that the Committee adjourn to allow time for the Committee to discuss points raised by the Polish representatives and for the latter to consider the Committee’s suggestions.

It was so agreed.

Professor KACPRZAK (Poland) thanked the Committee for according his country a hearing on so important a subject. His team would consider the Committee’s suggestions.

The meeting rose at 7 p.m.
SECOND MEETING

Thursday, 10 May 1956, at 12.10 p.m.

Chairman: Sir Arcot Mudaliar (India)

1. Item 7.13 of the Agenda and Resolution EB17.R27 of the Executive Board (continued)

Mr Geeraerts (Belgium) explained that, owing to the lateness of the hour and other considerations, he had not taken the opportunity at the previous meeting of the Committee to give his views on the proposal that a token payment should be fixed in respect of contributions assessed against inactive Members for the period in which they had withdrawn from active participation in the Organization. In case a satisfactory solution was not forthcoming on the basis of the ideas put forward at the previous meeting, he would like to suggest an alternative in accordance with accepted international usage. Treaties in general, where the validity was not of a fixed duration, usually included a denunciation clause requiring, inter alia, prior notice of withdrawal, the period of prior notice being generally one year. Any signatory availing itself of the denunciation clause retained its rights and remained liable for its obligations under the treaty in question during the period of prior notice of withdrawal. Although the WHO Constitution contained no such provision it was an accepted practice to proceed by analogy and if that were done in the present instance, it would provide an equitable solution and have the additional advantage of avoiding the imposing of burdensome financial charges on inactive Members which wished to return to the Organization. There could be no doubt that the Committee was called upon to lay down a general policy in the matter, to cover both the past and the future. Nor could there be any question that returning Members were liable for the contributions assessed against them for years during which they had participated in the Organization. Moreover, a token contribution should be set for the years of absence. During that time, the remaining Members had borne the brunt of the Organization's activities, which had brought improved health conditions in various parts of the world. The token payment should include acknowledgement of the inactive Members' indebtedness for the progress achieved. It should also meet the point raised by the delegate of the United Kingdom that the inactive Members should acknowledge the legality of the assessments made against them for the years of absence. A further point to be taken into account was that during that period the Organization had built up assets. The token payment fixed should cover all those items, and in addition the cost of supplies to the inactive Members during the period of non-participation.

Perhaps that suggestion might be taken as the basis for further discussion.

Dr Evang (Norway) explained that the intention of his statement at the previous meeting had been to make the Committee's attitude quite clear to the Polish representatives, who were handicapped by the language difficulty. He had mentioned no points that had not been discussed. The Polish representatives' attitude at the previous meeting offered great hopes of achieving positive results in the return of inactive Members. Would it not, therefore, be advisable to take the attitude of those representatives into account in coming to a general decision?

The Polish representatives were concerned that the conditions laid down for the return of Poland to the Organization should be no worse than those fixed for other inactive Members. That being so, the Committee might be led to take a uniform attitude for all.

On the question of the date of withdrawal, he would point out that Poland had waited until August
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1950, presumably in the hope that the abnormal situation then existing would pass, before it had intimated its withdrawal. Was it, therefore, that Poland should be penalized for that?

The overriding consideration in so far as the Organization was concerned was to ensure universality of membership, and that was why he was strongly in favour of a flexible approach to the matter under consideration.

A point of no little importance had been brought to his attention only the previous day, i.e., that for Poland in particular, and probably for most of the other inactive Members, the arrears of contributions to WHO would have to come out of the country’s health budget. It was obvious, therefore, that that would constitute a hardship for countries already short of hard currency for the purchase of essential medical supplies. That fact should also be taken into consideration in any realistic approach to the matter.

The CHAIRMAN suggested that the Committee should first take a decision on whether to adopt a uniform policy applicable to all inactive Members, past or future.

Dr Scchele (United States of America) said he was in favour of that approach, namely, setting a uniform percentage token payment for all. The task would become more difficult if too many considerations were raised. He was not convinced that the question of availability of hard currency was of such importance. He was more or less in agreement with the views expressed by Dr Turbott, but believed that a single percentage figure should be arrived at, covering all the considerations he had mentioned.

It was agreed that a uniform policy should be adopted in respect of payments to be required from inactive Members upon the resumption of participation in the Organization.

The CHAIRMAN suggested that the Committee should now examine general principles.

Mr Geeraerts (Belgium) reiterated his earlier suggestion that the symbolic payment should be placed on a basis generally recognized in international usage. The amount thus determined should not greatly exceed the sum that had originally been envisaged as a symbolic payment, and the method he proposed would enable all cases to be settled in a uniform way without the need for too detailed a consideration of each.

Dr Scchele (United States of America) said there were several other considerations that would have to be faced, such as whether the token payment should be made as a lump sum or should be spread over a period of time. The latter course would have the advantage of spreading the additional resources available to the Organization over a period of years during which their utilization might be more effective. Secondly, the currency of payment would have to be decided, and perhaps the Director-General could give some idea of how soft currency contributions could be utilized.

The CHAIRMAN suggested that the discussion might usefully bear on the following six points:

1. whether inactive Members should pay for the years when they were actively participating, either for part or whole of a given year;
2. whether token payments should be expected because the work of the Organization was continuing and had had to be kept going during the years of absence;
3. whether token payments should be regarded as an acknowledgement of the justice of the assessments made against the inactive Members. The Organization had built up assets during that time which those countries would enjoy, but towards which they had made no contribution;
4. whether token payments should cover the cost of any supplies made to the inactive Members;
5. whether payments should be spread over a period of years; and
6. whether payment should be accepted in soft currencies.

It was agreed that the points indicated by the Chairman should be discussed.

The Director-General called attention, in connection with the period for which the inactive Members might be regarded as remaining in active participation, to the list of countries concerned and their dates of notification of withdrawal given in Official Records No. 68, pages 67 and 68.

Dr Jafar (Pakistan) asked on what date contributions to the Organization normally became due, since in his opinion that was the date that should be used in calculating the liability of the inactive Members.

Mr Siegel, Assistant Director-General, Department of Administration and Finance, said that, in accordance with Articles 5.3 and 5.4 of the Financial Regulations (Basic Documents, seventh edition, page 72), annual contributions and advances to the Working Capital Fund were considered as due and payable in full within thirty days of the receipt of the Director-General’s communication informing
Member States of their commitments in those respects, or as of the first day of the financial year to which they related, whichever was the later.

Accordingly, contributions assessed for the year 1949 would have become due on 1 January 1949, and those for 1950 on 1 January 1950.

Dr Evang (Norway) feared that that type of thinking would lead the Committee into difficulties. To get any fair perspective, inquiry would possibly have to be made into the date on which active Members settled their contributions in relation to the due date. Since most of the notifications of withdrawal had been sent during the first half of the calendar year, a generally acceptable solution might be to fix a payment on a proportional scale for the year in which withdrawal had taken place.

Dr Jafar (Pakistan) suggested that the Committee might use as guidance the practice followed in assessing new Members which had joined after 1 January in any given year.

Mr Siegel referred Dr Jafar to Article 5.8 of the Financial Regulations (Basic Documents, seventh edition, page 73) where it was laid down that new Members were required to make a contribution for the year in which they became Members and to provide their proportion of the total advances to the Working Capital Fund at rates to be determined by the Health Assembly.

Dr Štampar (Yugoslavia) fully endorsed the view expressed by Dr Evang. Not all active Members had in the past paid their due contributions to the Organization, but nevertheless WHO had refrained from imposing sanctions. Poland had become an inactive Member at a relatively late date but should not be penalized on that account. He therefore considered that the inactive Members should be asked to pay only a proportion of the contribution assessed against them for the year of withdrawal.

He again stressed the importance of the issue and the fact that the opportunity should be seized to make the Organization as universal in character as possible. If Poland were to be reinstated at the present Health Assembly, that would constitute a big step forward.

Dr Scheele (United States of America) felt that some consideration had also to be given to the countries that had maintained their membership and paid up their contributions. There was no question of asking inactive Members for immediate payment of their arrears of contributions; payments might be spread over a number of years. Hence the Organization could not be regarded as ungenerous. He accordingly felt it would be eminently fair to apply to a Member which ceased to participate actively in the work of the Organization the same principle as was applicable to an incoming Member, and thus require the contribution for that year to be paid in full.

The Chairman asked whether the Committee agreed that the procedure in respect of the payment of contributions by incoming Members should apply equally to Members which ceased to participate actively in the work of the Organization.

Dr Evang (Norway) said he was unable to accept such a principle, which might even result in closing the door to the return of the inactive Members; he, for one, was not willing to share the responsibility for such an issue to the Committee's work.

It was a sound legal principle to give the benefit of the doubt to the weaker party in any action and, in the present instance, he felt that the inactive Members occupied that position rather than the Organization.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) wished to make his country's view quite clear before the Committee proceeded to vote. The United Kingdom held that the outstanding arrears of contributions of inactive Members were payable in full and that the period over which payment of those arrears should be made was the only real point for negotiation. The period could, at the will of the Committee, be a lengthy one. For that reason, he would abstain from voting on the proposals before the Committee.

The Chairman asked whether the Committee would be prepared to support a proposal that the arrears of contributions and the token payment for the period of absence should be repaid over a period of, say, five years.

Dr Evang (Norway) said he was strongly in favour of a solution which would once and for all solve the question of the financial obligations of the inactive Members. The Organization should try to avoid placing those countries in the awkward situation of being in its debt over a long period of years. The experience of UNESCO in that same respect had not been very encouraging.

The Chairman observed that some of the countries concerned might desire to spread the payments over a period of years.

He proposed to take a vote on the question of the arrears of contributions outstanding for the years of participation. There were two alternative views: (1) that the contribution should be payable in full for
the year of withdrawal; (2) that a proportion of the contribution for that year, to be fixed in accordance with the date of notification of withdrawal, should be payable.

Dr Evang (Norway) asked whether the vote would mean a final decision or whether the Committee would merely use the decision as a basis for negotiation with the Polish representatives.

Dr Turbott (New Zealand) said he was strongly of the opinion that the decision to be taken should be regarded as a fixed principle, not open to reconsideration.

Professor Parisot (France) agreed with previous speakers that a general rule applicable in every case that might arise was required. The general rule should be that contributions should be payable in full for any year in which membership had been partly maintained. Secondly, some accommodation might be agreed upon in respect of particular cases by spreading the settlement of arrears over one or more years, taking account of the financial situation of the countries concerned.

Mr Geeraerts (Belgium) believed that there was no fundamental objection to adopting the basic principle that payment of the contribution was due for any year in which the country had been a Member. Thereafter, account might be taken, in fixing the symbolic payment, of the amount assessed as contribution for a given financial year, but as a point of departure it would be well to have a general principle.

The Chairman asked the Committee to take a decision on the following proposal—that any Member State which had withdrawn from participation in the Organization should be liable to pay the amount of contribution assessed against it for the year of withdrawal and the amount of outstanding contribution for any previous years.

Decision: The Committee decided to recommend the proposal formulated by the Chairman.

The Chairman next asked the Committee whether it would accept that an inactive Member should have the option to spread payment of its due contribution, including the token payment to be fixed, over a period of up to five years.

Decision: The Committee agreed to recommend the proposal formulated by the Chairman.

The Chairman asked for observations on items (2), (3) and (4) of his list of points for discussion (see page 160). Those points might be considered together in deciding the token percentage payment to be asked.

At the previous meeting, the delegate of Mexico had made a specific suggestion in that regard. It had subsequently been pointed out that the assets built up over the years of absence by the Organization constituted a further claim. He would suggest that ten per cent. of the total arrears of contributions assessed against inactive Members during the years of absence might be an acceptable figure.

Dr Turbott (New Zealand) said he would be glad to accept that suggestion.

Dr Scheele (United States of America) remarked that since the payment was to be in the nature of a token, he would be prepared to accept as low a figure as five per cent.

The Chairman said he had no objection to that suggestion.

Dr Braga (Brazil) recalled the Mexican proposal made at the previous meeting. The figure then suggested represented some 8.33 per cent. of the total contributions due and that, he thought, was a fair proportion.

Dr Evang (Norway) supported Dr Scheele's suggestion.

Dr Štampar (Yugoslavia) said he too favoured adoption of the suggestion of five per cent.

Decision: The Committee agreed to recommend that the token payment to be made by inactive Members for their period of non-participation in the Organization's work should be set at five per cent. of the total contributions assessed against each of them for that period.

The Chairman said the remaining question for consideration was the currency of payment.

The Director-General called attention to Article 5.5 of the Financial Regulations, which stipulated that annual contributions and advances to the Working Capital Fund should be assessed in US dollars, and paid in either US dollars or Swiss francs; provided that payment of the whole or part of those contributions might be made in such other currency or currencies as the Director-General, in consultation with the Executive Board, should have determined.

He would remind the Committee of the very great difficulties encountered in utilizing soft currencies for the Technical Assistance programmes of the Organization. He accordingly felt that it would be better to have payments of arrears from the inactive
Members spread over a lengthy period of time and made in US dollars or Swiss francs.

In answer to a suggestion that the matter should be left for settlement to the Executive Board, in consultation with himself, he expressed the view that such negotiations would unduly lengthen proceedings and nullify the hopes that the countries concerned would be able to return to membership within the current year.

Decision: The Committee agreed to recommend that payment of the arrears of contributions of the inactive Members should be made in the currencies laid down in Article 5.5 of the Financial Regulations.

The CHAIRMAN observed that that completed the Committee’s work. Since the conditions which the Committee had agreed to recommend were uniformly applicable to any inactive Member, whether past or future, and were more favourable than those indicated to the Polish representatives at the previous meeting, it would hardly be necessary for the Committee to have further consultation with them. He was ready to get in touch with the Polish representatives and explain the Committee’s decisions, if the Committee so desired.

It was agreed that the Chairman should do so.

The meeting rose at 1.15 p.m.

THIRD MEETING

Thursday, 10 May 1956, at 5.30 p.m.

Chairman: Sir Arcot Mudaliar (India)

1. Consideration of the Draft Report of the Special Committee

The CHAIRMAN asked the Rapporteur to introduce the report of the Special Committee on the ways and means to facilitate the resumption by inactive Members of their rights and obligations and in particular the matter of arrears of contributions of those Members.

Mr Saita (Japan), Rapporteur, read the draft report.

The DIRECTOR-GENERAL suggested the deletion of the words “Ad Hoc” from the name “Special Ad Hoc Committee of the Assembly” appearing in the title of the report.

It was so agreed.

Dr Evang (Norway) proposed the deletion of the words “governing the financial obligations of Members” from the third paragraph of the preamble of the draft resolution recommended for adoption by the Health Assembly. The reason was that “inactive Members”, as they were described by the Organization, might not accept all the implications of such a definition. He wondered also whether it might not be advisable to refer throughout to “former Members” or “countries” instead of “Members”, for that would meet both points of view. He would not, however, press for the adoption of his second proposal.

The CHAIRMAN felt that the second proposal of the delegate of Norway raised important legal considerations.

The DIRECTOR-GENERAL said that at no time had the USSR representative, with whom he had discussed that matter, raised the legal question of membership.

Dr Brady, representative of the Executive Board, said that it was not clear from paragraph 3 of the operative part of the draft resolution recommended by the Special Committee whether the five payments in question included payments to the Working Capital Fund as well as the assessments, or whether they referred solely to the assessments, and the payments to the Working Capital Fund were levied separately.

Mr Siegel, Assistant Director-General, Department of Administration and Finance, said that paragraph 3 of the operative part of the draft resolution referred only to the payments to be made under paragraphs 1 and 2. Paragraph 4, which dealt with payments to the Working Capital Fund, clearly was not included under that provision. Payments to the Working Capital Fund would have to be separate and additional to those mentioned under paragraph 3.
There was, however, a certain amount of ambiguity in paragraph 3 regarding the exact time when the five yearly payments were to begin. He suggested, therefore, that paragraph 3 might be clarified and amended to read:

3. DECIDES that the payments required under paragraphs 1 and 2 above must be paid in US dollars or Swiss francs, and may be paid in equal annual instalments over a period of five years, beginning the year active participation is resumed, if the Members concerned wish..."

It was so agreed.

The CHAIRMAN wished to acquaint the Special Committee with the conversations which he, and later the Director-General, had had with the representatives of Poland. The latter had first tried to reopen the question of currency and he had made it quite clear to them that the Special Committee had taken a definite stand in the matter in the interest of uniform practice.

The Polish representatives had then raised the question of the period of repayments and had pointed out that UNESCO had agreed on a period of twelve years. He had pointed out that the currencies of payment to UNESCO were different but had told them that he would refer that question to the Special Committee.

A further question was whether Poland should join in the current year or wait until January 1957. If it joined in 1956 its financial obligations would be greater and would amount to approximately $114,000. If, on the other hand, Poland joined in 1957, its financial obligations would be that much smaller. Ultimately the Polish representatives had expressed the desire to discuss that problem with the Director-General and he accordingly had invited the latter to join in the talks.

The DIRECTOR-GENERAL said the Polish representatives had asked him what benefits would accrue to Poland from joining in 1956. He had explained to them that Poland would be able to start participating immediately in certain activities of the European Region and in the Regional Committee which was to meet in September to discuss the programme for 1958. He had informed them that he had reported to the seventeenth session of the Executive Board on the possibility of having to submit a supplemental programme and budget for 1956 to provide for urgent requirements of assistance to the countries rejoining the Organization during the current year, but he could not tell them what the ultimate decision of the Health Assembly would be in the matter of such a supplementary programme and budget for 1956. The first thing, however, was to know whether Poland intended now actively to participate in the Organization's work and, if so, what services it would require. He believed that no special arrangements would be required for regional programmes, since those projects had been included in the 1956 programme he had presented to the Eighth World Health Assembly. The Director-General believed that it would be difficult to envisage many country projects beginning in 1956 for Poland, because of the time, personnel and supply factors involved.

Further, he would find it extremely difficult to provide services other than those already authorized, within the limits of the resources placed at his disposal by the Eighth World Health Assembly.

The CHAIRMAN said that he had promised the Polish representatives to raise the question of the period of five years again. He had warned them, however, that it was very doubtful that the Special Committee would reconsider any other matter. It would be for Poland to decide whether to join now or in 1957. That was a decision facing all the Members which had been inactive.

Mr. CALDERWOOD (United States of America) thought that the main problem was to agree on a certain fixed period of time.

Dr. STAMPAR (Yugoslavia) felt that the Organization should do its best to facilitate the re-entry of inactive Members and suggested that the period for payment of contributions in arrears should be extended to ten years.

The DIRECTOR-GENERAL said that UNESCO had treated countries in different ways: in some cases the period was ten years and in others it was twelve.

Mr. GEERAERTS (Belgium) said that the periods in UNESCO were different, but so too were the amounts involved. He felt it would be highly inadvisable to court failure because of a question of a few years.

The CHAIRMAN said that the real difficulty was the question of hard currency. As regards the time, he thought that Poland would accept ten years. He suggested that the Special Committee might agree on the following wording: "not exceeding a period of ten years". That would be the recommendation of the Special Committee.

It was so agreed.

The meeting rose at 6:5 p.m.
COMMITTEE ON PROGRAMME AND BUDGET

FIRST MEETING

Thursday, 10 May 1956, at 3 p.m.

Chairman: Dr M. JAFAR (Pakistan)

1. Opening of the Meeting

The CHAIRMAN expressed his appreciation of the honour done him by the Health Assembly in electing him Chairman of the Committee. He welcomed the representative of the Executive Board and those of the United Nations and of the other specialized agencies, as well as the representatives and observers of intergovernmental and non-governmental organizations.

Dr SUTTER (Assistant Director-General, Department of Advisory Services), Secretary, explained that the seventh edition of Basic Documents, including amendments approved by the Eighth World Health Assembly and the Executive Board at its seventeenth session, was not yet available in Spanish, as the Spanish text of the Rules of Procedure of the Health Assembly was still to be considered by the Committee on Administration, Finance and Legal Matters, and that of the Rules of Procedure of the Executive Board was to be discussed at the next session of the Board. The sixth edition in Spanish was, however, at the disposal of delegates, and, with the exception of the above-mentioned texts and a few Technical Assistance resolutions, was still valid.

2. Election of Vice-Chairman and Rapporteur

Agenda, 6.1

The CHAIRMAN noted that the Committee on Nominations in its third report had recommended that the Committee should elect as its Vice-Chairman Dr Turbott (New Zealand) and as its Rapporteur Dr Anwar (Indonesia).

Dr LE-VAN-Khai (Viet Nam) supported that recommendation.

Decision: Dr Turbott and Dr Anwar were elected unanimously to those offices.

3. Terms of Reference of the Committee

Dr GEAR (Assistant Director-General, Central Technical Services), Secretary, read out the terms of reference of the Committee as given in resolution WHA9.2. The agenda (see page 50) including the supplementary items, had been adopted by the Health Assembly in plenary session, items 6.1 to 6.18 and item 12 being referred to the Committee on Programme and Budget.

4. Establishment of a Sub-Committee on International Quarantine

Agenda, 6.8.1

The CHAIRMAN drew attention to the fact that the previous year the Eighth World Health Assembly had adopted a recommendation made by the Executive Board in resolution EB15.R66 and established a sub-committee to deal with international quarantine matters. He inquired whether the Committee wished to establish a similar sub-committee at the present session.

Decision: It was unanimously agreed to establish a sub-committee of all delegations to consider international quarantine matters.1

The meeting rose at 3.20 p.m.

1 The minutes and report of the Sub-Committee on International Quarantine are published in the supplement to this volume, Official Records No. 72, Part III.
SECOND MEETING

Monday, 14 May 1956, at 10 a.m.

Chairman: Dr M. Jafar (Pakistan)


The Chairman, noting that a general discussion of the Report (Official Records No. 67) had already taken place in plenary session, suggested that the Committee should proceed at once to discuss it chapter by chapter.

Dr Evang (Norway) inquired whether it would not be possible for the two Assistant Directors-General responsible for the technical aspects of WHO's work to make a statement on behalf of the Director-General similar to that submitted to the Committee on Administration, Finance and Legal Matters by the Assistant Director-General, Department of Administration and Finance (see page 292). Such a condensed evaluation might help delegates taking part in the general discussion, and might simplify the work of the Committee.

The Chairman pointed out that the Director-General's very complete introduction to the Report in itself constituted a statement similar to that provided by the Assistant Director-General, Department of Administration and Finance. If, however, the Committee required a further survey, he would request the Assistant Director-General, Department of Central Technical Services, to prepare one.

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, said the appropriateness of an introductory statement of the kind proposed by the delegate of Norway had been considered. It had been customary, however, to accept the outline of work given by the Director-General himself in plenary session as serving the purpose for the Committee on Programme and Budget. If the Committee wished, he would prepare a statement for delivery at a later meeting.

Dr Evang (Norway) replied that he would not press the point at the present session, but thought it could be considered for future sessions. The Director-General was responsible to an equally high degree for the activities in the charge of the three Assistant Directors-General. Since one of the Assistant Directors-General presented such a clear report, a greater balance would be achieved between the departments if the other two were also given an opportunity to express their views on behalf of the Director-General.

Chapter 1: Communicable Diseases

Referring to the third paragraph under the heading Influenza, on page 11 of the Report, Dr Evang (Norway) inquired whether the possibilities against which the Influenza Centres had been warned had actually occurred. He ventured a warning against warnings, which frequently did not reach the press or the public of the country concerned.

Dr Coggshall (United States of America) paid tribute to those who had developed the five-year plan for malaria eradication, an admirable programme which was certain to be attended with success. He made a plea, however, to countries in which, owing to improved methods of dealing with it, the disease was passing from the scene, not to become complacent, but to retain their interest in the research side.

Professor Julius (Netherlands), with reference to the paragraph on page 5 of the Report dealing with the International List of Venereal-Disease Treatment Centres in Ports, inquired whether any progress had been made in the proposed revision of the Brussels Agreement as such, whether it was in preparation and, if not, what the exact situation was.

On the criteria which should determine any decision on the use of poliomyelitis vaccines (page vi of the Introduction to the Report), he suggested that it might be useful to take into account the duration of immunity, as only if that was known could any other evaluation be of real use.

Dr El Halawani (Egypt) said that the endemicity and epidemicity of communicable eye diseases in his country had already stimulated extensive research work in preventive ophthalmology. The results
achieved in that field had been circulated all over the world and had been communicated to the World Health Organization. A pilot project, which had nearly completed its first year, had been started in the Calioub training area with a view to evaluating the different methods adopted in those Egyptian villages where the disease was most prevalent. A two-year programme had been agreed upon by WHO, through its Regional Office for the Eastern Mediterranean, and UNICEF on one hand, and the Egyptian Government on the other. Methods of mass prophylaxis and mass treatment of endemic and epidemic eye diseases had been tested in detail. The economic and social aspects of the question had been studied at the same time as the medical. A new section within the Ophthalmic Department specializing in control of communicable acute and chronic eye disease had been set up by the Ministry of Public Health, and had started work in the current year in co-operation with the Calioub team. It was hoped that by the time the new project was concluded extensive data would be available for the control of ophthalmia, so widespread in his country.

On the basis of the experience gained, the Egyptian Ministry of Public Health was starting similar activities in other selected areas of the country. He drew attention, however, to the fact that from the beginning the virological and bacteriological aspects of the work had been deficient. The Memorial Institute for Ophthalmic Research at Giza had done its utmost to fill the gap; and WHO had granted a fellowship in virology to a member of the institute as well as delegating an eminent international virologist to supervise the work. But the year spent by the virologist in Egypt had not been sufficient to raise the work to the necessary standard. The Egyptian delegation therefore strongly recommended that that aspect of the problem should be taken into consideration.

The preliminary arrangements for the project at Calioub had been followed with extreme interest by the countries of the Middle East where trachoma was endemic, and WHO had encouraged that interest by organizing a two-month course in trachomatology at the Giza research institute in 1953, attended by a large number of ophthalmologists from the Middle East countries who had received WHO fellowships to study trachoma in Egypt. As a result of these exchanges of scientific information, a great deal of knowledge on eye diseases had been gained by his country. He therefore suggested that before the conclusion of the Calioub project other similar courses should be organized. They would be of great benefit to Egypt, which was engaged in planning a large-scale campaign against communicable eye diseases.

Dr Yamaguchi (Japan) wished to comment on tuberculosis surveys, which he said should be the basis of tuberculosis control. Owing to the rapid improvement in methods of treatment, the death rate from that disease had decreased remarkably in Japan during the past ten years; there was, however, no definite proof of decrease in the number of tuberculosis cases. Estimates based on the international method of multiplying the number of deaths per annum by a fixed coefficient were no longer considered valid. Therefore, in order to set up an adequate control programme, the Japanese Government had made a nation-wide survey of tuberculosis in 1953, the results of which had been published in the Bulletin of the World Health Organization. The country had been divided into a number of unit areas of approximately 50,000 inhabitants, and tuberculin testing, x-ray examination, sputum examination, interview, inspection and physical examination carried out. The average prevalence of tuberculosis cases had been found to be high: 6.1 per cent. Details set down according to age, sex, areas, occupation, pathological findings, etc., could be found in the number of the Bulletin to which he had referred. In 1954 a thorough survey had been carried out on the same persons who had been examined in 1953 and the percentage of newly developed cases among those described as healthy in the previous survey had been 0.4 per cent. In 1955 a new follow-up survey had been carried out and the following percentages obtained for the two years covered: 23.5 per cent. improved, 60.9 per cent. unchanged, 13.3 per cent. worse, and 1.1 per cent. dead. On the other hand, cases newly discovered in 1954 showed a marked improvement: 68.5 per cent. improved and only 7.4 per cent. worse. The figures he had quoted showed the importance of early diagnosis.

Dr Anouti (Lebanon), referring to poliomyelitis, said it was a rare disease in Lebanon. The few isolated cases had been reported in 1933 and the incidence had remained unchanged until 1952, when in the late summer 58 cases had been reported. The epidemiological survey carried out had not succeeded in tracing their origin, although mention should be made of the arrival at the end of 1952 of a family from abroad, which had been reported a week late to the Ministry of Health. From that date, cases of poliomyelitis had increased disturbingly: In 1953

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1 Bull. Wld Hlth Org. 1955, 13, 1041
twenty-five cases had been reported, in 1954 fifty cases, and in 1955 thirty cases. Water, insect vectors, refuse and sewage were estimated to have played an important part in those manifestations of the disease. All the prophylactic measures proposed in the first report of the Expert Committee on Poliomyelitis 1 had been put into application in Lebanon. Moreover a well-equipped centre of re-education and rehabilitation, with an attached social service, had been set up under the auspices of the Ministry of Health and with the assistance of UNICEF and WHO.

The Ministry of Health was keenly interested in the work of the experts on poliomyelitis vaccination and hoped the time would soon come for vaccination to be put into general use. His country would be happy to collaborate in supplying the epidemiological information needed, and hoped to obtain the necessary antigens from the World Health Organization.

Dr AL IMARI (Iraq) said that pulmonary tuberculosis was the principal social, medical and public-health problem in his country. A number of factors contributed to its prevalence: malnutrition, lack of education, low standard of hygiene, etc. Bovine tuberculosis was infrequent and could be ignored as a cause of the disease, but the glandular and bone forms were common. Although hospitals had been established to deal with tuberculosis, many more were needed and government plans were being made to set up tuberculosis hospitals in each of the fourteen districts of Iraq. Owing to the short-term therapy that was commonly used (six-month cures), relapses were frequent. Moreover, there were often not enough beds to deal with the chronic positive cases. The question of rehabilitation had received little attention. His country was greatly in need of more help to attack tuberculosis.

Dr SYMAN (Israel) said that there had been a further drop in malaria in his country. Only 300 new cases were reported yearly, mostly on the borders, and even there improvement had been made, owing to the effective work sponsored by WHO. He welcomed the inter-regional conference on malaria to be held in the coming month.

In tuberculosis also, thanks to the help of WHO, there had been a downward trend in both morbidity and mortality: the latter had dropped from 13.3 in 1952 to 7.4 in 1955. It had been possible to close many hospital beds. There was, however, a high rate of relapses, due, it was estimated, not to bad or excessively short treatment, but to the unfavourable social conditions to which cured patients returned. Like the delegate of Iraq, he stressed the importance of rehabilitation of the tuberculous, a task in which WHO could be of great assistance. The BCG vaccination campaign, started with success four years previously in Israel, was still being carried on, but he wondered whether it would not be wiser to vaccinate selected groups only. Perhaps WHO could assist, through an expert committee, in clarifying the matter.

A severe epidemic of poliomyelitis had struck his country a few years previously, and the disease was still endemic. There were many deaths and cripples every year. Hope had been raised at last by the news of the vaccine, but, despite all appeals to countries producing it, Israel had not been able to obtain any. He appealed to WHO to be more active in obtaining small amounts of vaccine to meet the emergency needs of the smaller countries. His own Government had at last begun production of the vaccine and hoped to place it at the disposal of its neighbours. Effective aid had been given by WHO in the setting up of a rehabilitation centre for children suffering from poliomyelitis.

A survey carried out in Israel showed that most rivers were contaminated with bilharziasis. As thousands of immigrants were also potential carriers, the problem was a serious one. In the current year there had been a third epidemic, of 150 cases. Some success had been obtained by the Friedheim treatment, with antimony compound, and it had been found expedient to transfer bilharziasis control to the Malaria Department, which of course was concerned with water pollution.

The CHAIRMAN reminded members of the Committee that they had decided to confine their remarks at the present stage to the Director-General's Report on the Work of WHO. There would be plenty of opportunity, when considering regional programmes, for reports on the situation in the different countries, and for appeals for assistance.

Dr SUÁREZ (Chile) referring to the section on typhoid fever on page 12 of the Report, remarked that the increasing use of antibiotics made the diagnosis of typhoid fever difficult and created a mistaken impression that the disease had been eradicated. In fact, the large number of migrations from the rural districts to the towns and from country to country had made it increasingly difficult to eliminate or reduce the disease by appropriate sanitation measures.

In addition to the Zagreb meeting and the research carried out by the Division of Communicable-

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Disease Services, more emphasis might be given to programmes against typhoid and the salmonella and shigella infections.

Professor Pesonen (Finland) said that in view of the considerable increase in the incidence of poliomyelitis in various parts of the world, preventive work in that field, particularly research on vaccination, should receive high priority in the work of WHO.

Dr El Halawani (Egypt) pointed out, with reference to the mass eradication of malaria, that it was also necessary to control the transmission of vectors in international communications. A species of Anopheles eradicated from a region was often reintroduced, as had happened in his country on two occasions. Eradication of vectors should be carried out on a regional and geographical basis.

He also requested WHO to pay attention to other mosquito-borne diseases, such as filariasis, which was widely spread in many tropical and sub-tropical countries. A programme of eradication of another vector, Aedes aegypti, was also urgently needed and would ease the task of the health authorities in the countries concerned.

Bilharziasis, which was spreading as a result of the extension of irrigation and agricultural schemes in tropical and sub-tropical countries, should receive the same attention as malaria. The projects of the Organization were doing well but should be expanded, and molluscocides should be made available in the same way as supplies of DDT. A new molluscocide had recently been discovered, sodium pentachlorophenate; there was also a new drug, Miracil D. It should be possible for the Organization, with the aid of UNICEF, to help countries to obtain supplies of these products. He hoped that his country would soon be in a position to manufacture copper sulfate and the new molluscocide.

He also wished to stress the fact that mass treatment campaigns were essential in the control of bilharziasis. They had been started in his country on a large scale.

Dr Allwood-Paredes (El Salvador) drew the attention of the Committee to a very important point concerning the relations between governments and the Organization in connexion with malaria. The Organization had encouraged governments to undertake an eradication campaign, as a result of which many administrations had made promises and taken upon themselves grave political obligations, by which they considered the Organization was also bound, since it had given the governments its scientific and technical backing. Some countries were not satisfied with the way the assistance had been given in the WHO programmes, and he requested that the matter should be thoroughly discussed with a view to finding better ways of carrying out the scientific and political obligations assumed by the Organization and countries in respect of a campaign the success of which seemed doubtful.

Dr Cvjetanović (Yugoslavia) expressed appreciation of the Chilean delegate's remarks on typhoid fever. In the last paragraph on typhoid fever on page 12 of the Report, it was stated that the results of the controlled field trials of typhoid vaccines carried out in Yugoslavia were likely to be significant. The Yugoslav Typhoid Commission conducting the trials had found that the phenolized vaccine was effective and better than the alcoholized vaccine. The problem of the protective value of typhoid vaccines was an interesting one and had been thoroughly studied by many experts and governments. The results of the field trials had practical consequences since the phenolized vaccine was easier to produce than the alcohol one and needed no refrigeration in use. In the beginning his Government had been unable to carry out the trials and had asked for the assistance of WHO, which had been unable itself to supply the necessary resources, but had helped in obtaining them from other countries, in particular from the United States of America. The results would be valuable to many countries in the control of typhoid fever.

It was not yet certain, however, that they would be permanently valid, as other vaccines had recently been developed in the United States of America and other countries which might prove even better. Further trials of the same nature were therefore advisable in other countries. The trials carried out in Yugoslavia might prove to be the first of a whole series aimed at obtaining the best quality of vaccines for typhoid and perhaps for other diseases as well. Similar trials were to be carried out in Yugoslavia on the pertussis vaccine for comparison with and extension of those already made in the United Kingdom of Great Britain and Northern Ireland.

His Government was interested not only in the production of vaccines but also in the production of insecticides. A recent malaria conference held in Belgrade had found that antimalaria work could not be carried on effectively in that region without the necessary amount of DDT. He expressed the desire that WHO should make more resources available for further development and improvement of vaccines, sera and insecticides. After all, WHO should develop an international programme for field trials of vaccines in order to prove their value,
improve their quality and make them available to all countries.

Dr LAKSHMANAN (India), commenting on the section on virus and rickettsial diseases (page 10 of the Report), expressed his Government’s gratitude for the assistance of WHO. He noted that the emphasis lay at the present time mainly on influenza, poliomyelitis and smallpox; as in 1954, the Report stated that pressure of work had not allowed any tangible assistance to be given in connexion with other virus and rickettsial diseases. His country had recently experienced outbreaks of encephalitis and infectious hepatitis; and yellow fever remained of primordial importance. It would therefore wish to see assistance to research on other virus and rickettsial diseases included in WHO’s programme.

Dr Anouti (Lebanon), on the incidence of encephalitis in his country, remarked that the statistics of the hospital for contagious diseases at Beirut showed that it was low and sporadic. The largest numbers of cases reported in the past ten years had been in 1946, 1949 and 1953. The disease could not be said to have ever been epidemic in Lebanon.

Dr Yen (China) congratulated the Organization on its work on rabies (page 8 of the Report). He wished to see more emphasis on the importance of using potent anti-sera. He remarked that the hyperimmune serum should be given as early as possible and that it was not necessary to repeat the injection if the first one was potent enough. In any case, with a long incubation period, the vaccine could follow the first dose of anti-serum, where indicated.

Dr Anwar (Indonesia) expressed the satisfaction of his Government at the section on smallpox (page 12 of the Report). Indonesia had used the dried smallpox vaccine for many years, and his Government was eager to know the results of the controlled field trials.

He welcomed the remarks of the Chilean delegate on typhoid fever, and would be glad to hear the results of the trials, since in Indonesia the disease was still endemic.

Dr Le-Van-Khai (Viet Nam) was especially interested in the campaigns against malaria, tuberculosis and leprosy, relatively frequent diseases in his country. His delegation hoped the Organization would fix a period within which all the countries affected by malaria should, with its help, begin and conclude a campaign, which would make it possible to eradicate the disease in all countries at the same time and thus avoid its propagation from one country to another. His delegation also wished for a more thorough study of the use of isoniazid for the prevention of tuberculosis.

Dr Slim (Tunisia), referring briefly to the diseases of special interest to his country, said that campaigns against trachoma were being carried out, proceeding from north to south, and the addition of a campaign against house-flies was felt to be desirable. Work on malaria was continuing, a new tuberculosis project of domiciliary chemotherapy through isoniazid was to be started in October, and a solution to the vital problem of personnel training, with the help of WHO, was hoped for in the near future. He had, however, asked for the floor principally in order to draw the attention of the Committee on Programme and Budget to the existence of a disease not found under any of the headings of the Report, namely, tinea, a primarily social disease, widely prevalent among schoolchildren, where the incidence could be set at 15 to 20 per cent.

Dr Suárez (Chile) thought that the question raised by the delegate of China with regard to rabies was of greatest importance. In spite of recent progress in vaccination techniques, and the use of improved vaccines, cases occurred of bites in the scalp or face that were nearly always fatal. There was also the problem of cases that came for treatment too late through ignorance or negligence. Antirabies serum had existed for some time, but there had never been so striking an opportunity to employ it effectively as had arisen in Iran. He therefore thought that particular attention should be given to the matter and that information on methods should be made freely available, as they could be easily applied in any country.

Dr Al-Wahbi (Iraq) wished first to refer to a point mentioned by the President of the Health Assembly himself in his presidential address. He had thought at the time that the matter called for some comment, but that to pursue the question in committee would permit of a more informal discussion.

Many delegates must have noticed a tendency, both in the Health Assembly itself and at the level of the regional committees, to attribute more and more importance to financial and legal matters and less and less to the Organization’s programme and its technical aspects. It was easy to forget that WHO was primarily a technical organization. In his own view, the first concern of the present committee should be to examine the technical means of combating diseases—the basis of the Organization’s work. Only after those matters had been decided was it
appropiate to consider ways and means of financing the plans adopted.

His second point concerned bilharziosis, which—quite rightly in view of its importance—had been mentioned by two speakers in the present discussion. The control of snails and the treatment of patients were both essential aspects of bilharziosis control, but there was another side of the question which he felt deserved mentioning. Many countries were carrying out large-scale irrigation projects, and the delegate of Egypt had mentioned the relationship between the extension of irrigation and spread of the disease. Unless irrigation systems were planned from the start to obviate that risk, any measures taken later would be merely a palliative.

He realized that it was a problem that must be dealt with at the level of national health administrations. His reason for mentioning the matter was that any modification in a proposed irrigation scheme involved considerable expense, and national health administrations, in urging the necessity for such expenditure, might not be able to speak with so persuasive a voice as the World Health Organization. He therefore suggested that WHO might undertake studies into the best ways of constructing irrigation works so as to avoid the spread of bilharziosis. He did not propose that an expert committee or a study group should necessarily be set up: the Director-General could decide how the question might best be tackled.

Dr EVANG (Norway), noting that a previous speaker had referred to the use of poliomyelitis vaccine and WHO’s role in that regard, drew attention to the conclusions of the international group on poliomyelitis vaccination which had met in Stockholm in November 1955 to consider the present status of knowledge on the subject and whose report was published as No. 101 in the Technical Report Series. The group had considered that “the results obtained with poliomyelitis vaccine in mass immunization campaigns already carried out in various countries justified the conclusion that countries with a high incidence of paralytic poliomyelitis should plan to bring vaccination into routine use at an early date”. It had not recommended mass vaccination for all countries, but only for those which had high enough incidence. Unfortunately, the balance was changing and such countries were increasing in number, but it would still be undesirable to give the impression that WHO was in favour of mass immunization programmes everywhere. It was still not established that vaccination could lower the general incidence of the disease. It was, of course, open to any public-health administration to introduce vaccination for special groups particularly exposed to infection.

Secondly, he wished to express his wholehearted agreement with the remarks made by the delegate of Iraq.

Professor CANAPERIA (Italy) said that he had been surprised to learn from page 13 of the Report that the main difficulty encountered in leprosy control had been the dearth of consultants. It might be useful to examine the procedure followed by WHO for recruiting consultants, for he felt that it was probably open to improvement. He was sure that all national health administrations were ready to co-operate with WHO in making available the services of consultants.

He agreed with the delegate of Iraq about the need for placing greater emphasis on technical questions in the discussions at the Health Assembly. The delegates of the Assembly were themselves public-health technicians, who would be glad to discuss from the technical point of view the various problems facing the Organization and could be of material assistance to the Secretariat by so doing. In that respect he doubted whether the procedure followed in the Committee on Programme and Budget was the best possible. The Committee began by discussing the past activities of the Organization under such headings as communicable diseases, environmental sanitation, and professional education, only to repeat more or less the same discussion when it came to consider the programme for the following year. It might be more useful to begin by considering those same questions in all their aspects, past and future. He intended to make a formal proposal on the matter later in the session.

Dr KARABUDA (Turkey) regretted finding in the Report (page 13) the statement: “Requests from Member States for consultants on various aspects of trachoma control have so increased that it has become difficult to meet the demand.” He hoped that the Director-General would find a remedy for that situation.

He was pleased to note, on the other hand, that close collaboration had been established with research workers throughout the world in regard to the epidemiology and etiology of the disease.

Dr EL SAYED (Sudan) said that he had not noticed in the Report any reference to cerebrospinal meningitis, which was a very serious problem in his own country. Treatment by chemotherapy was quite effective, but it was essential to organize preventive services. WHO had already given some assistance in 1951, but for only a short period. He hoped that
more co-operation with WHO could be organized in the future.

Dr El Halawani (Egypt) agreed with the delegate of Iraq that it would be desirable to devote more attention to technical questions in the discussions of the Committee. Of course, technical questions were considered in detail by the Organization's expert committees, but that need not prevent the Health Assembly from discussing certain technical matters in more detail than it did at present.

In his remarks on bilharziasis he had been referring not only to his own country, but to all countries where large-scale irrigation schemes had been undertaken. His own Government was at present making arrangements whereby in all newly constructed canals direct supervision would be exercised to prevent the entry of snails. The system was being applied in a new province reclaimed by irrigation from the desert, and his Government would be pleased to demonstrate it to visitors.

Dr Bonne, Director, Division of Communicable-Disease Services, expressed appreciation of the number of remarks made, which reflected the importance attributed by delegations to the control of communicable diseases. He would deal with the questions in the order in which they had been asked.

The first question concerned the extent to which WHO should assume the role of looking into the future: it had been asked whether there had been any large outbreak of influenza in the season 1955-56. According to present information there had been outbreaks of influenza-like diseases, but mostly mild forms, caused by virus A and not by the new virus that had been feared. Past experience showed that when a new virus related to an old one appeared on the scene its threat was usually wider afterwards, which was why WHO had recommended watchfulness. However, he agreed with the questioner that caution was necessary in making predictions, particularly in the field of epidemiology, where certainty was not attainable.

He wished to endorse the remark made by the delegate of the United States of America, that national health authorities should not cease to take any interest in malaria when it became less important as a public health problem. That applied particularly to countries that could assist others by contributions to fundamental research. Moreover, it was necessary to maintain some service to guard against the re-entrance of the disease.

The Netherlands delegate had asked how far the Brussels Agreement on venereal disease was to be revised. The revised list of treatment centres to which the delegate had referred was almost ready, but in addition there would take place at the end of the present year a meeting of a study group which would consider the whole question of the revision of the Agreement. The same delegate had also mentioned that in regard to poliomyelitis vaccination the question of the duration of immunity was still undecided. He could only endorse that statement and emphasize the need for further knowledge.

The project of which the delegate of Egypt had spoken, in which trachoma control was being carried on within a general public-health programme, was in itself an example of good co-operation, because the specific questions raised by trachoma were being considered not in isolation but in relation to general public-health activities. In reply to that same delegate's remarks on the need for emphasis on the virological aspects of trachoma control, he could state that WHO had already undertaken elaborate co-ordination of research. Several virological institutes were at present collaborating with the Organization, and a consultant from Headquarters had visited them to assess progress, which appeared to be satisfactory. However, the problem was difficult, and was complicated by the fact that human volunteers had to be used, since no experimental animal existed. It was easy enough to isolate a virus, but not so easy to be certain that it was the specific virus responsible for trachoma. He also agreed about the importance of training personnel with regard to trachoma control as a public-health activity. Ophthalmologists should be taught to take a public-health rather than a clinical outlook, and public-health workers must be shown how to bring about that change of viewpoint.

The delegate of Japan had referred to the importance of adequate survey work before undertaking tuberculosis control. It would be seen from the Organization's programme and budget that adequate preliminary surveys were part of its normal policy.

The Organization appreciated the need for research on poliomyelitis, stressed by the delegate of Lebanon, and in particular the need for effective antigens.

The delegate of Iraq had raised the question of the beds needed for tuberculosis cases. As the Committee was aware, the present trend in tuberculosis control was towards investigating the effectiveness of drug treatments and the practicability of applying them on a public-health scale. The success of drug treatment in hospitals was already clearly established and the need for beds in many countries was therefore tending to diminish.

He would bear in mind the remarks of the delegate of Israel about the importance of the rehabilitation
of tuberculosis patients. It had also been asked what was the present status of BCG vaccination, whether it should continue to be applied to large population groups or, if not, which groups should be selected. The BCG assessment teams had proved very useful for that type of investigation, since no hard and fast rule could be laid down for all countries, and study on the spot was essential.

He shared the regrets of the delegate of Israel that WHO was unable to supply poliomyelitis vaccine on request. Unfortunately some countries had not enough quantities available to allow export, and some national regulations did not yet permit the export of vaccine.

He had been interested to hear that Israel had had success in employing a new kind of treatment for bilharziasis. WHO was aware of the existence of this new treatment, which was already under trial in several countries. Present indications were favourable in some cases and less so in others, and the Organization considered that it was still too early to pronounce judgement.

The delegate of Chile, among others, had mentioned the importance of typhoid fever and the need for WHO assistance in its control. The Annual Report showed that WHO was already providing assistance: it had co-operated with the Government of Yugoslavia on the question of field trials of vaccines, and planned similar projects elsewhere.

WHO was fully conscious of the fact, pointed out by the delegate of Egypt, that the eradication of malaria should be approached on a regional basis. The same delegate had also mentioned the question of the control of other disease vectors; that also was being borne in mind.

Several delegates had referred to the relationship between irrigation works and the spread of bilharziasis. The Division of Communicable-Disease Services and the Division of Environmental Sanitation were at present collecting information from all over the world on that problem. It was hoped that much useful data would be available for presentation to the expert committee that was to meet in 1957. With regard to the need for research on the snail vectors and on molluscocides, the Organization was taking an active interest.

With regard to the remarks of the delegate of El Salvador, work aiming at malaria eradication was of course entirely new and difficulties would arise. There existed assessment teams which could be used for evaluation, and the Organization also had at its disposal high-level advisers.

The meeting rose at 12 noon.
certain factors in the treatment of rabies had been duly noted. He had spoken at the previous meeting about the Organization’s tuberculosis work, but would add, for the benefit of the delegate of Viet Nam, that the use of isoniazid in ambulatory treatment was being studied.

He referred to the observations by the delegates of Tunisia, Egypt and Turkey on the campaigns against trachoma and gave an assurance that the role of the fly in spreading trachoma, which had already been studied in Egypt, would receive continuous attention, and co-ordination of research on virology would be actively continued.

The delegates of Israel, Egypt and Iraq had stressed the importance of preventing the spread of bilharziasis into new irrigation systems. As he had mentioned earlier, that subject was under study. One important point mentioned by the delegate of Israel was that in his country action for the control of bilharziasis was combined with the work of the malaria services.

He assured the delegate of the Sudan that WHO maintained its interest in cerebrospinal meningitis.

The delegate of Norway had given a timely warning against the indiscriminate introduction of mass vaccination campaigns against poliomyelitis. It was essential that a survey should be carried out in any country to establish the existing epidemiological situation before making any recommendation for a vaccination campaign. The preliminary review of poliomyelitis vaccination (Technical Report Series No. 101) gave the guiding lines—how and when vaccination should be undertaken.

In answer to the Italian delegate’s query about leprosy consultants, he said that the main reason for their scarcity in 1955 had been that the countries of origin had been unable to release their experts. Indeed, a sufficient number of leprosy experts, able to give advice on the latest principles for controlling the disease, did not exist. The question of leprosy control programmes appeared as a separate item on the agenda (item 6.17).

Finally, he stressed the great importance to the Organization’s work on communicable diseases of the technical observations and guidance of the Committee.

Chapter 2: Public-Health Services

Dr SHOIB (Egypt) found the chapter under discussion both interesting and instructive. There would be general agreement, he was sure, that maternal and child health formed an essential part of any public-health programme. His delegation would accordingly like to see more of the resources of UNICEF allocated to maternal and child health work, more especially in view of its far-reaching effect on the future health of the world.

The integration of curative and preventive medicine was now generally accepted throughout the world in the organization of medical care. WHO should use all its influence to bring about a wider application of that principle, which was not, he felt, being fully put into practice.

He appreciated the work already undertaken by WHO on occupational health, but the rapid shift to industrialization in many parts of the world was bringing increasing problems and more emphasis should be given to that type of programme.

His delegation was interested in WHO’s new work on dental health. The fluoridation of water as a means of controlling dental caries was still controversial and more guidance from the Organization on the subject would be welcome.

With regard to the health work being done among Palestine refugees, it was not his desire to belittle the present efforts of UNRWA, but much more should be done for those unfortunate people living in such unhappy conditions. A total expenditure of some five million dollars for one million refugees hardly seemed adequate.

Chapter 3: Environmental Sanitation

Dr AMOUZEGAR (Iran) remarked that fluoridation of water supplies properly fell within the programme of environmental sanitation. Iran was very interested in the matter. Consumption of milk and milk products was relatively small in his country, yet the incidence of dental caries was low. Thorough analysis of national water supplies had shown that the quantity of fluorine in the water was negligible. Research had then been made into the diet of the population, and it had been found that fluorine existed in appreciable quantities in tea. Children from the age of one year upwards consumed several cups of tea a day in his country, and that might account for the comparative absence of dental caries in the population. That was a discovery that merited investigation by the Organization, as it might offer an alternative to fluoridation of water supplies.

Chapter 4: Education and Training

Dr SYMAN (Israel) expressed his country’s appreciation of the fellowships programme of WHO; it was one of the Organization’s chief activities, and he would like to pay tribute to the late Dr Vesely, Chief of the Fellowships Section, who had done so much to develop the fellowships work.
Each country had proceeded more or less by trial and error in its attitude to fellowships; in Israel the idea of short-term fellowships had been practically abandoned in favour of subsidized studies of longer duration. One of the chief difficulties Israel had found was that the curricula of recognized public-health schools abroad were often unsuitable for foreigners. He accordingly wondered whether the Organization could not, in consultation with suitable institutions, arrange special courses of study for a degree in public health for international students, or alternatively try to get the curricula in already established schools adjusted.

With regard to progress reports on fellows, there was room for improvement. Although the fellows always wrote good reports on their studies, progress reports on the fellows were seldom received either from the Organization or from the place of study.

Dr SHOIB (Egypt) stressed that the education and training of public-health personnel was one of the Organization's most important activities and should be given more attention. The fellowships programme ought to be given high priority, to minimize the effect of the limitations of the budget, and aid to teaching institutions ought to be increased. The exchange of scientific information, particularly through the use of travelling teams, had proved most effective and its importance should be emphasized.

Dr ALLWOOD-PAREDES (El Salvador) endorsed the comment made by the delegate of Israel about progress reports on fellows. He added that fellowships for so-called "secondary" medical personnel had proved of the greatest assistance in his country in raising standards of work and bringing the public-health services to a higher level.

Dr SuÁREZ (Chile) said that another benefit from fellowships, even short-term, was the value obtained from the interchange of experience. If adequate care was taken in selecting the candidates, the results were excellent. The programme of short-term fellowships was therefore worthy of being maintained.

Dr ANWAR (Indonesia) called for closer collaboration between WHO and the other agencies that were helping countries to develop and improve their medical and health education programmes. Indonesia, for example, had greatly benefited from assistance given by the United States of America through its International Co-operation Administration, and he for one would welcome broader collaboration than at present existed.

Dr Evang (Norway) thought it would be generally agreed that further programmes on the education and training of public health personnel were one of WHO's most important tasks. In his opinion, opportunities should be given for both senior and lower-grade personnel.

To revert to a matter that had been raised at earlier Health Assemblies, he wondered whether WHO could not do something further to crystallize ideas on what exactly constituted the medical specialty "public health". He noticed that in the Annual Report "Environmental Sanitation" constituted a separate chapter from "Public-Health Services", but national administrations would normally present both under one heading. A number of excellent schools of public health had been developed in the United States of America and the United Kingdom of Great Britain and Northern Ireland. On the other hand, methods in Eastern Europe were different on certain points; there, curative and preventive medicine were in fact integrated and the term "public health" had largely lost its meaning. That accounted for part of the difficulty in recruiting public-health specialists. He was not unaware of the difficulty of the task he was suggesting, but he would urge the Organization to give some thought to the matter.

Dr Al-Wahbi (Iraq) endorsed the views of the speakers who had urged that fellowships, both long-term and short-term, should be granted not only to top-level medical staff but to auxiliary personnel at all levels. The needs for such secondary staff was very great in many countries of the world.

One of the most urgent needs in many of the countries where new public-health schools had been established was for experienced teachers. That led him to the question of the choice of place of study for fellows. In his opinion, the best training could be obtained in countries where conditions were similar to those of the trainee's homeland. As much priority as possible should therefore be given to fellowships within regions, leaving to the more developed countries fellowships for study on advanced specialties. In that way, money would be saved and more people could be trained.

Dr Štampar (Yugoslavia) found himself much in sympathy with Dr Evang's remarks on terminology. Advances in medical thinking over the past few years had been very rapid; so much so, that earlier concepts of public health were out of date. It was now fairly generally accepted that curative and preventive
medicine should be integrated, and the Organization could only congratulate itself on the enormous progress made since the inception of that idea in 1951. Nevertheless, to obtain a proper definition of the term "public health" would be extremely difficult and he feared would be beyond the powers of any group that WHO might establish for the purpose.

The fellowships programme of the Organization had begun in the time of the Interim Commission and its gradual extension had proved of immense value to countries in developing their public-health programmes. He was not convinced, however, that the requests put in by public-health administrations were always well thought out. The need was rather to establish teaching institutions at home and, after adequate training there, select only the most suitable to benefit from instruction abroad. That candidates should be of independent mind was a point of importance, so that they might assess at its proper value what they found abroad. Regional officers should try to establish a central teaching institution for each region, and only after instruction at that institution should candidates be sent outside. Yugoslavia was doing its best to develop training along those lines.

In view of the extent of the fellowships programme and the large investment of funds involved, the Organization should, he felt, be informed of the use to which fellows subsequently put their acquired knowledge. The Director-General might be asked to draw up a report on the matter for the next Health Assembly.

Lack of facilities sometimes prevented returning students from making the best use of the knowledge acquired. Some provision should be made to supply those students with instruments and appliances as well as the books which were already covered by WHO grant.

Dr Siri (Argentina) fully agreed with the delegate of El Salvador that fellowships should be granted to personnel at all levels of the public-health administration, wherever it was believed that the experience gained would benefit the national public health.

Secondly, most of the criteria mentioned by the delegate of Yugoslavia for the granting of fellowships were already being applied, at least in the Zone Office at Buenos Aires. In Argentina itself great care was taken to see that the personnel sent abroad for training had a sufficient basis of experience and were pledged to take up some related public function upon return.

It was not necessary or desirable that expenditure on fellowships should be regarded from a narrow standpoint. WHO was carrying out a dual function in that part of its work: on the one hand, it was furthering the technical training that would later contribute largely to the improvement of public health in the country concerned; at the same time it was contributing to the international exchange of students and thereby helping to create the international outlook that was one of the rules of action of modern times.

It would therefore be useful to give a measure of priority to married students and increase their stipend sufficiently to enable wives to share in the broadening experience of foreign travel. There were many other items on which savings could be made so as to preclude the need for stringency on fellowships.

Dr MacCormack (Ireland) hoped he had not misinterpreted the Yugoslav delegate’s suggestion, but he had understood him to mean that WHO should supply returning fellows with the necessary instruments to carry out their work. The provision of ordinary appliances was surely well within the competence of the country concerned; the cost of even the most specialized medical appliance was relatively small.

WHO’s resources were limited and delegates should avoid making too great demands upon what was available.

Dr Hurtado (Cuba) said there could be no doubt that the system of fellowships instituted by WHO had acquired great prestige throughout the years of its existence and won the full support of the Health Assembly. Yet it emerged clearly from the reports that had come before the Assembly that results had been less than might have been hoped.

Medical education covered a very broad field and WHO alone could not give sufficient attention to all its aspects. However, one thing was certain: there was a scarcity of personnel trained to adequate standards to meet all the needs of public-health administrations. That was due in large part to low standards of education prior to professional training, and he would congratulate the Organization on its efforts through its regional offices—he was thinking in particular of the Office for the Americas—to raise medical education standards at the undergraduate level.
The seminars recently held in Chile and Mexico had sought means to broaden the curricula of medical schools, so as to achieve an integrated approach to medicine. That was a highly praiseworthy objective and would lead to a great improvement in the type of personnel available for service in public health.

But training as a public-health official required still more; it required specialized studies, specialized training in public health in the broadest sense. Hence it was essential to promote the establishment of further public-health schools on the lines already followed in the United States of America and some other countries.

For the time being, therefore, WHO aid should be applied, first, to assisting individuals through the grant of fellowships and, secondly, to assisting institutions for training in public-health work. There appeared to be some difference of opinion in the Committee regarding the level at which fellowships should be granted. The Cuban delegation believed that they were necessary at all levels, and particularly for lower-grade officials.

In any case, it was opportune for the Committee to make a recommendation that the Director-General and the Executive Board should review the fellowship system with the object of revising the regulations on the lines sketched by the delegate of Argentina.

Dr GrzegorzeWSKI, Director, Division of Education and Training Services, reported that the Director-General had already decided to carry out a critical evaluation of the results obtained from fellowships. Some 600 cases had so far been studied to examine the relationship between the fellowship and the work that the fellow took up when he returned to his country. The material would be used in developing the fellowship programme and adjusting it to the needs of Member countries.

The selection of fellows and the planning of their studies was closely linked with the health programmes of the requesting countries. Continuous vigilance was necessary to ensure the best utilization of the funds available, and regional offices and the national administrations concerned made every effort to arrive at the best selection possible.

The choice of the place of study was of equal importance, and it was not always easy to find the ideal institution. Most of the institutions concerned were national ones, whose programmes were primarily designed to meet the needs of the country itself. Many of them had shown commendable good will in trying to adjust their programmes to the needs of foreign students, but it would be realized that this could be done only to a limited extent. Hence it also fell to the foreign students to adjust themselves to changed conditions. One of the ways in which WHO had tried to overcome the problem had been to make travel grants to teaching personnel so that they might gain first-hand experience of conditions in the countries from which their pupils came. Results were promising, and it might be found worth while to extend the practice.

The suggestion that WHO should encourage the establishment and utilization of local training centres for groups of similar countries had already been adopted in principle by the Health Assembly in the organizational study made in 1953 on education and training. It was a question of co-operation between WHO and the national health administrations concerned.

He would point out, too, that the WHO system of fellowships had to be co-ordinated with the general United Nations scheme for fellowships and study grants. If WHO wished to diverge widely from the stipend agreed upon with the United Nations, there would have to be prior consultation.

Lastly, the type of fellowships requested depended to a large extent on the national health programmes in the countries concerned, and as health services developed, there were naturally changes in the kind of fellowships required.

Chapter 5: Peaceful Uses of Atomic Energy

The Chairman, in view of the rapid developments in the subject of Chapter 5, requested the Deputy Director-General to bring the Committee up to date.

Dr Dorolle, Deputy Director-General, drew attention to the fact that "Peaceful uses of atomic energy" was a separate item of the agenda (item 6.6). The report of the Director-General went only as far as a point shortly before the end of 1955. The report submitted to the Executive Board at its seventeenth session (Official Records No. 68, Annex 15) brought the information up to the end of January 1956. A further document (see Annex 12), covering the period to 11 May 1956, had been issued under item 6.6 of the agenda.

He wondered whether the Committee might not find it preferable to take up the matter as a whole under item 6.6, since in view of the rapid develop-
ments it would be almost impossible to separate discussion between the years 1955 and 1956, and the possible repetition might hinder clear discussion.

Professor Julius (Netherlands) was quite agreeable to postponement of the discussion but had one general remark to make at the present stage.

In his opinion, the problems involved in the peaceful uses of atomic energy were essentially those of environmental sanitation, and for the future the Organization's reports on the subject should appear under that heading, in order to set it in the right perspective.

It was agreed to postpone discussion until item 6.6 of the agenda was taken up (see minutes of the fourteenth meeting).

Chapter 6: Services in Epidemiology and Health Statistics

The Chairman noted that quarantine was to be dealt with by a sub-committee and suggested that discussion should be confined to health statistics.

It was so agreed.

Mr Joll (United Kingdom of Great Britain and Northern Ireland) referred to the Latin American Centre for the Classification of Disease which had been established in Caracas by the Venezuelan Government with the object of facilitating the publication of health statistics in countries where medical and statistical development was not everywhere complete. He was certain that the centre would be useful to Latin America and to WHO.

The centre in Caracas and that in the United Kingdom would keep in touch, with the assistance of WHO, and so avoid any lack of uniformity in procedures.

On page 43 of the Director-General's Report it was said that there was a growing appreciation of the value of modern statistical methods, but he did not think that they were being sufficiently exploited in the field of public-health administration. In 1949 the World Health Assembly had passed a resolution concerning the continual and increasing use of statistics in the Organization itself (WHA2.40), and similar resolutions had been passed at later Health Assemblies. The United Kingdom delegation was pleased to see that the value of statistics to the Organization in its work was being more recognized.

Chapter 7: Drugs and Other Therapeutic Substances

The Committee noted Chapter 7.

Chapter 8: Publications and Reference Services

Dr Syman (Israel) expressed appreciation for Headquarters publications but thought that more could be done in the way of exchange of publications between regions. He asked whether some means could be found of ensuring that each region should regularly receive reports of seminars held in other regions and similar publications.

Chapter 9 and 10: Public Information; Constitutional, Financial and Administrative Developments

The Committee agreed that Chapters 9 and 10 were the concern of the Committee on Administration, Finance and Legal matters.

Chapter 11: African Region

Dr Clark (Union of South Africa) expressed appreciation of the work of the Regional Director and his staff, who had been working under difficult conditions. Considerable developments had taken place in the African Region.

The Director-General had attended the meeting of the Regional Committee in September 1955 and had made an extensive tour of the countries in the Region, which had been especially appreciated.

The Report brought out clearly the needs of the Region and the methods that were being used to meet them, accumulating in the first place the necessary information. It also showed what was being done to disseminate scientific and health information by conferences, seminars, training courses and fellowships.

Although poliomyelitis had not been mentioned, it was a problem in his country, and he wished to express his Government's appreciation of the work undertaken by WHO and of the valuable report of the Stockholm conference (published in the Technical Report Series No. 101). A poliomyelitis research laboratory in South Africa had been undertaking research for several years and information obtained by it was available to all countries in the Region. Poliomyelitis vaccine was now being produced by the laboratory on a considerable scale.

Dr Duren (Belgium) associated himself with the congratulations to the Regional Director on his excellent work and report. His Government appreciated the cordial relations which existed between it and the Regional Office and the understanding way in which the Regional Director approached problems.

Dr AuJoulat (France) recalled that in the past it had been customary for the Regional Directors to give a brief introduction to the chapters of the Director-General's report concerning their regions; he thought it would be useful if that practice were continued.
Dr Cambournac, Regional Director for Africa, said that the work of the African Regional Office in 1955 had been concentrated chiefly on hygiene in rural areas. The African Region was mainly rural and its rural areas presented the major problems in the field of health.

Attention had been given to the fundamental problems of public health, such as environmental sanitation and nutrition, and particular emphasis had also been given to professional teaching. Fellowships granted in 1955 totalled 133, of which 85 had been paid for from Technical Assistance funds and the remainder from the regular budget of WHO. Of those fellowships, 53 per cent. had been granted to facilitate the organization of health services and 42 per cent, for studies connected with the prevention of communicable diseases.

The Regional Committee had met in September in Tananarive and the Director-General had participated in the meetings from 22 September. The programme and budget had been discussed, and technical discussions had taken place on the health problems of the pre-school child in Africa and the role of the nurse in solving them. It had been decided to hold in 1956 technical discussions on practical public-health means of tuberculosis control in the African Region.

There had been minor changes in the Regional Office itself, which he would not enumerate as they were purely administrative. Close relations had been maintained between the Regional Office and other organizations, especially UNICEF, FAO, the Commission for Technical Co-operation in Africa South of the Sahara (CCTA), and the International Co-operation Administration of the United States of America.

Apart from the help given to governments in combating communicable diseases and improving their health services, the most important events in the Region had been inter-country programmes, especially conferences, seminars and professional training courses. A very important course on malaria, attended by participants from sixteen countries, had been held in Yaoundé in the French Cameroons, and a conference on malaria in Africa had been held in Nigeria. The report of the conference had stressed the importance of collecting complete information on malaria vectors and on the use of drugs in combating the disease; it had also urged the rapid extension of the malaria control scheme to all areas of Africa, urban or rural, where the disease was prevalent.

An international conference on yaws had been held in Nigeria and its report proposed the setting up of a yaws control project for the whole African continent with the help of WHO and UNICEF.

A course on rabies, held in Nigeria in collaboration with CCTA, had been attended by forty doctors and veterinarians, and a course on nutrition, under the auspices of FAO and WHO, had been attended by doctors, pharmacists, chemists and veterinarians working in Africa.

A seminar on environmental sanitation had been held at Ibadan in Nigeria. The group had concluded that sanitation services should be closely co-ordinated with health services, that sanitation should be considered as a fundamental feature of the general services of a country, and that action with regard to environmental sanitation was always possible regardless of the conditions prevailing or of the financial resources available. Simple expedients were frequently the most important.

Projects, undertaken in collaboration with individual countries in the Region had covered most health fields, in particular malaria, yaws, tuberculosis, leprosy, bilharziasis, maternal and child health, nursing, environmental sanitation, mental health, health education and health statistics.

Regarding future prospects, it was obvious that the collection of information would have to continue before it became possible to undertake a more effective health programme, but, if the progress already made in the Region in the past few years was anything to go by, the goal should not be difficult to achieve. Priority would be given to certain problems, amongst which were environmental sanitation in rural areas, health education of the public, control of tuberculosis and other communicable diseases, and methods of preventing the transmission of malaria. Research teams would shortly start work to determine the habits of the principal malaria vector, Anopheles gambiae, and teams of experts would advise on the state of malaria control in the various countries and on the methods to be adopted for the interruption of transmission and possible ultimate eradication of the disease from the African Region.

Chapter 12: Region of the Americas

Dr Soper, Regional Director for the Americas, drew attention to the fact that the Regional Office received a double contribution from all the countries of the Region with the exception of Canada, which contributed only to WHO, and Colombia, which contributed only to PASB. The budget estimates (Official Records No. 66) did not show the finances of PASB as such; they were included under the general heading, “Other Extra-budgetary Funds”.

There had been no marked changes in the Region during 1955; the programme followed, as explained in the first paragraph of Chapter 12, the three basic aims laid down in 1953 by the Directing Council of PASO, which served as the WHO Regional Committee for the Americas.

There had been a tremendous increase in interest in malaria eradication in 1955 following the action of the XIV Pan American Conference (October 1954) calling for the regional eradication of malaria from the Americas. In January 1955, Mexico had put forward a nation-wide programme for malaria eradication, and in March 1955 a discussion in the Executive Board of UNICEF of a request from the Mexican Government for assistance in carrying it out had led to a discussion of the possibility of eradicating malaria from the entire Western Hemisphere. UNICEF had thereupon requested a meeting of the Joint UNICEF/WHO Committee on Health Policy. Following approval of the Mexican programme by the Joint Committee in September 1955, an initial sum of $2,400,000 for the purchase of supplies and equipment had been granted by UNICEF to the Mexican Government, and in December a tripartite agreement for malaria eradication had been signed by UNICEF, WHO and the Mexican Government. UNICEF’s action had increased interest in the possibility of malaria eradication throughout the Americas. The Central American countries had then, on their own initiative, held meetings to discuss the co-ordination of activities so that action could be undertaken simultaneously in each country.

Progress in the eradication of Aedes aegypti was satisfactory, and, in countries where eradication was not complete, plans for eradication were under way and the task might be said to be 70 per cent completed. The importance of eradication had been repeatedly shown. A few cases of yellow fever that had occurred in Trinidad in 1955 had been satisfactorily dealt with, and no movement of the virus away from the island to other countries had occurred. No evidence of yellow-fever virus in Trinidad has been found since January 1955. On the other hand, the wave of jungle yellow fever in Central America, under observation since 1948 through Panama, Costa Rica, Nicaragua and Honduras, had not died out, although the last human case to be recognized had occurred in September 1954. Fortunately the Aedes aegypti was under control and no urban cases nor international movement of the disease through human agents had been noted during the previous eight years. After the virus had reached the frontier between Honduras and Guatemala, no evidence of its activity had been reported for sixteen months, but in January 1956 information had been received of monkeys dying in the forest both in Honduras and in Guatemala. Recently yellow-fever virus had been isolated from Haemagogus mesodentatus in Guatemala. That information was very important since it helped to outline the probable future movement of the epizootic wave.

Other eradication programmes, such as those for smallpox and yaws, were also being carried out.

It could be estimated that one-third of the available funds in the Region had been used for education and training activities. Two seminars had been held, one in Santiago in 1955 and one in Mexico City in 1956, on public-health education for medical students. All the deans of medical schools in the Region and professors of public health attending either one or the other of these seminars had been able to discuss that important problem.

A successful example of inter-country activity was the Institute of Nutrition of Central America and Panama (INCAP) which had been set up in 1949. Six countries contributed $12,500 each per year to the Institute, which was administered under PASO. PASB contributed certain personnel and the Kellogg Foundation collaborated in its activities. The Institute had a Directing Council composed of representatives of the six countries concerned, of the Kellogg Foundation and of PASO. Work had been undertaken on the value of proteins, on protein deficiency, and on the use of iodates for endemic goitre. The results obtained already justified the existence of the Institute.

PASO was also responsible for the administration of the Foot and Mouth Disease Centre in Rio de Janeiro.

Dr HURTADO (Cuba) did not think Dr Soper had defined sufficiently clearly the position in the Region of the Americas, as it might appear from his opening remarks that he was referring to the WHO Regional Office. It would be more correct to explain that PASO was an international and inter-American institution, with legal personality of its own, which undertook the work of the WHO regional organization. All public-health programmes of the Americas were discussed, organized and promoted by PASO. WHO was a similar organization working on a worldwide scale. The Directing Council of PASO acted as the Regional Committee of WHO, and Dr Soper, the Director of PASO, was also the Regional Director of WHO. The Americas were satisfied with that arrangement.
He drew attention to what Dr Soper had said about INCAP and the Foot and Mouth Disease Centre in Rio de Janeiro, and stressed the value of the demonstration area in El Salvador, which served to show what could be done in the fields of sanitation and public hygiene.

The Chairman thought that everyone was clear about the special position of the Regional Committee for the Americas.

Dr Suárez (Chile) thought that the remarks made by the delegate of Italy at the second meeting on the difficulties which arose from discussing separately work already done and the work to be done in the future were particularly relevant. Such separate discussion could only lead to confusion. Discussion of past work provided constructive suggestions for future programmes. The delegate of Iraq had already pointed out that the technical aspect should predominate in the Committee’s discussions, and that fact should be borne in mind.

He paid a tribute to the work done under WHO’s auspices in Latin America. Two items of fundamental importance for the non-tropical countries of that region were the UNICEF programme of BCG vaccination and the antimalaria programme.

The seminars on environmental sanitation, organized by the PASB, had proved of great value, by bringing together technical experts from the various countries and enabling them to study common problems. Countries now in process of development were naturally far behind the more advanced countries of the world in such matters as control of typhoid by safe systems of waste disposal and safeguarded water supplies. Studies on rural sanitation and the integration of curative and preventive medicine were also highly important, both in the setting up of public-health services and in giving physicians the changed social outlook that was needed. In that way, too, the atmosphere would be made more propitious for encouraging the integration of the two services in every country of the world. That was a task that was beset by difficulties and that would, he was sure, prove one of the biggest problems facing the Organization in the near future.

A point that had not been mentioned by earlier speakers was the interrelationship between zoonoses and public health. For instance, rabies and foot and mouth disease required further attention. Since cattle raising was a highly developed industry in the Region, the importance of the study of methods of preventing disease in domestic animals could not be over-stressed.

Chapter 13: South-East Asia Region

Dr Mani, Regional Director for South-East Asia, said that, while much work was still directed to the control of communicable diseases, the development of rural health centres, the improvement of environmental sanitation, and health education were beginning to receive greater attention. The work in rural areas in some countries had become part of a general national community development programme, and thus easier.

In all programmes the training of various categories of health personnel had been a prominent feature.

In communicable-disease control, malaria, tuberculosis and yaws had received the most attention and programmes were in operation in most countries. Except in Thailand and Ceylon, and perhaps a small part of India, malaria eradication could not yet be embarked upon. The control programmes in India and Afghanistan were very well advanced and those in Nepal, Burma and Indonesia were still being developed.

Projects for tuberculosis control had been active in most countries through the development of training and demonstration centres and BCG campaigns. In some countries WHO advisers at the national level were helping to develop a national programme.

The BCG vaccination programme was being consolidated and preliminary studies were being made on the use of chemotherapy in the treatment of tuberculosis. The results of those studies might have far-reaching effects in the Region, where hospitalization was difficult and poverty and disease so common. A mass campaign against yaws was being undertaken in Thailand and Indonesia, and also a smaller one in India. Studies of plague in an endemic area of India had shown that wild rodents to be found in the foothills were probably the reservoir of the disease. Control of leprosy was being carried out in three countries. Projects to control trachoma had been started in India and Indonesia.

In the field of mental health, surveys had been carried out in Burma and Ceylon and a post-graduate centre had been assisted in Bangalore, India. A psychologist had been attached to the mental-health clinic in Bangkok.

A seminar on environmental sanitation had been held in Ceylon and a pilot project was now being undertaken in that country. Fellowships in sanitary engineering were being granted to several countries.

Developments in health education had been slow, as a clearer definition of objectives was required. It was necessary to train all health workers in that
field and not to create a new class of specialists. Over-emphasis on visual needs should be avoided. In Ceylon a national plan had been made for health education. In India a diploma course in health education was planned, as at present there was no such training facility in the Region. As regards medical education, reorientation was required at the undergraduate level to enable future graduates to deal realistically with South-East Asian problems. Teachers had been supplied to medical schools in four countries. There was need for more teachers, especially in pre-clinical subjects and in preventive medicine.

Fourteen projects were under way in connexion with nursing education, and numerous refresher courses had been arranged and fellowships given. WHO nursing advisers had been provided at the central level.

In maternal and child health, projects were operating in most countries for the promotion of maternal and child health centres and the development of paediatric teaching.

Dr Anwar (Indonesia) remarked that he had already expressed in plenary session the gratitude of his country for the work being undertaken, but he would like to repeat the satisfaction felt by his delegation with the Regional Director and his report. He regretted the shortage of midwifery and public-health teachers, but added that with the help of WHO and the United States International Co-operation Administration more qualified people would be available each year.

Dr Lakshmanan (India) welcomed the opportunity of expressing his Government’s appreciation of the work of the Regional Office and congratulating the Regional Director on the way the work was carried out. The satisfactory progress of the work being done with WHO’s assistance was mainly due to the co-operation of the Regional Director and his staff. Full co-operation had been met with in fields as varied as maternal and child health and the BCG campaign.

The first five-year programme dealing with public health in India had been completed, and during the next five-year period the Indian Government proposed to expand the work already done and to take on new activities in public health. He was certain that the Regional Office would co-operate fully with his Government.

India received help through bilateral agreements with the International Co-operation Administration and the Colombo Plan. He suggested that a co-ordinating committee of the various organizations giving assistance to India should be set up to ensure integration of the work and the most profitable utilization of the funds available.

The promotion of chemotherapy in the control of tuberculosis seemed particularly important in regions where no adequate hospital facilities existed. He hoped that WHO would be able to provide information on the value of chemotherapy in overcoming tuberculosis in such countries.

He suggested that it would be useful if epidemiological surveys could be made in field projects.

In conclusion, he asked whether it would be possible to grant local fellowships to students who could not afford to attend courses being held in their own countries. They would be less costly than fellowships for study abroad and would be extremely useful.

The meeting rose at 5.30 p.m.

FOURTH MEETING

Tuesday, 15 May 1956, at 3.30 p.m.

Chairman: Dr M. Jafar (Pakistan)


Agenda, 6.2

Chapter 13: South-East Asia Region (continued)

Dr Faquiri (Afghanistan) expressed the appreciation of his Government for the guidance given by WHO in the development of public-health services in Afghanistan, where the Organization’s assistance had covered many fields, from communicable-disease control to the training of personnel. He would, however, make a plea for the inclusion in the 1957 programme of a project for the control of
trachoma, a disease from which many people in his country suffered.

Dr Pamong Monti (Thailand) paid a tribute to the work of the Regional Director in helping to improve health conditions in Thailand. Great progress had been made in the control of yaws and leprosy and in BCG vaccination; and, thanks to the assistance of UNICEF, WHO and the United Nations International Co-operation Administration, the same progress had been made in the control of malaria. In that connexion, however, he would stress the importance of joint action by neighbouring countries. There could be no standing still in the fight against malaria, especially once the confidence of the public had been gained.

Chapter 15: Eastern Mediterranean Region

Dr Taba, Deputy Regional Director for the Eastern Mediterranean, said that the main work of the Regional Office had been on the strengthening of national health administrations, the training of personnel and the control of communicable diseases.

The shortage of health personnel in the Region presented a major problem and each year a larger proportion of the budget was being allocated to educational projects. In 1955, of seventy-nine WHO projects in operation in the Region, twenty-one had dealt exclusively or predominantly with education and training, and in 1956 there would be twenty-eight such projects.

Assistance was being given not only on a national level but also on an inter-country basis. Great interest was being shown in nursing schools and assistance was being given to a number of such schools on a national level. The technical discussions connected with the 1955 Regional Committee meeting had been on nursing and some delegations had included a nurse. A project was in operation in Gondar, Ethiopia, for providing training for various categories of auxiliary personnel. On the inter-country level, a regional college of nursing of university standard had been established in Alexandria.

Seminars had also been prominent features of the programme. In 1955 a travelling seminar for senior public-health administrators had been held; participants had visited Egypt and the Sudan and inspected health institutions in those two countries. That seminar had been very successful and plans were being made to hold a similar one to visit two other countries in the Region in 1958. Planning meetings had been held for two seminars which would take place in 1956, one on maternal and child health and the other on environmental sanitation.

A course on meat hygiene had been held with thirty-nine participants, and courses for junior sanitarians would continue during the next few years. Health education was also gaining an increasingly prominent place in the Region, courses having been started in Calioub and at the UNESCO-sponsored Arab States Fundamental Education Centre at Sirs-el-Hayyan, Egypt.

Fellowships were increasing in number. The 188 awards made by WHO in 1955 were predominantly but not exclusively post-graduate in character.

Projects to assist provincial health administration and to deal with rural health problems had been introduced.

Control of communicable diseases still played a major role in the regional programme. Implementation of plans prepared for the eradication of malaria in a group of countries would be begun on an inter-country basis in 1956. An evaluation of the pilot project in Egypt on communicable eye diseases had started, and he hoped to be able to report results to the next Health Assembly.

In conclusion, he remarked that the Region had been confronted with problems which had been satisfactorily surmounted after the introduction in 1955 of the new procedure for programme planning under Technical Assistance. Programme planning had been more satisfactory so far during the current year, and he thought that the scheme would perhaps work smoothly in the foreseeable future, when the countries became more acquainted with the procedure.

Dr El Halawani (Egypt) said he would like to avail himself of the opportunity to express his delegation’s appreciation of the work of the Regional Office for the Eastern Mediterranean and of its staff, particularly by Dr Shousha and Dr Taba. The able direction of Dr Shousha, who had throughout shouldered the burden of responsibility, was greatly esteemed both in Egypt and elsewhere in the Region.

The Director-General’s Report contained an interesting description of the activities of the Calioub Demonstration and Training Area in Egypt. That was a project worthy of attention; its main objective was to provide governments with a proving ground where different patterns of health services and public health administration could be tried out. Egypt was looking hopefully to the eventual results, which would bear, among other important matters, on problems of rural sanitation.

That led him to the question of the existing shortage of sanitary engineers. One line of action for WHO which would be most helpful for the countries of the
Region would be to grant more fellowships for training in that branch. Trained staff were also sadly lacking for bilharziasis control work. He welcomed the plan to set up a special training centre in Egypt, to serve the needs of the area as a whole. Much experience had already been gained in the control of bilharziasis, but the need still persisted for action at the international level, particularly on such matters as research into irrigation problems and the training of engineers.

With regard to insect-borne virus diseases, his delegation still believed that there was an urgent need to continue research work. Trachoma was of especial importance but an overall approach to insect-borne virus diseases should be encouraged.

Work on malaria eradication was developing satisfactorily in the Region and his delegation hoped that it would be extended to Egypt. In that connexion, control of the geographical distribution in the Region of the dangerous vector *Anopheles gambiae* was advisable.

The Report stressed the need for eradicating *Aëdes aegypti* from the Region. That was of great importance as it would render certain areas non-receptive to yellow fever and dengue.

Egypt was looking forward to the fulfilment of the programme on nursing. WHO had given assistance in the setting up of the Higher Institute of Nursing in Alexandria, which would before long provide an answer to Egypt’s present shortage of nursing staff.

One of the most encouraging developments in the Region was the growing interest in building closer relations between the health services and other social and welfare branches. Egypt had taken the lead in providing co-ordinated services of that kind. A large number of community centres was being established to care for all the needs of the rural populations. Health education of the public was a related activity of much importance; it was to be the topic of technical discussion at the next meeting of Regional Sub-Committee A. Egypt believed that the old methods should be revised and new ways sought suited to the needs of the countries in the Region, and that would entail prolonged study of the social and economic conditions of the peoples concerned.

Dr Nassif (Saudi Arabia) said that his country, through the endeavours of the Regional Director and his staff, was becoming more and more intimately linked with the work of the Region. There was a growing appreciation, too, of the efforts of WHO, and these, he was sure, would be helpful in co-ordinating his Government’s health programmes and bringing more fruitful results in the coming years.

Dr Anouti (Lebanon) thanked WHO and the Regional Office for their co-operation with his Government in the successful implementation of public-health projects. Without that help, many of his Government’s goals would not have been reached.

Member States of the Region were allocating considerable sums of money each year for the improvement of health conditions. Iran, in addition to its regular health budget of 35 million dollars annually, had earmarked 75 million dollars to be spent on improvement projects over a seven-year period. If those important sums were to be used to the best advantage, some assurance should be given that the best available minds would be employed in carrying out projects. He regretted to have to report that Iran had had specialists of dubious worth sent out by WHO. The projects had been failures and the reputation of WHO had suffered as a result. Once that had happened it was very difficult to retrieve the position, largely because of the administrative conditions involved. He requested that particular attention should be given to the selection of experts in order to ensure the success and continuity of the programmes.

His Government was of the opinion that there was little value in providing short-term consultants for surveys. Frequently such consultants were only just beginning to understand the people and the country in which they were working when it was time for them to leave. Their reports could therefore not be really helpful.

The granting of fellowships was a continuing WHO activity that should be given the highest consideration. The system was admittedly open to improvement. Much had already been said about the relative value of intra-regional and inter-regional training.
But the disadvantages cited in regard to the latter did not necessarily justify its complete exclusion. Irrespective of whether an individual fellow took employment in his home country, he still remained a potential asset to the world in general. Moreover, his experience abroad could not but provide an incentive towards trying to improve conditions at home. Above all, there was the benefit to him of the general broadening of his horizon, which, indirectly, might enable him to make his contribution to the establishment of peace and security in the world. His delegation accordingly believed that due provision should be made for both types of training, as they were undoubtedly complementary.

Dr Noger (Libya) said that the continuation and successful development of his country's programme for improving public-health services was largely due to the assistance, understanding and friendliness of Dr Shousha, Dr Taba and the staff of the Regional Office.

His Government had welcomed the priority given to the training of qualified and auxiliary personnel in 1955, and was glad that increased assistance was to be given to that programme in the future.

Dr El Sayed (Sudan) associated himself with the appreciative remarks already made concerning the work of Dr Shousha and his staff, and thanked them particularly for the help extended to the Sudan.

One difficulty his Government had found in the planning and carrying out of its development programmes was that the various assisting agencies had different financial years. If some formula to overcome that could be found, it would be most helpful to governments.

Dr Toffolon (Yemen) thanked the Director-General for his excellent Report and expressed appreciation of the constant interest shown by Dr Shousha in the affairs of Yemen. The Director-General's Report pointed out that the countries in the Eastern Mediterranean Region could be considered as falling into three separate groups. Yemen came within the group of countries in which the development of health services and health administration was at a very early stage.

He considered that countries in that group should have priority for WHO's assistance, taking account, naturally, of budgetary possibilities and the ability of the country concerned to absorb the assistance given. Such priority was of particular importance in regional projects. As an example, he mentioned the project for malaria eradication in the Eastern Mediterranean Region, which, for success, required the co-operation of all countries in the Region.

Unless the less developed countries received additional aid, they might lag behind the others and impede the progress of the campaign.

In conclusion, he would like to associate himself with the suggestion presented by many delegates, and in particular by the delegates of Egypt and Iraq, with regard to the control of bilharziasis. That disease presented a major problem in Yemen—perhaps even more important than that of malaria.

Dr Dia El-Chatti (Syria) expressed appreciation for the work undertaken by WHO in 1955 and particularly for the assistance given to his own country. He associated himself with the remarks made by the delegate of Iran on fellowships. Without belittling the value of intra-regional fellowships, he would emphasize that inter-regional and international fellowships were still necessary, and any reduction of such fellowships would, in his opinion, widen the gap between nations.

Dr Al-Wahbi (Iraq), after thanking the Regional Director and his staff, said that the work which had been accomplished during the last seven years had been of the utmost importance to all health authorities in the Eastern Mediterranean Region; he was sure that all delegations from the Region would agree that the Regional Office had not only acted as a stimulus to those authorities in strengthening their health services but had also undertaken excellent work by initiating projects in all health fields.

Dr Taba had mentioned the emphasis being placed on the training of health personnel to strengthen the health services of the Region, and on the control of communicable diseases. Much had been done in both fields and a number of projects initiated by WHO were being continued successfully by the governments. All were agreed that the main purpose of the work of the Organization was to stimulate interest in projects which countries could continue by themselves. As examples which concerned Iraq, he would mention the projects for control of bejel and of tuberculosis in that country. They had been taken over by the local health authorities and were now considered as providing a training centre for the members of the Region and for countries from other regions.

The Regional Office had been working according to the established policy that all members of the Region would contribute to the work. He was pleased to say that complete understanding and complete co-operation existed between members of the Region and the Regional Office.

Dr Taba, Deputy Regional Director for the Eastern Mediterranean, thanked the delegates on behalf
of the Regional Director for their kind remarks. He had noted the points mentioned by individual delegates and assured them that appropriate action would be taken.

Bilharziasis had an important place in the regional programme and everything possible would be done to combat the disease.

In reply to the remarks of the delegate of Iran regarding short-term consultants, he said that no project was ever undertaken except at the request of the government concerned; if there were projects which consisted exclusively of the provision of short-term consultants, that was because they had been asked for in that form.

**Chapter 14: European Region**

Dr Montus, Deputy Regional Director for Europe, introduced the chapter, which briefly reviewed the most important activities in the Region during 1955. An attempt had been made to bring out as far as possible some of the future lines for action by the Regional Office.

During 1955 Member States in the Region had taken an active part in its work; it was to be hoped that their collaboration would be strengthened in the near future by the return to active participation of the countries of Eastern Europe.

The Regional Committee at its fifth session had revised the programme for 1956 and studied the programme and budget for 1957. It had noted with satisfaction that a training course for health physicists in radiation protection had been added to the inter-country programmes for 1955.

The chapter also contained information on the transfer of the Regional Office to Copenhagen, which was due to take place in the first half of 1957.

The year 1955 had marked the end of a first four-year period in respect of which the Regional Committee at its second session had laid down guiding principles to govern the regional activities. In stressing general trends, he would first draw attention to the efforts made to foster programmes of interest to given countries, financed largely from Technical Assistance funds. Seven countries of the Region had benefited in that way in 1955.

Endeavours had also been made to maintain assistance to teaching and technical training institutions and to continue the fellowship programme; 337 fellowships had been granted in the European Region in 1955.

Another clearly emerging trend had been the regular and progressive development of the inter-country programme, financed almost wholly out of the regular budget; a full list of the projects carried out would be found in Part IV of the Report. Thirty-five projects had been successfully completed in 1955. It would be seen, too, that the number of group training courses was increasing from year to year. He enumerated a number of the more important of those training courses. The Training Course for Health Physicists, held in Stockholm, and the Study Group on Atherosclerosis and Ischaemic Heart Diseases, held in Geneva, had marked the first steps in what were likely to become continuing features of the programme in the Region.

Among the typical projects reviewed in the Report, he would draw particular attention to the programmes on communicable eye diseases and the professional training of sanitary engineers, and to the development of training courses in anaesthesiology.

Collaboration with other agencies—the United Nations, UNICEF, the Office of the High Commissioner for Refugees, ILO, FAO, UNESCO—had been maintained at a very satisfactory level. Use had been made of the training facilities of the International Children’s Centre in Paris and contacts had been maintained with the Rockefeller Foundation in regard to professional training programmes, particularly in rural hygiene and environmental sanitation. The closest collaboration had also been established with the Council of Europe on its proposed fellowship programme, which the Regional Office had offered to administer.

In conclusion, he stated that the Regional Committee at its fifth session had approved a programme of work to cover the period 1957-60, and it had reaffirmed its view that the best way in which the Regional Office could aid governments in strengthening their health services was to continue efforts for the co-ordination of health programmes, the interchange of experience, and the development of educational and professional training programmes for medical and health personnel.

Dr Andersen (Denmark) thanked Dr Montus for his review of the past year’s work in the European Region. His delegation had been deeply moved to hear of the serious illness of the Regional Director, Dr Begg. The work done by Dr Begg had been uniformly excellent; he regretted that Dr Begg was not present in person to receive the thanks due to himself and his staff.

The survey in the Report presented a picture of excellent work. Without entering into details, he would simply stress the fact that the inter-country programmes in the Region had developed and increased from 1950 onwards. It was very important that that trend should be maintained in the future.
Professor Grasset (Switzerland) said his delegation would like to express appreciation of the benefit his country had received from fellowships granted during 1955 in various fields. It was also grateful for the services of experts provided for specific objectives, such as dental services in mountainous regions and the organization of nursing schools.

He would like to associate himself with the Danish delegate's remarks regarding Dr Begg.

Dr Karabuda (Turkey) wished to begin by paying a public tribute to the Regional Director and his staff for their energetic efforts to implement the various programmes drawn up by agreement with his Government in 1955; the results promised to be fruitful. The maternal and child health programme and the nursing advisory programme were now satisfactorily under way. The courses at the School of Public Health in Ankara, organized by the Turkish Ministry of Health with the collaboration of WHO, had been particularly appreciated.

The BCG vaccination campaign, carried out with the valuable assistance of UNICEF, was in full operation. Up to the end of 1955 nearly ten million persons had been tested and approximately four million vaccinated. The vaccine for the campaign was being provided wholly by the laboratory which had been established at Ankara with the aid of UNICEF and WHO. With further help from the two organizations, the laboratory could be transformed into a production centre for the supply of BCG vaccine to neighbouring countries.

The Tuberculosis Centre at Istanbul, set up with WHO aid in 1951, continued to operate under the direction of national experts; its international character was maintained by the attendance of a number of WHO fellows from the European Region.

In closing, he expressed the hope that Dr Begg would soon be completely recovered.

Dr Aujaleu (France) said his delegation would like to take the opportunity to commend the work of the Regional Office. A matter of special note was the particular direction given to its activities, so that they not only benefited the Region itself, but might one day serve as a pilot study for the other regions.

Three trends had emerged in particular on which he would like to compliment the Regional Office. The first was the substantial and ever-increasing development of the inter-country programmes, particularly in the field of group training. Such programmes were likely to foster still more the international spirit in Europe—a continent so often divided by local sentiments.

The second outstanding trend was the tendency to bring together as a team representatives of different disciplines. That might appear to be a perfectly commonplace proceeding, but the fact was that it had rarely been tried hitherto; the results had been found extremely satisfactory all round.

The third remarkable trend was the way in which the Regional Office had resisted the temptation to hold conferences on subjects that would permit health administrations to present their own achievements in a favourable light, and had ventured on to less beaten paths, for instance the new developments in the prophylaxis of tuberculosis and the need to adjust public-health services to the aging of populations. He also had in mind the studies on the prevention of degenerative diseases of the cardiovascular system and heart affections. Again, he noted how promptly the Regional Office had seized the opportunity to provide training for health physicists on radiation protection. He was convinced that the Regional Office would next be proposing to extend its activities to the study of other problems, such as accident prevention, cancer, and so on, which were troubling the European countries.

The success of all those activities was due in large part to the team spirit that animated the staff of the Regional Office, and in particular its higher officials. His delegation sincerely hoped that the team would soon be again at full strength and able to continue its admirable work.

Dr Cramarossa (Italy) commended the good work done by the Regional Office and expressed best wishes for Dr Begg's return to health. He particularly congratulated the Director on his work in promoting public-health education, and organizing a single regional project with the object of introducing uniformity in the programmes of the European schools of public health. He particularly welcomed, too, the preliminary work on a further conference on post-graduate education, to be held in 1956. In that connexion, he had one recommendation to put forward, namely, that the summary of present-day tendencies in university and post-graduate education in Europe that had been drawn up on the basis of the documentation emerging from the two conferences held at Nancy (1952) and Göteborg (1953) should be issued before the forthcoming conference, for reasons that would be readily understandable.

With regard to the training of sanitary engineers, he would point out that most of the participants at the symposium held at Oxford had been generally agreed on the impossibility of training sanitary engineers to the point of specialization in all the diverse branches of the subject. Training institutions
should therefore be encouraged to cultivate an overall approach in view of the fact that the specific field of work in which a student would later be practising could not be foreseen.

Dr MacCormack (Ireland) said he was sure that all the Members of the European Region would join with him in asking that the Director-General should convey on their behalf a special message to Dr Begg regretting his absence from the present Assembly and sending their best wishes for his recovery.

Dr van Zile Hyde (United States of America) felt that other Members of the Organization would like to be associated with the message and suggested that it be sent in the name of the Committee as a whole.

Dr Togba (Liberia) suggested that, considering the excellent work done by Dr Begg, the Committee might wish to go further and recommend that the entire Health Assembly should send him the message, in the form of a resolution.

The Chairman felt sure that that would be the will of the Committee. He had a great regard for Dr Begg and the work that he had done; it was to be hoped that he would be able to resume his functions at an early date.

Chapter 16: Western Pacific Region

Dr Fang, Regional Director for the Western Pacific, said that the period under review had seen more rapid progress in a number of WHO-assisted projects in the Region, due in part to the improved conditions in certain areas.

The Regional Office had continued to provide assistance in strengthening national teaching institutions by exchange programmes, visiting lecturers, and the provision of medical literature and equipment. That type of assistance was not only directly useful, but would in the long run be of benefit to the Region as a whole by expanding facilities for inter-regional training. In the countries faced with an acute shortage of medical and auxiliary personnel of all grades, assistance had been given in training sub-professional personnel for service in rural areas. As the number of workers in those grades increased, the level of training would be gradually raised.

In the field of communicable diseases, action designed to control tuberculosis, yaws and malaria had been continued. As the BCG campaigns approached their end, increasing emphasis was being placed upon overall control action into which those campaigns would be integrated. The inter-country yaws programme in the South Pacific islands was progressing according to plan: campaigns were in progress in Fiji, Western Samoa and West New Guinea and were expected to be extended to other island territories during the coming year.

Considerable progress had been made in the field of malaria. Eradication programmes were being carried out in Taiwan and the Philippines. During the year, two malaria conferences had been held, one in Phnom-Penh, Cambodia, and the second in Kuching, Sarawak, as a first step towards the promotion of inter-country and inter-regional malaria control programmes.

The Regional Office had also been active in assisting governments to define their environmental sanitation problems. Increased interest had been shown in mental health—particularly in childhood—dental health, leprosy control and filariasis control. It was expected that work in those fields would increase in the coming years.

Nursing education activities had expanded and would continue to do so. UNICEF and WHO together had given assistance on maternal and child health questions. New centres had been opened and some projects were focusing attention on school health programmes.

As a number of projects were approaching the final stage, increasing responsibility was being assumed by the national health administrations, so that when the international staff were eventually withdrawn the projects could still be carried on smoothly.

The Office had maintained close liaison with the UNICEF Asia Regional Office and had given technical assistance and guidance on a large number of projects. The regional programme as a whole benefited considerably by UNICEF aid in the form of supplies and equipment. Discussions on current and proposed projects with the resident Technical Assistance representative in the Philippines and with the regional representative of the Technical Assistance Board in Bangkok had proved useful in smoothing out problems in the Technical Assistance programme.

The question of suitable accommodation for the Regional Office was still under negotiation with the host government, which had set up a special sub-committee to deal with the matter. The Philippine Government had been informed of the site that appeared to be most suitable from the point of view of the Organization and other United Nations agencies in Manila, and a recent Cabinet decision had been taken to make the proposed site available.

Dr Le-Van-Khai (Viet Nam) expressed his delegation's appreciation of the excellent work done by Dr Fang and his staff in 1955. Apart from current projects and fellowships, the Regional Office had
organized study groups on problems such as those relating to virus diseases transmitted by arthropods and the strengthening of national teaching institutions. It had also set up a co-ordinating committee on malaria control in his part of the Region.

Viet Nam had benefited in particular from the programmes on maternal and child health and tuberculosis and from fellowships, for all of which it wished to express its gratitude to WHO, to the Regional Director and the staff of the Regional Office.

Dr Bijlmer (Netherlands) wished to make a few comments on WHO's work in the Western Pacific Region, in which the Netherlands New Guinea was included. The Netherlands New Guinea had developed rapidly during the past five years. In addition to the malaria control service already in existence, 1955 had seen the setting up of auxiliary services covering yaws, leprosy, tuberculosis and infant mortality. WHO had shown particular interest in the territory's needs and had sent visiting experts for the technical guidance of UNICEF in organizing the malaria control and mass yaws control projects that were now in progress; a third project for tuberculosis control was still under negotiation. The Netherlands Government provided the staff and personnel, but the work was done in close co-operation with WHO, and the fellowships that had been granted had played a particularly significant role.

Much had already been said in the Committee on the subject of fellowships; the Committee could be assured that the grants were made only after careful selection and that the fellows were placed in suitable posts upon their return.

Dr Yen (China) also expressed his delegation's appreciation to the Regional Director and his staff, advisers and field team leaders, for the able assistance given to his Government in carrying out its 1955 health programmes.

The advances achieved in the Region had been remarkable. In his own country great progress had been made in the control of malaria, trachoma, venereal diseases and tuberculosis, and in maternal and child health services and nursing education, largely through the instrumentality of WHO. He would like to express his country's thanks to the other agencies, such as UNICEF and the United States International Co-operation Administration, for the substantial aid they too had given.

The Regional Committee had taken the initiative in promoting the interchange of information among the Member countries of the Region; that was a highly satisfactory departure. He was glad to note, too, that environmental sanitation was receiving more attention. A zonal meeting on the subject was to be held in Taipei in November 1956, from which it was hoped that all the participants would derive much benefit.

Thus, through the efforts of the Regional Office and its competent staff, the Member countries of the Region had been encouraged in 1955 to take greater interest in health conditions throughout the Region. In addition to the active interchange of information, health officers had visited neighbouring countries to gain the benefit of field experience. That was an excellent example of closer collaboration and assistance at the inter-country level. The end result could not but be a step towards the chosen goal of bettering the health of the peoples of the Region.

Dr Neil Smuok (Cambodia) thanked the Director of the Region on behalf of his delegation for the excellent work carried out by WHO in Cambodia from 1951 to the present date.

Professor Ford (Australia) endorsed the previous tributes to the Regional Director and his staff and joined in the satisfaction already expressed in regard to the numerous educational projects included in the Region's programme. One of the happiest features of the past few years had been the eager and widespread search for medical education and training of health workers in general. The establishment and encouragement of local training institutions and the provision of undergraduate facilities for education generally were particularly inspiring; in that development lay the Region's hopes for the future.

*The meeting rose at 3.45 p.m.*

Chapter 16: Western Pacific Region (continued)

Dr Regala (Philippines) expressed his Government's satisfaction with the work of WHO in the Western Pacific Region during 1955, and more particularly with the assistance given to several public-health projects in his own country.

Some of the earlier projects started on a pilot scale with WHO assistance and found workable were rapidly being integrated into national health programmes and absorbed by the national health administration; he referred to the projects for treponematosis control, mass BCG vaccination, and malaria control, which last was developing during the current year into an eradication programme. Another early project assisted by WHO, the rural health administration and training centre, was now being organized into a national project providing pre-service and in-service training to personnel of the offices under the national health administration.

Progress on other projects, such as the pilot project for bilharziasis control, the multilateral exchange project in the Institute of Hygiene of the University of the Philippines, and the midwifery training project, was encouraging, and the assistance received from WHO, together with UNICEF and the United States International Co-operation Administration, was satisfactory and adequate.

A revolutionary change was now taking place in the public-health services of his country. A week before he had left to attend the Health Assembly the National Congress had approved a comprehensive plan for reorganizing the national health administration. Although it was not recorded in the Official Records of WHO, the thinking and suggestions of the staff of the Regional Office had been liberally incorporated in that plan. Because of the urgency of its implementation, the Secretary of Health for the Philippines was unable to attend the present Health Assembly, and had asked him to convey his regrets.

Finally, he expressed his Government's satisfaction at the reappointment of Dr Fang as Regional Director until 30 June 1961. Since his first appointment Dr Fang had given fully of his enthusiasm and energy in helping the countries of the Region to improve the health of their peoples, and had shown outstanding qualities of leadership. The countries of the Region were encouraged by the knowledge that he would be in a position to continue for the next five years the work he had begun.

Dr Yamaguchi (Japan) conveyed his Government's gratitude for the splendid work carried out by the Regional Office for the Western Pacific under its Director, Dr Fang. His country had received much valuable assistance during 1955, including numerous fellowships which had stimulated the improvement of national health services, particularly in such comparatively under-developed fields as mental health and environmental sanitation.

Another project that had given great satisfaction to his Government had been the seminar on nutrition education and health education organized in the Philippines jointly by FAO and WHO and attended by four participants from Japan. It had been followed by a series of similar seminars at the national level which had made a valuable contribution to progress in the two subjects concerned.

Dr Souvannavong (Laos) wished publicly to thank Dr Fang for the understanding attitude he had always shown towards Laos, and to express his Government's satisfaction with the magnificent work carried out in the Western Pacific Region. He wished to thank three neighbouring countries: Viet Nam, which during the year had organized a training course on health statistics of which Laos had taken full advantage; Cambodia, which had generously thrown open its school of medicine to Laotian students, more than fifty of whom were at present studying there; and Thailand, which in the programme of inter-regional co-operation for malaria control had sent experts to assist his Government and had received...
over twenty Laotian students for advanced training in malaria control.

Dr Han (Korea) expressed his Government’s gratitude to the Director-General and his able secretariat for the fine achievements described in the Annual Report for 1955. In particular, he thanked the Regional Director for the Western Pacific and his staff for their advice and assistance, especially in the field of education and training, so important for the rehabilitation of war-devastated countries. Korean personnel trained on WHO fellowships were playing essential roles in the promotion of national public-health activities.

In view of Dr Fang’s outstanding achievements as Regional Director, he warmly welcomed his re-appointment.

The Chairman, noting that the discussion of the report on the Western Pacific Region was concluded, gave the floor to the delegate of Indonesia, who wished to make a statement.

Dr Anwar (Indonesia) recalled that at the previous meeting the delegate of the Netherlands, speaking of WHO activities in the western part of New Guinea, had referred to that area as “the Netherlands New Guinea”. He wished to have placed on record that the area in question was not recognized by his Government as Netherlands territory, but was considered as Indonesian territory. Furthermore, it would be noted that the footnote on page 101 of Official Records No. 67, indicating the delineation of the Western Pacific Region, did not mention the Netherlands among the countries included.

Dr van den Berg (Netherlands) expressed some astonishment at the statement of the delegate of Indonesia. At the previous meeting, during the discussion of work in the Western Pacific Region, to which his country had belonged since the foundation of WHO, his adviser Dr Bijlmer had given some information about the health problems in that region and expressed appreciation of the work of the Regional Office. It might conceivably be possible to disagree with the technical observations made, though it seemed improbable, especially on the part of a delegation whose Government was not a Member of the Region. But what was even more surprising was that Dr Anwar had not referred to the substance of the remarks of Dr Bijlmer, but had stated that the Netherlands New Guinea should not be included in the Western Pacific Region. In his opinion, the Committee on Programme and Budget was a technical committee, and should not discuss political questions.

Furthermore, he wished to place on record that his Government would accept no discussion of the political status of territories where it exercised de jure and de facto sovereignty, as in the case of the Netherlands New Guinea.

Chapters 17 and 18: Co-ordination of Work with Other Organizations: Expanded Programme of Technical Assistance for Economic Development

Dr Togba (Liberia), regretting that his remarks were perhaps not appropriate to the subject under discussion, said that he wished to place on record the appreciation of his Government for the work done by WHO in Africa south of the Sahara. It was gratifying to see that there were more WHO-assisted projects there than ever before. However, the work of WHO in under-developed countries involved one disheartening aspect to which he had drawn attention on previous occasions: governments often found it impossible to accept assistance that they urgently needed because of the need to provide living quarters and other facilities for the international technicians. He hoped that the Director-General could continue his efforts, in consultation with the Technical Assistance Board, to effect a reduction in the contributions which governments were required to make to WHO projects.

The Chairman said that before continuing the discussion he would call on the Deputy Director-General to introduce the subject. He invited all representatives of United Nations agencies or non-governmental organizations who wished to make statements to ask for the floor.

Dr Dorolle, Deputy Director-General, noted that the Committee was discussing together Chapters 17 and 18 of the Report. In that connexion he would mention that the Committee’s agenda included, as item 6.5, the question of WHO participation in the Expanded Programme of Technical Assistance, and the important point raised by the delegate of Liberia under Chapter 18 of the Report could perhaps be discussed when item 6.5 came up for consideration.

The agenda also included item 6.18, Decisions of the United Nations and specialized agencies affecting WHO’s activities, and item 6.15, Relations with UNICEF. The document submitted in connexion with item 6.18 contained more recent information than the Annual Report of the Director-General, since it had been printed later.

It was also worth noting that the agenda of the Committee on Administration, Finance, and Legal Matters included item 7.25, Report on co-ordination with and decisions of the United Nations and specialized agencies on administrative and legal
questions—a subject also referred to in Chapter 17 of the Annual Report.

The text of the Report, brief as it was, gave, he thought, a very accurate picture of co-operation with the United Nations and other agencies. He was ready to answer any questions raised. However, in the interest of saving time he would point out that any prolonged discussion under the present item would involve a risk of repetition when the Committee came to discuss items 6.5, 6.15 and 6.18.

The Chairman, noting that no delegate asked for the floor, assumed that the Committee had noted Chapters 17 and 18 of the Report. Part IV of the Report, the Project List, did not call for discussion; the Committee had therefore completed its examination of the Annual Report of the Director-General for 1955.

Certain parts of the Report had been examined by the Committee on Administration, Finance, and Legal Matters, and in that connexion he drew attention to section 1 of the first report of that committee to the Committee on Programme and Budget (for text, see page 303).

He read out a draft resolution for the consideration of the Committee.

Decision: The draft resolution was approved (see first report of the Committee, section 1).

2. Reports on the World Health Situation

The Director-General recalled that under Article 61 of the Constitution of WHO, Member States had the obligation to report annually on action taken and progress achieved in improving the health of their peoples. The obligation imposed by that Article had remained in suspense, but the Eighth World Health Assembly had recognized that it was henceforth essential for the Organization's work to obtain reports on the health situation of Member States, and had therefore adopted resolution WHA8.40, requesting the Executive Board to report on arrangements necessary for the preparation of such reports.

At its fifteenth session, in January 1955, the Board had heard from the Regional Director for the Americas about the four-yearly reports that governments in that region prepared for the Pan American Sanitary Conference. At its seventeenth session, in January 1956, the Board had noted that the Regional Committee for South-East Asia had requested the Regional Office to assist governments in preparing such reports until a system was established which they could follow. That idea had been taken up again in the discussion of the report of the Regional Committee for the Western Pacific.

The recommendations of the Board as put forward in resolution EB17.66 outlined a plan that seemed practical at the present stage and represented a step towards the full implementation of Article 61 of the Constitution. The reports required from governments would not be statistical; governments were already providing statistical data which was published by WHO. The information supplied would outline the major problems and developments in public health so that they could be seen as a whole and in relation to other aspects of social and economic development. The regional offices would assist governments in preparing material.

The Director of the European Office of the United Nations, addressing the opening meeting of the Health Assembly on behalf of the Secretary-General, had expressed interest in the item under discussion because of its bearing on the work of the Economic and Social Council. To encourage concentration on the most important problems, the Council considered periodical reports on the world economic and on the world social situation, to which WHO contributed. The proposed reports on the world health situation would provide a valuable source of information for WHO's contribution to the Council's review of the world social situation.

It would be appropriate for the World Health Assembly to mark the tenth anniversary of WHO by a first debate on the world health situation. It was important for the Health Assembly to be able to consider the Organization's activities in the perspective of the great advances that countries were making, mostly through their own unaided efforts, and also of all those problems which many countries still faced and for which they needed international assistance. A broad debate on the subject would help the Health Assembly in planning the Organization's programme and give himself, as Director-General, guidance for the efficient direction of the work.

Mr Joll (United Kingdom of Great Britain and Northern Ireland) said that, in the view of his delegation, reports from Member States for the purpose envisaged should be highly factual and objective; they should avoid opinions and hopes. The matter to be elucidated was the world health situation, which was then to be dovetailed into the general social situation which was to be considered by the Economic and Social Council in 1959. For that purpose it would seem that matters of organization and finance would be of secondary importance compared with the actual state of health as measured
by available statistics of disease. As the Director-General had pointed out, that did not mean that the reports should be statistical exercises. However, a few hard facts on such matters as reduction in infant mortality or of some disease would be worth a mass of hopes and theories or descriptions of legislative and administrative blueprints.

Data on such matters as number of doctors and hospitals were not necessarily illuminating. In some circumstances a lack of such facilities was to be deplored, but in others a reduction might be welcomed as indicating a lowering of the general level of disease or the incidence of some particular disease.

He therefore urged that the reports should be kept simple and factual, not only because that would help to give an objective picture of health as such, but also because his delegation was mindful of the capacities of government departments and of WHO itself. The task of providing data, and consequently of summarizing it, should be made as light as possible.

Turning to practical details, he wondered whether it would in fact be possible for the Organization to publish its first report on the world health situation by March 1958 if data for 1957 were included. He suggested that reports from Members should be based on information not extending beyond the end of 1956, and should be furnished as early as possible in 1957. There might well be a case for basing the report upon the three or four years ending in 1956 if the information was to be in Geneva early in 1957.

Finally, his delegation approved the idea, suggested in the report submitted by the Director-General (see Annex 5), of holding discussions in the regional committees on the scope of the information to be supplied by Member States. However, he wondered whether, to facilitate the work of summarizing, Headquarters should not try to effect some uniformity in the headings under which the information was to be supplied before those headings were sent out to Member countries.

Dr Vargas-Méndez, representative of the Executive Board, said that the Board, requested by the Eighth World Health Assembly to study the arrangements necessary for the preparation of reports on the world health situation, had recognized that such reports were of great importance both for the work of WHO and for that of national health administrations. It had agreed that, to begin with, the reports should cover four-year periods, but that later they might be made biennial so as to follow the same periodicity as the reports of the Economic and Social Council. The first report should be ready in 1957 so that the Health Assembly could examine it at the end of the first ten years of WHO's work.

In recommending that the first report should cover as far as possible the period 1954 to 1957, the Board had realized that some governments might be able to submit data for the last year of that period, while others would furnish a report covering only three years, sending a supplementary report for the last year.

The Board had noted that the Member Governments of the Pan American Sanitary Organization submitted four-yearly reports based on a questionnaire drawn up by the Pan American Sanitary Bureau and containing the information needed for the reports on the world health situation. As far as other Member States were concerned, the Board agreed that the list of headings circulated in 1950 should be adapted to the needs of the different regions and that the regional offices should give every help to Member governments in preparing their reports.

The Board therefore recommended that the Health Assembly approve the proposed arrangements and invite Member States to submit data covering as far as possible the period 1954 to 1957, as a first step towards fulfilling the obligation laid down by Article 61 of the Constitution.

Dr Maria Dae den (Federal Republic of Germany) said that her delegation supported the Director-General and the Executive Board in their wish to receive reports from every Member State as a basis for a comprehensive report on the world health situation. Her Government had already attempted to send periodical reports on the health situation in Western Germany, but in doing so had had the impression that there was some uncertainty which questions were of international interest. Her delegation therefore approved the intention of transmitting to every Member State a questionnaire serving as a basis for the report, but wondered whether the Director-General in sending the questionnaire could not supply some explanations on individual items.

Dr Djordjević (Yugoslavia) introduced the following draft resolution, presented by his delegation:

The Ninth World Health Assembly,

In view of the fact that in 1958 ten years will have elapsed since the foundation of the World Health Organization;
In view of the fact that the first report on the world health situation is being prepared for the Eleventh World Health Assembly;

Conscious that, during the period that has elapsed, the World Health Organization has acquired considerable experience and developed various methods of work, and that by reason of its prestige and its position in the United Nations family its role has increased in importance;

Conscious that, despite the important results obtained by the World Health Organization, extensive health problems still exist whose rapid solution is essential if conditions of economic stability and social well-being are to be established;

Taking into account the fact that the favourable development of the international situation creates new possibilities and opens fresh perspectives for undertaking still more intensive activities to ensure the attainment by all peoples of the highest possible level of health,

1. DECIDES to celebrate the tenth anniversary of the World Health Organization;

2. REQUESTS the Director-General to submit to the Eleventh World Health Assembly for this purpose a special report reviewing all the activities of the Interim Commission and of the World Health Organization during past years;

3. DECIDES, furthermore, that this special report shall be considered by the Eleventh World Health Assembly at the same time as the first report on the world health situation, with the aim of subsequently developing the activities and programmes of the World Health Organization on the basis of the experience acquired and taking into account the new possibilities for international co-operation.

The Committee had before it a proposal to produce a report on the world health situation based on reports submitted by individual Member governments. What was proposed in his delegation’s draft resolution, on the other hand, was a review of the activities of WHO itself during the ten years of its existence—a report produced by the Director-General on the basis of WHO’s own documentation.

The two reports would provide the basis for an examination at the Eleventh World Health Assembly both of the world health situation and of the experience gained by WHO. The Health Assembly would thus be in a position to undertake a detailed study of the world’s health problems and seek new ways of developing the Organization’s programmes in the future.

In reply to a question from Dr Aujaleu (France), the Chairman said that it would be preferable to finish the discussion of the proposed report on the world health situation before considering the proposal of the delegate of Yugoslavia.

Dr Yen (China), while supporting the proposal that Member States should supply information as a basis for an assessment of the world health situation, observed that certain definitions would be required and certain points would have to be made clear when the questionnaires were sent if the data were to be uniform and to have any value. For example, when data were submitted on certain communicable diseases, even those as well known as diphtheria, it would be essential to state whether they were based on clinical diagnosis or laboratory diagnosis. The type of diagnosis would tend to vary from country to country according to the state of their development, and confusion might arise, leading to different interpretations of the actual situation.

Secondly, while he realized that it was important to concentrate on cases where certainty was possible, rather than on presumptive types of infection, he felt that it was also important to obtain as complete information as possible. Many virus diseases, particularly in the encephalitis and poliomyelitis group, were not included in the proposed list of headings. He realized that there might be technical objections to including them, but for purposes of comparison when later surveys were undertaken it would be desirable as far as possible to include available figures at the present stage.

Dr MacCormack (Ireland), referring to the remarks of the delegate of China, wished to record his disagreement with the suggestion that any laboratory could ever diagnose diphtheria. The most that a laboratory could do was to report on the presence or absence of diphtheria bacillus. If the Secretariat tried to attain too much precision on the matter, it would confuse the issue.

Dr Gratzer (Austria) agreed with the Director-General and the United Kingdom delegate that reports should be highly objective. He suggested that no data which were not objective should be included.

Dr Allwood-Paredes (El Salvador) remarked that, if the reports from Member States were to result in a uniform and significant interpretation of the world health situation, it was important to know how the data included had been recorded.
A government could base statistical data either on official registers or on special surveys, and the results in the two cases could be completely different. In requesting reports, therefore, the Organization should particularly stress the need for governments to state how they had obtained their statistical data.

Dr Castillo (Nicaragua) expressed his delegation's desire that WHO should extend its work on venereal diseases.

Dr Anwar (Indonesia) welcomed the suggestion in the Director-General's report (see Annex 5) that the regional committees should be invited at their 1956 sessions to consider ways of adapting the arrangements for collecting the information required for the reports to the conditions prevailing in the different countries. Some countries, where the first census had been held only a few decades ago and statistical services were in a rudimentary stage, would find it difficult to produce reports even in the simple form suggested in Annex A to the report.

Dr Higab (Egypt) felt that, in order to ensure uniformity in the valuable information to be submitted, a comprehensive formula should be prepared for national governments, to facilitate both their work and the work of examining the reports afterwards.

The Chairman read out the following draft resolution:

The Ninth World Health Assembly,

Noting resolutions EB15.R51 and EB17.R67 of the Executive Board and the report prepared by the Director-General in pursuance of resolution WHA8.40 of the World Health Assembly on 'Reports on the world health situation', as well as resolution 557 (XVIII) of the Economic and Social Council on the organization and operation of the Council;

Recalling the obligation accepted by Member States in Article 61 of the Constitution of the World Health Organization;

Recognizing the responsibility of the World Health Organization to study and report on the world health situation, and confirming that such studies and reports are essential to the fulfilment of the Organization’s other functions;

1. INVITES the Members of the World Health Organization to prepare, as a step toward the fulfilment of their obligations under Article 61 of the Constitution, a report covering as far as possible the period 1954 to 1957;

2. RECOMMENDS, as a basis for the preparation of reports from those Members of the World Health Organization that are also Members of the Pan American Sanitary Organization, the relevant portions of the questionnaire in use by the PASO; and, as a basis for the preparation of reports by Members in other regions, the list of headings reproduced in Annex B of document A9/P&B/9, with necessary adjustments;

3. REQUESTS the Director-General through the regional organizations to give all suitable assistance to the Member States in preparing these reports;

4. REQUESTS the Director-General to prepare for the Eleventh World Health Assembly the first report on the world health situation summarizing the reports submitted by Members pursuant to Article 61 of the Constitution.

Mr Joll (United Kingdom of Great Britain and Northern Ireland) recalling his remarks on the difficulty of providing data for the year 1957, proposed that in paragraph 1 of the draft resolution the words ‘‘the period 1954 to 1957’’ should be replaced by ‘‘the four years ending 1956’’.

The Director-General pointed out that the difficulty to which the United Kingdom delegate referred was recognized in his report, which was why it was suggested that governments which could not supply information for the full four-year period should base their reports on a period of three years and include the information on the fourth year in a subsequent report. He felt that such a compromise was preferable to the solution of requesting information only for the years 1954 to 1956. It should be remembered that it would be necessary to prepare not only a report for the World Health Assembly in 1958, but also a report for the Economic and Social Council in 1959. In any case, the period 1954 to 1957 was that chosen by the Pan American Sanitary Bureau, and one purpose of adopting it was to avoid double work for certain Member countries.

Dr Turbott (New Zealand) wondered whether the Director-General would expect to receive separate reports on the year 1957 in time to produce the comprehensive report to be presented to the Health Assembly in 1958. That would be impossible as far as his Government was concerned, since statistics for any year were not available until April of the following year.

Mr Joll (United Kingdom of Great Britain and Northern Ireland) said that he understood the Director-General’s object in wishing to include the year 1957. However, he could not help reflecting

\[1 \text{ See Annex 5.}\]
that in most countries data for 1957 would not be available until the end of 1958 or even early in 1959. He therefore still felt that it would be enough to select a period, whether of three or four years, ending in 1956, while requesting governments to add any information of a general nature that might already be available for 1957.

The Chairman wondered if the Director-General would not accept the three-year period 1954 to 1956. If the text of the draft resolution were left unchanged, some reports even for previous periods might be held up because governments did not yet have data for 1957.

The Director-General said that from the point of view of the Secretariat a three-year was preferable to a four-year period. Four years had been suggested as a starting period, with the ultimate object of obtaining biennial or even annual reports. He therefore had no objection to the Chairman’s suggestion.

The Chairman noted that the words “the period 1954 to 1957” in paragraph 1 of the draft resolution would therefore be replaced by “the period 1954 to the end of 1956”.

Decision: The draft resolution was approved with that amendment (see first report of the Committee, section 2).

The Chairman invited the Committee to consider the draft resolution presented by the delegation of Yugoslavia and introduced by the Yugoslav delegate (see page 193).

Dr Aujaleu (France) recalled that the Executive Board, at the nineteenth meeting of its seventeenth session, had approved the suggestion of Professor Parisot for a special publication to commemorate the tenth anniversary of the Organization. He therefore proposed the inclusion of the following clause in the Yugoslav draft resolution, at the end of the preamble:

In view of the decision of the Executive Board at its seventeenth session requesting the Director-General to issue a special publication to celebrate the tenth anniversary of the World Health Organization,

The amendment would in no way alter the meaning of the resolution.

Dr Vargas-Méndez, representative of the Executive Board, explained that the Board, in considering a special publication to commemorate the tenth anniversary of WHO, had also been informed by the Director-General of the proposed commemorative film on the work of WHO.

Dr Đordjević (Yugoslavia) accepted the French amendment to the Yugoslav draft resolution.

Decision: The draft resolution, as amended, was approved (see first report of the Committee, section 3; see also minutes of the eighth meeting, section 1).


Agenda, 6.9

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, recalled that the Director-General, in introducing in plenary session his account of the work done by the Organization in 1955, had referred to the very important matter of the completion of preparations for the Seventh Decennial Revision of the International Lists of Diseases and Causes of Death. He had noted the historical significance of that work, which went back more than sixty years. The last two reviews had been undertaken by WHO, and the seventh review now before the Committee was a result of much preparatory work undertaken by the Organization, culminating in February 1955 in the International Conference which had taken place in Paris.

He referred to a few of the main recommendations made by the Conference and presented in its report. Some of the categories of lists had required changes which were being taken into account in the lists under preparation. Other additional changes were aimed at simplifying the rules of allocation of causes of death, prepared by the Secretariat in consultation with the WHO Centre for the Classification of Diseases and with certain officers from the statistical services of Canada, the United Kingdom of Great Britain and Northern Ireland and the United States of America. The Conference had also drawn attention to the desirability of a study by WHO of the needs of under-developed territories in order to develop methods of obtaining and presenting information on health conditions, particularly where inadequate medical facilities and personnel made precise diagnosis difficult.

The Director-General, on the basis of the preparatory work achieved, had submitted the draft additional regulations now before the Assembly (see Annex 6). The consequential changes in the lists were also under preparation and would be issued early in 1957, to enable Member States to introduce the necessary amendments on 1 January 1958.
Dr MacCormack (Ireland) said that although he had recently, after careful consultation with his health department, replied to a document similar to that before the meeting, he found it difficult to enter a discussion on the subject without further study. Other delegations might have the same difficulty.

Dr Allwood-Paredes (El Salvador) thought the inclusion, in Annex A of the Additional Regulations, of “Kwashiorkor (syndrome pluricarencial infantil)” as a four-digit sub-category was unfortunate, in view of its great importance as a cause of death in many parts of the world. It was well known in statistics, and should be mentioned as a separate category. He also regretted the priority given to its African name, in view of the fact that it had been studied for many years as “sindrome pluricarencial infantil” in the countries of America.

Dr Maria Daalen (Federal Republic of Germany) expressed her Government’s agreement with the recommendations of the International Conference for the Seventh Revision of the International Lists of Diseases and Causes of Death. The revised international lists were to be introduced in the Federal Republic of Germany on 3 January 1958, and would be published in German, as the sixth edition had been.

Dr Janz (Portugal) pointed out that “schistosomiasis” (which appeared in Annex A to the Additional Regulations) was generally referred to in WHO documents, including the Director-General’s Annual Report, as “bilharziasis”. He commented that a uniform nomenclature in the WHO publications was desirable. He agreed with the remarks of the delegate of El Salvador on the importance of including kwashiorkor as a category of its own.

Dr Duren (Belgium) suggested that, in order to avoid misunderstanding, bilharziasis should be called after the etiological agent, Schistosoma japonicum.

The Chairman pointed out that the Director-General had followed the advice of the appropriate expert committee in matters of nomenclature. The Director-General would note the points that had been raised and give them further study.

Dr Allwood-Paredes (El Salvador) said that countries were not always represented on expert committees and could then only express their opinions in the Assembly. His Government’s views on the syndrome pluricarencial infantil had been transmitted to the Organization so that they might be taken into account by the Conference. That had apparently not been done; but he requested the Director-General to take note of his remarks for a future revision of the lists.

Dr Gear said that the Director-General would take note of the remarks made. He reminded the Committee that the revision now before them contained no drastic changes. Further changes would be needed in future revisions and would be made in consultation with governments and expert bodies. He added that the objection of the delegate of El Salvador had been met in part, as the nomenclature he advocated would appear in the Spanish lists.

Decision: The Committee unanimously approved the draft resolution contained in the document before the meeting (for text, see first report of the Committee, section 4).

Mr Joll (United Kingdom) took the opportunity to pay tribute to the Secretariat, on whom the brunt of the work had fallen, for the painstaking and efficient way in which they had carried out their exacting task in connexion with the Seventh Revision of the International Lists. As the Secretary had pointed out, the revision was a limited one and was capable of improvement. Much work would have to be done by WHO, the Member countries and the two WHO centres before the next revision. While perfection should always be the aim, it was sometimes necessary to be content with a good working compromise. It had perhaps not been appreciated that even unsatisfactory terms that were employed in diagnosis must appear in classifications intended for current use. Yet the process of revision had made for continual improvement, and he was certain the text when finally published would be regarded as a decided improvement on its predecessor.

4. Organizational Study relating to Programme Planning (with particular reference to Integration of Preventive and Curative Medicine in the Public-Health Programme) Agenda, 6.10

Dr Vargas-Méndez, representative of the Executive Board, reminded the Committee that the Eighth World Health Assembly in resolution WHA8.42 had requested the Executive Board at its seventeenth session to proceed to a detailed study of programme planning with particular reference to the integration of preventive and curative medicine in the public-health programme. The Executive Board at its sixteenth session had adopted resolution EB16.R5,
requesting the Director-General "to proceed with the preparation of this study along the lines suggested, taking into account the remarks by members of the Board". As a result of that resolution, the Director-General had prepared a document which had been discussed in detail by a working party at the seventeenth session of the Board. The Executive Board had embodied the recommendations of that working party in resolution EB17.R48, in which, believing that a complete study of the document was premature, it requested the Director-General to proceed with the study and present a final draft to the Board at its nineteenth session. In paragraphs 2 to 5 of the resolution, recommendations were made on the degree of emphasis to be given to the different chapters, some of which had been felt to be too extensive in the document as it stood. The subject of national health planning was particularly stressed, in order that Member States might be able to derive practical benefits from the study as soon as it was concluded.

Professor Julius (Netherlands) questioned paragraph 5 of resolution EB17.R48. He saw no reason why a particular subject should be deliberately excluded from the study.

Dr Vargas-Méndez, representative of the Executive Board, explained that the document which had been submitted to the Board had contained many general philosophical principles dealing in particular with social themes, and very few references to the concrete information required by governments in reorganizing their health services. The social aspect of health developments would necessarily form part of all the other subjects dealt with; there was no need to give it a separate chapter.

Dr Engel (Sweden) expressed the satisfaction of his delegation at the inclusion of the item on the role of the hospital in the public-health programme (which had been proposed by his delegation to the Eighth World Health Assembly) in resolution EB17.R48. The resolution included the essential points of the Swedish proposal and met with the entire approval of his delegation.

Dr Hurtado (Cuba) said that in seeking to encourage the development of the integration of preventive and curative services in public-health departments, it was essential to remember the centres which were responsible for producing the doctors. It was not enough to reach the official authorities alone. Specialist training centres and universities, which were independent of the government in many countries, should be encouraged to find new formulas and to change their traditional spirit in order that they might produce doctors able to take part, within the new social systems that were coming into existence, in a joint preventive and curative campaign.

He was pleased to note the consideration given to the role of the hospital. In America the subject was receiving considerable attention: in October an inter-American conference was to take place in Havana on that very subject, the hospital as an integrated unit—instead of the source of mystery and horror it had frequently been in the past. He hoped that as a result of the conference new ideas could be made available to other countries.

Dr Higab (Egypt) said his Government was aware of the importance of integrating preventive and curative services, and had already put the idea into practice in the combined rural centres, linked to the district hospitals, which in turn were linked to the provincial ones.

Dr Amouzegar (Iran) agreed with the delegate of the Netherlands in objecting to paragraph 5 of resolution EB17.R48; it was the only negative item of the resolution. There was no point in recording what need not be done. It would be preferable to delete paragraph 5, which might otherwise give a wrong impression.

Professor Julius (Netherlands) thought the intention of the Board, as explained by the representative of the Executive Board, had been that the subject of health developments as a social movement should not be included as a separate chapter in the study. With the inclusion of the word "separate", the point might be cleared up.

Dr Vargas-Méndez, representative of the Executive Board, agreed that the aim of paragraph 5 of the resolution was that a separate chapter should not be given to the subject. Other bodies had published and would continue to publish studies on the social aspects of health developments, and it had never been the intention of the Board that those aspects should not be taken into account.

Dr MacCormack (Ireland) proposed the deletion of paragraph 5. There was no need to include a chapter on social aspects, but they should not be deliberately excluded.

The Chairman reminded the Committee that the resolution was before them for their information; they had not been asked to adopt it. If the Committee wished, the views of the delegates of Iran and the Netherlands would be submitted to the Executive Board for its consideration in the future.

*It was so agreed.*
5. Suggestions for Future Organizational Studies by the Executive Board

Dr SUTTER (Assistant Director-General, Department of Advisory Services), Secretary, explained that the Executive Board at its seventeenth session had discussed the subject and decided to recommend to the Ninth World Health Assembly the draft resolution contained in resolution EB17.R49.

Decision: The draft resolution contained in resolution EB17.R49 was unanimously approved (see first report of the Committee, section 5).

The meeting rose at 11.55 a.m.

SIXTH MEETING

Wednesday, 16 May 1956, at 2.30 p.m.

Chairman: Dr M. JAFAR (Pakistan)

1. Cardiovascular Diseases and Hypertension (item proposed by the Government of India)

Dr LAKSHMANAN (India), introducing the document submitted by his delegation, said cardiovascular diseases were an important factor in mortality and morbidity all over the world. Of the nine etiological groups listed in the document (congenital, rheumatic, syphilitic, bacterial, hypertensive, coronary, pulmonary, miscellaneous and of unknown etiology), the rheumatic, hypertensive and coronary groups were the most important, as they included the majority of cases of heart disease. He would not go into the figures on the etiology and incidence of cardiovascular diseases; it would suffice to say that they were on the increase. In 1950 an International Society of Cardiology had been established but, although it had stimulated some co-operative research, there had not yet been any concerted attempt to deal with the problem from the public-health point of view. In view of the incidence of those diseases and their increasingly deleterious effects on national economies, his delegation felt that they were a suitable subject for WHO, which was being asked to make a world-wide study of the situation, stimulate research and co-ordinate results. The Committee might wish to consider the convening of an expert committee on cardiovascular diseases.

Professor PESONEN (Finland) warmly supported the Indian proposal. Cardiovascular diseases were becoming a very important public-health problem; in many countries, including his own, they had even become the leading cause of death. Taking 100 as a median rate for thirteen European countries, it had been found that the mortality rate for both sexes from cardiovascular diseases was below that figure in Switzerland, the Federal Republic of Germany, France, Sweden, the Netherlands and Norway, but above in England, Italy, Portugal, Scotland, Ireland and Finland. Finland had the highest male mortality rate in all Europe for cardiovascular diseases.

As communicable diseases became less serious as a cause of death, cardiovascular diseases tended to take their place. However, the increase had been not only relative but absolute. The present trend would no doubt continue as the population aged.

He agreed with the delegate of India on the economic aspects. Recent research had however given some hope that it might be possible, in the near future, to prevent some of the cardiovascular diseases and mitigate their crippling effects. The present was therefore a particularly appropriate time for WHO to take the steps advocated by the Indian delegation.

Dr DJORDJEVIC (Yugoslavia) agreed with Dr Pesonen on the increasing importance of cardiovascular diseases by comparison with communicable diseases. Heart diseases were world-wide; no trade or profession was spared and more and more cases were being found among the younger age-groups. Research had made great progress and clear diagnosis had become possible, but the number of cases was increasing constantly. There were in Yugoslavia as many cases of heart disease as of tuberculosis, and twice as many as cases of infectious and parasitic diseases. For those reasons, he heartily approved of the proposal before the Committee.
Dr CLARK (Union of South Africa) strongly supported the Indian proposal. He felt sure that figures more recent than those given in the document would be still more impressive, particularly those for the coronary and hypertensive groups. He agreed with the delegates of Yugoslavia and Finland on the general statistics and the age-groups concerned. The problem deserved to receive the attention of WHO at an early date.

Dr Spaander (Netherlands) referred to the last paragraph of the document, which read:

As cardiovascular diseases have not so far been tackled as a public-health problem, the World Health Organization will be serving a very useful cause by initiating necessary action to push forward research and control measures on a worldwide basis.

He suggested that although research had given some useful results not enough was known for “control” to be possible. He would support point I of the suggested programme (the setting up of an expert committee on heart diseases), but would prefer to have the report of the expert committee before the other six points of the programme were dealt with.

Dr Suárez (Chile) suggested that the document might usefully have included mention of the interrelationship of communicable diseases and hypertension.

Dr Yamaguchi (Japan) also supported the Indian proposal. Vascular diseases had become first in the list of causes of death in his country and heart diseases fourth.

Dr Anwar (Indonesia) said that his country’s Government and public-health services were heavily committed in campaigns against communicable diseases. But the growing importance of cardiovascular diseases was steadily being recognized in hospitals and in private practice. An institute had been set up in 1955 and more and more work was being done on the subject. He therefore supported the proposed programme for WHO, which would be of use even to under-developed countries in the near future.

Dr Togba (Liberia) supported the Indian proposal. He requested, however, that in the opening paragraph of the document, where it was stated that heart diseases constituted the leading cause of death in “most civilized countries”, the phrase quoted should be replaced by “many countries”.

It was so agreed.
delegation was particularly interested in the prophylaxis and medico-social aspects of cardiovascular diseases which deserved the full attention of WHO.

Dr Acosta-Martínez (Venezuela), supporting the proposal, said that not until about five years ago had the cardiovascular diseases become one of the five main causes of death in his country. As the communicable diseases hitherto the most important were gradually controlled, their places were being taken by cardiovascular diseases, cancer and pneumonia. Accordingly the Ministry of Health and Social Assistance had organized a special department for research into the cardiovascular diseases, using all the services at present available, both preventive and curative, in order to reach a better understanding of their incidence.

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, informed the Committee of the WHO meetings that had dealt with various aspects of cardiovascular diseases.

The Expert Committee on Rheumatic Diseases, at its first session, in 1953, had touched on the question of rheumatism as an etiological factor in cardiovascular diseases. At its second session, to be held in 1957, it would deal with rheumatic diseases as a public-health problem.

The Study Group on Atherosclerosis and Ischaemic Heart Diseases, meeting in Geneva in November 1955, had reviewed present knowledge of the etiology of coronary diseases and hypertension in relation to coronary diseases. The report (in preparation) stressed the need for further research and suggested forms of assistance which WHO might supply. The Study Group had devoted much time to the question of what surveys could be usefully conducted in countries where the incidence of the disease was particularly high and what assistance WHO could offer. The report stressed the need for the standardization of clinical diagnoses, description of post-mortem material, and laboratory procedures, and suggested that WHO should assist in the training of personnel and provide consultants on request. The report concluded that not enough was known to make possible the recommendation of preventive measures at the time of writing, although there might be a change in the near future.

The Joint FAO/WHO Expert Committee on Nutrition, at its fourth session, in October and November 1954, had discussed the relationship of nutrition to degenerative diseases. The relevant recommendation was to be found on page 44 of the report.

The Chairman suggested that the Committee should express its views on the proposal of the delegate of the Netherlands that an expert committee should be set up as a first step. He put forward for its consideration the following draft resolution:

The Ninth World Health Assembly,

Noting the proposals submitted by the Government of India;

Noting that it is intended to hold in 1957 a meeting of the Expert Committee on Rheumatic Diseases,

REQUESTS the Director-General to give consideration to the proposal put forward by the Government of India, subject to the availability of funds, and to continue the work being done in this field.

In reply to a question put by Dr Togba (Liberia), Dr Lakshmanan (India) explained that his delegation wished the Expert Committee to deal with cardiovascular diseases and hypertension in general, and not with rheumatic diseases in particular.

The Chairman asked whether, in view of the meeting in 1957 of the Expert Committee on Rheumatic Diseases, the Committee wished to set up a separate expert committee on cardiovascular diseases.

Dr Aujaleu (France), considering that cardiovascular diseases in the adult and hypertension were a subject quite apart from heart diseases of rheumatic origin, urged the Committee to set up a separate expert committee.

Sir Eric Pridie (United Kingdom of Great Britain and Northern Ireland) shared the views of the delegate of France.

Dr Togba (Liberia) wondered whether it might not be possible to add cardiovascular diseases to the terms of reference of the Expert Committee on Rheumatic Diseases, giving cardiovascular diseases priority.

Professor Grasset (Switzerland) suggested that the Director-General should decide whether to recommend the constitution of a separate expert committee in the light of the discussion and the financial resources available.

Dr van de Calseyde (Belgium) supported Professor Grasset’s suggestion. The French proposal seemed to him more restrictive than the original Indian proposal, which had been much more general.

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Dr MacCormack (Ireland) shared the views of the delegates of France and the United Kingdom of Great Britain and Northern Ireland.

Dr Spaander (Netherlands) explained that the sense of the Netherlands proposal had been to have an expert committee set up, as a first step, to deal with the nine etiological groups listed in the document and to which reference had already been made.

The Chairman read the draft resolution, amended as follows:

The Ninth World Health Assembly,
Noting the proposals submitted by the Government of India,
REQUESTS the Director-General to give consideration to the proposals put forward by the Government of India and to appoint an expert committee on cardiovascular diseases and hypertension, subject to the availability of funds.

Decision: The draft resolution, as amended, was approved unanimously (see first report of the Committee, section 6).

2. Fixation of Minimum Uniform Educational Standards on an International Basis for Doctors (item proposed by the Government of India)

Agenda, 6.14

Sir Arcot Mudaliar (India) explained that his delegation’s object in submitting its proposal (see Annex 7) was not to arrive at a detailed and stereotyped list of what doctors should know, but only that there should be a broad understanding of what minimum standards should be reached by doctors and what minimum facilities were necessary for their training. He thought that WHO’s advice on general qualifications, professional training, the emphasis to be placed on certain aspects of training, better correlation of preventive and social aspects of medicine, and the field training required, for instance, would be most valuable.

He took the opportunity of thanking WHO for the assistance provided in the form of fellowships, teams to work with existing professorial staffs, equipment and postgraduate scholarships, all of which showed WHO’s interests in the maintenance and improvement of standards of training in the medical profession.

He drew attention to proposals contained in the report on the first session of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel. To that report was annexed “a tentative outline for a long-term programme in professional and technical education”, and he read to the meeting the section dealing with “anticipated achievements over five-year period”, drawing particular attention to one of the projects: “working out international minimal standards of training”. The same annex contained in a section on “working means” a list of suggested topics for surveys. In its second report the same expert committee expressed among its conclusions the view that each country or region should have adequate medical-education facilities to provide itself with high-quality general practitioners to serve its needs, and that to accomplish such tasks effectively medical schools should not accept a number of students beyond that for which their capacity enabled them to provide a good education.

It had seemed to his delegation from the more limited recommendations and observations of the above meetings that an international survey of the kind indicated in the document it had submitted would be useful at a time when the rapidly expanding medical services of many countries were exercising pressure on the limited training facilities available in such countries.

He suggested that WHO might publish a brochure on the subject.

At the suggestion of Dr MacCormack (Ireland), he agreed that the word “qualifications” in the title of the item as originally proposed—“Fixation of minimum uniform qualifications on an international basis for doctors”—could appropriately be replaced by “educational standards”. The change would be an improvement and he was glad to accept Dr MacCormack’s suggestion.

Dr Reuling (United States of America) shared the views of the delegate of India. Many students arrived in the United States of America for postgraduate training and were unable to benefit from it because the standard which they had reached was insufficient. Four national organizations were now elaborating a joint programme whereby foreign medical graduates would in future be screened in their countries of origin to avoid waste of time and money. Those successful at such tests would be assured of suitable places on arrival in the United States of America.

Dr Mathieson (Australia) said that his Government had studied the Indian proposal with great interest and, while supporting it in principle, would

like to draw attention to some of the difficulties which would be met with in its implementation.

Different standards of medical teaching in countries arose from the special needs of each country, the equipment and teachers available, and its traditions and customs. In Australia, for example, there was one doctor per 900 of the population, but there were countries that had only one doctor per 50,000. He thought, therefore, that in the countries where there was a shortage of qualified doctors, it was desirable to make use of trained medical aides, provided that such aides worked only under the close supervision of a qualified doctor.

The Australian Government agreed with the recommendations of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel and had already given effect to some of them. It had given a sum of £36,000,000 under the Colombo Plan to help in the training of personnel from less developed countries, and a steady flow of Australian doctors went abroad to keep in touch with the latest trends and developments.

With regard to the difficulties arising from the diversity of qualifications of personnel from different countries, he recalled that agreements were made between governments for reciprocal recognition of qualifications. Such agreements could and should be made between more countries. For that purpose, representatives of governments should meet to arrive at a common solution and to agree where standards of acceptance should be lowered and where raised. WHO was the obvious body to call for such inter-governmental negotiations.

If full reciprocity was not possible, he agreed with the delegate of India that basic standards should be laid down after governmental negotiations.

Dr Maria Daelem (Federal Republic of Germany) stated that her Government was in agreement with the basic principles of the Indian proposal and was convinced that they could be implemented only through international co-operation and meetings.

Her Government also agreed on the wisdom of laying down uniform standards, which it did not consider would be too difficult a task to achieve. The suggestions of the Expert Committee with regard to the minimum essential in undergraduate education corresponded very closely to the ideas being followed in German medical schools.

In her opinion, at the world conference on medical education, held in 1953, too many technical discussions had taken place on individual questions. She thought that in such conferences technical discussions should be limited to fundamental questions of great significance.

In conclusion, she suggested that any meetings held for the purpose of formulating international standards should include not only medical experts but also government representatives who could advise as to the particular social and economic conditions existing in their countries.

(For further discussion, see minutes of the ninth meeting, section 3.)

The meeting rose at 3.55 p.m.
examination of the Director-General’s proposals and of the cost of the different projects.

In the light of detailed examination carried out by the Standing Committee, the Board had been completely satisfied as to the conservative basis on which the averages used in computing the estimates had been established, and the soundness of the budgetary techniques which had been applied. It was, therefore, of the opinion that:

(a) the detailed procedures followed and the system used for costing the proposed programme and budget estimates for 1957 were carefully devised and in all respects satisfactory, and

(b) noticeable care had been exercised in computing the cost estimates of the various activities, including those relating to individual projects.

He gave an outline of the background information contained in the report. The second general programme of work for a specific period (Official Records No. 63, Annex 4) directed attention to “strengthening national health services, providing services of general international interest, and using possibilities of new knowledge and its application to health”. The main lines of approach and methods were outlined in the general programme as: (1) national long-term health planning; (2) co-ordination and stimulation of any appropriate activities having a direct bearing on health; (3) evaluation of health work; (4) research; (5) professional and technical education of national health personnel.

Chapter II of the Board’s report presented in general terms the principal features of the Proposed Programme and Budget Estimates for 1957, and subsequent chapters presented the detailed analysis made by the Standing Committee on Administration and Finance and by the Board itself, as well as the recommendations and conclusions of the Board.

Official Records No. 66 contained two proposals by the Director-General for the regular budget of the World Health Organization for 1957. They had been presented by the Director-General for appropriate action by the Health Assembly. The document also included, in accordance with established procedure, a programme which might be carried out under the United Nations Expanded Programme of Technical Assistance, and the projects which it was contemplated would be jointly assisted by UNICEF and WHO.

He quoted paragraph 2.1.1 on page 10 of the Board’s report, where it was stated that, as experience had shown the need for certain types of information, the form of presentation of the Proposed Programme and Budget Estimates followed the pattern which had been developed over the years. The Director-General had, however, made the narrative part of the document self-contained, including a description of the main functions and responsibilities of the various organizational units of the Organization, instead of giving only a reference to earlier documents.

The most significant modification in presentation had been made “in order to identify clearly the two alternative proposals for the regular budget which the Director-General is recommending to the Assembly”. At the time of the final preparation of the budget document, it had not been possible to consider the resumption of full participation in the work of WHO by certain Members as an accomplished fact, as the Director-General had pointed out.

Referring to the effective working budget, he said that the Board had noted that the alternative effective working budget of $11 441 600 included an increase of $1 238 516 (or approximately 12 per cent.) over the effective working budget approved for 1956. Of that increase, approximately $123 000 was required for normal salary increments and some $77 000 for increased statutory staff costs for existing posts, and approximately $90 000 was proposed to meet the increased costs of the continued activities relating to malaria eradication and the peaceful uses of atomic energy. The remaining increase of approximately $948 000 was proposed for the financing of new activities, especially country field projects, which would take about $785 000.

The Board had noted that the difference between the alternative effective working budgets was $1 525 000, based on the activities of which details appeared in Annex 3 of Official Records No. 66. Members might be interested in consulting Charts 3 and 4 on pages 13 and 14 of the Board’s report, which showed the proposed use of the 1957 budget by percentages.

The programme for 1957 was the first to be presented within the framework of the second general programme of work covering a specific period, adopted by the Eighth World Health Assembly. In that connexion, the Board was pleased also to report that the various parts of the Organization continued to be well accorded to its basic long-term function: assistance in the strengthening of national health services. As regarded the specific aspects of the work planned for 1957, it was happy to report a reversal of the trend away from regional and inter-country programmes which it had noted in its review of the programme proposals for 1956. It had taken note of the total fellowship programme of the
Organization, and was satisfied that priority for fellowships had been given to those that were project-associated in order that national staff could be trained to replace international personnel. Services of general international interest were also to be strengthened in 1957. An important trend concerned the changing of programmes against malaria from control programmes to eradication programmes. At the same time, rapid developments in the field of atomic energy were bringing new responsibilities to the Organization.

New developments in the prevention of poliomyelitis had been discussed at the Eighth World Health Assembly and the Director-General had proposed certain programmes that would materially assist nations in that work. The Board had been pleased to note that the Director-General planned to continue to work in co-operation with other international organizations and non-governmental organizations interested in the same or related fields.

In reviewing the proposed programme and expenditure for 1957 under the Expanded Programme of Technical Assistance, the Board had been informed that the Technical Assistance Board had established project planning figures for WHO totalling $5 261 029, made up of $4 572 551 for projects and $688 478 for operational services and administration costs. In that connexion he drew attention to the table beginning on page 389 of Official Records No. 66, which showed the various projects for implementation with Technical Assistance funds, priority I and priority II. It should be noted that projects classified as Category II could be financed in 1957 only as savings occurred or projects were deferred in the Category I programme.

Referring to the jointly assisted UNICEF/WHO projects, the Board had considered that if the present relationship between the level of activities and financial resources of both the organizations were maintained, there was no foreseeable obstacle to the continuation of that arrangement. As the Committee would recall, the Eighth World Health Assembly had requested the Director-General to include in the budget for 1957 provision for the technical personnel in those joint projects.

He read out section 5 on page 21 of the report, in which the Board had noted that information had been submitted by the Director-General concerning additional projects which although requested by governments could not be financed within the limits of the proposed regular budget. The Board had noted the Director-General’s statement that, while the total estimated cost of those additional projects was approximately $462 000, there was in addition a rather substantial programme shown under Category II of the Technical Assistance Programme in 1956 and 1957 which had also been requested by governments, and implementation of which appeared to be most unlikely.

The Board had taken account of the terms of resolution WHA5.62 of the Fifth World Health Assembly in the course of its examination of the Director-General’s Proposed Programme and Budget Estimates for 1957 (Chapter V of its report). As a result of that examination it had reported to the Health Assembly the following recommendations and comments on the four points laid down in the resolution:

1. The Board had been of the opinion that the constitutional functions of the World Health Organization were of such magnitude that the budget estimates for 1957 could not be said to be adequate to enable the Organization to carry out those functions.

2. The Board had considered that the proposed 1957 programme followed the second general programme of work for the period 1957-1960.

3. The Board had considered that the Organization was well equipped to carry out during the budget year the programme proposed by the Director-General for 1957 under regular, technical assistance and other extra-budgetary funds.

4. The Board had realized the complexity of the question of the broad financial implications of the budget estimates for governments and had understood the problem the Director-General faced in formulating his programme and budget proposals, confronted as he was with the need to meet urgent requests for assistance to governments keenly anxious to develop their health services and the need to consider the level of resources which governments might be willing to make available to the Organization.

The Board had also had before it a report on government contributions to health projects to be carried out in their own countries, which was an indication of the interest of the governments concerned in those projects. Table 8, on page 56 of the report, summarized the information on government contributions to those projects.

In considering the financial implications for governments of the Director-General’s proposed budget level, the Board had reviewed the amount of casual income available to finance the budget for 1957. At the time of the Board meeting, $317 000 had been available for that purpose, or $978 320 less than had been used to finance the budget for 1956.
The Board had also considered the status of collection of annual contributions. The information presented to the Board indicated that collection of assessments of active Members was improving each year. In 1955, 91.88 per cent. of contributions for the year had been collected by 31 December.

It was important to note that the additional projects requested by governments and not included in the proposed programme and budget estimates had been studied by the Board. Their estimated cost was $461,906.

Summarizing, he said the Board had carried out a very careful and detailed analysis of the proposed programme and budget presented by the Director-General. In accepting in Chapter VI its recommendations and conclusions for submission to the Assembly, it had adopted resolution EB17.R28, which contained the following recommendations concerning the alternative proposals of the Director-General on the budget level for 1957:

"(a) An effective working budget of $11,000,000 in case the number of Members actively participating in the work of the Organization remains unchanged; while this represented a decrease of $441,600 as compared with the Director-General's proposed estimates under this alternative, the Board nevertheless decided to recommend to the Ninth World Health Assembly that it approve the programme as submitted by the Director-General and that the decrease be achieved to the extent possible by delaying implementation of new activities in order to cause the least disturbance to the programme;

"(b) In the event the number of Members actively participating in the work of the Organization is increased, that the effective working budget be increased by the amount of the assessments of such additional Members, up to a maximum of $1,525,000, and that the amount be added to the $11,000,000 as recommended for approval under (a) above, thus providing a maximum effective working budget of $12,525,000."

In making the above recommendations, the Board had further considered that the proposed programme should be carried out to the greatest extent possible, since the Organization was well equipped to carry out during 1957 the programme proposed by the Director-General.

Further explanations could be given to members of the Committee as required during the course of the detailed discussion of the proposed programme and budget.

Mr Saita (Japan) said that he was under instructions from his Government to make a few observations on the work of the World Health Organization, and particularly on the financial aspects of its activities.

Japan derived great satisfaction from its association with the Organization, which dated back to 1951, and was more than satisfied with both the quality and the scale of the Organization's contribution to health programmes in various fields. Furthermore, Japan was equally happy to be able to play its part in the world-wide activities of the Organization by contributing experts and by sharing in the financial burdens entailed by WHO's gigantic undertakings.

It was a matter of admiration that over the course of years the concepts of the originators of the World Health Organization, which had seemed so ambitious ten years previously, had proved to have been so realistic. In that connexion it was necessary to pay tribute to the remarkable efficiency displayed by the Director-General and his staff in the Secretariat. Without any doubt, WHO was the organization with the highest competence in the field of medicine and public health, and it had achieved laudable efficiency in its operations, giving direct assistance to its Members, and also offering guidance and advice to other international agencies in matters of health.

He believed that the founders of WHO had expected the Organization to develop not only into an operating agency but also, and perhaps mainly, into a large-scale co-ordinator, a wise adviser and a helpful counsellor to all persons and institutions in the world. He was happy to note that the Organization was making ever greater progress in that direction.

Although WHO had been rendering most useful service by strengthening national health administrations among its Members, that type of service was bound sooner or later to be restricted because of financial limitations. He felt that WHO's budget would never attain the level of 25 or 30 million dollars, which in itself would not be a large sum compared to the health budgets in some of the wealthier countries of the world. It was because of that consideration that Japan attached particular importance to WHO's role as a world-wide co-ordinator and adviser.

The Director-General had probably followed the same line of reasoning regarding the role of the Organization when he had made definite plans for giving advance training to his staff in co-operation with the Rockefeller Foundation and other agencies. He welcomed that plan and wished to pay tribute to
the Director-General’s endeavours to raise the professional level of his staff. He also wished him success in his efforts to strengthen the Organization’s role as an international co-ordinator and adviser in matters of health.

It was with those views in mind that his Government had given very careful study to the Director-General’s budget proposals. The Organization’s budget had increased from $6 300 000 in 1950 to just over $10 200 000 in 1956 (Official Records No. 69, page 9). In view of the tremendous expansion of WHO’s activities, that increase was surprisingly small, and all Members owed a great debt of gratitude to the competence of the Director-General and his staff. At the same time, the budget figures of the past reflected the wisdom of the Member States in not trying to make too rapid progress towards their objectives. He hoped that such an attitude would continue to prevail in the future.

For the 1957 budget he proposed a figure of $10 500 000, which represented an increase of $300 000 over the 1956 budget. That amount would enable the Director-General to continue, without any interruption, his work on malaria eradication and the peaceful uses of atomic energy. It would also enable him to provide for the statutory salary increases, including pension funds and staff insurance, and other statutory staff costs.

The figure he proposed would mean some increase in the assessments of Members, particularly those whose assessments were already high. The actual increase would be $300 000, plus $939 000 because of the smaller availability of casual income in 1957. That would make a total of $1 239 000 which would have to be added to the assessments.

His delegation felt that, from the financial point of view, the budget proposed by the Director-General was somewhat over-ambitious, as it meant an increase of $1 238 000 over the 1956 effective budget. That figure alone would increase the assessments of Member States by 12 per cent. as compared with 1956. Owing to the shortage of casual income, however, the total increase in assessments would amount to over $2 000 000, or 28 per cent. His Government felt that that was too high a figure for any government, and that was why it found it difficult to support the proposals put forward by the Director-General.

He realized full well that the increases proposed by the Director-General were due to an accumulation of requests from Member States, and he praised him for the courageous and aggressive way in which he tried to meet the challenge. Yet it was the duty of Member States to face realities, however un-

pleasant; everybody knew what a difference it made to be standing at the giving or at the receiving end. He was sure that the Director-General would not be offended but would carry on with the work entrusted to him as he had always done.

If there was an increase in the income of the Organization through the return of hitherto inactive Members, the Director-General might be authorized to utilize up to $500 000 of that increase. The Japanese Government, however, would not press that proposal or insist on the exact figure he had just mentioned.

In conclusion, he wished to assure the World Health Organization that his country was more than willing to play its part in all the phases of the Organization’s work. It also believed that, even if formerly inactive Members returned to active membership, the existing level of assessment should remain unchanged, and that any increase in income should be used for field work by giving direct assistance to Member Governments.

Mr Botha (Union of South Africa) observed that once again the Committee had to undertake the difficult but important task of determining the level of the Organization’s budget for the following year. His Government had given the question careful consideration in studying both the proposed programme and budget estimates submitted by the Director-General and the Executive Board’s report on them. Like the Executive Board, his Government understood the difficulties that the Director-General had faced in drawing up the proposed programme and budget, confronted, as the Board had pointed out (Official Records No. 69, page 55, paragraph 4.1.1), “with the need to meet urgent requests for assistance to governments keenly anxious to develop their health services, and with the need to consider the level of resources which governments might be willing to make available to the Organization”. The interesting statement made by the Director-General earlier in the meeting had borne out that fact. If, therefore, his delegation was unable to accept the Director-General’s proposals in full, that should not be taken as implying any criticism of his objectives. Though their approaches might differ, his Government’s objectives and those of the Director-General were the same: the attainment of the aims set forth in the Organization’s Constitution.

In considering the budget level, it was unfortunately impossible to disregard the financial implications for governments, and that meant bearing in mind their total commitments to all international organizations. The Economic and Social Council and the General Assembly had given and were giving close attention
to the problem of the increase in those commitments, since it was the cumulative effect of the rise in the budgets of all the different agencies which was so keenly felt by governments. The table on page 166 of Official Records No. 68 showed that the total expenditure of the United Nations and the specialized agencies had risen from 78½ million dollars in 1951 to 87½ million dollars in 1956. To the latter figure must be added the sum of about 3 million dollars later appropriated by the United Nations for 1956 to meet unavoidable expenses mainly connected with the Atomic Energy Conference in 1955, giving a total of 90 million dollars, which represented an increase of 11½ million over a period of five years. Those figures would make it clear why governments found it difficult to accept a further increase in WHO’s budget for 1957. In any case, though the Organization had not always obtained all the funds it could have desired, a glance at the budget levels for previous years would show that governments had not been unduly harsh.

A fact that weighed heavily on contributing governments was the absence of the inactive Members, many of which, if participating in the work of the Organization, would be making substantial contributions. On the basis of present assessments, the proportion of total contributions that would fall on the inactive Members, if included in a 100 per cent. scale for the effective working budget, would be 14 per cent., which meant that, since the inception of WHO, 8 million dollars which would otherwise have been paid by the inactive Members had had to be contributed by the remaining Members. That figure would be even larger—about 12 million dollars—on the new United Nations scale, since on the old scale on which contributions to WHO had till recently been based the inactive Members were greatly under-assessed. However, despite the absence of the inactive Members, WHO had progressed until it was now one of the two largest specialized agencies.

His delegation had shared the Director-General’s hope that at the present Health Assembly the inactive Members would have returned and would be ready to bear their share of the financial burden. That hope had not materialized, and the scale on which contributions to the Director-General’s second alternative budget were calculated (shown in the last column on pages 10 and 11 of Official Records No. 66) became inapplicable and the position remained as before. Even if the inactive Members returned in 1957 the present active Members would still be assessed on the present scale.

Apart from the fact that the relief expected from the return of the inactive Members had not materialized, the Organization was also faced with a lower casual income than in previous years, which would mean further increases in assessments on Members. So, desirable as it might be to implement all the projects in the Director-General’s proposed programme, his delegation emphatically felt that 1957 was not the year for it. An increase of nearly 29 per cent. in their assessments was too high for Member States to bear. The budget proposed by the Executive Board was also too high. His delegation strongly urged stabilization of the budget, allowing, however, for statutory increases and other urgent costs; it therefore supported the proposal of the Japanese delegation for a budget of 101½ million dollars, which would represent the amount of the effective working budget for 1956 plus sufficient to cover the items mentioned in paragraph 2.2.1.1 on page 12 of Official Records No. 69: increased staff costs and costs for activities relating to malaria eradication and the peaceful uses of atomic energy.

Returning to the question of the possible resumption of participation by the inactive Members, that eventuality, as he had already said, would not affect the scale of assessment, and no financial relief for the other Members was therefore in sight for 1957. His delegation did not advocate the full application of the contributions of returning inactive Members to the reduction of the assessments of the remaining Members; it was prepared to see a part used for expansion of WHO’s activities. However, the Members now active were entitled to some relief from the burden they had borne so long, even if they had to wait another year for it, and that would be possible only if part of the income from assessments of returning inactive Members was made available for the 1957 budget. Such an arrangement would have the further advantage of not increasing the Organization’s budget to the very great extent that would result from the Director-General’s proposal to make an amount of up to $1 525 000 from the assessments of returning inactive Members available for supplementary programmes. Caution was needed against unduly high budget levels, even when they resulted from the reactivation of membership. In future years the Organization might have to face additional expenditure which, if added to a
budget of the size proposed by the Director-General for 1957, would raise the budget level to a figure out of all proportion to normal expansion. Staff costs would probably rise as a result of the review of salaries at present being conducted by the special committee of the United Nations; expenses in connexion with the peaceful uses of atomic energy could not be predicted, and the malaria eradication programme would probably mean heavy commitments. The present budget should therefore be kept within reasonable limits to allow for the possibility of large additional expenses in the future.

The delegation of Japan had tentatively suggested that if the inactive Members returned, an amount of half a million dollars from their contributions should be made available for the 1957 budget. He himself would suggest a firm figure of $800,000, which would increase the maximum amount available to $11,300,000 and permit almost full implementation of the Director-General’s first alternative programme. That proposal, however, was conditional on the adoption of an initial budget of not more than 10½ million dollars.

To sum up his delegation’s proposal, with an initial budget figure of 10½ million dollars the Director-General would be able to use for new activities an amount of $800,000, a figure equal to the cost of activities to be terminated in 1956. The figure would also cover commitments for malaria eradication and the peaceful uses of atomic energy. The supplementary figure of $800,000 to be made available if the inactive Members returned would then increase the amount that could be used for new activities to $1,600,000. In the present circumstances of financial stringency he did not feel his delegation’s proposal was unreasonable, and he hoped that governments whose requests would have to stand over would be ready to wait a little longer until the financial position improved.

Mr Zohrab (New Zealand) wished to congratulate the Director-General on the clarity and completeness of his presentation of the proposed programme and budget estimates. He also appreciated the pains-taking examination of the estimates undertaken by the Executive Board’s Standing Committee on Administration and Finance and its very useful report. At the present stage he would mention a few considerations of a general nature affecting the proposals before the Committee.

His delegation felt that the Organization had not yet reached a point in its development where it could, without risk, depart from the conceptions that had presided over its beginnings. It should continue to concentrate on fields of activity where it had achieved successes in the past and where there was an urgent need for expansion. He was thinking specifically of epidemiology and of environmental sanitation. He had also noted in the Director-General’s address at the fifth plenary meeting that in four of the Organization’s six regions much still needed to be done for the control of communicable diseases.

Such a concentration of effort as he advocated would have other important consequences. It would make possible a steadier expansion so that the increase in financial commitments would not be rapid enough to alarm governments. In recent years delegates of the largest contributing countries, which had been among the Organization’s most earnest supporters, had repeatedly told the Health Assembly of the concern of their governments at the rapidity of the annual rise in their assessments.

For those reasons, he had welcomed the remarks of the delegate of Japan, and would support the budget level proposed by him.

Dr Braga (Brazil) said that his delegation had taken great pleasure in the laudatory comments made in the plenary meetings and the two main committees on the past work of the Organization and the maturity it had already attained. He presumed that those comments indicated not only moral support but also a readiness to give realistic consideration to the Organization’s financial needs for the next year.

Even if no new activities were proposed—which was not the case, since the Committee had already recommended the creation of a new expert committee—an increase over the budget for 1956 would still be necessary to cover inevitable increases in the cost of personal services, equipment, travel and so forth. If, on the other hand, new tasks were to be placed on the shoulders of the Director-General and his staff, the necessary funds must be appropriated. His own country was passing through a phase of intense industrial development and had to scrutinize carefully every claim on the hard currencies at its disposal; other countries were doubtless faced with the same problem. Nevertheless, after the full discussion that had taken place, he was sure that the Committee would be able to give fair consideration to the various proposals before it and reaffirm, by adopting an adequate budget, its belief in the World Health Organization, undoubtedly the brightest star in the constellation of the specialized agencies.

Dr Castillo (Nicaragua) said that he had listened with interest, but also with concern, to the remarks made by the Director-General in presenting the proposed budget for 1957.
He was concerned because, even if the Health Assembly adopted the larger of the two effective working budgets proposed by the Director-General, it would still be putting off for another year the problem of providing the $2\frac{1}{2}$ million dollars needed to meet requests for assistance already made by governments. He was even more concerned at the thought that if the smaller of the two budgets were approved, total unsatisfied requests would amount to more than 4 million dollars. He could not help asking whether 4 million dollars, divided among all the Member States, would really be too much to ask for if the Organization was to remain faithful to its ultimate objective of “the attainment by all peoples of the highest possible level of health”.

He recalled that in examining the proposed budget for 1956, the Eighth World Health Assembly had taken the encouraging decision to increase the sum originally proposed by the Director-General so that the Organization might meet part of its financial obligations for health personnel employed in jointly-assisted UNICEF/WHO projects, and at the same time be able to face the increased requests for assistance for malaria eradication and in the application of atomic energy to health. However, in taking that decision, the Eighth World Health Assembly had evaded the need to ask Member States for larger contributions by using all the casual income then available, in spite of the warning by the Executive Board that casual income might decline still further in future years (Official Records No. 61, page 68, paragraph 25.2.4). In effect, the casual income available for 1957 was less than it had been for the last four years at least, though, in the opinion of his Government, financial needs were greater than they had ever been.

There could be no doubt, in his delegation’s opinion, that the Eighth World Health Assembly had accepted the consequences of its decision. It must have realized that, if the budget level for 1957 was to be even equal to that for 1956, it could be reasonably expected that Member States would be prepared to compensate for any reduction in the casual income available. The actual reduction amounted to more than 900 000 dollars, and he presumed that Member Governments were willing to make up that sum, since he was sure that no Government would wish to see a reduction in the Organization’s level of activity.

There remained the fact that the Director-General was faced with unsatisfied requests that would require a sum of 4 million dollars, if the Health Assembly approved an effective working budget of $11 441 600. In presenting his proposed budget for 1957, the Director-General had recommended that the Assembly should appropriate a little more than a third of that additional sum, and had therefore presented another effective working budget of $12 966 600.

It was true that the larger of the two budget levels proposed had been based on the hope—shared, he was sure, by all those present—that by the time of the convening of the Ninth World Health Assembly most, if not all, of the inactive Members would have returned to active participation.

However, none of the foregoing facts could change the realities of the situation facing the Health Assembly. On the first day of the session he had listened with great interest to the message from UNICEF delivered by Mr Rajan, and he had been impressed by the account of all that was being achieved in the field of health by the joint efforts of UNICEF and WHO. Nevertheless, justified satisfaction with what had been accomplished must not blind the Health Assembly to the far greater tasks remaining to be undertaken. He felt bound to draw attention to some of the facts mentioned by Mr Rajan. In Africa south of the Sahara one person in six suffered from the disfiguring disease of yaws. Campaigns were urgently needed to save millions suffering from trachoma. The fight against leprosy had hardly begun. The treatment of tuberculous patients called for far more than modest pilot projects. In Asia, the eradication of malaria was only in its initial stages, and in Africa, for technical reasons, it could not yet be undertaken. International assistance in maternal and child health had touched only the fringe of the immense problem of sickness in the rural parts of the world.

If the principles of the Constitution of WHO had any meaning, they meant that Member States should co-operate to promote and protect the health of all peoples; they meant that governments must be ready to take every step necessary for achieving the primary objective of the Organization. And that, in the opinion of his Government, meant that every country should play its proportionate part in providing the necessary resources. If the larger of the two budget levels proposed by the Director-General could contribute to the attainment of that end, his Government would give it every support.

The Eighth World Health Assembly had taken a bold step forward; it was to be hoped that the Ninth World Health Assembly would be no less mindful of its responsibilities.

Dr Shoib (Egypt) said that his delegation fully approved the increased budget proposed by the
Director-General in order to enable the Organization to attain its noble goal by extending its activities to every corner of the world where they were needed. He hoped that the Committee would vote for that increase and so enable the Director-General to carry out the task assigned to him. As for the budget proposed by the Executive Board, it was only $400,000 less than that proposed by the Director-General, and the difference in assessments on Member States would therefore be minimal.

Dr Pierre-Noël (Haiti) said that, in listening to the Director-General’s clear statement, the members of the Committee, who knew the Director-General, realized that the warmth of his expressions arose not from any aggressive feelings but from concern at his forced inaction in face of the problem before the Organization.

The Committee had also heard the intervention of the representative of the Executive Board. All members had read the documents before them, particularly the report of the Executive Board on the proposed budget. The question then arose: what did the Ninth World Health Assembly think of the programme presented by the Director-General for the year 1957?

In the same room the Committee had heard numerous speakers lavishing praise and congratulations on the Director-General for the work carried out in 1955. Nobody denied the value of the programme presented for 1957; approval was unanimous. Thus the answer to his question was clear: the Health Assembly approved the programme. It followed that the Health Assembly must adopt that programme, and at the same time the budget for its implementation.

Of what did the programme consist? It consisted mainly of projects for the control of diseases that were the scourge of humanity: malaria, tuberculosis, syphilis, leprosy. The fact that the Organization still needed to fight by every means in its power against those diseases, which it had ventured to regard as diseases that could be made to vanish from the earth, showed how far it still was from the objective laid down in its Constitution, a state of complete physical and mental well-being for every person of all races. With the Organization so far from its goal, it was now proposed that it should stop. If the concept of health was not merely a matter of speeches and resounding words, if it was not limited to pious expressions, the Health Assembly should adopt the programme and budget presented by the Director-General, who was well placed to realize the needs and the sufferings of humanity, which WHO was committed to relieving.

In discussing the budget, some seemed to forget that the increase of about 30 per cent. proposed was negligible compared with the sums used for purposes that were useless, if not harmful, to the human race.

The position of the Organization was clear. WHO failed in its task every time that, having sufficient funds, it remained deaf to the plea to give some human being, somewhere in the world, a chance of enjoying that state of physical and mental well-being so often mentioned in speeches and so rightly called health. If the World Health Organization enjoyed a certain prestige in the eyes of governments and of the world, it was because it had always tried to live up to the aims that it had set itself since the day of its foundation. To freeze the activities and the budget of the Organization, in the present comparatively early stage of its development, at a level that took no account of the present situation in the world, would be to sign its death warrant.

The meeting rose at 5 p.m.

Appendix

INTRODUCTORY STATEMENT BY THE DIRECTOR-GENERAL ON THE PROPOSED PROGRAMME AND BUDGET ESTIMATES FOR 1957

Mr Chairman, delegates, in introducing my 1957 programme and budget proposals I should like first to review the situation at the time of preparation of these estimates. At that time I found that, if I were to attempt to meet all known requirements, I would need not less than $20.3 million in that year. What were the possibilities?
Technical Assistance programmes for 1957 was therefore based on an assumed total availability of approximately $5.3 million. The Category I target planning figures since established by TAB total just a little less than I had assumed would be made available to WHO in 1957.

As to the possibility of meeting the remaining known requirements, amounting to approximately $15 million, it seemed to me that I could not reasonably propose an increase in the amount of the regular effective working budget of $4.8 million over that approved for 1956. I also considered that it would be unwise to attempt to overtake the backlog of unmet programme requests in a single year. However, in considering that the Seventh World Health Assembly had approved an effective working budget for 1955 in an amount which was some $800 000 less than the amount that I had proposed, and had requested that this reduction be achieved by deferring the implementation of new projects (resolution WHA7.35), it seemed to me that the Ninth World Health Assembly, in view of the continuing large proportion of unmet needs, would wish to restore in 1957 the reduction in programme activities which had been imposed for 1955.

This would have meant an effective working budget of little more than $11 million, without making provision for such essential requirements in respect of statutory salary increments and staff costs relating to continuing posts, publications, atomic energy in relation to health, and other activities at Headquarters, or for the increased requirements of regional offices, regional advisers and other categories of regional staff, at an estimated total cost of approximately $417 000. Nor would this amount cover any portion of the remaining backlog of unmet programme requests which I had already received from governments and of which the total estimated costs amounted to over $3.5 million.

On the other hand, in view of the substantial decrease in the amount of casual income available to help finance the 1957 budget compared with 1956, the Eighth World Health Assembly having decided to appropriate the full amount then available, I considered that I also had an obligation to give due weight to the need to impose a limit upon the overall increase in assessments on Members.

At the same time, I had reason to believe that some, if not all, the Members who had for the past six years refrained from participating in the work of the Organization would resume active participation. I had, therefore, to take into account the possibility that for 1957 new programme requests would be received from such Members. I also recalled that, when these Members ceased to participate in the work of the Organization, an expenditure level of $6 300 000 for 1950 was imposed within an approved budget level of $7 300 000, i.e., a decrease of $1 200 000. In these circumstances, it seemed to me likely that the Ninth World Health Assembly would wish to restore the reduction in the level of operations which had first been imposed in 1950, having regard to the needs of governments whose programme requests could not otherwise be met for at least another year. This would be preferable to taking advantage, through reduced assessments, of the increase in the resources of the Organization which may be expected from the resumption of active participation in the work of the Organization by the Members concerned.

These, therefore, were the considerations which prompted me to propose the alternative effective working budgets of $11 441 600 and $12 966 600.

It now transpires that, contrary to my expectations, the assumptions on which the higher proposed alternative working budget was based have not yet become a reality. The result is that, if only the lower of the alternative effective working budgets proposed by me were to be adopted by this Health Assembly, the backlog of unmet programme requests as established at the time of preparation of the proposed budget estimates for 1957 would remain at $3.5 million. Therefore, in considering the proposed programme and budget estimates as contained in Official Records No. 66, I would ask this Committee at all times to bear in mind this large proportion of programme requests for which I was unable to include provision within the lower of the alternative effective working budgets proposed by me. In particular I would draw the attention of the Committee to those for which I had hoped it would be possible to make provision within the higher of the two proposed alternative effective working budgets. Details of these are given in the Supplement (Annex 3 to Official Records No. 66), at a total estimated cost of some $1 200 000.

Then there are those requests described in Annex 5 to Official Records No. 66, listing additional projects requested by governments and not included in the proposed programme and budget estimates, totalling approximately $462 000. To these must be added the projects shown under Category II of the proposed Technical Assistance Programme for 1956 and for 1957. The implementation of these projects in either year is very unlikely as they cannot be implemented except to the extent that operational savings may accrue within the Category I programmes. Approximately $1 875 000 would be required for the implementation of these projects.
Since the budget was prepared, new programme requests have been received, at an estimated total cost of over $300 000. Furthermore, because of a shortfall in the total availability of funds for the Expanded Programme of Technical Assistance for 1956, it now transpires that the amount of funds made available to WHO for this year may fall short of the total estimated costs of the approved Category I programmes by some $250 000. Consequently, if adjustments to the approved Category I programmes have to be made, the foreseeable backlog at this date must be assessed at not less than $4 100 000.

It is in the light of this background that I would ask this committee to address itself to the programme and budget estimates which I am proposing for 1957, and which are set out in Official Records No. 66. However, before the Committee proceeds to consider the details of these estimates, it might be helpful if I were to describe briefly the main features of the proposals.

Reference to the table on page 17 of Official Records No. 66 will show that, within the lower alternative effective working budget proposed for 1957, some $9 954 000 would be devoted to the Operating Programme, $1 131 000 to Administrative Services and $357 000 to Organizational Meetings. The corresponding percentages would be 87.00, 9.88 and 3.12 respectively.

Some 57.74% of the total effective working budget would be provided for Advisory Services, 15.02% for Central Technical Services, 13.09% for Regional Offices and 1.15% for Expert Committees and Conferences.

Of the total amount of approximately $6.6 million proposed to be devoted to Advisory Services, roughly $5 14 million or some 46% of the total lower alternative effective working budget originally envisaged by me relates to field activities.

The amount provided for fellowships (about $891 000) represents an increase of approximately $304 000 compared with 1956. The amount included for participants in seminars and other educational meetings (approximately $207 500) shows an increase of some $122 185 compared with 1956.

I believe that these are encouraging developments. The fellowships programme is the best long-term means of reducing expenditure on WHO technical personnel engaged in field projects, since it results in the training of local personnel able to take over such projects. Thus, despite the proposed overall increase in the provision for field activities under the regular budget the number of project staff provided for in 1957 represents a decrease of thirty-five compared with 1956. The total number of field staff in 1955 was 1026; in 1956, 1140; and in 1957 the number under the smaller of the effective working budgets, and excluding Category II under Technical Assistance, is 1105. Thus, as I have already stated, the field staff required under the smaller effective working budget will represent a decrease of 35. For the supplementary programme the field staff required will be 55 over the smaller alternative budget. Therefore the needs of the Organization for field staff, even if the largest programme were approved, would mean an increase of only 20.

It should also be noted that, in accordance with resolution WHA8.12, provision has been included for the international health personnel costs of all jointly-assisted UNICEF/WHO projects known at the time of preparation of the proposed programme and budget estimates. The estimated total costs of such projects for which provision has been included under the regular budget in 1957 and for which the UNICEF Executive Board has previously allocated funds for supplies and equipment amount to some $840 000. It is expected that the remaining known UNICEF/WHO projects, estimated to cost approximately $1 600 000, will be included in country programme requests from Technical Assistance funds in that year.

As to the nature of the field activities provided for, I would draw attention to the fact that a very substantial part of the work planned for 1957 in practically all the regions is aimed directly at the strengthening of national health services, and is thus in conformity with the broad guiding lines of the second general programme of work approved by the Eighth World Health Assembly for the years 1957-1960. Here I should like to point out that in giving full consideration to these guiding lines the regional committees have complied with the wishes of the Health Assembly and have endeavoured to take into account the special conditions which prevail in each region.

In conformity also with the principles laid down in the general programme, most of the activities planned for 1957 are, as far as possible, to be carried out as parts of integrated public-health services.

Again, despite the urgency of the individual needs of some countries, it is gratifying to point to the priority given by the regional committees to the solution of problems shared by several countries of the respective regions.

Nor has the field of professional and technical education of national health personnel been neglected. I have already mentioned the increased amounts provided for fellowships and participants as compared with 1956. In all regions increasing attention
is being paid to the implementation of this principle of the second general programme of work.

As regards "services of a general international interest" I would invite attention to the activities provided for under Appropriation Section 4: Central Technical Services. In particular I should like to remind the Committee that the Eighth World Health Assembly endorsed resolution EB15.R21, in which the Executive Board, at its fifteenth session, requested the Director-General to take steps to ensure appropriate co-operation between the new international atomic energy agency and WHO, and to provide that agency with all possible co-operation and assistance in the field of health. There is to be a constituting conference for this new agency in September, and WHO must be ready to discharge its functions in co-operation with the agency. The proper discharge of WHO's responsibilities in this field has made it necessary to propose two new posts for 1957.


It has also been found necessary to provide for study groups to advise on such matters as the coordination of epidemiological and statistical studies, on histological definitions of cancer types, and on enteric fevers.

Although the needs for "services of a general international interest" as contemplated in the general programme of work continue to increase, I have not found it possible, in view of other essential requirements, to provide for more than the most pressing needs, which I have briefly outlined.

I have also found it necessary to pay special attention to the needs of regional offices in 1957. This is reflected in the proposed net increase of approximately $63 000 compared with 1956 under Appropriation Section 6. Roughly 45% of this increase results from the expected transfer of the European Regional Office to Copenhagen in April 1957.

The only other significant increase is under Administrative Services—a net increase of $92 925 compared with 1956. Apart from salary increments and statutory staff costs, the increase provides for visual media in public information, an amount of $60 000 being included for the production of a film to commemorate the tenth year of the work of WHO. This film is intended to provide an overall view of the work of the Organization during the first ten years of its existence.

Before I conclude I would again draw attention to the fact that the foreseeable total backlog of programme requests to date must be assessed at not less than $4.1 million. I therefore view with concern the recommendation of the Executive Board, in resolution EB17.R28, that the Ninth World Health Assembly approve an effective working budget which would be $441 600 below either of the levels within which I have presented the proposed programme and budget estimates for 1957.

I have tried to see whether it might be possible to effect a reduction of the magnitude envisaged by the Executive Board without causing undue harm to the programme as presented. It might be argued that least harm would result if the implementation of the new activities planned for 1957 were to be delayed.

To the extent that this may be so, I would remind members of this committee that delay factors have already been applied to the budget estimates, on the basis of experience, in respect of all new activities. In the case of projects these have been based on estimated delays in implementation averaging three months.

The result is that, if the delay factors now applied to the budget estimates totalling $11 441 600 were to be trebled, the amount of the reduction which could be achieved in this way would be approximately $217 000. But even this reduction could not be achieved without delaying the implementation of new projects until after 1 October 1957 on an average. Apart from the fact that little advantage would be gained, in that event, by attempting to start those new activities before 1958, it is clear that the total reduction envisaged by the Executive Board could not be achieved without postponing beyond 1957 the implementation of some new projects.

I do not think I need stress the fact that, apart from the implications of such delays upon the level of operations for 1958, the deferment of the implementation of new projects until after 1957 would serve only to add to the existing backlog of unmet requests.

It must be remembered that any deferments of projects would also affect new projects which are jointly assisted by UNICEF and WHO. Consequently, should UNICEF wish to start any such projects that may be affected, it would be necessary to ask UNICEF to meet the personnel costs.

The Committee should bear in mind also the importance of the catalytic character of WHO's work. It stimulates national health administrations to expand and improve their own services. It seems to me not unreasonable to think that governments recognize the importance of all WHO's work, especially in view of the fact that none of the regional
committees last year commented adversely on the proposed increase in the level of operations for 1957. I have also taken into account the obviously increasing interest of governments in bilateral and multilateral technical assistance programmes, which include health, and the fact that the inter-governmental regional organizations were also displaying greater interest in the field of health. The improvement in the status of collection of contributions and the removal of the ceiling the largest contributor had originally placed on its contribution seemed to me yet other indications that the value of the work of the Organization was indeed being increasingly and more widely recognized.

As I have previously indicated, I had hoped, at the time of preparation of the proposed programme and budget estimates for 1957, that all Members would be actively participating in the work of the Organization by the time of the Ninth World Health Assembly. Although this hope has not yet become a reality, I would submit that the supplemental programme costing $1,525,000 be approved and added to the effective working budget of $11,441,600. The extent to which this supplemental programme may be implemented in 1957 would, of course, be dependent upon one or more of the present "inactive" Members having notified that they will resume active participation in the work of the Organization as from 1957.

With these remarks I commend the proposed programme and budget estimates, as set out in Official Records No. 66, to this committee in the conviction that they will receive serious consideration as representing the minimum reasonable requirements of WHO for 1957. Above all, may I express the hope that this Assembly will not see fit to add to the already substantial backlog of unfulfilled requests for assistance?

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EIGHTH MEETING

Friday, 18 May 1956, at 9.30 a.m.

Chairman: Dr M. JAFAR (Pakistan)

1. Adoption of First Report of the Committee

Dr VAN DEN BERG (Netherlands) suggested a small drafting amendment in paragraph 2 of the resolution in section 3 of the report, which referred to "the activities of the Interim Commission and of the World Health Organization". In the view of his delegation the Interim Commission was also part of the World Health Organization, and he suggested that the words should read: "the activities of the World Health Organization during past years, including the period of the Interim Commission".

Decision: The report was adopted with the amendment proposed by the delegate of the Netherlands (for text, see page 382).

2. Review and Approval of the Regular Programme and Budget Estimates for 1957 (continued)

Agenda, 6.3

The Committee had before it a draft resolution submitted jointly by the delegations of Japan and the Union of South Africa and incorporating the proposals made by them at the previous meeting. It read:

The Ninth World Health Assembly,

Having considered the main features of the programme as contained in the Director-General’s proposed programme and budget estimates for 1957, and

Having considered the recommendation of the Executive Board, together with its report, as required by Article 55 of the Constitution,

1. DECIDES that the effective working budget for 1957 shall be established in two amounts as follows:

(1) a basic effective working budget in the amount of US $10,500,000, and

(2) a supplemental effective working budget in the amount of US $800,000;

2. DECIDES that the budget level for 1957 shall be established in an amount equal to the effective working budget as provided in paragraph 1 (1)
above, plus the assessments on inactive Members and China, and

3. DECIDES that the budget level for 1957 as established in paragraph 2 shall be financed by assessments on Members after deducting casual income available for 1957 in the amount of $355 800; and, further,

4. DECIDES that the supplemental effective working budget for 1957 established under paragraph 1 (2) above may be implemented only to the extent of the assessments of those inactive Members who notify the Director-General that they will resume active participation in the work of the Organization as from 1957 and that they will meet their respective financial obligations for that year.

Dr Hayek (Lebanon) said that the Committee had a heavy responsibility in trying to find a balance between the needs which WHO had to meet and the resources available. The needs were increased by the fact that many projects had been delayed or put off from year to year, many of them since 1950. Even the larger of the alternative budgets proposed by the Director-General fell far short of what was needed to meet the requests already received, but if the smaller of the Director-General's two budgets were taken as the basis, there was a gap of several millions between the needs and the funds provided to meet them. The figures in the budget represented services which were urgently needed, as many delegates had emphasized at the previous meeting, and which there was a danger might be curtailed. It might be said that Technical Assistance could make up for deficiencies in the regular budget, but his delegation felt that that was a dangerous argument, because in future years the same amount of Technical Assistance funds might not be available. The Committee would recall what had been the result a few years ago when there had been a shortfall in Technical Assistance funds.

To return to the regular budget proposed by the Director-General, the increase proposed for 1957 (under the first alternative) would be a little more than a million dollars, of which $200 000 would be for statutory increases, $73 000 for regional offices, $144 000 for the costs of Headquarters and its new responsibilities in regard to atomic energy, publications, etc. and finally, the most important, a sum of some $800 000 for health work, and in particular for the eradication of malaria, of which nobody would dispute the importance. He did not see how the Assembly could refuse that increase, for none of the headings that he had mentioned could be reduced without seriously compromising the programme of the Organization and the hopes of Member governments. Even with that budget some requests would have to be refused. He hoped, therefore, that all Members would support the budget of the Director-General, which was after all an insignificant amount compared with the sums spent by some countries on other objects.

Dr Siri (Argentina) strongly supported the statement made at the previous meeting by the delegate of Haiti, which brought out clearly the need to ensure that the Organization was in a position to comply, even to a small extent, with the great aspirations which had led to its establishment. Members should not haggle over the amount for which the Director-General was asking in order to satisfy, even though only to a limited extent, the requests addressed to the Organization by so many governments. Many earlier speakers had indicated their desire that WHO should intensify its technical work. Others had asked that attention should be given to problems in many countries, or that WHO should undertake new studies or should provide further staff for carrying out programmes and projects. Other speakers who had not yet been heard would no doubt support those requests. The requests were just and should be met. The problems raised must be solved for the welfare of particular countries and of humanity as a whole. When the Director-General spoke of the hundreds of projects being carried out, his statement could be heard with pride, as showing the work that had been done and undertaken to free humanity from slavery to disease, which if it was not relieved might lead to despair. The world population was increasing, and increasing mainly in those countries which required the greatest attention. Their needs were the needs of the world as a whole; for disease, and in particular epidemic disease, originating in those countries, would affect the whole world.

He did not agree with the suggestions that had been made by some delegations that the increase proposed was excessive. The Director-General's budget would provide for survival, but not even for a limited progress. The delegation of Argentina therefore supported what had been said by the delegates of Brazil, Haiti and many other countries. It had studied the detailed consideration of the proposed programme and budget estimates given in the report of the Executive Board and the approval that the Board had given. If the Health Assembly was to be true to its functions, it should not discuss any reduction, and the least the present committee could do was to approve the programme and budget as submitted by the Executive Board.
Dr van den Berg (Netherlands) expressed gratitude for the important background information that had been put before the Assembly in the report of the Executive Board, the explanation by the representative of the Board and the excellent statement by the Director-General.

The budget ceiling could be discussed in several ways. So far speakers had dealt with the actual budget level and the proposed increase, but it was also possible to consider the general development of the budgetary provisions of the Organization. This was the tenth time that he had taken part in such discussions, and in all of them the debate had gone the same way: the Director-General submitted a budget, the Executive Board suggested a rather lower figure, other figures were suggested in the debate, and finally a compromise was reached.

In the last ten years there had been a regular increase in the budget. Whether Members should be glad of this increase depended on what they considered to be the aim of the Organization. If its aim was to be as big as possible, Members should of course be pleased with the increase. But was not the Organization's true aim set out in Article I of the Constitution: "the attainment by all peoples of the highest possible level of health"? Article 2 of the Constitution went on to say: "In order to achieve its objective, the functions of the Organization shall be: (a) to act as the directing and co-ordinating authority on international health work; ..." The Constitution did not contemplate that the Organization should monopolize all health work, which of course would be impossible. The aim was therefore not to make WHO as large as possible, but to have it as well organized and strong as possible to carry out the objective set down in the Constitution. But rapid growth did not always mean strength. There was a continual danger to any organization in growing too rapidly. At a recent meeting the delegate of Norway had called attention to the dangers of bureaucracy. That was an ever-present danger; and in saying so he did not wish to criticize WHO, which was perhaps less bureaucratic than other international organizations. In face of the continuing increase in the budget, it was therefore necessary to take into account other points.

The technical work of WHO was divided into two main parts: the Central Technical Services and the Advisory Services. The Central Technical Services were well defined on page 2 of Official Records No. 69 as "certain health and medical services of a world character which can be furnished only by an international agency". That part of its work was a monopoly of WHO, and money for such work should always be provided by countries. The Advisory Services were quite different. That did not mean that the Central Technical Services were more important; on the contrary, the Advisory Services were the more important for the improvement of world health, but to advisory services there was no limit. They were not and could not be a monopoly of WHO.

A development which his delegation considered rather dangerous was illustrated by the charts on pages 14 and 15 of Official Records No. 69, which showed that the Central Technical Services were responsible for a relatively small part of the total expenditure and were even decreasing, while the expenditure on Advisory Services increased. The real danger seemed to be that the Advisory Services were becoming more and more a service which should be considered as part of Technical Assistance. That danger was increased by the recent change in the administration of the Expanded Programme of Technical Assistance. Formerly a fixed 22 per cent. of the funds available for Technical Assistance had been allotted to WHO. The position now was that countries decided what technical assistance they should ask for and what part of it should be for health work. The Eighth World Health Assembly had for this reason adopted resolution WHA8.32, which called the attention of governments to the added responsibilities of national health administrations in view of the new planning procedures. If countries felt that all the technical assistance in health work that they needed could be obtained from the regular budget of the Organization, they would spend Technical Assistance money largely or even exclusively on other things, and the result would be that the Organization would charge to its regular budget work that should properly be paid for from Technical Assistance funds.

His Government thought that all technical assistance was of the utmost importance and had always been willing to contribute to the Expanded Programme. For the same reason it was in favour of the creation of a special United Nations Fund for economic development. It also willingly made sacrifices in receiving fellows from other countries and in sending experts to help other countries. But it felt that neither more help nor more money was provided for other countries by charging to the budget of WHO what might be met from these special funds.

His delegation did not wish to take a rigid stand on this question, and when a few years ago difficulties had arisen about Technical Assistance funds, they had supported the Director-General's proposal to
transfer certain projects to the regular budget. That was a sound procedure for an emergency, but it was not good as a regular policy, and he felt that there should not be these continual increases in the regular budget.

As to the actual amount of the ceiling—to his mind a less important question—there were several proposals before the Committee. His delegation hesitated to add another, but they would study the various suggestions and make up their minds later. One point deserved special consideration: the return to active membership of the inactive Members. What had been done on that question had been well done, but no concrete results were yet visible and it therefore seemed premature to take account of the possibility. The Organization did not yet know which countries would or would not renew active membership. In past years the problem of the inactive Members had hampered budget procedure, and he thought that the question of their renewed activity should not be allowed to cause difficulties for future budgets.

Dr Scheele (United States of America) wished in the first place to congratulate the Organization on the very satisfactory progress it had made in health work in recent years. At the present Health Assembly, many references had been made to the good international co-operation in the Organization, and he hoped that in that spirit it would be found possible to reach agreement on the budget level. That was always a difficult question, for on the one hand the needs were almost limitless and on the other it was necessary to consider what funds Member States could contribute in view of the other claims on their resources for national and international purposes.

His delegation favoured some increase in the budget to permit the orderly growth of the Organization's work. In arriving at the specific figure that he would propose, his delegation had tried to take into account both the many desires expressed for rapid expansion and the need to consider, as he had said, the available resources. The budget for 1956 had shown a substantial increase, largely owing to the substantial amount of casual income that had been available. For the 1957 budget the figure of $10 500 000 had been suggested at the previous meeting and had been supported by several delegations. He appreciated the arguments on which that figure was based and the sincerity with which it had been put forward, but thought it was perhaps too low. He appreciated also the grounds for the proposals of the Director-General and the Executive Board. Both of those meant increases for his own country. The increase in his country's contribution would be about 21 per cent. on the Director-General's proposals and almost 17 per cent. on the recommendations of the Executive Board. The percentage increase in the contributions for some other countries would be still heavier, and his delegation thought these increases were too large for 1957.

The important factor for 1957 was that for that year only $355 800 of casual income would be available as compared with $1 295 320 for 1956. This represented an additional sum of $939 520 that would have to be met by contributions from Members even if the budget level were not increased over that for 1956.

His delegation would like to propose an effective working budget of $10 700 000. This was an increase of half a million dollars over 1956, and would make available $91 746 for malaria eradication and work on the peaceful uses of atomic energy, $200 214 for statutory increases, and over $200 000 for other new programmes, approximately another $800 000 becoming available for new programmes from projects terminating in 1956.

His delegation recognized that even a budget of $10 700 000 might cause difficulties to certain Member countries, but they hoped that their proposal would be supported. He thought that it might be useful to recall that out of the total of $15 000 000 which his country was prepared to allocate to Technical Assistance, $1 000 000 remained unmatched. Since about 20 per cent. of the funds available for Technical Assistance might be expected to be allocated to the World Health Organization, countries that wished to promote the work of WHO could do it by matching this outstanding $1 000 000. For those reasons his delegation proposed a ceiling of $10 700 000. That would make possible a moderate and orderly growth of WHO's programme and would not call for unrealistically high increases in the assessments on contributing governments. The present Health Assembly, he thought, had been in its working the most harmonious so far held, and he hoped that the determination of the budget ceiling would be dealt with in the same spirit.

His delegation, therefore, had submitted a draft resolution reading as follows:

The Ninth World Health Assembly,

Having considered the main features of the programme as contained in the Director-General's proposed programme and budget estimates for 1957; and
Having considered the recommendation of the Executive Board together with its report, as required by Article 55 of the Constitution,

1. **Decides** that the effective working budget for 1957 shall be established in the amount of US $10,700,000;

2. **Decides** that the budget level for 1957 shall be established in an amount equal to the effective working budget as provided above, plus the assessments on inactive Members and China; and

3. **Decides** that the budget level for 1957 as established in paragraph 2 shall be financed by assessments on Members after deducting casual income available for 1957 in the amount of $355,800; and, further,

4. **Decides** that a supplemental effective working budget not to exceed the amount of US $355,800 shall be established, and may be implemented only to the extent of the payments made by those inactive Members who resume active participation in the work of the Organization as from 1957.

It would be noted that no exact amount was proposed for the supplemental budget, which was treated as a separate question. The resolution was also designed to provide for some other problems that might arise, such as delays in payment and delay in the return to full activity of the inactive Members, and the words "not to exceed" were therefore used (rather than "in the amount of"), so that the Director-General might adapt his concrete proposals to the contributions actually received.

**Dr Clavero del Campo** (Spain) said his delegation was fully aware of the fact that it would be impossible to expand to new fields or even to continue the work of WHO without a progressive increase in its budget. Nevertheless, he would again stress the undesirability of countries requesting the help of the Organization in work that could and should be undertaken by national public-health administrations. The expenditure involved in such requests had mounted steadily over the years and would continue to do so if the practice were maintained.

In many countries like his own, the need to apply all available funds to economic development and the concomitant improvement of health services was urgent. Hence any proposed increase in WHO's budget should be subjected to severe scrutiny with a view to cutting out inessentials in the programme.

Spain nevertheless felt that the excellent work of the Organization merited the provision of increased funds and his delegation would accordingly support proposals for a moderate increase in the ceiling figure of the budget.

**Dr Anwar** (Indonesia) said that a glance over the records of the current and previous sessions of the Health Assembly would bring to light unanimous tributes to the work carried out by the Organization over the years. Much gratitude and appreciation had been expressed by individual Members; but the picture changed whenever the budget came up for discussion. Many delegations year after year brought up objections to the proposed level; some at the present Health Assembly had even implied that the Director-General was over-ambitious in his proposals, despite the fact that the proposed programme and budget had been thoroughly examined in the Executive Board and in its Standing Committee on Administration and Finance. His delegation took the view that those proposals were entirely sound and accordingly would endorse them wholeheartedly.

The objectives of the Organization, as defined in its Constitution, were well known to all. In the earlier discussions, much stress had been laid on the need to expand inter-country and inter-regional programmes. But obviously such developments were doomed to failure in the absence of parallel efforts to strengthen national public-health services.

The volume of documentation on the proposed programme and budget estimates was formidable, and to go into the substance of every proposal would require much study. That was unnecessary at the present stage in the light of the conclusion of the Executive Board (*Official Records* No. 69, page 25, section 2) to the effect that the budgetary procedures followed had been satisfactory in all respects. The Executive Board had gone further and concluded that the programme was sound rather than ambitious. His delegation therefore failed to see any justification for advocating the cutting down of the budget needed to carry out that programme, which was based wholly on the directives of the Health Assembly itself. The programme and the budget could not be separated one from the other. Furthermore, his delegation could see no revolutionary development in the proposed assessments when compared with assessments for earlier years, even for a poor country like Indonesia.

Accordingly, Indonesia strongly supported the Director-General's proposed budget level. In doing so, it was fully conscious of the large percentage increase entailed in its own contribution, but still considered that to be a relatively small amount; for some other countries the proposed increase would represent the merest fraction of their total public-health budgets.
Finally, his delegation agreed in principle that any additional income deriving from the return of inactive Members to active participation should be used on field projects, in so far as it was not required for services to the countries concerned.

Dr Evang (Norway) thought it was the duty of the Committee to take a broad view. Its members were health experts, representing governments with the obligation to implement a world strategy in matters of health. Those governments, by their own act in ratifying the Constitution of WHO, had agreed, in some measure, to subordinate their individual interests in health matters to those of WHO and the majority of its Member States. Such, broadly speaking, were the obligations of the Constitution.

It seemed to him that the Organization had once more reached a cross-roads in its history. Its earlier years of activity had been hampered by hesitation on the part of governments to ask for the help of the Organization and by lack of knowledge of how to carry out international health programmes, together with the shortage of suitable expert staff. Those obstacles had now been removed; the field was open, with the changing of the international climate in the right direction, for WHO to go ahead and act. The present was no time for stabilization of expenditure, which besides could never survive in a sphere of such rapid development as the medical field of today.

The delegates of Japan, New Zealand and the Netherlands had gone back to outworn theories. Japan held that it was the task of WHO to co-ordinate and advise and the Netherlands had echoed that line of thought. He would remind them that as long ago as the Second World Health Assembly it had been decided to advance from that point towards the strengthening of the Organization’s regional work in the field. New Zealand, on the other hand, had advocated the concentration of resources on certain important problems. There again, the governments represented in the Health Assembly had long since rejected such a narrowing of activities. The strength of the Organization lay in the fact that there was not a single country in the world that had not benefited by its work; and that was why at the present day it had regained its world-wide prestige.

The earlier speakers who had pleaded the realistic view were in fact talking in terms of money. But money had no inherent value; it was simply the means to an end. Reference had been made to the willingness of governments to pay increased contributions. That was certainly an important consideration. But the amount that governments would pay depended on the case put forward for higher expenditure, and he would venture to say that it would be hard to find any more profitable field for investment than the work WHO could do.

Again, willingness to pay was perhaps not the correct term. Member States had accepted the democratic principle that the Health Assembly had the deciding voice in assessing contributions. In considering the various proposals now before it, the Committee should bear in mind that the Executive Board, in dealing with the question, had run into extraordinary difficulties. As would be seen from the records, two clear schools of thought had emerged, one in favour of the Director-General’s proposal and the other considering his figure too high. In the absence of any compromise, the Board had resorted to the device of continuing its discussions as a working party—of which no records were available to the Committee—and from this the final proposal on the budget had eventually emerged. Consequently, there was only one considered proposal before the Committee: that of the Director-General. The Executive Board, in putting forward its lower budget, had not even intimated where cuts in the programme should be made to achieve the necessary savings.

As for the other proposals that had been made, it was surprising to find that the same small group of countries again and again brought up the same question. Would it be so preposterous to suggest that the governments of those countries adjust themselves to the views of the majority? He found it difficult to accept their main argument of hardship that their adherence to it gave a false impression. Fortunately, a large majority of the Members still wanted WHO to be in a position to fulfil its obligations.

On the question of inactive Members, there was every reason to hope that they might resume active participation as of 1 January 1957. In the event, it would be the duty of the Health Assembly to find a way to meet that situation without harm to the Organization’s activities elsewhere.

His delegation was accordingly very happy to join those countries which had declared their willingness to vote for the budget and supplementary budget proposed by the Director-General. He strongly appealed to all Members to do likewise. The world at present, disrupted as it was by political, economic and other conflicts, was in sore need of a
lead. Since the inception of the United Nations Expanded Programme of Technical Assistance for the Economic Development of Under-developed Countries the gulf had widened between the richer and the poorer countries; not because the poorer countries had not made remarkable progress—on the contrary—but because development in those already more advanced had been even more rapid. That was the reason underlying the critical situation of the United Nations assistance programmes; that was why certain suggestions were being made; and that was why an organization like WHO should be strengthened rather than weakened at the present time. The Director-General’s request was modest. It was only fair to give him and the excellent staff the Organization had built up a chance to do good work.

Mr Alcerro (Honduras) said that, in the light of the information placed at the Committee’s disposal, his delegation would give whole-hearted support to the proposed programme and budget for 1957 as presented by the Director-General. Its decision was based on a recognition of the magnificent work done by WHO—work that had been applauded by all previous speakers—and the fact that in doing so it would be fulfilling a duty towards humanity, towards the millions of people throughout the world who were left defenceless against disease and hunger.

Since its establishment, much had been done by WHO to ameliorate their conditions and that work had received the unanimous support of all Member States. If now some of the more advanced countries were to withdraw or curtail that support, the Organization’s efforts would be seriously hampered and its objectives would be fulfilled only after long delay, or never.

Countries ravaged by such diseases as tuberculosis, endemic malaria, typhoid, or the deficiency diseases, or, like his own, constantly menaced by yellow fever, were profoundly grateful for the help given by WHO to supplement their own insufficient resources.

He found it hard to understand how the same delegations that had meted out high praise for the Organization’s work could at the same time ask for a cut in its budget. Surely, where the merit was recognized, the requisite support could not be withheld. Without the Organization’s help many countries would probably have been unable to launch any health campaigns at all on the sums they contributed to it.

In conclusion, he would take the opportunity to congratulate the Director-General and his staff on the excellence of their work. The delegation of Honduras would have great pleasure in supporting his proposals and at the same time would urge other delegations to do likewise.

Dr Le-Van-Khai (Viet Nam) said he had listened with great interest to the different points of view expounded in the discussion. His delegation found itself in a quandary since every speaker had reason on his side from his own point of view. However, in view of the fact that the Executive Board was the Health Assembly’s chosen instrument for scrutinizing the programme and budget, its considered opinion was not to be lightly put aside. His delegation would therefore support the Board’s proposal for a budget of eleven million dollars.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) was grateful to the Director-General and the Executive Board for the excellent way in which the information on the proposed programme and budget for 1957 had been presented.

He would begin by again drawing attention to the opinions and decisions of the United Nations on the difficult question of budgetary levels. At its tenth session the United Nations General Assembly, concerned about the mounting budgets in the specialized agencies, had called the attention of the specialized agencies to the matter. His own Government, too, was greatly concerned at the continuing trend away from the policy of stabilization of regular budgets. It attached considerable importance to the co-ordination of the activities of the specialized agencies and the United Nations in that as in other respects. But the Director-General, in his Introduction to the programme and budget estimates for 1957, rejected the policy of stabilization at any time and referred to the need for a continuous development of the Organization’s essential functions so that its orderly growth might be assured.

He would point out that stabilization of the budget did not imply stagnation in the programme: good work could be done by the efficient use of limited resources. Projects came to an end and others took their place; that was a continuous process which in itself represented an orderly development. All were aware that there was practically no limit to the amount which could be spent on health projects; on the other hand, at home, health projects had to compete for funds with other necessary demands on the public purse. In that way there was an automatic check on the expansion of one social service at the expense of another. In WHO, no such automatic control was in operation. In theory, all demands could be met by increasing the assessments of Member States. But the major part of the
cost fell on a relatively small number of Members. It was accordingly of prime importance that the Health Assembly, in the absence of any constitutional safeguard for the main contributors, should strike a balance in its approach to the budget between the available financial resources and the needs of the under-developed countries. The orderly development of WHO's activities depended just as much on retaining the good will of the major contributors as on meeting the urgent needs of the others.

With regard to the proposed budget for 1957, the Director-General had informed the Committee that certain additional sums, to a total of just under $300 000, were required over and above the 1956 budget total of $10 200 000 for certain continuing activities. The United Kingdom could readily accept an increase of that size, bringing the total budget to rather less than $10 500 000, and if the Health Assembly were disposed to accept stabilization for 1957, it would be ready to accept the proposal submitted by the delegations of Japan and the Union of South Africa. That solution, he warned, should not be rejected without very careful consideration, because, even if the budget were stabilized at that level, contributions would still be substantially higher than in 1956, owing to the smaller amount of casual income available to set against the total budget. The increase in contributions was a matter of concern to many governments, not only to those of the largest contributors.

The United States delegation was now proposing that the budget for 1957 should be established at $10 700 000, an amount that would provide an appreciable sum for expansion of the Organization's work. As a compromise, the United Kingdom delegation would be prepared to give its cordial support to that proposal; it would not be able to support a higher figure. He accordingly hoped that the United States proposal would commend itself to general agreement.

Thus far he had been dealing purely with facts, and the Health Assembly's decisions on the budget should be taken on the basis of known facts alone. The possibility of the return of the inactive Members could safely be left out of its calculations. He would, in fact, suggest that the Executive Board be authorized to deal with that question when it arose.

Mr Poumpouras (Greece) said he would refrain, after the full statements made to the Committee, from entering into a detailed consideration of the item under discussion. He would merely state that his delegation supported the proposal submitted by the United States delegation, i.e., that it was in favour of an increase of $500 000 in the budget for 1957, thus giving a total of $10 700 000 for the effective working budget.

It would be readily appreciated that an under-developed country such as Greece could not consider a large increase in its contribution, particularly at the moment when his Government intended to increase almost fivefold its financial participation in national currency to the implementation of WHO projects, and to increase the amount of $72 000 set aside in 1956 to the equivalent of $354 000 for 1957. Nevertheless, in view of the world-wide importance of an expansion in the Organization's activities, his Government would be glad to make an additional effort and to support the proposal for an increase of $500 000. Such an increase was the most appropriate in the present circumstances as it would ensure that sufficient sums were available to meet some expansion of the programme as well as the necessary increase in administrative expenditure.

Dr Acosta-Martínez (Venezuela) said that his Government fully recognized the immense and valuable achievements of the Organization as well as the ever-increasing development of its activities. It was indeed superfluous to praise the work of the Director-General when every country present had benefited in one way or another from the assistance of the Organization. Naturally, as WHO expanded, requests for help increased, with a corresponding increase in the economic resources required to meet them; none the less, it should be borne in mind that it was not always possible to attain immediately the maximum level of contributions desired.

The increase requested by the Director-General was clearly justified in view of the marked progress in the Organization's activities, as well as of the catalyzing influence the judicious expenditure of WHO funds exercised on national health projects. However, even the amount proposed by the Director-General could not solve all the problems confronting the Organization, and it was moreover essential to take into account certain unforeseen circumstances when attempting to meet such problems. His own Government had already voted its national budget for the next year and had increased its contribution to international programmes, as well as setting aside funds for large-scale national projects; some $9 000 000, for instance, would be spent on malaria eradication and larger sums than ever before on housing.

His Government had calculated its contribution to the Organization on the basis of an effective working budget of $10 700 000, i.e., the proposal submitted by the United States delegation. As the national budget had been approved, no change could
be introduced at the present juncture. His Government was, however, always prepared to study the possibility of fresh contributions in future provided that it was informed in good time. At all events, his country's co-operation in such forms as facilities for fellows and the compiling of scientific information would always be available as in the past.

Dr Nassif (Saudi Arabia) expressed his approval of the budget proposals submitted by the Director-General for 1957. It was only natural for the Organization's budget to increase in keeping with the upward trend of national health budgets. He hoped that delegations would vote in favour of the Director-General's proposal so that all countries might benefit to the maximum from the Organization's programme.

Dr Karabuda (Turkey) felt that there could be no doubt as to the desirability of increasing the budgetary ceiling, which would enable the Organization to further its future development. The real point was whether an increase of something over $1,000,000 would suffice to meet all its problems and all requests for help from Member States. That question was open to argument. Had it not been doubtful, his delegation would have associated itself with those in favour of such an increase. As he felt that the increase requested by the Director-General would be but a drop in the ocean, his delegation would support the proposal made by the United States delegation.

Dr Togba (Liberia) said he had listened with keen interest to the statements made, but was surprised to find them somewhat contradictory in that all did not favour increased appropriations whereas there was unanimity on the desirability of expanding the Organization's programme.

It was hard to believe that many present who were doctors failed to realize that men were living in a sick world; that was true of all countries, though the type of illness varied with the stage of development of a particular nation. It should never be forgotten that the activities of WHO were intended to reach all peoples in the world. Emphasizing the concept of international responsibility, he said that his own country clearly understood its financial obligations in that matter, whatever the difficulties it might encounter in meeting them. It would accordingly heartily support the Director-General's proposal.

Vast sums were at present being spent in the highly-developed countries on atomic armaments. Although he fully appreciated the motive for such expenditure, it was essential not only that the free world should survive but also that it should be healthy. He therefore addressed a strong appeal to those countries to support the Director-General's budget. It was more than ever true at the present time, particularly with air travel, that disease knew no frontiers, and the importance of health work was growing every day. Furthermore, the highly-developed countries, which provided the majority of the experts employed by the Organization, should not overlook the possibilities of employment which an expanding organization gave for their nationals.

Dr El-Chatti (Syria) considered that certain facts emerged clearly from a study of the various proposals and the statements made in the debate: first, the programme proposed by the Director-General for 1957 was consistent with the programme of work for a specific period approved by the Eighth World Health Assembly; secondly, the Director-General's budgetary proposals would meet only part of the urgent requests from governments for help in strengthening their national health services; and, thirdly, an expansion in services for 1957 was essential for the continuous development of the Organization's function, for which it was already now properly organized and staffed.

It accordingly appeared to his delegation that the question was one of confidence in the programme of the Organization and of the extent to which Member States were willing to discharge their financial responsibilities to enable the Organization to fulfil that function. There was no need to stress the achievements of the Organization in the health field, and he would suggest that recognition of those achievements be confirmed by accepting the proposal submitted by the Director-General and thus showing the faith felt by Member States that the Organization was the most appropriate instrument through which the objective of world health could be reached.

Dr Aujaleu (France) did not wish to lengthen the debate further. Indeed, the discussion was similar to that which took place every year and he was inclined to think that all delegations knew, possibly even before the debate began, to what budgetary ceiling they were authorized to go. Consequently, it did not seem probable that the arguments put forward on either side had greatly changed the position.

He fully appreciated the stand taken by the Director-General; it was in fact inherent in his post and, from his own experience, was in keeping with the procedure often followed in the national field. To draw the analogy further, perhaps the Director-General had, as also happened in national spheres,
resigned himself to not obtaining the full amount he had requested. Regrettably as it might be, a number of other considerations had to be taken into account besides the vast needs of international health work: every country was committed to often considerable expenditure in national and indeed in other international health activities. In that connexion, he would recall the remarks made by the delegate of the Netherlands, who had drawn attention to the risk of a reduction in contributions for international health activities such as those coming from the Expanded Programme of Technical Assistance if contributions to the World Health Organization were to rise unduly. As the coordinating body of all health work, it was not in the interest of WHO to lose on the one hand what it gained on the other, as the loss might well outweigh the gain.

He realized that his remarks might not prove popular and that an appeal for economy in a field such as health work would not be enthusiastically received by all. It was nevertheless essential for some moderating influence to make itself felt. The budget of the Organization increased regularly each year and he considered it desirable that the increase should neither be too large nor too sudden. His delegation would accordingly vote in favour of the proposal made by the United States delegation as constituting an acceptable compromise.

Dr Al-Wahbi (Iraq) said he would confine his remarks to the most salient points and would at the outset briefly commend the Director-General and his Secretariat.

All consideration of the various budgetary proposals should bear in mind the fact that the efficiency of the personnel and of the machinery set up by the World Health Organization had been established beyond any doubt and that they were capable of undertaking more work than had been given hitherto; and that, furthermore, only valid projects had been selected for implementation, after careful scrutiny. The question of a stabilization of the Organization's work had been raised on several occasions and it had consistently been the view of a large majority that such a process would be a sign of failure. The United Kingdom delegate had made allusion to the stabilization of the budgets of specialized agencies; but he himself had been under the impression that those agencies had, for the most part, substantially increased their budgets, sometimes as much as 18 per cent.

The delegate of Norway had referred to the discussions which had taken place in the Executive Board on the question of the budget ceiling. Speaking as someone who had been present at those discussions, he recalled that the Board had, after a thorough study, declared itself fully satisfied with the programme for 1957 drawn up by the Director-General and had considered it undesirable for any part of it to be omitted. However, an attempt had been made to lower the budget ceiling and a compromise had been agreed upon; nevertheless, the only way it had been considered that the programme could be operated with less funds was by delaying the implementation of new activities. It would therefore seem that, as general agreement existed on the programme for 1957, the Director-General should be given the funds to carry it out.

Emphasis had been laid in the Committee on the need for compromise even on important questions in order to meet the wishes of certain delegations. He would, however, point out that national health budgets were being increased in many countries at the present time and that, in some cases, those budgets represented five to six times the total spent by the World Health Organization.

Referring to the United States' proposal for an effective working budget of $10 700 000, and to the breakdown of those figures given by the United States delegate, which left a sum of $200 000 for the necessary and natural growth of the Organization, he expressed the view that certain small items had been overlooked in that breakdown, and that further sums would therefore have to be subtracted from the amount of $200 000, thus reducing work in the field—the most important of the Organization's activities. Those small items concerned, inter alia, the growth of the regional offices, particularly in Africa, the transfer of the Regional Office for Europe to Copenhagen, and an increased amount for publications arising from the increased use of the Spanish language.

For the reasons he had stated, his delegation considered that the only logical budget ceiling was the figure proposed by the Director-General.

Dr Frandsen (Denmark) said that his delegation maintained the view it had expressed at the Eighth World Health Assembly regarding the desirability of a long-term policy and a gradual development of the Organization's activities. He accordingly associated himself with those speakers who were in favour of a reasonable increase in the budget ceiling.

He had the greatest admiration for the Director-General and for the work accomplished by the Organization. He was, however, firmly confident that that work could be continued even if the Director-General's proposals were not accepted. The Organization had gained the confidence of
governments by its gradual progress and the results it had achieved over the past ten years confirmed him in his opinion.

His Government had originally been in favour of the proposal submitted by the Executive Board, his delegation would, however, give further study to the proposal submitted by the United States delegation. It could not in any circumstances vote in favour of a budget ceiling higher than the one proposed by the Executive Board.

The meeting rose at 12 noon.

NINTH MEETING

Friday, 18 May 1956, at 2.30 p.m.

Chairman: Dr M. Jafar (Pakistan)

1. Review and Approval of the Regular Programme and Budget Estimates for 1957 (continued)

Agenda, 6.3

Dr Cameron (Canada) said that his delegation was in sympathy with the position taken by the delegate of Japan and others who had spoken in the same sense. If he favoured a budget lower than that proposed by the Director-General, it should not be taken as implying any criticism of the Director-General himself or his staff. His delegation recognized—and he himself recognized from personal experience—the position in which the Director-General found himself, faced with numerous requests for assistance which, as an experienced public-health officer, he could see were in most cases worthy.

However, as an experienced public-health officer, the Director-General was also aware of the position in which delegations found themselves when they had to face those responsible for providing the money. To ignore that factor would not be conducive to the future progress of the Organization. In fairness to those who took the same attitude as his own delegation, it should be recognized that in the six years from 1951 to 1956 WHO’s budget had increased by 62 per cent.—more than that of the United Nations itself or of any other specialized agency.

His own Government had no criticism to offer of WHO as an institution. Indeed, the prevailing sentiment since the very beginning of the Organization had been one of strong support, and as far as he could judge would continue to be so. That sentiment was based to a great extent on the fact that WHO had an important role to play in the world and had always had capable direction. He therefore believed that his Government would consider it reasonable that the Organization should progressively increase its commitments over the years. The question at issue was the rate of increase, and coupled with that was another point: his Government would probably be more disposed to agree to budgetary increases if some procedure could be devised whereby the Health Assembly could more effectively examine some of the details of the estimates. For the present he would say no more on that question, which his delegation would probably raise in the Committee on Administration, Finance and Legal Matters.

To sum up, the attitude of his delegation was that the Committee must consider sympathetically the statements made by the delegations of several countries which, while they had demonstrated over the years their support for the Organization, felt that its future well-being would be best served by a slower and steadier development. He therefore supported the proposal put forward by a number of delegations for an effective working budget of $10,700,000.

Dr Sauter (Switzerland) said that his delegation was in favour of a moderate increase in the budget, for the reasons adduced by the delegate of the United Kingdom of Great Britain and Northern Ireland. He recalled the recommendation of the Economic and Social Council that the specialized agencies should stabilize their budgets. Without wishing to impose rigid budget ceilings, his delegation favoured a certain stability, considering it essential for a sound long-term policy. Therefore, conscious of the need for and value of the Organization’s work, but also of unavoidable financial stringencies, his
Mr Botha (Union of South Africa) drew attention to a revised version of the draft resolution put forward by his delegation and that of Japan (see page 215).

One of the two modifications was the replacement of the words "in the amount of" in sub-paragraph 1 (2) by "in an amount not to exceed". The change was made for greater clarity, though actually the point was already brought out in paragraph 4.

The other modification was in paragraph 4, and consisted of the insertion after the word "Director-General" of the words "by the time of the opening of the nineteenth session of the Executive Board". The two delegations had decided on that change because some members of the Committee had considered that it was an unusual procedure to appropriate an amount that was not at present in prospect of receipt and might not all be available at the same time, since its availability could well be dependent on reactivation of membership by more than one State. Moreover, the original drafting put no reasonable limit on the time when the expectation of the availability of the funds was to occur.

Dr Pierre-Noël (Haiti) thought that, if certain delegations were in favour of reducing the budget presented by the Director-General, the reason must be that certain projects in the programme, which they did not specify, seemed less important to them than they had seemed to the Director-General. To those delegations he would merely recall that the principle of the interdependence of nations was more of a reality than it had ever been. No sanitary or quarantine measures could protect any country so long as in any corner of the world there existed an epidemic focus of communicable disease.

Since the budget seemed to involve a question of confidence, his delegation had pleasure in reaffirming, in the name of his Government, its full and unqualified confidence in the Director-General, in his staff, and in the work carried out by the Organization.

Mr Zlitni (Libya) considered that the Director-General's explanations of his budgetary proposals had given all the information necessary on the reasons for supporting them. However, if there was still some doubt, he could cite certain facts that seemed to him indisputable and which he thought were eloquent enough to win support.

The reduction that some delegations proposed in the Director-General's budget would lead to a further lengthening of the list of urgent requests from governments that could not be met for lack of means. That would be in flagrant contradiction with the aim of WHO's Constitution, the attainment by all peoples of the highest possible level of health.

It was true that the Director-General's proposed budget allowed for a modest expansion in certain field activities, in particular the very important work on malaria eradication. However, no expansion was provided for in certain fields where a flood of requests was being received: maternal and child health, venereal disease control, and environmental sanitation. Any cut in the budget would be at the risk of an actual reduction to a corresponding extent in those activities.

Moreover, it was hardly realistic, at a time when some of the inactive Members seemed agreeable in principle to resuming participation in the Organization's work, to reduce a budget that made not the slightest provision to meet any requests which might be received from them. Even if the active membership of the Organization remained unchanged, a reduction of the budget would still be unfortunate, especially as there was still some uncertainty about the funds that would be made available under the Expanded Programme of Technical Assistance.

As the Director-General had stressed in the Introduction to his Proposed Programme and Budget Estimates, they took full account of "the need for a continuous development of WHO's essential functions so that the orderly growth of the Organization is assured". He appealed to the Committee to approve the Director-General's proposals and so make it possible not to betray the confidence of Member States in it but to give them the sustained assistance which they expected.

Dr van den Berg (Netherlands) said that he was taking the floor merely to correct a misunderstanding that had arisen at the previous meeting. Speaking of the Central Technical Services on the one hand and the Advisory Services or field services on the other, he had said—clearly enough, it had seemed to him—that he considered the field services the more important. Owing probably to some failure in the acoustic equipment, the delegate of Norway had understood him to say that he attributed less importance to the field services, whereas his intention had been merely to give a warning against including in the regular budget what ought to be included under Technical Assistance.

Dr Scheele (United States of America) said that his delegation was prepared to withdraw the draft
resolution it had submitted at the previous meeting in favour of the revised version of the draft resolution submitted by the Japanese and South African delegations. His delegation maintained its proposals for an effective working budget of $10 700 000 and continued to reserve its position on the amount of the supplemental budget.

The Director-General said that after hearing the debate that had taken place it was difficult for him to make any comments. He could not judge how much governments were willing to pay, but on the other hand he had not heard any criticisms of his programme that called for any explanation. He was very grateful for all the commendation he had received and would pass it on to his staff, since he after all played only one man’s part.

As he had said, he found it difficult to present any comments on the debate, but he would reply to some of the points that had been made. Some delegates had discussed the question of stabilization of the budget, and the United Kingdom delegate had drawn attention to his Introduction to the Proposed Programme and Budget Estimates, where he had rejected the idea. In the United Nations, budgetary stabilization had been discussed at least since 1950. Once the Member States of WHO had accepted the principle of regionalization they could not reasonably ask for budgetary stabilization in 1950—at that time three of the regional offices had not even been organized—and in his opinion they could not reasonably advocate it at the stage now reached. The Organization must be what the Japanese delegate called “aggressive” ; it must be dynamic; it must grow and increase its activities. On the other hand, he did not share the pessimistic view of some delegates that if the principle of stabilization was not accepted at once there would be no foreseeable limit to increases in the budget. Delegates would have noticed that in his statement at the seventh meeting he had said: “The fellowships programme is the best long-term means of reducing expenditure on WHO technical personnel engaged in field projects since it results in the training of local personnel able to take over such projects.” In other words, the efforts made by the Organization in the training of health personnel would enable it in time to achieve a more stable budget. But that time, as he had said, had not yet come.

Some delegates had spoken of the rapid growth of the budget. “Rapid” was of course a relative word. The United States delegate had taken a different approach and used a more expressive phrase when he had spoken of modest, orderly growth, but modest was again a relative term. There were many old-timers in the Committee who probably knew far better than he did himself what had happened at previous Health Assemblies in the discussion of the proposed programme and budget estimates. However, he would remind the Committee that the Second World Health Assembly, by resolution WHA2.78, had adopted for the year 1950 a total budget of more than $18 000 000. If Member States had thought that WHO could have a budget of $18 000 000 in 1950, he could not understand why it should not have $18 000 000 in 1957. Seen in that light, the budget he proposed was modest. He was concerned, of course, with the criticism regarding the rapid growth of the programme, and not for the moment with the question of the capacity of Member States to pay. In that connexion the delegate of Japan had spoken of countries that stood at the giving and at the receiving ends. That again was a relative concept: many countries of which, from the discussion, one gained the impression that they were at the giving end, were necessarily receiving countries on account of the responsibilities they had in many parts of the world.

The previous year he had attended the meetings of three regional committees. It was very difficult for Members at the regional level to refuse requests, based on real needs, of the so-called under-developed countries. He did not see how it would be possible to stabilize the budget for Africa, the Western Pacific, Asia or Latin America. Comparing the proposed programme for 1957 with the programme for 1956 one saw an increase of twenty-five country projects. That sounded a good deal, but when one considered that those twenty-five projects were distributed among the 109 countries and territories in which the Organization was working, he submitted that the increase could not be called rapid.

It was true that Member countries were facing considerable increases in assessments, but these were not entirely due to his budget proposals. It should be remembered that one reason for them was that at its last session the Health Assembly had not followed the advice given not to use for financing the 1956 budget all the casual income available. Another point, not yet mentioned, was that the assessments of some countries would be greatly increased by the decision to adopt the United Nations scale. Both those factors were beyond his control.

It had been said in the discussion that, as some projects were to be terminated in 1956, some money would be available for new projects in 1957. It was important to distinguish between starting new projects and increasing the level of activities. Many projects were new in the financial sense, in that there were no financial commitments continuing from
1956 to 1957, but not in the technical sense. For instance the award of a fellowship or the organization of a seminar was not simply an isolated event but an essential part of a well-planned programme. That was particularly important in a region like Europe; if every project involving no continuing financial commitment was regarded as technically new, then under that suggestion Europe would have no programme at all. There was a difference between increasing the total level of activities and budgeting for continuing activities for which no financial commitment existed. That must be taken into account when it was said that $800 000 would be available for new projects.

The delegate of the United Kingdom of Great Britain and Northern Ireland had spoken of the possibility of doing excellent work with very little money. He supposed that the observation implied no criticism of the present work of WHO, since the United Kingdom delegate had given no guidance as to how more could be done with the funds available.

Turning to the actual proposals before the Committee, he noted that the delegate of France had said that he would support the proposal of the United States delegation for an effective budget of $10 700 000 as a compromise between the Director-General’s proposal and the proposal of the delegations of Japan and the Union of South Africa. Since his own proposal was for a budget of nearly $11 1/2 million dollars and the proposal of the two delegations for a budget of $10 1/2 million, he did not think that the United States proposal was really a compromise. A truer compromise would be the recommendation of the Executive Board for a budget of about half a million dollars less than his own proposal.

The Japanese and South African delegations had said that their proposed budget level of $10 1/2 million dollars would represent an increase of $300 000 over the budget for 1956. From the table on page 11 of Official Records No. 69, it would be seen that such a figure would cover only the increases for statutory salary increments and other statutory staff costs and for continuing activities relating to malaria eradication and atomic energy. He could not believe that the Committee wished to reject all the other proposed increases: for example, $31 660 for monographs in Spanish, $13 200 for the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death, and $7 400 for United Nations printing charges. There were also the increases with respect to activities such as study groups, expert committees, public information, supplies and materials, duty travel and common services, and the increases for regional offices and for the regional advisers in Africa, South-East Asia, Europe and the Western Pacific. All those activities would have to be rejected if the budget level proposed by the Japanese and South African delegations were adopted. Incidentally, the delegate of the Union of South Africa, in proposing a supplemental budget of $800 000 in case the inactive Members resumed participation, had said that that sum, added to the basic amount of $10 1/2 million dollars, would permit almost complete implementation of the proposed programme. That statement was not quite accurate, since no provision was included for services to the Members at present inactive and for the expansion of the Regional Office for Europe that would be necessary when they returned.

With regard to the United States proposal, he appreciated the manner in which it had been presented, but questioned some of the statements made. The United States delegate had said that his proposed budget level of $10 700 000 would give $200 000 for expanding the programme above the 1956 level. In fact, the $200 000 would not allow of any expansion of field activities, but would probably all be absorbed in the increases, not provided for at a level of $10 1/2 million dollars, that he had mentioned in speaking of the Japanese and South African proposal. With regard to the second part of the United States proposal, the supplemental budget, he could make no comment. Since the United States delegation proposed no figure, it presumably accepted his own figure of $1 500 000, which had been endorsed by the Executive Board.

In that connexion he would point out that if the inactive Members returned to full participation the total amount at which they would be assessed, in case his proposed budget were approved, would be $2 005 000, while if the budget recommended by the Executive Board were approved it would be $1 925 000. He mentioned that fact to show that in asking for authorization to implement a supplemental programme to the value of one and a half million dollars he was not proposing to devote to the expansion of activities all the money received from the Members at present inactive, but only a part of it. The crucial question had been raised by the delegate of South Africa: if the inactive Members returned, should the activities of WHO be increased or should Member
States pay less? That was a question that the Health Assembly alone could decide; he could only ask to be allowed to do a little more. Once the principle of regionalization had been accepted, the Organization must be given the minimum resources necessary to do its work in the different countries.

He found it difficult to conceive that governments were not prepared to give the Organization the funds it needed when he saw evidence everywhere of the desire of countries to help one another. He hoped that some of that help could still be given through WHO instead of passing through other channels.

The Chairman reminded the members of the Committee that in reviewing the regular programme and budget estimates for 1957, they had before them four separate proposals for the effective working budget and budget level for 1957: the proposals of the Director-General as contained in Official Records No. 66; the proposals of the Executive Board as contained in resolution EB17.R28; the joint proposal put forward by the delegations of Japan and the Union of South Africa for a basic effective working budget in the amount of $10,500,000 and a supplemental working budget in an amount not to exceed $800,000; and a proposal by the United States of America for a basic effective working budget in the amount of $10,700,000 and a supplemental working budget in an amount not to exceed $800,000.

The delegation of the United States of America had withdrawn its original draft resolution (see page 218) and had adopted the wording used in the draft resolution proposed jointly by the delegations of Japan and the Union of South Africa (see pages 215 and 226). The only difference was that the United States delegation proposed a basic effective working budget of $10,700,000, while the delegations of Japan and the Union of South Africa had proposed one in the amount of $10,500,000.

The joint draft resolution proposed by Japan and the Union of South Africa, being the furthest removed from the original proposals of the Director-General, would be voted upon first. After that he would call for a vote on the remaining three proposals before the Committee in the following order; the United States proposal, the proposal of the Executive Board, and the proposal of the Director-General.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) requested that a separate vote should be taken on the basic effective working budget (sub-paragraph 1(1)) and the supplemental effective working budget (sub-paragraph 1(2)) in the draft resolution proposed by the delegations of Japan and the Union of South Africa.

The Chairman put to the vote sub-paragraph 1(1) of the draft resolution submitted by the delegations of Japan and the Union of South Africa, providing that the basic effective working budget for 1957 should be established in the amount of $10,500,000.

Decision: The proposal was rejected by 42 votes to 10, with 8 abstentions.

The Chairman put to the vote sub-paragraph 1(2) of the draft resolution submitted by the delegations of Japan and the Union of South Africa, providing that the supplemental effective working budget for 1957 should be established in an amount not to exceed $800,000.

Decision: The proposal was rejected by 21 votes to 18, with 12 abstentions.

The Chairman again reminded members of the Committee that the proposal of the United States delegation was identical with the joint draft resolution proposed by the delegations of Japan and the Union of South Africa, except in sub-paragraph 1(1), where the sum of $10,700,000 was proposed as the basic effective working budget for 1957. He proposed to put sub-paragraph 1(1) to the vote.

Mr Botha (Union of South Africa) requested a vote by roll-call under Rule 69 of the Rules of Procedure of the World Health Assembly.

A vote was taken by roll-call, the names of the following Member States being called in the English alphabetical order, starting with Finland, the letter F having been determined by lot:

In favour: Argentina, Australia, Austria, Belgium, Burma, Canada, Ceylon, Dominican Republic, Ethiopia, France, Federal Republic of Germany, Greece, Guatemala, India, Ireland, Israel, Italy, Japan, Republic of Korea, Luxembourg, Mexico, Morocco, Netherlands, New Zealand, Pakistan, Paraguay, Republic of the Philippines, Portugal, Spain, Sweden, Switzerland, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela.

Against: Afghanistan, Brazil, Cambodia, Cuba, Egypt, Haiti, Honduras, Iceland, Republic of Indonesia, Iran, Iraq, Hashemite Kingdom of Jordan, Lebanon, Liberia, United Kingdom of Libya, Norway, Panama, Saudi Arabia, Sudan, Syria, Tunisia, Yemen, Yugoslavia.

Abstaining: Chile, China, Denmark, El Salvador, Finland, Viet Nam.

Absent: Ecuador, Laos, Monaco, Nicaragua, Peru, Uruguay.
The sub-paragraph was therefore approved by 37 votes to 23, with 6 abstentions.

The CHAIRMAN called for a vote on subparagraph 1(2) of the draft resolution, which provided that the supplemental effective working budget for 1957 should be established in an amount not to exceed $800,000.

A vote was taken by roll-call, the names of the following Member States being called in the English alphabetical order, starting with Korea, the letter K having been determined by lot.

In favour: Argentina, Australia, Austria, Belgium, Burma, Canada, Ceylon, Cuba, Dominican Republic, France, Federal Republic of Germany, Greece, Ireland, Israel, Japan, Republic of Korea, Luxembourg, Morocco, Netherlands, New Zealand, Pakistan, Paraguay, Republic of the Philippines, Portugal, Spain, Switzerland, Thailand, Turkey, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela.

Against: Afghanistan, Brazil, Cambodia, Chile, Egypt, El Salvador, Ethiopia, Guatemala, Haiti, Honduras, India, Republic of Indonesia, Iran, Iraq, Hashemite Kingdom of Jordan, Lebanon, Liberia, United Kingdom of Libya, Mexico, Norway, Panama, Saudi Arabia, Sudan, Syria, Tunisia, Yemen, Yugoslavia.

Abstentions: China, Denmark, Finland, Iceland, Italy, Sweden, Viet Nam.

Absent: Ecuador, Laos, Monaco, Nicaragua, Peru, Uruguay.

The proposal was therefore adopted by 32 votes to 27, with 7 abstentions.

The CHAIRMAN put to the vote the United States draft resolution as a whole.

Decision: The draft resolution as a whole was approved by 35 votes to 28, with 8 abstentions (see second report of the Committee page 384).

2. Adoption of Second Report of the Committee

The report was adopted without discussion (for text, see page 384).

3. Fixation of Minimum Uniform Educational Standards on an International Basis for Doctors (item proposed by the Government of India) (continued from the sixth meeting)

Agenda, 6.14

Sir Arcot MUDALIAR (India) wished to clarify his delegation's proposal in view of the remarks made by the delegate of Australia at the sixth meeting. There was no intention of asking for general recognition of qualifications—still less reciprocal recognition. As was stated in the fifth paragraph of the document submitted by his delegation (see Annex 7), the attainment of certain minimum standards by all countries and the recognition of the qualifications granted in individual countries by others was desirable not so much for the purpose of medical practice as for enabling qualified doctors to pursue all forms of post-graduate studies. Some countries required at least temporary registration of persons undertaking such study, to allow them to deal with patients in hospitals in an independent capacity or to carry out X-ray or radium therapy. The aim was to facilitate advanced studies and to lay down standards in order to achieve some recognition for that purpose.

Professor PESONEN (Finland) said he was not convinced that it would be possible to attain the objective set forth in the proposal of the Indian delegation; in any case the task would be a difficult one. It should be remembered that many medical schools in so-called more developed countries had very high standards, and it would be impossible to fix the international uniform standard at a much lower level. The uniform international educational standard could not be achieved by mere approval of an international agreement.

The reason why many medical schools in the world did not have high standards was easy to understand: they lacked laboratories, equipment, teachers and text-books. If a uniform standard were fixed for doctors it would be necessary to supply many medical schools with all their wants or else to disqualify many doctors.

Furthermore, in many cases the standards prevailing in medical schools depended on the number of doctors available in the particular country concerned. If there was a shortage of doctors it might even be advisable to lower the standards for a certain period so that more persons could graduate in the medical field.

He did not mean that it would be impossible to fix a certain uniform international standard, but he did think that such a standard could not be as high as that proposed by the Indian Government.

Another point to remember was that universities, of which many medical schools were a part, were very jealous of their independence. That did not exclude the possibility of recommendations being made by WHO, but it would be advisable for such recommendations to be worked out in close co-operation with the universities.

Several international organizations were interested in medical education: teachers in medical schools
and deans of faculties had taken part in the important conference on medical education which had been held in London in 1953. The conference had discussed in great detail the question now before the Committee and its report was under preparation.

He suggested that the Director-General should be requested to study the problem in consultation with competent authorities in medical schools and report to the Executive Board.

Dr Hurtado (Cuba) said that although it might be highly desirable to fix minimum qualifications it was difficult to do so. His Government believed that the Organization might issue a statement drawing attention to certain points which might be of assistance to medical schools in raising their general standards.

One of the points which could be mentioned was the need for medical schools not to admit more students than they were able to instruct. However obvious that condition might seem, it was a fact that very many schools were obliged to admit far more students than they could provide for.

Another point worth mentioning was that of the conditions in which the enrolment of students took place, a subject which had been discussed at length at the conference on medical education held in London, and to which considerable attention was being devoted in many countries and particularly in his own.

Reference should also be made to the quality of candidates for medical diplomas and particularly those destined to serve in public-health departments. In some countries of America much attention had been paid to that question, and in Mexico, where so much progress had been made in education, medical students did not receive their diploma until they had completed six months’ social service in rural areas, thus finishing their education in a practical way.

WHO might well issue a general statement embodying desiderata of the kind he had just mentioned, leaving the educational institutions to decide on the methods for carrying them out.

Finally, the statement could stress the need for a balanced curriculum for medical students. In many universities and medical schools too much stress was laid too early on specialized studies. That was a weakness, however high the standards of specialized teaching in themselves. In that respect WHO’s advice to governments could be helpful.

His delegation was not opposed to the proposal of the Government of India, but had put forward some suggestions in view of the importance of the subject.

The Chairman welcomed the Indian proposal to set up minimum educational standards for the basic training of doctors. Many medical graduates were awarded fellowships for advanced studies in other countries; unless they possessed adequate basic training it was difficult for them to follow the higher level of the advanced courses, with the result that they did not benefit from their fellowships and the institution to which they had been sent for further training did not know what to do with them. It was essential to set minimum standards so that all students could benefit from advanced studies.

Dr Štampar (Yugoslavia) welcomed the proposal put forward by the Indian delegation and found that it was extremely sound. Indeed, it was essential to set basic requirements not only for medical students going abroad but also, in many cases, for those working in their own countries.

Some speakers had referred to developed and under-developed countries. In the medical field all countries were under-developed. He had travelled much throughout the world and had found that even in so-called materially developed countries medical education was not always up to modern standards, particularly in public health and in the sociological approach to medicine.

WHO in recent years had devoted considerable study and research to the problem of medical education and should be commended for the good results it had accomplished in its studies, both on a regional and on a wider international basis. The new edition of the World Directory of Medical Schools, which was in preparation, would be of great use for carrying out parallel studies. He felt that the Director-General should also be asked to study the problem, as information on the basic requirements of medical schools would be even more useful than a directory of such schools.

It would be very difficult for WHO or any other international organization to impose educational standards on medical schools, because universities were most jealous of their independence. In Yugoslavia, however, although universities remained completely autonomous, the Government had had to impose certain rules for medical education which had finally been accepted by the medical faculties themselves. He felt that governments should exercise some control over medical education, for, in the last resort, it was the governments which were responsible for health services in their countries.

It was also important to set up basic requirements for teaching personnel. It would be unfair to have requirements for students only and not to have any for their teachers. The teaching staff always tended
to stress their own specialities and to lose sight of the need for a balanced curriculum.

The third point he wished to make was the need not to overlook the morale of medicine and the practice of doctors.

Dr Andersen (Denmark) said that the question of fixing minimum qualifications on an international basis was not easy. It was impossible in many regions for doctors to be educated in the same manner, as the needs of countries for special knowledge varied and their educational possibilities were very different. Diplomatic difficulties might also arise in attempting to set up conditions according to which doctors' qualifications were recognized all over the world. It should be possible for WHO to provide a general outline of advice on medical education as it had done for pharmaceutical preparations in connexion with the Pharmacopoea Internationalis. Such advice would be very useful to countries lacking sufficient university facilities and when starting new medical schools. In conclusion, he agreed with the view of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel, as quoted in the proposal of the Government of India, that "the formulation of international standards of medical education advocated in many quarters was not feasible at the present time". No immediate decision could be taken, but he supported the suggestion of the delegate of Finland that the Director-General should be asked to examine the subject and submit the results of his study to the Executive Board.

Dr Pierre-Noël (Haiti) said that it was with great interest that he had studied the proposal of the Indian delegation and listened to the Indian delegate's speech at the sixth meeting.

His own delegation fully appreciated the importance of the problem of medical education, which was also a fundamental part of the work of the Organization. But the proposal to establish what should be the minimum standard acceptable for the degree of doctorate of medicine would impose a task of analysis such as to occupy the professional staff of the Organization for years.

Fixing the minimum accommodation and equipment requirements, teacher-student ratio or bed strength per student for clinical teaching presented no great difficulties. But when it came to considering the number of hours to be devoted to a clinical subject, or the training of teachers in highly specialized subjects, such a task was for the moment beyond the means of the Organization. However, every effort should be made to solve those difficulties in time. The Council for International Organizations of Medical Sciences (CIOMS) could perhaps be asked to undertake the preliminary studies on the subject.

In conclusion, he would support the Indian proposal, on the understanding that preliminary studies would be carried out, as advocated by the delegate of Finland, and would be entrusted to the CIOMS. However, it was essential to ascertain first whether the Director-General, in view of the budget which had just been adopted, could allocate the necessary funds.

Professor Julius (Netherlands) reminded the Committee that the recommendation of the Government of India did not aim at the improvement of medical education in general, which was the task of governments and autonomous universities, but at introducing minimum standards. The recommendation of minimum standards could be a danger, as they might in time be accepted as sufficient. It should therefore be made clear when drafting those recommendations that they were merely intended as a stimulus for improvement and not as a satisfactory level in themselves.

Furthermore, if minimum standards were accepted and implemented in a university, it would be necessary to institute some procedure of investigation to ensure that the programme was actually carried out and not merely filed away.

Subject to those reservations he was in favour of asking an expert committee to attempt to draw up minimum standards, provided that the most careful consideration was given to the proposals before any minimum requirements were finally adopted.

Finally, the term "minimum uniform qualifications" was not clear. Qualifications could be either minimum or uniform and he proposed that the word "uniform" should be suppressed.

Dr Reuling (United States of America) said he did not disagree either with the suggestion of the delegate of Finland or with the proposal of the Indian delegation. He supported the suppression of the word "unform". He further suggested that the Director-General, when undertaking the necessary studies, should consult the World Medical Association, which, in conjunction with WHO, had organized the conference on medical education held in London in 1955 with such excellent results.

Professor Grasset (Switzerland) recalled that WHO had published a World Directory of Medical Schools, giving some information on conditions of admission, duration of study, and types of diploma awarded, and some indication of the degree of development. On the basis of the Directory and the recommendations of the conference on medical education held in London in 1955, it should be possible
for the Organization to establish a more detailed document giving the relative importance accorded to the different branches of study in the different universities. That would make it easier to appreciate the extent to which newer branches of medicine were being included in curricula and, by facilitating comparisons between the programmes in the different schools, would lead the way to the establishment of minimum requirements.

Countries like Switzerland, whose universities admitted large numbers of foreign students, were obliged to find out how their medical education corresponded with that of other countries. Apart from the federal diploma awarded to Swiss nationals, Swiss universities awarded to students of other nationalities diplomas which were recognized in the other countries as sufficient either immediately or after only a minimum of supplementary study. For example, a satisfactory practice had been evolved for American students, who on returning to the United States of America took a year's course followed by a qualifying examination.

The ultimate aim was not to fix a minimum standard but to raise standards, and consideration should be given to the ways—special courses, loan of visiting professors, etc.—by which universities could be helped to achieve that end.

The Chairman did not think the intention of the Indian proposal was to classify universities, or to establish control on a global scale of medical education. Its aim was to lay down certain standards, after a thorough study of the question. The same principles would apply as to many other subjects dealt with by the expert committees, whose reports were in no way binding on governments. A study of the kind proposed would provide a valuable guide for any countries wishing to comply with the proposed standards. No country could be forced to recognize the institutions of any other country. But where standards recommended by the Organization were followed in one country, other countries could with assurance admit doctors trained in accordance with those standards to pursue further medical studies or even to enter into practice. But considerable further study was required.

Dr Sutter (Assistant Director-General, Department of Advisory Services) Secretary, assured the Committee that if it so desired the Director-General would undertake a study along the lines proposed to the extent permitted by the budget approved by the Health Assembly for 1956 and 1957. The preliminary studies would not require an important sum.

Dr MacCormack (Ireland) inquired what exactly the preliminary studies were intended to investigate, since it was already known from the document submitted by the delegation of India that minimum standards were not satisfactory in some countries, and that those countries were themselves aware of the fact. The document was a plea on behalf of countries whose standards were not necessarily low, but low by comparison with others, for help in adopting unified minimum standards. He agreed with the delegate of Yugoslavia that minimum requirements should not be confined to students, but should also apply to teaching staff below the rank of professor.

Sir Arcot Mudaliar (India) said it was on the basis of WHO's function, according to Article 2 (o) of the Constitution, of promoting improved standards of teaching and training in the health, medical and related professions, that the subject had been brought to the attention of the Organization. There was no intention of aiming at unified qualifications, or at a recognition by one country of the qualifications of another. That would be guided by relations between the countries themselves. But in many countries there had been a rapid increase in the number of medical schools, largely stimulated by WHO's action in promoting frequent interchanges of doctors and by the fellowship programme. He felt the time had come for guidance to be given by the Organization on the level of attainment to be recommended to those countries. Such guidance would serve as a great impetus to governments or other agencies responsible for medical schools and their maintenance.

Reference had been made to the fact that in some countries the need for doctors was so great that it was impossible to attain minimum standards. That was precisely the danger which confronted countries where medical education was still in its early stages. Governments and other agencies, in attempting to raise standards, prescribed more and more qualifications, and it was felt to be highly desirable that the World Health Organization should give some guidance on the subject. In countries where there were few doctors, certain auxiliary agencies might have to be set up to help them, and WHO could give some guidance in that matter also.

Having attended the London conference on medical education he fully agreed with the delegate of Yugoslavia that few countries could afford to maintain an attitude of self-satisfaction about their standards of medical education. All studies should be carried out as far as possible in co-operation with the World Medical Association, CIOMS, university associations, and any other organization which could help in
presenting a scheme which would be of great value in stimulating medical studies in all countries. Without a clear objective it was difficult even for advanced countries to improve their standards.

The CHAIRMAN drew attention to a draft resolution which had been prepared in the light of comments made by members of the Committee on the Indian proposal.

Decision: The resolution was unanimously approved (for text, see third report of the Committee, section 1).

The meeting rose at 5.35 p.m.

1. Future Policy on Financial Support to CIOMS

Agenda, 6.16

The CHAIRMAN asked for comments on resolution EB17.R24 (Official Records No. 68, page 8).

Dr CLARK (Union of South Africa) expressed his delegation’s support of the draft resolution recommended by the Board, but hoped that in his consultations with CIOMS and UNESCO the Director-General would not lose sight of the principle that, while there might be justification for the subsidizing of special projects, it was not satisfactory that funds contributed to the budget of WHO should be used to finance the administrative expenses of a body over which it had no control.

The CHAIRMAN inquired whether the delegate of the Union of South Africa wished to submit an amendment to paragraph 1 of the draft resolution recommended by the Executive Board.

Dr CLARK (Union of South Africa) replied that he did not wish to submit any amendment but merely to draw the attention of the Director-General to the principle he had indicated.

The CHAIRMAN pointed out that if paragraph 1 of the resolution were approved by the Health Assembly, a reminder to the Director-General concerning a question of policy which was not quite in line with the principle enunciated in the resolution would not prove very effective.

Dr CLARK (Union of South Africa) said he had merely intended to draw the Director-General’s attention to the principle that the expenses of another administration should not be met from contributions to WHO.

Decision: The resolution recommended by the Executive Board in resolution EB17.R24 was unanimously approved (see third report of the Committee, section 2).

2. Relations with UNICEF

Agenda, 6.15

Dr VARGAS-MÉNDEZ, representative of the Executive Board, introduced the Director-General’s report on relations with UNICEF (see Annex 8). In pursuance of the request of the Eighth World Health Assembly, the Director-General had submitted to the Executive Board at its seventeenth session a report setting out the developments in relations between UNICEF and WHO up to the time of that session (Official Records No. 68, Annex 11). In connexion with that report the Executive Board had adopted resolution EB17.R50.

The report and the comments of the Executive Board dealt mainly with the implementation by the Director-General of resolution WHA8.12. Arrangements for financing new jointly assisted UNICEF/WHO projects had been concluded, and the necessary sums allocated in the 1957 budget to cover the expenses of the technical staff in existing programmes. The Board had noted with satisfaction that UNICEF would assume the costs of international health personnel in jointly assisted projects to be started before WHO was able to make budgetary provision for them.

The Board (in resolution EB17.R50), having studied the Director-General’s report, had considered that the
financial relations between UNICEF and WHO would continue to be satisfactory as long as the relative level of activities and financial resources of the two organizations was maintained. It had noted with satisfaction “UNICEF’s recognition of the fact that, because of differences in the budgetary cycles of the two agencies, certain costs of international health personnel might need to be assumed by UNICEF when they had not been foreseen at the time of the preparation of the annual programme and budget of WHO”.

Dr Al-Wahbi (Iraq) said his remarks were in no way intended as a criticism of the relations between WHO and UNICEF. His Government had always been satisfied with the relations between those two organizations and had shown its appreciation of the work of UNICEF by raising its contribution to UNICEF from $14,000 three years ago to $56,000 in 1956.

However, he wished for a clarification on a matter (already discussed by the Executive Board) that did not concern financial relations or the decisions of the Joint Committee on Health Policy but the authority of WHO to interpret the decisions of that committee in respect of technical projects.

Other delegations besides his own had had difficulties with UNICEF in implementing projects at the national health authority level. For example, in the drawing-up of a plan of operations for a joint project, after full approval of the technical staff of WHO, the only competent authority on its technical aspects, objections had been put forward on technical grounds by UNICEF which had caused considerable delay in the prosecution of the project. He requested the Organization to formulate a clear opinion on who was responsible for technical questions in the joint projects.

Dr Anwar (Indonesia) wished merely to state that his Government was satisfied with the arrangements concluded between WHO and UNICEF and deeply appreciated the work carried out on projects in his country, where excellent relations had always prevailed between the two organizations. UNICEF was not active in the malaria campaign in Indonesia but was very helpful in connexion with the yaws campaign, maternal and child health and training activities.

The Chairman remarked that the point made by the delegate of Iraq was an important one. It had been understood for some time that, although projects were carried out in agreement between the national government, UNICEF and WHO, it was WHO which assumed the technical role, while UNICEF acted as the supplying agency. It had happened, however, that after WHO had given its approval to the technical aspects of a project, UNICEF had rejected it. The Organization should make its views on the subject clear. He asked the Secretariat for an explanation.

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, read out paragraph I.4 of resolution WHA.46, which concerned the principles governing the relationships between UNICEF and WHO. In practice every health activity UNICEF embarked on was approved by the Joint Committee on Health Policy, but it required the technical approval of WHO. There had been cases when, after a plan of operations was decided on, a regional director had withdrawn his approval, and difficulties had arisen between the representative of UNICEF and the regional director of WHO; but in fact no health project could be carried out without the technical approval of WHO.

The Chairman remarked that the point made by the delegate of Iraq referred to difficulties caused by UNICEF after the regional director had already given his approval.

Dr Sutter said that the only safe guide in such questions was the technical guide. In case of doubt the regional director could withdraw his approval in order to make sure that the plans were technically sound.

The Chairman replied that the case referred to was one where the regional director’s authority had not been withdrawn, but where technical difficulties continued.

Dr Al-Wahbi (Iraq) said the Chairman had stated his difficulty clearly. He wished to add that he did not question the good intentions and good faith of UNICEF and he was fully aware that authority on technical matters lay with WHO. The theory had been established on a sound basis; it was to the practical aspect of the matter that his question referred. He wished also to inquire who was responsible for interpreting the decisions of the Joint Committee, since in practice different interpretations had been given to them by UNICEF on the one hand and by the regional officers of WHO on the other.

The Chairman, replying to the second question of the delegate of Iraq, said that the only solution was that policy should be laid down so clearly that it would need no further interpretation. He asked the Secretary for further clarification on the delegate of Iraq’s first question.
Dr Sutter said that WHO was alone responsible for all the technical aspects of projects undertaken by the two organizations. Sometimes the drafting of the Joint Committee's reports was not clear, and when difficulties arose for that reason, they were generally brought up at the following session and clarified.

Mr Jockel (Australia), who had asked for the floor, said that in view of the information given by the Secretary that difficulties arising in connexion with projects were referred to an ensuing meeting of the Joint Committee, he would withhold his remarks.

Dr MacCormack (Ireland) said he believed the delegate of Iraq was seeking not an explanation but an assurance that the practices he had described would cease.

Dr Siri (Argentina) said he understood that the delegate of Iraq wished to avoid waste of time and friction arising in the implementation of projects. The meeting could perhaps consider requesting the Executive Board to study the matter and submit a report on it to the next Assembly. WHO was undoubtedly responsible for technical matters connected with the joint projects of the two organizations, but inevitably problems arose out of such co-operation, and the question of the delegate of Iraq showed the need to establish a legal and conclusive method of solving those problems.

Dr AuJaleu (France) said that now that the financial difficulties between the two organizations had been removed, technical difficulties appeared to have arisen. Instead of proposals, members of the Committee had put forward various interpretations of the original question put by the delegate of Iraq. Rather than attempt yet another interpretation he would request the delegate of Iraq to give details of the specific example he apparently had in mind of the difficulties experienced in connexion with jointly assisted UNICEF/WHO projects, after which the Committee would be in a position to decide whether any action was required.

Dr Al-Wahbi (Iraq) said he could furnish a number of examples but preferred to describe a case which had occurred in his own country. The Joint Committee on Health Policy had decided the previous year, just before the Eighth World Health Assembly, to give first priority to the eradication of malaria. That was a clear-cut indication of policy. A project of that kind could not be limited to one country, and tripartite arrangements had accordingly been made, following the malaria boundaries.

It was vital that such a project should be started promptly. The three or four countries with common boundaries had begun planning, WHO experts had been called in and the project had been accepted at the regional level. It had then passed to UNICEF, where it had been delayed because of questions such as whether the number of auxiliary workers to spray DDT was too high. Such matters varied according to the nature of the country, and only the national health authority or experts on the spot could settle them. It had also been asked whether workers on the scheme were to work full-time or part-time, and why a particular type of vehicle (with a four-wheel drive) was required. (In the desert, he pointed out, no car but one with a four-wheel drive could be used.) In that way an important project had been delayed for months.

Dr AuJaleu (France) stated that he had no proposal to make.

Dr Al-Wahbi (Iraq) said that Dr MacCormack had in fact correctly interpreted his intention: he did not wish to put forward a definite proposal but merely to draw the attention of the Committee to the problem.

Dr MacCormack (Ireland) noted that the delegate of Argentina had actually made a proposal.

The Chairman inquired whether the delegate of Iraq would be satisfied if the matter were referred to the Director-General to study in order that he might submit his conclusions to the Executive Board at a later session.

Dr Al-Wahbi (Iraq) replied that he would be satisfied if that were done.

It was so agreed.

The Chairman read a draft resolution which had been prepared on relations with UNICEF.

Decision: The resolution was unanimously approved. (For text, see third report of the Committee, section 3.)

3. Leprosy Control Programmes

Agenda, 6.17

Dr Maung Maung Gyi (Burma), introducing the proposal of his Government, said that in view of the renewed interest shown in leprosy in the past few years (and reflected in the debate at the seventeenth session of the Executive Board) and the fact that programmes for controlling the disease had been launched in several countries in South-East Asia

1 Unpublished
where similar conditions prevailed, his Government thought that it would be useful at this stage to hold a regional conference for the exchange of information on experiences, difficulties and achievements.

Any such conference should consider the question of isolation of patients, the use of chemotherapy in treatment, and rehabilitation. His Government believed that any programme which took into account only the medical aspect of control, and ignored the social and economic aspects, would be incomplete.

It was mainly with a view to advancing its own programme that the Burmese Government had proposed a regional conference, but, if the Committee considered that the question should be taken up at inter-regional level, it would have no objection.

Dr Syman (Israel) fully endorsed the remarks made by the delegate of Burma and approved the manner in which the document defined the prospects of leprosy eradication.

He wondered, however, if a regional conference would be the best means of tackling the problem, as, in practice, the co-operation called for in the South-East Asia Region could be achieved through the Regional Committee. In his opinion, an inter-regional conference, similar to that held on malaria, would be of more value. Noting that the International Congress of Leprosy was to hold its next session in India in 1958, he suggested that any conference arranged by WHO might be held at the same time.

Dr Lakshmanan (India) strongly supported the Burmese proposal.

In India, where leprosy was a major problem, involving from two to four per cent. of the population in areas where it was endemic, and an estimated total of 1,500,000 people throughout the country, leprosy patients had been looked after mainly by voluntary organizations. Recently, however, the various States and local authorities had made plans for a more effective control of the disease.

During the last two years of its first five-year plan, the Indian Government had sanctioned the setting-up of two different types of centre, one a study and treatment centre and the other a subsidiary centre, whose objectives were to detect cases of leprosy by means of comprehensive surveys, treat such cases at suitable points in the area, keep contacts under surveillance, carry out health education, arrange for hospitalization, and train staff. It was planned to expand those services during the second five-year period and help had been asked from UNICEF and WHO for the purpose. Unfortunately, no help was as yet forthcoming, owing perhaps to the absence of technical approval of the plan by WHO.

He felt, therefore, that it would assist his Government if a regional conference were held, at which questions concerning policies to be followed could be discussed. There was, of course, no reason why the Regional Committee should not also discuss the question.

Dr Nauck (Federal Republic of Germany) fully supported the proposals concerning programmes for leprosy control. His delegation approved of the trends towards international planning in leprosy control and felt that WHO was the competent body to undertake such planning.

As knowledge of the disease and therapeutic methods increased, control could be more easily adapted to administrative and financial conditions. It was now possible to supervise patients in the early stages of the disease, so that strict isolation was necessary only in cases known to be infectious. He would, however, stress the importance of selective isolation in hospitals by voluntary means, wherever possible.

Continued research on the use of chemotherapy for mass treatment was desirable and, even though it would be premature to draw definite conclusions on the use of BCG vaccination as a means of raising resistance to the disease, further experiments in that field should be carried out. Rehabilitation was of the utmost importance and any programme in it should give priority to physical therapy, which, if applied early enough, played so important a role in preventing deformity and disability; moreover, action should be taken to provide social assistance or suitable occupational training, so as to enable discharged patients to lead a normal community life if that were possible.

Finally, countries in which the disease persisted should consider adapting their legislation to conform with modern requirements arising from the new concepts in leprosy control.

Dr Mani, Regional Director for South-East Asia, replying to the remark made by the delegate of India that the lack of help from UNICEF and WHO might be due to the absence of technical approval by WHO, stated that, after a year's negotiations between the Indian Government and the Regional Office on the best type of assistance to give, some agreement had been reached on the programme. Technical approval by WHO was not lacking, but unfortunately it had been impossible to convince UNICEF of the necessity of participating in the programme. Negotiations between WHO and UNICEF were continuing.

Dr Acosta-Martinez (Venezuela) warmly welcomed the Executive Board resolution (EB17.R29)
recommend the promotion of leprosy control, now that methods and new therapeutics had reached a stage where considerable progress could be made. Countries in which the disease existed should evolve, as a minimum, a special national service to train personnel, unify regional services, and transform leper colonies into something more along the lines of sanatoria. Surveys should also be undertaken to determine the full extent of the problem, and knowledge of the new treatment and control methods should be generalized.

He proposed that regional committees should be asked to provide brief summaries of the leprosy situation in each country in the region, on which to base the work of experts.

Dr AUJOULAT (France) warmly approved the Burmese proposal but thought that it would be desirable to have an opportunity to discuss leprosy-control policy not only for South-East Asia but also for other parts of the world where the disease existed. Knowledge of the disease had advanced to such an extent in the last ten years that it was already possible to visualize a time when isolation of leprosy patients would be reduced to a minimum. The Sixth Congress of Leprosy, held in Madrid, had made it clear that the basis of leprosy control was no longer isolation but mass chemotherapy—development of particular importance to under-developed countries where isolation facilities had always been limited.

Mass chemotherapy, where it had already been used (for example, in India and in Central Africa), had proved valuable not only as treatment but as a prophylactic, since the knowledge that patients would not be segregated made case-finding easier. The mass use of sulfone drugs and DDS (di-amino-diphenyl sulphone) had also considerably reduced contagiousness. He suggested that chemotherapy should be one of the principal items on the agenda of a future regional conference.

He agreed with the delegate of Burma that the problem of leprosy was not only medical, but, with the advent of chemotherapy, also social and economic. From the social point of view it was essential to envisage the physical, physiological, functional and professional rehabilitation of those in whom the disease had been diagnosed sufficiently early to allow of treatment without isolation. He suggested that when the stage had been reached where leprosy patients could be "salvaged", both physiologically and professionally, the possibility might be considered of international agencies sending teams of surgeons or physiotherapists to countries in need of such help.

In conclusion, he said that the problem of helping those who had been cured to re-enter society and live a normal life also required serious attention.

Dr Suárez (Chile) said that, after listening to previous speakers, he could only add that the Chilean delegation warmly supported the Burmese proposal and believed immediate attention should be given to the problem of leprosy. It was difficult to explain why, when technical progress had reached a stage where the disease could be controlled, there were still many thousands of people in the world suffering from it.

Dr Miranda (Paraguay) warmly congratulated the Burmese delegation on the excellence of the document it had presented.

The control of leprosy was also of great interest to his country. Recent surveys in Paraguay had shown the extent to which leprosy was prevalent throughout the country. The Department of leprosy of the Ministry of Health and Welfare, with the assistance of WHO, had prepared a programme of intensive leprosy control. Part of that programme consisted in compulsory skin examination before the granting of health cards. Leprosy took precedence amongst health problems in Paraguay, along with malaria eradication, smallpox control, BCG vaccination, organization of integrated health services, and poliomyelitis. Statistics showed that, in 1952, out of 100,000 notified illnesses 28 involved leprosy, the highest figure in any American country. That had justified his Government's programme for reducing its incidence.

Prophylactic measures such as the isolation of contagious cases were difficult to carry out; the only leprosarium in Paraguay was full. Ambulatory treatment of cases and contacts and health education were carried on, but Paraguay had no experience in the use of BCG for cases exposed to contagion.

He welcomed the Executive Board's recommendation that WHO should lend support to the promotion of leprosy-control projects, and thanked UNICEF for its active collaboration with regard to supplies, equipment and funds. WHO was to send Paraguay a consultant and would grant fellowships in the future.

He would take this opportunity to thank the Regional Office for the Americas for its technical and financial collaboration, which had enabled the
Ministry of Health to intensify its action in promoting, planning and safeguarding the health of the people. WHO assistance had played an important part in strengthening the health services, in training professional staff, and in the co-ordination of communicable-disease control in Paraguay.

Mr EL SAYED (Sudan) informed the Committee that the results of a survey made in his country showed that, in the southern provinces, the incidence of leprosy was 44 per 1000 of the population among the 27,000 people covered by the survey. In other districts the incidence was as high as 65 per 1000. The majority of the cases were mild and it had been found that there was no fear of infectivity in those areas or social dislike of the leper.

The methods used to combat the disease involved segregation in leper colonies, but it had been found that the majority of mildly afflicted patients would not willingly accept segregation and with the lapse of time these colonies turned into almshouses.

Sulfone drugs had given favourable results and had gained the confidence of the public. The population were willing to attend out-patient departments for regular supplies of drugs and for surveillance. Although his country considered that a combined system of out-patient and domiciliary treatment offered the greatest possibilities for the eradication of the disease, it was felt that further surveys, the separation of children, education of the public, and the rehabilitation of patients should not be neglected.

The solution of the problem of leprosy depended on an improvement in the social and economic position of the leprous, and for that reason he would like to see the Burmese proposal take immediate effect.

Dr ANWAR (Indonesia) supported the Burmese proposal.

International conferences on leprosy had often been held in the past, but discussion had been limited to the scientific features of the problem and insufficient consideration given to the application of knowledge and its adaptation to the special conditions existing in the various countries. Countries in the South-East Asia Region had similar social conditions, and for that reason a regional conference would be of more value than an international conference.

The shortage of manpower was the main obstacle to tackling the problem in Indonesia, especially as leprology offered few attractions to doctors. The Government was trying to overcome the shortage by training general health officers in the subject, although specialists were of course required at the policy-making level. It was also giving special training to nurses, who were then not so much auxiliaries as professional workers with lower qualifications, and who were able to work in the treatment centres. Workers in general dispensaries were given information on the recognition and treatment of cases of leprosy.

In conclusion, he repeated that he thought a conference of representatives of the countries of the South-East Asia Region, where conditions were homogeneous, would prove very useful.

The meeting rose at 12.55 p.m.
tion given by the Director-General in the discussion leading to the adoption of that resolution.

The Expert Committee on Leprosy had held its first session in November 1952. Its report, published as No. 71 in the Technical Report Series, contained all the necessary guiding principles for leprosy control on up-to-date lines. Those principles had been confirmed by the international congress that had met at Madrid in 1953, and at which a representative of WHO had presented a report on the work carried out by the Organization.


WHO assistance to countries in leprosy control had begun in 1950. The procedure followed was normally first to send a consultant who carried out a preliminary survey and assisted in drawing up a plan of action, and then to provide one or more experts to help with the preliminary organization of control services. Assistance on those lines was being provided to many governments and many more projects were in the planning stage. Supplies and equipment were provided by UNICEF pursuant to a decision of the Joint Committee on Health Policy that leprosy control was eligible for assistance from the Fund.

The regional offices of WHO were also stimulating governments to intensify their work on leprosy control, in accordance with resolution WHA5.28. They were providing technical aid and advice within the regions and were following very closely the development of methods that might permit interesting possibilities in field projects, for example, treatment by bi-monthly injections of di-aminodiphenyl sulfone (DDS) in Chaulmoogra oil, which had been fully tested in French West Africa and was now on trial in some of WHO's projects.

Headquarters was carrying out co-ordinated studies on the value of histo-pathological examinations recommended by the Expert Committee on Leprosy. It had granted fourteen fellowships for studies on leprosy control and was planning inter-regional training courses. Finally, it had given full and prompt attention to the problem of the rehabilitation of convalescent leprosy patients, sending a representative to the congress on that subject held during the current year in Rome and collecting all possible information on the medico-epidemiological, social and administrative questions facing every country where leprosy was a problem.

WHO's work on leprosy control had thus been considerable, and would certainly be even more extensive in the future. He felt that it would be proper for the Committee to express its appreciation to the Director-General and his staff for what had been accomplished.

In his own country leprosy was not a serious problem, to judge by existing statistics and by the conclusions of the last meeting of the American Leprosy Association, which had estimated the incidence at one per 100,000 of the population. Nevertheless, according to experience in such areas as Burma and French West Africa, it could be safely stated that the true incidence was much higher, particularly in the region of the frontier with Paraguay, where the number of known cases had increased considerably when the excellent results of curative therapy had become known. He had therefore listened with great interest to the report of the delegate of Paraguay on the work being carried out in that country with the assistance of WHO and the Pan American Sanitary Bureau. On arriving in Geneva he had got into touch with the Assistant Director-General, Dr Sutter, and with Dr Soper, Regional Director for the Americas, to discuss the possibility of sending an expert who, in collaboration with Argentine experts, would conduct a survey with a view to drawing up a plan for effective leprosy control. The possibility of combining such a project with that already under way in Paraguay was also under consideration, for, since the only natural boundary between the two countries was a river, the epidemiological problems facing them in regard to leprosy were really one and the same.

Obviously Argentina and Paraguay were not the only two countries of the Americas where leprosy was a problem. He therefore suggested that the proposed conference should be organized on an inter-regional basis and should be attended by an expert from the Region of the Americas, and also perhaps an expert from the African Region.

His proposals were therefore: (1) that the recommendation of the Executive Board in resolution EB17.R29 should be adopted, (2) that the proposal of the Burmese Government should be adopted, and (3) that the conference should be organized inter-regionally for all the countries of Asia and should also be attended by experts from the Americas and Africa.

Dr REGALA (Philippines) wondered if the Regional Director for South-East Asia could state whether it would be financially possible to hold a conference on a regional scale in 1957, in view of the budget that had been approved by the Health Assembly that morning.
Dr Duren (Belgium) said that the Burmese proposal appealed strongly to his delegation, though it would be preferable, as other delegates had remarked, to organize the conference on an inter-regional basis, since leprosy was a problem, though of varying degree, in all regions.

As the delegate of France had explained, leprosy was a serious problem in the African Region, and the majority of the countries and territories of Africa had given considerable attention to it at a series of meetings convened during recent years, mainly at Leopoldville.

In the Belgian Congo, there were nearly 250,000 lepers in a population of some 12,000,000. In memory of the great Belgian missionary, Father Damien, an effort had been made to organize control of the disease on principles similar to those set forth in the document submitted by the Government of Burma. It was too early to speak of eradication but it was certain that modern therapeutic methods would lead to a considerable diminution in the incidence of the disease. Great attention was paid to early case-finding, which the Government was trying to achieve through a complete census of the population. “Closed” cases, representing some 80 per cent. of the total, were given ambulatory treatment in dispensaries and centres. “Open” or multibacillary cases, considered as contagious and representing about 9 per cent. of the total, together with mutilated patients, representing about 11 per cent., were isolated in centres where they lived contentedly in conditions as near as possible to those of their home villages. Indeed, it was easier to persuade them to come than to get them to leave, though the communities from which they came showed no wish to cast them out. At the present stage of the census it was estimated that four-fifths of all leprosy sufferers in the country were under regular treatment, either ambulatory or in centres.

To conclude, he expressed his hope that WHO would afford the requested assistance to the Government of Burma and the other countries of South-East Asia that were planning to co-operate with it. He hoped that the basis of activities would become world-wide so that the experience gained in many different countries would make it possible to lay down even more precise guiding lines for the control of the disease, both in its medical and in its social aspects.

Dr Le-Van-Khai (Viet Nam) expressed his delegation's support for the proposal of the Government of Burma and its desire that the proposed regional conference should be organized on an inter-regional basis.

There were at least 30,000 cases of leprosy in Viet Nam and so far compulsory isolation had failed completely, for the number seemed to be increasing rather than diminishing. Different methods must be employed, and the proposed conference would be of great assistance in finding them.

Dr Bui Mer (Netherlands) remarked that, as several delegates had pointed out, leprosy was fairly common in the Western Pacific Region. The Netherlands New Guinea was no exception and, as the disease seemed to have invaded the island quite recently, it was important to bring it under control before it spread. A physician from the Netherlands New Guinea had been trained in leprology by an expert of the South Pacific Commission, and after an advanced course at a leprosarium in Fiji was now at the head of the Netherlands New Guinea Leprosy Service.

It would thus be seen that his delegation was interested in the problem of leprosy control. It shared the view expressed by several delegates that the conference should be inter-regional.

Dr Hylander (Ethiopia) said that his delegation would also be in favour of the proposed conference if the budget permitted. His Government considered leprosy one of its main public-health problems, and had requested assistance from WHO at the very beginning of the Organization's activities. WHO had sent first a visiting expert, and then a consultant who had started a control project on modern lines, including chemotherapy, rehabilitation, education, ambulatory treatment, etc. At that time, about ten years ago, cases had been estimated at 15,000, but now, thanks to the availability of treatment without segregation, patients were carrying out their own diagnosis and coming of their own free will to the centres, with a result that known cases now amounted to 115,000. Substantial assistance in the form of supplies and equipment was being received from UNICEF.

Dr Janz (Portugal) said that his delegation was in favour of a conference on leprosy control, preferably on an inter-regional basis and with Africa participating to an extent commensurate with the importance of the leprosy problem in that region.

Professor Ford (Australia) also supported the proposal to hold a leprosy conference and hoped that it could be inter-regional.

Dr Al-Wahbi (Iraq) appreciated the seriousness of leprosy as a public-health problem throughout the world, though it was not very prevalent in his own country. However, from a practical point of
view, he did not see how the proposal of the Burmese Government could be implemented, since the budget adopted that morning contained no provision for such a conference as was proposed. He would therefore abstain from voting on the proposal.

The CHAIRMAN drew attention to a draft resolution which he believed embodied the views of the majority of the Committee.

Dr AL-WAHBI (Iraq) said that, since the draft resolution suggested that the conference should be held in 1958, and not, as he had thought, in 1957, he would vote for it.

The CHAIRMAN, in reply to a question from Dr SIRI (Argentina) said that the word "inter-regional" meant that all the regions of WHO could be represented at the conference.

Dr REGALA (Philippines) recalled his question whether it would be financially possible to organize the proposed conference in 1957. In view of the draft resolution now submitted, he was content to leave it to the Director-General to organize the conference if possible in 1958.

*Decision:* The draft resolution was approved unanimously (for text, see fourth report of the Committee, section 1).

Dr SIRI (Argentina) recalled his proposal that the Health Assembly should adopt the recommendation made by the Executive Board in resolution EB17.R29. He did not think that that point was covered by the draft resolution.

The CHAIRMAN pointed out that the draft resolution was already approved and that under the Rules of Procedure the discussion could not be reopened without a two-thirds majority. However, he was sure that the Director-General would take account of Dr Siri's observations in implementing the resolution.


Agenda, 6.12.1

Dr DÍAZ-COLLER (Mexico) said that, with the help of UNICEF and WHO, the malaria control programme in his country had been completely converted into an eradication programme. It would cost $20,000,000 and would bring enormous benefits to areas in which lived 20,000,000 persons, i.e. two-thirds of the total population of the country.

Valuable experience had been gained from the programme of BCG vaccination, which had taught the lesson that mass campaigns depended on the co-operation of the medical profession. As a first step the 15,000 doctors in the country had been instructed in personal interviews on how the work would be carried out. After that the official machinery for the education of the public had been set in motion. Arrangements had also been made for doctors to receive press notices, especially in the provinces. The entire medical profession had been won over and was prepared to take a full part in the programme, especially with regard to the reporting of new cases of malaria. The phase of training nearly 4000 workers was coming to an end and the spraying of residual insecticides was beginning.

The technical and administrative direction of the campaign was entrusted to an independent evaluation office including international experts.

His Government wished to express its gratitude for the assistance it was receiving from WHO through its regional and zone offices.

Professor RODHAIN (Belgium) fully approved the action proposed in WHO's programme on malaria, particularly the research planned on problems peculiar to the African Region. He was sure that light would be thrown on several disputed points concerning the life habits of *Anopheles gambiae* which would be an important contribution to solving the difficult problem of eradicating malaria in Central Africa.

Those delegates who had been present at the closure of the Fourth Congress on Tropical Medicine and Malaria, held in Washington in 1948, would remember the witty address by the eminent United States malariologist, Dr Hackett, who foresaw the disappearance of the species *Malarialogist* and his own reduction to the state of a fossil as a result of malaria eradication. Eight years had passed, and though malaria had declined spectacularly in vast areas of the world it was still not dead. Malaria was defending itself, and even returning to the attack. The acquired resistance of certain mosquitoes to DDT, the peculiar life habits of certain varieties of *A. gambiae* in Central Africa, and the particular geo-botanical and social conditions in that region, were delaying the decease of malaria and calling for intensified efforts.

He was no pessimist, but long experience had taught him that certain parasites were very tenacious of life. Nature herself was on their side. The final eradication of malaria would need malariologists like Hackett, aided by insecticides for the adult vectors and effective parasiticides. It was the combined application of all those means that would finally reduce malarial plasmodia to a medical curiosity preserved in the laboratory.
Dr Togba (Liberia) was appreciative of the fact that the Director-General and his staff, as well as the delegates to the Health Assembly, thought of malaria on a world scale, since it was the leading cause of death in most countries. However, the fact could not be ignored that many countries in attempting to cope with the disease had met with considerable difficulties. He also found the financial allotments made by WHO for so vast a project as the eradication of malaria strangely small.

He wished seriously that WHO would undertake a study to see what could really be done towards the eradication of malaria. In his own country consistent efforts had been made but even control had proved very difficult, though the identical methods if employed elsewhere would have already eradicated the disease. It seemed that some essential factor for malaria eradication in his part of the world was still to be found. The same probably applied to other parts of Africa.

He also wondered if the Director-General could use his good offices to ensure that when an eradication programme was undertaken in any country simultaneous action was taken in the neighbouring countries. For the last two years a control programme had been under way in Liberia with assistance from WHO, UNICEF and the United States International Co-operation Administration, but nothing was being done in the neighbouring territories, and mosquitos did not respect frontiers.

He wished to insist, as he had done at the Eighth World Health Assembly, that the problem of malaria could not be played with. Above all, more money should be appropriated, for the funds voted were not even a drop in the bucket.

Dr Ramírez-Elías (Ecuador) said that in his country, with its equatorial climate, the incidence of tropical diseases had always tended to assume epidemic proportions. Until ten years ago, malaria had been the greatest cause of mortality. Since then, the country, employing only its own resources, had undertaken an antimalaria campaign which, in view of budgetary stringencies and the size and inaccessibility of the area concerned, must be called a control rather than an eradication campaign. Nevertheless, in those ten years it had proved possible, in the departmental capitals and especially in the port of Guayaquil, with its population of 360,000, to reduce morbidity from 80 per cent. during the rainy season to less than one per 10,000 over the whole year.

Now, after an exhaustive study of the vector species and a demarcation of the affected zone, a plan had been drawn up for a four-year programme, to which the Government would contribute half a million dollars a year and UNICEF $200,000 a year. Technical assistance would be provided by the Pan American Sanitary Organization. The first step in converting the control programme into an eradication programme was about to be taken, and the campaign would be carried out on similar lines to those under way in Mexico and other Latin American countries. Nevertheless, he wished to inform the Health Assembly that because of the conditions in his country—rain throughout the year, vegetation that favoured the multiplication of mosquitos, the inaccessibility of certain areas and so forth—the financial aid offered to Ecuador was inadequate and must be increased if eradication was to be achieved.

Dr Acosta-Martínez (Venezuela) was gratified at the general interest shown in the problem of eradicating malaria. He proposed to say something of the experience obtained in his own country, in order to make clear the reasons that had led his delegation, together with those of Brazil and the Philippines, to submit the following draft resolution:

The Ninth World Health Assembly,

Having considered the report of the Director-General on the implementation of resolution WHA8.30 on malaria eradication;

Noting the substantial progress which has been made in many parts of the world towards eradicating the disease;

Considering the initiative which has already been taken by the Organization in providing technical advice, in encouraging research and in coordinating resources;

Having noted with satisfaction the high priority which has been given by UNICEF to malaria eradication programmes and the increased allocations for malaria eradication which are expected to be made in 1956 and subsequent years;

Considering, however, that even this assistance from UNICEF does not meet the needs of all governments in the implementation of programmes of malaria eradication;

Considering also that anticipated requirements, including such special types of needs as cannot be met from other sources, will call for increased resources in the Malaria Eradication Special Account;

Having noted the action taken by the Executive Board at its seventeenth session and by the Committee on Malaria Eradication established by the Board, with respect to the acceptance of voluntary
contributions and the authorization of the use of those contributions for malaria eradication,

1. REQUESTS the Director-General again to draw to the attention of governments the need for contributions to the Special Account;

2. URGES that the example of those governments which have already taken active steps to convert their malaria control programmes into programmes of malaria eradication be followed as quickly as possible by other governments; and

3. EXPRESSES its satisfaction at the action of the Board in establishing its Committee on Malaria Eradication, which will enable the Organization to take such rapid action as may be required.

Between 1936, when his Government's Malaria Division had been founded, and 1945, when the use of DDT had begun, campaigns against malaria had been carried out according to the methods then generally accepted. Very little progress had been made, because of inadequate knowledge of basic factors such as morbidity and mortality rates, vector species and local conditions.

At the end of 1945, DDT spraying had begun in Venezuela. The situation had then been as follows: in an area of some 920 000 square kilometres, 25 per cent. of a population totalling four million suffered attacks of malaria every year. The mortality rate from the disease was 110 per 100 000, and economic losses amounted to 15 per cent. of the national income, or 13 500 000 bolivars (equivalent to about $4 000 000). The economic life of the country was paralysed and the sparse distribution of the population over a vast area made a full-scale programme financially impossible.

After four years of trials, in 1945 Dr Gabaldón, Chief of the Malaria Division, had been able to state to the Royal Society of Tropical Medicine and Hygiene in London that the total elimination of malaria was envisaged in the most important areas. He had also repeated a statement which he had already made to the health experts of Venezuela, that with adequate use of insecticides malaria eradication was a practical possibility. That had been confirmed in 1954 when Dr Gabaldón had presented a report showing that eradication had been achieved in the main tropical area of the country. A month later, the XIV Pan American Sanitary Conference, meeting in Santiago, Chile, had adopted a resolution recommending that its Member governments should convert their malaria control programmes into eradication programmes. The Eighth World Health Assembly, meeting in Mexico in 1955, had adopted as resolution WHA8.30 a draft resolu-

tion submitted jointly by the Venezuelan delegation and thirteen others, and had thereby given its support to the eradication plan on a world scale.

The manner in which the campaign had been conducted and the results obtained would be clearly shown by a number of maps and graphs that he intended to distribute to members of the Committee. As would be seen, there remained certain areas where it had not been possible to achieve eradication by residual insecticides. That was due not to a true physiological resistance, but to the fact that the two principal vectors, because of their extra-domiciliary habits, were not affected by insecticides sprayed on houses. It would therefore be necessary to supplement the use of insecticides by chemotherapy. That final phase of the campaign was expected to cost 30 000 000 bolivars or about $9 000 000 (between 1945 and December 1954 the programme had cost 136 000 000 bolivars, or $48 000 000).

His Government considered that the final effort contemplated was more than justified. Between 1945 and 1955 mortality from malaria had decreased from 110 per 100 000 to 0.3 per 100 000. The national income had risen to about $3 000 000 000 bolivars, or $930 000 000, a year. The population was now 6 000 000. Vast areas had been reclaimed for agriculture, and large-scale irrigation works had been undertaken. The flow of immigrants and foreign capital into the country was daily increasing. Three or four crops a year were obtained instead of a single meagre harvest. Moreover, it had been possible to intensify other health programmes, which, together with a well-directed public-health administration, had helped to strengthen and diversify the economy of the country.

The facts he had mentioned were among the reasons that had inspired him to join with the delegates of Brazil and the Philippines in presenting the draft resolution to which he had drawn attention. He addressed an appeal to all his fellow delegates that they should not confine themselves to asking the Director-General for assistance in malaria control, but that each in his own country should become the most passionate advocate of the Organization's plans for the total eradication of the disease.

Mr Olivero (Guatemala) said his country was gravely affected by malaria. Apart from the human mortality and morbidity, agriculture, the main source of income in Guatemala, was directly affected by the disease. From 1929 to 1948 antilarval campaigns had been carried out, engineering works constructed, and antimalarial drugs used without any lasting results. In 1950 six-monthly spraying with DDT had been started in all homes in the endemic areas;
however, owing to a number of factors, including insufficiency of funds, an integrated programme had not been carried out.

In 1956, in pursuance of the resolutions adopted by the XIV Pan American Sanitary Conference and by the Eighth World Health Assembly, the Government of Guatemala had embarked on a new eradication plan. A Malaria Division had been set up, and its first task had been to carry out a survey to delineate house-spraying zones. It had been found that the area of operations would include 45 per cent. of the total population (some 300 000 houses requiring spraying). The country had then been divided into sectors according to communication facilities, administrative districts, seasonal variations, and the number of houses in each area.

The programme, which was to last five years, had reached the end of the transition period, and full coverage would be given from July 1956 to July 1960 before the programme passed to the surveillance stage. The total cost of the work was estimated at $3 500 000. UNICEF was to contribute insecticides, transport, sprayers, etc. and WHO would provide the consultants. He took the opportunity to express his country's gratitude to the two organizations for the effective assistance they were giving.

It was essential that Guatemala's eradication programme should be carried out in conjunction with those of its neighbouring countries. With that end in view, four conferences had taken place, in El Salvador, Honduras, Guatemala and Nicaragua, between the heads of the programmes in the various countries. The next would be held in San José, Costa Rica. Representatives of Mexico and Panama had also attended the conferences.

Dr NAUCK (Federal Republic of Germany) said that the world-wide campaign against malaria had made encouraging progress but would have to be further intensified before it could attain its final objective, total eradication. Experimental research should be effectively co-ordinated with practical field work in order to confirm results already obtained and place malaria control on a sound economic footing. Not only those countries plagued with malaria but also those that were free of it, as Germany was now, should take part in that international effort, either by contributing to the funds required, or by solving particular problems, or by training specialized personnel.

A certain amount of autochthonous malaria had been observed in Germany after the Second World War, but it had now disappeared. German institutions were, however, prepared to participate in malaria research. With the help of WHO, the Hamburg Institute of Tropical Medicine had undertaken to test the action of insecticides on A. stephensi and A. atroparvus with particular reference to resistance. It was hoped that important information would come to light as a result of the experiments now being carried out in various laboratories.

The miscarriage of insecticide action had now become a major issue, and the development of resistance in the mosquito required thorough study if the position were to be reversed. He believed the most qualified specialists should work together to that end, using the best possible equipment, and that the training of specialists and field workers should be widely promoted by means of fellowships and exchanges of students and teachers.

Dr Pierre BERNARD (France) was happy to note the importance attached to the problem of malaria, as his own Government had always given priority to the problem. It had been stated during the meeting that eradication was still technically impossible in Africa. Malaria control was certainly more difficult in that continent, owing to difficult communications, climate, shortage of staff, etc., but all those obstacles could be overcome with sufficient funds.

The more strictly technical difficulties were due to the man-anopheles ratio. Owing to the fact that African populations were relatively mobile, certain pilot projects had failed to give good results. However, it should be possible to extend campaigns to the boundaries of population displacement. It had been pointed out too that vectors, particularly A. gambiae, fed out of doors and remained unaffected by insecticide sprays, as they entered houses only to attack and did not go near the walls. WHO entomological survey teams were engaged on the problem, which was also being studied in the pilot zones and would probably soon be solved.

The question of actual resistance or reduced sensitivity to dieldrin and BHC, as shown in A. gambiae, was a more serious problem. If house-spraying were the only method of treatment, it might be true to say that eradication was impossible in Africa, but there were other methods (such as synthetic antimalarials), and the fear that malaria eradication in Africa might prove impossible should not be used as an excuse to justify hesitation in co-operating with programmes, or to appease consciences. Malaria could be eradicated from Africa only through the joint action of governments, co-ordinated by the international organizations, and gradually extending over greater and greater areas until the whole continent was covered. Whatever the cost in effort and money, malaria eradication in
AFRICA should be carried out, because malaria was one of the worst social and economic evils, and Africa possibly the worst sufferer from it.

Dr El Halawani (Egypt) said that the decision on malaria taken by the Eighth World Health Assembly (resolution WHA8.30) was an important one. In pursuance of that decision the Organization had embarked on a research scheme to assess insecticide resistance in some vector species. That type of research, he predicted, in field and laboratory, would become the eyes and ears of malaria eradication in the world.

Egypt was at work on the same problem. The entomological research laboratory attached to the Ministry of Public Health in Cairo was well-equipped to co-operate with WHO in the region. In connexion with methods of treatment, interesting results had been obtained from a comparative study.

However promising the situation might be, those engaged in malaria programmes might meet with failure in certain areas owing to inadequate field work or insufficient staff and facilities for dealing with large territories. Programmes might also suffer partial failure in countries where eradication in stages was the only policy adopted. Moreover, countries where malaria had been eradicated were in danger from their neighbours. Experience had shown that the movement of labour from Egypt to the Sudan and back replenished the reservoir of malaria. To guard against the danger of a new invasion of A. gambiae, a special medical unit had been established in Aswan for the examination and treatment of labourers returning to their country.

The reintroduction of the parasite carriers of a particular vector which had acquired resistance as a result of larval control was another problem of great consequence. A check had to be kept on traffic. Inter-regional co-operation was therefore essential in attempting to deal with widely distributed vectors. The fact that in some areas bilharziasis absorbed a greater part of the health budget was also a cause of delay in the eradication of malaria, which could not be successfully achieved unless both problems were given due consideration. Whatever the difficulties, it was the duty of governments and the Organization to remove them.

Summing up, he stressed the need to consider malaria eradication from the point of view of the regional distribution of the more dangerous vectors.

Dr Karabuda (Turkey) said that malaria, a very serious problem in Turkey a quarter of a century ago, with a spleen index of 10 per cent., had, thanks to a special law promulgated in 1925, been so well controlled that it no longer counted as a health problem, the spleen index having fallen to 0.8 per cent.

However, in pursuance of the decision of the Eighth World Health Assembly to organize a world campaign of malaria eradication, the Turkish Ministry of Health was preparing to take part in a campaign which, if carried out rationally and with adequate assistance, would relegate the disease to the files of medical literature.

He doubted, however, whether, with the modest resources at its disposal, the Organization could ensure that the campaign covered all the countries where it was required, and whether UNICEF could furnish the considerable assistance required. Although he feared the programme of malaria eradication might not pass from the realm of Utopia into reality, he hoped he would prove mistaken.

The meeting rose at 3.55 p.m.

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TWELFTH MEETING

Tuesday, 22 May 1956, at 9.30 a.m.

Chairman: Dr M. Jafar (Pakistan)

1. Malaria Eradication: Report on Implementation of Resolution WHA8.30 (continued)

Agenda, 6.12.1

Dr MacCormack (Ireland) said that he was hesitant to intervene in the discussion as malaria was not indigenous to his country. Nevertheless, he was extremely interested in malaria eradication and he hoped that in approaching the problem objectively he might be able to put forward a few helpful suggestions.

It seemed to be universally accepted that individual and localized efforts in that field were doomed to failure. Indeed, a country surrounded by other
countries infected by malaria could not achieve success with its own measures of control unless all its neighbours also applied effective control measures. Those neighbours, however, also had neighbours and so the problem assumed continental proportions. All countries with malarial conditions were anxious to begin control and eradication measures as soon as possible. That was not to be encouraged, for such isolated efforts were wasteful in money and material and grossly disheartening in their results.

That brought him to his first suggestion. A commander-in-chief should be appointed for each region. The post could be filled by the regional director, whose duty it would be to plan strategy in the region and implement that strategy through the technical staff of each national health administration involved.

Disease control was like warfare in that it required the same essentials for success. Those essentials were: (1) accurate knowledge of the size of the enemy; (2) accurate knowledge of the terrain; (3) provision of an ample supply of the necessary weapons to begin a full-scale offensive and keep it going at full strength until victory had been achieved. Many years of experience had shown him the danger and the futility of half-measures at the start of any undertaking. If one decided to strike it was necessary to strike hard.

The commander-in-chief should pay particular attention to the problem of logistics so that no lack of material or necessary personnel should jeopardize the success of his operations. He should be fully acquainted with the needs of all the countries within his region, not only as regards supplies but also as regards technical and personnel assistance. Furthermore, he should possess the necessary authority to be able to hold his hand until he had accumulated sufficient strength to start a major offensive. Nothing should be left to chance.

All he had suggested might seem a hopeless task in view of the tremendous financial resources such operations would require. The necessary funds would amount to hundreds of millions of dollars—amounts that WHO would never be in a position to supply. The Mexican Government had allocated the sum of $20,000,000 for its malaria campaign and he wished it full success.

The previous year’s appeal for funds had been very disappointing in its results, but then it had been addressed to governments only; other bodies might prove more responsive to such appeals. The Executive Board should consider the possibility of launching an appeal on a much wider basis, and WHO might just as well spend the little funds it had available on sponsoring such an undertaking. It might be possible to enlist the help of the Red Cross, organize flag days everywhere, set up voluntary committees which would raise money by means of dances, whist drives and similar activities, and so on. Wide-scale use should be made of all media of advertising.

WHO had made the world conscious of tuberculosis, poliomyelitis and infantile mortality. It should now do the same in the case of malaria, which was causing tremendous losses everywhere.

It was a gigantic task but not one that was beyond the power of the Organization and its individual Members. In conclusion, he appealed for concerted efforts in all countries to help beat malaria decisively.

The Chairman, speaking as delegate of Pakistan, said that it might be useful for the trend of the discussion to look back at the starting point of the problem of malaria eradication, i.e., at resolution WHA8.30. That resolution was quite clear in its terms. It requested governments “to intensify plans of nation-wide malaria control so that malaria eradication may be achieved and the regular insecticide-spraying campaigns safely terminated before the potential danger of a development of resistance to insecticides in anopheline vector species materializes”. He wished to lay particular stress on the words “intensify plans of nation-wide malaria control”.

The term “malaria eradication” had also been defined in the original proposal submitted by the Director-General to the Eighth World Health Assembly:

The term “malaria eradication” should not be confused with the expression “vector eradication”; the latter implies complete extirpation of the malaria-carrying species of Anopheles from a given area. This is neither economically feasible nor technically possible except under unusual conditions...

Malaria eradication, possible today by DDT residual spraying, implies the planned elimination of the disease from an entire country within a period of ten years or less. Planning further implies that by regional and inter-regional cooperation, neighbouring countries will co-ordinate their programmes so that a cleared area will not be threatened by one where malaria is still endemic...

The matter had then been examined by the UNICEF/WHO Joint Committee on Health Policy on 6 May 1955 at United Nations Headquarters. In the course of those discussions the WHO representative, Dr Russell, had made some statements
which he wished to quote (he referred to the minutes of the session of the Joint Committee):

Dr Russell (WHO Secretariat) said he thought that, if a country asked for funds to implement an ordinary malaria control scheme rather than an eradication programme, perhaps UNICEF would not be doing that country a favour in granting the request, in view of all the evidence about development of resistance to DDT.

Dr Russell (WHO Secretariat) said it seemed advisable to avoid planning malaria control which did not visualize a definite end within the danger period of, say, ten years. He thought it would be incorrect to assist a country to prolong the application of residual insecticides into the danger period as regards resistance to DDT.

Dr Hyde (WHO) said that he had some concern over possible negative aspects of the discussion. We were looking for a forward movement to get rid of malaria, and asked what the position as set forth by Mrs Sinclair would mean to current bilateral programmes that included UNICEF assistance. He pointed out that malaria control programmes in India, for example, which protected 136 million people, would not meet the criteria of eradication at the present moment, although it might be leading toward it. Would UNICEF, therefore, decide that it could no longer give assistance to India for this programme? Should UNICEF do nothing until the programme was one of complete eradication? What about other countries in a particular area—would UNICEF aid be withdrawn from current programmes until all the countries of the region were able to go along with eradication plans?

Dr Eliot (UNICEF) suggested that in the report of the Committee there be some attempt to differentiate between what the Committee meant by a control programme and by an eradication programme. She thought that definite criteria for eradication should not rule out continuing current control programmes, and that this point should be made clear. But if a country wanted an eradication programme, then what would the plan be? What were the guide lines WHO and UNICEF should have in order to be clear about undertaking assistance in a given situation? If we undertook eradication in several countries that were contiguous, could we maintain standards that would be appropriate to all requests which might come forward? She also asked that the report include a statement as to what would be a desirable training programme.

The UNICEF Executive Board had also considered the matter at its session held in September 1955 and in its report had expressed its view as follows:

19. Important progress had been made since the March 1955 session of the Executive Board in planning aid for malaria-eradication programmes: the WHO Assembly had appropriated special funds for the work; a special WHO co-ordinating office for malaria eradication had been established for the Americas; and planning for the first large-scale eradication campaign, in Mexico, had reached the stage where the project could be submitted to the Board at the session under review. At the same time, a start was being made on other programmes in Central America; and in a number of countries elsewhere plans were under way to change the operations from control to eradication.

20. The Executive Board's approval, at its March session, of substantially increased UNICEF aid for malaria eradication had been made contingent upon the clarification by the UNICEF/WHO Joint Committee on Health Policy (JCHP) of certain technical and policy aspects of malaria-eradication campaigns. The JCHP met at United Nations Headquarters on 6 May 1955 and its report (E/ICEF/297) was approved by the Board at the September 1955 session.

21. The main recommendations are as follows: UNICEF, in giving aid to new antimalaria projects, should give first priority to eradication programmes. Support of control campaigns now in operation could be continued for a period during which efforts would be made to transform them into eradication campaigns. In Africa south of the Sahara, where the technique of interrupting transmission has not yet been completely worked out, control campaigns should be supported with a view to establishing the technique. This would involve an extension of the area of control campaigns now in operation.

22. In submitting requests for aid in eradication campaigns, countries should be prepared to
establish an adequate national malaria service for whatever period may be necessary; introduce the necessary legislation; and pledge local financial support to complete the eradication programme.

What had happened in actual practice? It would be found that the whole concept of the existing policy was based essentially on the assumption that anopheline mosquitos were becoming resistant to DDT spraying. What evidence was there for such an assumption?

Ever since the previous Assembly he had been making efforts to obtain some literature on the subject from WHO and ultimately had been supplied with a very poor paper on eradication and resistance in Saudi Arabia. He wished to comment on that paper because it was on shaky evidence of that kind that WHO was now basing its policy.

The investigations described in the paper had been started with the preconceived idea that resistance to DDT had already developed among the mosquitos and evidence was therefore accumulated to substantiate that conviction. No systematic record of the position during the years 1947-1950 had been made available to the author, who had had to rely on information given to him by a representative of the Arabian American Oil Company. Moreover, instead of following a regular schedule, spraying had been made to suit the convenience of the local inhabitants. It had been originally intended to spray all the houses annually but in most places alternate years appeared to have been missed. It was stated that in one area DDT had been sprayed in February and March, while the peak malaria season was in November and December. Under the climatic conditions prevailing in Saudi Arabia it was inconceivable that the residual effect of DDT would last for eight months. In those conditions day-time catches in houses sprayed with DDT five months earlier could not be used as a definite basis for proving the development of resistance in mosquitos. There was a number of other points he could mention to show that the report in question could hardly be classified as a research paper.

Many factors had to be considered and taken into account before it was possible to come to the conclusion that mosquitos were actually developing resistance to DDT. Those factors included: (1) the quality of DDT, which varied according to the additive employed in making the special preparation; (2) the methods of spraying (it should be noted in that connexion that the WHO Expert Committee on Insecticides was still planning a satisfactory type of nozzle for spraying purposes); (3) the surface of the houses sprayed—bamboo, mud, cement and even wall-paint—in various parts of the world; (4) exposure of the surface sprayed to wind, which affected the period during which the spray remained effective; (5) reliability of the labour employed in spraying DDT. Unless all those factors were carefully analysed it was extremely difficult to assert that a certain type of mosquito had become resistant to DDT.

Very often it was not resistance to DDT that thwarted malaria control but rather the changing habits of the mosquitos. The Committee, at one of its previous meetings, had heard the French delegate report that a certain type of mosquito had recently changed its habits. In such cases it often happened, for instance, that the inside of the house was being sprayed while the mosquito actually lived outside.

He had never seen a single document which took all those factors into consideration. The example always given was that flies had developed resistance to DDT, whereas in fact they had never been susceptible to it.

Although WHO had not proved its case it had started a veritable stampede. In fact it was telling health authorities all over the world that they should change all their plans and divert all funds available to malaria eradication. In so doing WHO was interfering with smoothly working control programmes in many countries. Those countries had been receiving aid from certain institutions, which, having heard the war cry of "eradication or nothing else", had decided to withdraw their aid unless the countries concerned made plans to achieve eradication within a specific period of time.

WHO's policy had been to intensify control with the ultimate objective of eradication. What happened to the policy in practice was illustrated by the following incident. A country had submitted a malaria control programme to WHO for technical approval, stating the following: "We however envisage that by controlling endemic areas and expanding these areas it would be possible in a number of years for these areas to assume the shape which WHO has in mind." WHO had felt on that occasion that such a presentation was not in accordance with the new WHO regional policy of implementing resolution WHA8.30 on malaria eradication, and it had replied that no approval would be given to the programme unless a five-year plan of eradication was drawn up. No such condition had ever been put forward by WHO or UNICEF in their authoritative statements on the subject. Yet that was the manner in which the policy laid down by the Assembly was being applied in the field.

Reference was constantly made to so-called technical feasibility, yet any project, while technically feasible
on the laboratory scale, could be completely unrealistic when applied on a large scale. The concept that malaria eradication would solve all problems had not taken into consideration the factors of administrative feasibility and financial resources. Yet WHO kept on arguing that any government refusing to carry out "technically feasible" projects was guilty of non-cooperation and therefore did not deserve any assistance.

He wanted to add that while DDT in its use might be new to many malariologists, it was certainly not new in South-East Asia. DDT had been introduced there during the war and had been used on a very large scale. The pattern of behaviour of DDT in mosquitoes differed from one area to another. In one area which had been sprayed every week by United States troops, a preparation of 50 mg per square foot had been proved more effective than one containing 400 mg. That only showed how many factors had to be taken into consideration before it was possible to assert that eradication was feasible and that it could be linked with the question of resistance to DDT.

His country had also tried chemotherapy on a very large scale at a time when quinine had been in short supply.

There was another important point to which he wished to draw the Committee's attention, namely the establishment of DDT factories. Many countries had been advised to make arrangements to produce DDT. Hardly had production begun when they had been told that DDT was not the last word and that they should either discontinue production or make arrangements to complete eradication within five years. Another point to remember was that much advice was given by countries where climatic conditions were such that malaria could not exist in an endemic state: it was merely imported. That eradication measures had proved successful in such countries did not mean at all that they would prove equally successful in areas where malaria was endemic.

The action required was therefore: more field research into the specific problem of DDT resistance, clear policy instructions to WHO malariologists, clear indications of policy to UNICEF, and the gradual development of control programmes through intensification and expansion until they reached the stage of eradication.

It was impossible to talk of programmes in terms of eradication alone. Eradication could not be achieved all at once; it had to start as control. No house had ever been built from the top: the foundations were laid first. In the present case, the foundations were control on a scale within the means of the government concerned.

They must not promise too much all at once. Malaria had let them down many a time before. If they promised more to the people while the means to get it were not feasible, not only from the technical but also from the financial and administrative points of view, they would be in a very difficult position in case the cherished hopes of governments did not materialize.

Dr SINGH (India) said that malaria constituted the largest health problem in his country and he would like therefore to trace a certain line of action. The aim obviously was to control malaria to such an extent that it should no longer represent a health problem. Thus far it had been impossible to reach that objective. Experiments had been carried out with the extermination of mosquitoes and that line of action had failed. The next line of action had been to destroy the malaria parasites in the human body: that too had failed.

He agreed that the approach to the problem should be well planned and concerted as a military operation. There was no doubt that malaria could be controlled by a combination of spraying with chemotherapeutic measures, drainage, personal prophylaxis and all other means available. By making use of all known methods and with discipline, malaria could be brought down to negligible proportions. The question was whether it was better to continue spending money year after year for the suppression of malaria, or to eradicate the disease altogether. He was merely searching for a general concept and agreed that further study and knowledge were required.

In that connexion he wanted to point out that there were many small areas in India from which malaria could be kept out.

What was eradication? Was it eradication of the carrier or of the disease itself? In the case of an attack of the disease it was true that population movements might endanger the success of the programme. Whenever feasible, however, it was necessary to go ahead in stages, taking all possible safeguards. The technique was well known and the main problem was to know where additional funds would come from, but by expanding control measures to the point of eradication it would be possible to carry the work to other areas that were not receiving any aid at present, whether international, bilateral or even national. He felt that having considered the problem in various conferences and expert committees, WHO had come to certain clear recommendations. All that was needed was to allocate
funds to different countries and not to concentrate on some only.

His own country's budget had in the last four years increased from 3 million to 20 million dollars, and in its second five-year plan the Indian Government had allocated large funds for the malaria programme. Its regional objective was to bring the disease to such negligible proportions that with some additional funds it would be possible to eradicate it altogether.

If there was any conflict of ideology in WHO it should be finally settled one way or another, and WHO directives could then be modified if necessary. In the meantime it would be difficult to criticize the WHO report because its only intention was to indicate what was happening in different parts of the world.

Dr Hylander (Ethiopia) wished to endorse the remarks made by the delegate of Liberia, those made by the delegate of France concerning malaria in Africa, the report of the Eastern Mediterranean Region on malaria in Ethiopia, and also what had just been said by the delegate of Pakistan.

He believed that malaria could be eradicated from Africa, the main problem being one of funds available. A preliminary estimate for a malaria eradication programme for Ethiopia, including residual spraying and chemotherapy, showed that it would cost about five times as much as the total budget of the Ethiopian Ministry of Public Health and would take at least five years. It was essential that all Members of the Organization should realize their responsibilities under the Constitution and agree to shoulder a greater share of the financial burdens of malaria eradication throughout the world. There was hardly any need to add that health was essential to peace and security.

Before concluding, he wished to inform members of the Committee that A. gambiae had very irregular habits in different parts of his country and was supposed to develop DDT resistance rather rapidly.

Professor Ford (Australia) said that despite the enthusiasm with which the concept of malaria eradication had been adopted, it had been clear to all experts that success would eventually depend on the availability of funds and technical advice. A country might receive technical assistance in many ways, such as personnel, advisers and research facilities, but the essential requirement was to have sufficient funds.

Many countries had costly malaria problems of their own, or were already contributing to agencies which either were concerned or might be concerned with malaria eradication schemes. Australia, for instance, gave support to UNICEF, the Colombo Plan and the South Pacific Commission. He sympathized with the plea recently made by the Norwegian delegate that governments should channel a substantial proportion of such funds through WHO as the agency specially concerned with health projects (see page 220). Yet governments had particular reasons for supporting certain agencies and would require persuasion to change their policy. The draft resolution proposed by the delegations of Brazil, the Philippines and Venezuela (see page 243) was realistic in that it recommended that governments should be further urged to contribute adequately to the Special Account.

In supporting the suggestions made regarding the importance of an adequate appeal for funds, he warned against any exaggerated claims, and said that such an appeal should be based on the opinion of experts in each region regarding technical feasibility in their various areas. There was no need for pessimism, nor was there any place for undue enthusiasm before technical and financial factors had been thoroughly weighed.

In conclusion he wished to congratulate the delegates of Pakistan and India on their expert knowledge of the existing status of malaria eradication.

Dr Puntoni (Italy) said that his country appreciated better than any other the advisability of adopting a goal of eradication rather than control. Having had some of its ancient civilizations destroyed by the disease, Italy had finally, and at the cost of great effort, improved conditions to a very great extent, without however achieving eradication. Only the introduction of new insecticides had made it possible to achieve that goal. Having given up trying to destroy anopheline vectors after its failure in Sardinia, Italy had concentrated on the simpler, more practical and less costly task of eradicating the disease itself. Success had crowned their efforts and they could now proceed with land improvement, not as a sanitary measure, but for agricultural purposes.

When DDT had first been introduced for antimalaria purposes in 1944 it had been regarded only as a new means of action. Now that the possibility of eradication had been proved in Italy, Cyprus, Ceylon and several other areas, there was almost universal support for the goal of eradication throughout the world. It should be remembered, however, that conditions in countries that had achieved eradication had been favourable: either there was only one kind of anopheline or else there was no sign of resistance to DDT. In other areas eradication might
come up against greater difficulties. It might be necessary in such cases to make at least partial use of older and more costly means of action, or of more modern chemotherapeutic means.

In his opinion any campaign of eradication should proceed in three stages: (1) a short period of a few years of intensive struggle to master the endemic stage; (2) a period of vigilance to suppress the residual centres and sporadic cases until completely extinguished, and (3) suspension of the active struggle, but without, so to speak, full demobilization of the staff employed, which could be used for other, even agricultural purposes.

Another important problem was that of international co-operation and international relations. In countries which had achieved complete eradication, malaria could assume the character of a quarantinable disease. That had already happened in the case of smallpox, typhus and relapsing fever. The neighbouring countries where malaria still existed could constitute a source of reinfection and possibly invasion by resistant anopheles. The danger would be increased by the fact that the populations of countries where malaria had been eradicated would have lost all relative immunity to the disease.

In conclusion he wished to say that his delegation agreed with the eradication projects as outlined in the report submitted by the Director-General, and also with the draft resolution submitted by Brazil, the Philippines and Venezuela (see page 243) and the note submitted by the delegation of El Salvador.

Dr Nassif (Saudi Arabia) said he wished to make the following statement in connexion with the visit paid to his country by a malaria adviser to discuss the question of DDT resistance. His delegation had raised the question at the last session of the Regional Sub-Committee for the Eastern Mediterranean, and his Government had hoped that it would be consulted, so that the problem could be studied in the field. The malaria expert of the Regional Office had promised that that would be done, but unfortunately all his Government had had was a very interesting report of the adviser written in an air-conditioned office. He hoped that the policy of WHO would be to contact governments on problems which concerned them in the first instance.

Dr Castillo (Nicaragua) said that his country was in the tropical zone and had always been affected by malaria. In the light of the resolutions adopted by the XIV Pan American Sanitary Conference in Chile, and of the WHO resolutions adopted in Mexico in 1955, his country had spared no efforts to make the necessary plans for malaria eradication.

A meeting of the ministers of public health of Central American countries had been held in Guatemala in May–June 1955 to discuss the problem of malaria and undertake a well co-ordinated campaign in the area. The heads of various antimalaria campaigns in the same zone had met at the same time.

The countries in his area realized fully well that any effort made for malaria eradication was small in relation to the advantages to be achieved. Considering the results achieved by malaria control he was sure that a change to malaria eradication would lead to the disappearance of the disease from the area.

His Government realized that malaria was both a health and economic problem and had allocated special funds for combating the disease. It was the intention of his country to make all the necessary sacrifices without asking for much assistance from outside.

His delegation firmly believed that malaria eradication should take the place of malaria control. In order to carry out the necessary plans Nicaragua had asked for some help from the Pan American Sanitary Organization and WHO, which had offered technical assistance. UNICEF would contribute some equipment and insecticides. While that was merely additional aid, he wished to express all his appreciation for it, although, as he had already emphasized, the main burden was being borne by his Government, which was prepared to make all the necessary sacrifices to achieve malaria eradication.

Dr Ayurakitkosol (Thailand) said that the malaria control programme begun in 1950 had reached all malarious areas in Thailand in 1956. The programme now protected over 10 000 000 people, about half of the national population, in sixty of Thailand's seventy-one provinces. The principal control activity was an annual house-spraying campaign using DDT applied at 2 grams to the square metre. In most areas three years of house spraying were sufficient to eliminate malaria transmission and cause the disease to die out. Technical surveys were conducted annually in all the cantons, involving about 20 per cent. of the villages.

Criteria for discontinuing house spraying and instituting antimalaria vigilance included the following: (1) absence of Anopheles minimus in routine collections in houses and typical larval habitats, (2) malaria parasite rate of zero in infants and (3) less than 1 per cent. in children aged from two to nine years; (4) spleen rate of less than 10 per cent. in children aged from two to nine years;
regular budget. And that those activities should be financed from the ordinate programmes for the eradication of malaria, decision that WHO should initiate, direct and co-
contributions to the Special Account."

to draw the attention of governments to the need for
where the Director- General was requested " again
Brazil, the Philippines and Venezuela (see page 243-4),
eradication, with particular reference to paragraph 1
submitted by the Director -General.'

conclusions reached by the conferences held on
and was devoting large sums to it, vector resistance to insecticides, and
seasonal movements of farmers to and from temporary shelters in their plantations, and occasional movements of pilgrims and other travellers.

Dr Pierre-Noël (Haiti) said doubt had been cast
on the fact of vector resistance to insecticides, and
since that resistance was the starting point of malaria eradication it was but one step to doubting the need for eradication programmes at all. The very meaning of the campaign and of the word eradication itself might be questioned. Since his Government, on the advice of the World Health Organization and supported by its national techni-
cians, had given first priority to the campaign and was devoting large sums to it, it was vitally concerned with the subject, and accordingly he requested the Secretariat to give a brief account of the conclusions reached by the conferences held on malaria eradication, as described in the report submitted by the Director-General.1

Dr Cameron (Canada) reiterated the position of his Government on the general question of malaria eradication, with particular reference to paragraph 1 of the draft resolution proposed by the delegations of Brazil, the Philippines and Venezuela (see page 243-4), where the Director-General was requested " again to draw the attention of governments to the need for contributions to the Special Account ."

The Canadian delegation had agreed with the decision that WHO should initiate, direct and co-
ordinate programmes for the eradication of malaria, and that those activities should be financed from the regular budget. It had also agreed that the Organi-

zation should canvass other international agencies and private organizations for contributions in cost or kind, to which contributions in the form of local available resources from the countries where malaria still existed would be added.

But his delegation had firmly opposed the decision to canvass Member States for contributions over and above those paid to the regular budget. The case against that decision rested on growing evidence that the cost of international programmes already exceeded the willingness of Member States to support them. He pointed out that on 30 June 1955 over thirty-five Member States owed the United Nations and specialized agencies nearly thirteen and a half million dollars for contributions assessed prior to 1955. Furthermore, despite the use of collecting devices such as the negotiating committees, the United Nations had failed to secure sufficient funds to cover the estimated requirements of four of its five special aid programmes.

It was therefore apparent that the odds were against WHO's increasing the total amount available for malaria eradication by canvassing. The most that could be hoped for was to persuade some countries to transfer part of their existing contributions to the Special Account, which might however reduce the willingness of existing agencies to contribute to WHO.

If Member States, responding to the appeal, contributed to the Special Account, there was a danger that some, if not all, other agencies would adopt the same practice. The special agency funds would not be subject to any essential body with power to allocate priorities and co-ordinate authorities. Limited resources would therefore be dispersed over a large number of activities which might seem important to the individual agencies, while in fact they deserved a lower priority when viewed as part of an overall programme of assistance in areas where it was most needed.

There might have been a case for canvassing for additional contributions if alternative ways of securing cash had not already been available. However, as had been mentioned, malaria eradication plans called for WHO to request other governmental agencies, private organizations, and countries in which malaria still existed, to contribute funds, services and equipment. The technical aspects of the problem were important and interesting, but the matter he had referred to should also receive the attention of the Committee.

Dr El Sayed (Sudan) associated his delegation with the remarks made on the impracticability of malaria eradication in Africa. In Sudan the disease manifested itself in the wet season, when transport

1 Unpublished
difficulties placed affected regions out of reach for five to six months. Two-thirds of the population was semi-nomadic or nomadic, and there was a great deal of movement across the western border, which was a pilgrimage route from West Africa. Another insurmountable difficulty lay in the fact that anophelines were carried by floating weeds which would release them in the middle of the night at any village. Ordinary control measures had reduced malaria to one fifth of its previous level, and it was now his Government’s aim to introduce control schemes on a scientific and technical basis in the hope of gradually achieving eradication.

A control measure of such a kind could not be called an eradication programme. He, as an administrator, was pessimistic about total eradication, even in Ceylon, where *A. culicifacies*, the only vector species, had not so far developed resistance, although spraying with DDT had been used from 1945 until the decision to suspend it. Malaria did not occur in the populated areas, but only where many people went into the jungle, for *A. culicifacies* was a jungle mosquito and did not appear inside or outside houses. Other anophelines which carried malaria in Malaya, Java and India also existed in Ceylon, but had never been known to transmit the disease. He doubted whether, once *A. culicifacies* had been exterminated, the other varieties would fill the breach. It was therefore his view that whatever could be achieved by WHO, whether through eradication programmes or satisfactory control measures, should be considered sufficient, and that it was unnecessary to aim at total extermination in a particular country. As Dr Jafar had pointed out, eradication programmes were necessarily related to the financial resources of the respective countries, and the delegate of Canada had also rightly remarked that Members now contributing to WHO could not be asked to make additional contributions for them. Once malaria had been brought under control, expenditure on malaria programmes could be reduced to a small amount without detriment to the population.

Dr Pampana, Chief, Malaria Section, said he would confine his remarks to the technical questions raised.

With regard to resistance to insecticides, in most cases (in Greece, Lebanon and Java) that resistance had been suspected because anophelines were found after spraying in premises where, in former years, no anophelines could be captured. In other cases, however, resistance had been suspected because malaria was no longer under control in a particular location, as in some parts of eastern Saudi Arabia, while in previous years the same insecticide had been able to control it effectively.

The Chief Medical Officer of the Arabian American Oil Company, who had visited Geneva two years ago, had been very concerned to find that although after spraying with DDT had started the parasite rate of 25 per cent. had dropped to less than one per cent., in 1954 it had suddenly risen to 20 per cent. again. In case the sprays had been deficient, the treatment had been repeated the following year, but with the same results. Entomological checking had been carried out and *A. stephensi* had been found on the sprayed areas. Since the resolution of the Eighth World Health Assembly on malaria (WHA8.30), the need for an independent authoritative assessment of the resistance of anophelines had been felt, and WHO had requested the collaboration of two highly specialized entomologists from the London School of Hygiene and Tropical Medicine, Mr Davidson and Dr Busvine. The latter had developed the standard test which had been recommended by the WHO Expert Committee on Malaria as a reference test for the susceptibility of anophelines to insecticides.

The two consultants had been sent to the areas concerned: Java (where resistance had been suspected in *A. sundaisicus*), Saudi Arabia (*A. stephensi*), Lebanon and Greece (*A. sacharovi*). In all cases resistance had been found to a higher degree than had been reported locally.

It was regrettable, as Dr Jafar had pointed out, that no base-line data existed, although the same could be said in most countries of houseflies, the resistance of which was not questioned. In the past few months, however, more information had come to light on the subject from the Mississippi valley and from northern Nigeria. Susceptibility had been checked in the Mississippi valley, from which malaria had long been eradicated but where insecticides, and BHC in particular, were used for agricultural purposes, and it had been found that resistance to some of the chlorinated hydrocarbon insecticides of the former vector of malaria *A. quadr-maculatus* was very high. In Africa, in a Nigerian malaria control project assisted by WHO and UNICEF, it had been found that, after two or three sprayings of dieldrin, *A. gambiae* had developed resistance. The eggs had been sent to London, where it had been found that resistance to dieldrin was sixty times more than normal, and resistance to BHC twenty times more than normal.

In Greece, malaria control by insecticides was gravely jeopardized by resistance; even in Africa, if resistance spread from the Nigerian focus, a serious situation might arise. The need for research on the
problem was very great. What little was known about the resistance of houseflies could not easily be transferred to the study of anophelines. The Executive Board at its last session had noted, in resolution EB17.R39, that the Director-General was undertaking a programme of co-ordination and stimulation of research on the basic factors of resistance to insecticides. WHO had already taken steps in organizing surveys of laboratories all over the world which could aid in that task. In the more restricted field of resistance in anophelines, it had secured the co-operation of several laboratories in Germany, the United Kingdom of Great Britain and Northern Ireland, Italy, Liberia and Nigeria, which were at work on the same subject of “selecting”, or placing colonies of vector species in contact with insecticides. Preliminary reports showed that, even in exposing adult vectors only to the same stimulus as that which they would receive in a village which had been sprayed by DDT, higher resistance to insecticides was produced.

It was therefore obvious from the few facts he had mentioned that resistance was a very real danger.

In reply to the question of the delegate of Haiti on the general result of the meetings mentioned in the report submitted by the Director-General, he said that the four Central American malaria meetings and the Western Pacific conference had been convened for the purpose of co-ordinating the efforts of various countries in one region. The second African conference had concluded that the general concept of eradication as contained in the Eighth World Health Assembly resolution did not apply yet in Africa; the preliminary results of some control campaigns, however, had been found so promising that it was felt that control should be extended, in the hope that, through the integrated action of insecticides and modern chemotherapeutics, eradication could be achieved. At the Belgrade conference, which had been convened with the main purpose of co-ordinating antimalaria work in the various countries, it had been encouraging to learn that the same concept of eradication had been accepted by some of the Eastern European countries such as Romania and Bulgaria.

The Chairman remarked that malaria eradication had been discussed in terms of the financial aid required to carry out campaigns, but not enough attention had been given to the question of the financial resources of the country undertaking those campaigns. A country might receive all the DDT available in the United States of America, but unless it had the funds and the staff required it would be unable to utilize it. There lay the reason why so many programmes were held up. In recommending intensification of eradication programmes, the difficulties of those countries should be borne in mind, and campaigns should be carried out step by step until eradication was attained. He requested Dr Pampana to give his view on that important aspect of the problem.

Dr Pampana said there was no doubt that in very large countries eradication could only proceed by stages.

The Chairman said that if the Committee agreed, he would close the discussion and draft a resolution with the help of the Secretariat, taking into account the resolution submitted by the delegations of Brazil, the Philippines and Venezuela and the views expressed during the meeting.

It was so agreed. (For further discussion, see minutes of the sixteenth meeting, section 3.)

2. Adoption of Third Report of the Committee

The report was adopted unanimously (for text, see page 385).

3. Technical Discussions at Future Health Assemblies

Professor Canaperia (Italy) feared his proposal might appear somewhat revolutionary in the light of the procedure followed up to date for technical discussions, yet he felt sure that the Committee, aware that he had always advocated fuller discussion of the technical activities of WHO, would not misinterpret his intention.

Technical discussions, which had been a part of the Health Assemblies for six years, had begun as the result of a sense of frustration on the part of some delegates who felt that too much attention was given to administrative and legal matters and too little to the technical aspects of WHO’s work. At its sixth session, the Executive Board, “believing that the technical proceedings of future Health Assemblies should progressively be concentrated on more thorough discussions of a small number of subjects, with a view to the application of existing knowledge in those fields to public-health administration”, had recommended “the inclusion in the arrangements for the Fourth World Health Assembly of provision for special discussions on: (1) training of medical and public-health personnel...”.

The success of technical discussions had been explicitly recognized by every subsequent Health Assembly, and all those who had been present at the
discussions had been able to see how well attended they were and how much interest they aroused.

He was far from intending to criticize the discussions, but he wished to draw attention to certain negative aspects in order that they could be corrected. He felt there was one basic defect in the way the discussions were at present organized: they consisted of unofficial exchanges of views, and were not integrated into the work of the Assembly. It appeared as if the Organization were ashamed to introduce them officially and kept them going as a sort of theoretical symposium not directly concerning its work. The problem of the discussion of WHO's activities from the technical point of view remained unattended to. The fact that the Organization's programme for 1957 had not yet been discussed, in spite of the great interest shown in the technical concerns of the Organization, such as leprosy and malaria, was significant.

He was aware that the technical activities of the Organization were carried out on a vast scale, and if they were to be covered, the Health Assemblies would take three months rather than three weeks. Yet it was possible to envisage a way of integrating the technical discussions in the work of the Assembly by requesting the Director-General to prepare for each Assembly a detailed account of one of the subjects covered by the programme of the Organization, including work already accomplished, evaluation of results, and future orientation. The report, which should be sent to delegations in time for them to study it beforehand, could be studied during the two days now devoted to the technical discussions, so that in ten years or so it would be possible for the Assembly to have reviewed all the main activities of WHO. In that way, the technical discussions would make an outstanding contribution to the yearly work of the Assembly.

He would await the comments of delegates before submitting a formal proposal on the subject.

Dr Štampar (Yugoslavia) said his country was very much interested in the technical discussions. His delegation had proposed three subjects which had been accepted by the Committee as topics of discussion.

Technical discussions, which had first aroused a great deal of opposition, as many Members believed that the Assembly should deal exclusively with administrative problems, were now considered to be of great value. Unfortunately they did not form part of the Health Assembly and did not produce any resolutions, but merely a report. He entirely agreed with the view expressed to him privately by the Chairman that the technical discussions should be included in the agenda of the Committee on Programme and Budget in order that they should form part of the Assembly's deliberations.

Regarding the subject to be discussed at the next Assembly, he remarked that two years ago the Swedish delegation had proposed the subject of hospitals. The matter had now been brought up again by the Chilean delegation, which proposed "the role of the hospital in the public-health programme" as the subject for technical discussions in 1957. He supported the proposal. Hospitals exerted a great influence on any health administration, and unfortunately at the present time most of them stood only for the curative aspect of their task. However, many countries were now attempting to make their hospitals part of a combined unit, the health centre, and in some (such as Sweden) preventive and social work was being carried out. It was a very good time for a discussion of the subject of hospitals, which could give guidance to the many countries in which health services were progressing so rapidly. He accordingly proposed that the subject should be discussed at the next World Health Assembly as part of the work of the Committee on Programme and Budget.

The Chairman said that for the past years he had always felt that the first week of World Health Assembly meetings was not organized in a balanced way. Delegations arrived prepared for serious work and were faced with two days of elections, credentials committees, etc., and a week-end devoted to technical discussions that were not a part of the programme. It would be much better if they could settle down to serious work straight away and hold the technical discussions as a part of the work of the Committee on Programme and Budget, distributing the work in sub-committees where necessary.

Dr Siri (Argentina) said he was very pleased the organization of the technical discussions had been brought up before the Committee.

He warmly supported the proposal of the Italian and Yugoslav delegates, seconded by the Chairman himself, that the technical discussions should form part of the official programme of the Assembly. Everyone present had, he felt, been somewhat disappointed by the result of the technical discussions and the final report submitted to the plenary meeting. The subject seemed to have been brought up as a sort of side-line, and apart from the Chairman's

1 In a memorandum (unpublished)
well deserved words of praise for those who had come from so far, and particularly the nurses who had joined so enthusiastically in the discussions, no opportunity had been given to delegations to express their views or their appreciation. He therefore believed the Assembly would do well to include in its official discussions the technical subjects which affected the fundamental tasks of WHO.

For the technical discussions in 1957, the Argentine delegation had proposed a subject which he hoped would be favourably received, namely “Mental-health programmes in public-health plans”. Medical evolution throughout the world was such that in the present century the most important event had been the advance of knowledge about mental health. Interest in psychology and psychiatry was growing, and it was natural that it should. Doctors had long been occupied with physical health while society protected itself against mental patients because it knew no other way of dealing with them. Progress in neurology and psychiatry, however, and the contribution of psycho-analysis, had cast so much light on mental disorders that it had become necessary to include mental health within the framework of health planning.

The rapid social evolution now being experienced contributed to that need. All over the world the opportunities offered by civilization were becoming available to classes which until recently had lived on the margin of society. Widespread means of communication, whether in the realm of transport or of the diffusion of ideas, which had penetrated all social spheres, unfortunately did not bring along with the facts which caused public agitation the moral factors or the culture necessary to understand those facts. The masses were overcome and shaken by events and unable to derive any meaning from them.

Children, and in particular those who had spent the war years in large cities, hearing about bombs, mass destruction and atrocities when not suffering from them themselves, were victims of present day life which they received multiplied as in a sort of sound-box by the large cities. The harm done would not be seen until fifteen or twenty years later when it was read of in the accounts of crime and vice.

He realized that he was proposing a vast subject for discussion, but since at last some light had been cast on that aspect of man’s make-up which until now had remained in the dark, it was urgent that the World Health Organization should stimulate the health authorities of all countries to devote more attention to it. No health activity today, even the purely administrative, could afford to leave out considerations of mental health. When drafting its Constitution, the founders of WHO had placed the same stress on mental health as on public health and social security, and those three aspects of health should form the tripod on which any structure set up by the Organization should be erected.

It might be argued that not all peoples had reached the stage in their evolution at which psychic problems had such a disastrous effect on the individual mind as they did in the large cities of more developed countries. However, delegates had heard the address delivered the previous day at the tenth plenary meeting by the Minister of Health of India, who had said her people and those of her region, as well as many other peoples living in similar conditions, needed help, not only in respect of physical health but in respect of mental health also. The problem, therefore, could be said to concern all the peoples of the world.

Mental hygiene was part of that important problem. He recalled that President Truman in 1945, in requesting from Congress more funds and a better organization of health and social security, had mentioned the disturbing percentage of citizens rejected for military service for defects of a psychological nature, and had stated that the problem, which was of the highest national concern, could and should have been corrected long before.

He had divided his proposal into three parts. Curative psychiatry; preventive aspects, which concerned the social medium from which patients came and to which they returned; and maternal and child protection. He felt that very special attention should be given to children because it was in childhood that the evil effects of social action exerted the greatest influence and later it was too late to correct them.

*The meeting rose at 12 noon.*
1. Report of the Sub-Committee on International Quarantine

The report (for text, see Official Records No. 72, page 75) was approved unanimously.

2. Technical Discussions at Future Health Assemblies (continued)

Dr Engel (Sweden) said that his delegation was critical of the proposal to include the technical discussions at the Health Assembly on the agenda of the Committee on Programme and Budget. It was very important that participants in such discussions should be allowed to present their personal views freely, and not as government delegates. Sometimes the subjects discussed were of a really scientific nature: for example, the technical discussions on zoonoses held two years before had been on a very high scientific level. For such subjects the freedom to which he had referred was most important.

With regard to the subject of the technical discussions at the Tenth World Health Assembly, he supported the proposal of the delegation of Chile. While the subject “The role of the hospital in the public-health programme” would probably be covered to some extent in the organizational study that was to be carried out, it was one that could well be studied separately. The extent to which hospitals should be used for preventive measures was being tentatively debated in many countries and deserved fuller attention, particularly in the case of the highly specialized hospital. The function of the hospital as a platform for health education also required detailed consideration. Another important question, particularly in relation to mental health, was how to achieve a proper balance between out-patient treatment and hospitalization, given the assumption that the hospital’s basic function was in-patient treatment. In short, the subject proposed by the delegation of Chile involved many problems of immediate interest that would permit imaginative treatment.

Dr van Zile Hyde (United States of America) recalled that the delegate of Argentina had drawn attention to the situation in the United States of America regarding mental health. WHO was not unaware of the problem, and had sent an expert—the first from the Organization to visit his country for five years, he believed.

With regard to the question of the nature of the technical discussions, raised by the delegate of Italy, he felt that there were perhaps two separate problems which the Committee was trying to solve at once. On the one hand there was a suggestion for improving the quality of discussions in the Committee on Programme and Budget by selecting in advance particular programme topics for discussion at a higher technical level, which would require formal statements from governments, scrutinized by experts. On the other hand, as the delegate of Sweden had pointed out, it was important to preserve freedom of expression, since the original purpose of the technical discussions had been to enable delegates, as public-health workers, to take part in a purely personal exchange of views. It would perhaps be possible to satisfy both points of view. One aspect of the Organization’s programme could be selected for consideration at the next Health Assembly on the same lines as the interesting discussion that had taken place in the present Committee on malaria eradication, but with the advantage of advance notice. At the same time the present informal technical discussions should be maintained. As one of their most valuable aspects was the preliminary discussions that took place in different places and at different levels, he felt that subjects should be chosen at least two years in advance, and that the present Health Assembly should therefore select subjects
not only for the Tenth World Health Assembly but also for the Eleventh. The other aspect of the problem—the best way to focus discussion on particular aspects of the programme in the Committee on Programme and Budget—could be referred to the Executive Board. If those suggestions were approved, his proposals regarding subjects for future discussions would be: at the Tenth World Health Assembly, “Graduate studies in public-health and related fields”; at the Eleventh World Health Assembly, “Health education of the public”.

Dr Turbott (New Zealand), Vice-Chairman, took the Chair.

Dr Buurman (Federal Republic of Germany) proposed the subject “Participation of medical practitioners in public-health work”, since it was generally agreed that the public-health services could not dispense with the co-operation of independent physicians in private practice, and the question of how to effect that co-operation was of great importance.

Professor Grasset (Switzerland) found the proposal of the Italian delegation extremely interesting. The procedure at present followed had been adopted after several years’ experience with a view to providing for free and informal discussions, and had given good results. To put the discussions on a more formal basis would make for better preparation and fuller documentation. On the other hand, the participants would be selected by governments and would probably reflect their views, and the discussions would thus be less spontaneous. Some types of subject, for example, “The role of the hospital in the public-health programme”, would be more suited to the new system proposed, while other subjects, such as that of mental health, would be better discussed under the present system since participants could express themselves more freely on controversial subjects. Finally, one advantage of the new arrangement proposed was that decisions arrived at might carry greater weight. It would perhaps be possible to reach a compromise between free exchanges of views in small groups and more formal discussions, by following the methods of work employed so successfully in the Organization’s expert committees.

As for the actual subjects proposed, the problem of the public-health training of medical practitioners was of particular interest to his delegation, since Switzerland had no facilities for public-health training and was obliged to engage persons without a diploma, and whose training could not be received in a State school.

Dr Aujaleu (France) thought it was generally admitted that the technical discussions which had taken place for several years past, both at the Health Assembly and at the regional-committee level, had been a success. They had often led to useful recommendations and had been highly instructive for the participants. He was therefore glad to see general agreement that the discussions should be continued.

The French delegation had always considered that technical questions were not given enough importance in the discussions at the Health Assembly, and that too much attention was devoted to administrative or even political matters. In the last few days, in discussing leprosy control and malaria eradication, the Committee had proved that it was perfectly capable of considering a technical problem and arriving at pertinent conclusions. He therefore saw no objection to the proposal of the Italian delegation that technical discussions should henceforth take place in the Committee on Programme and Budget instead of being held on an informal basis as if the Health Assembly were ashamed to take responsibility for them.

However, whichever procedure was followed, he agreed with the United States delegation that the subjects for discussions should be chosen at least two years in advance. The careful preparation of the discussions on the training and role of nurses had shown the advantages of an early choice of subject.

For the discussion at the Tenth World Health Assembly his delegation would gladly accept the subject proposed by the delegation of Chile, “The role of the hospital in the public-health programme”, since it would perhaps not require very long preparation. For the Eleventh World Health Assembly his delegation would favour the subject of “Mental-health programmes in public-health plans”, an important question and one which would also make it possible to include among the participants psychiatrists and representatives of related disciplines. Experience in the discussions on the role and training of nurses had shown the desirability of such wide participation.

Professor Pesonen (Finland) thought that all the subjects proposed for future technical discussions seemed suitable. At the seventeenth session of the Executive Board he himself had proposed the subject “Health centres, including child welfare and maternal health centres, and their role in health programmes”. He thought that more information was needed on his reasons for making that suggestion.

The instruments of which public-health authorities made the most profitable use were health centres. Each centre was responsible for public-health work
in its respective area, and their establishment was considered of great importance for improving the health conditions of a population. They did not exist in all countries. Those who had had an opportunity during the Eighth World Health Assembly to visit the health centres in Mexico would have noted that they were concerned both with health and with general education—reading and writing, manual training, etc. Such a system was satisfactory where no elementary schools existed. The actual health work done in the centres varied from country to country, but he believed that their possibilities were not fully exploited. Health centres in some countries included departments concerned with such matters as child welfare and rheumatic and heart diseases. He believed therefore that the subject was highly suitable for technical discussions, particularly as it would also give an opportunity for discussing many related subjects.

However, since the subject proposed by the delegation of Chile, with the support of the delegation of Sweden, covered much the same ground as the subject he had suggested himself, he would support that proposal.

Professor Julius (Netherlands) understood that the original purpose of the technical discussions had been to enable delegates to meet for informal talks. A too thorough preparation of the discussions would militate against that purpose, since it would make it more difficult for participants to speak in their own way on their own subjects. Rapid and, he might say, provocative introduction of subjects by experts who might be brought in from outside the Health Assembly permitted of a very free, but sometimes very instructive, exchange of views.

Turning to the subject of the discussions, he recalled that the delegate of Liberia at a previous meeting had asked whether delegates realized they were living in a sick world. He himself would rather say that it was a mentally sick world. He would therefore support the proposal of the delegate of Argentina, modifying the title slightly to read: "What do we expect from the promotion of mental health?" The subject would thus be a little wider and might be of interest to non-medical participants.

Dr Duren (Belgium) said that his delegation supported the proposal of the delegation of Chile regarding the subject of the technical discussions at the Tenth World Health Assembly. It agreed with the delegation of France that the subject proposed by the Argentine delegation would call for longer preparation.

His delegation supported the proposal of the delegation of Italy regarding the form of the discussions and thought it would be desirable to examine the possibility of integrating those discussions, which were of great and essentially practical interest for public health, into the normal agenda of the Health Assembly.

However, steps should be taken to ensure that such an arrangement did not lengthen the sessions of the Health Assembly. Firstly, the present type of technical discussion, which was held as an activity apart from the normal business of the Health Assemblies, and whose conclusions were not embodied in resolutions, might be abolished. Secondly, measures might be taken to shorten the preliminary formalities before the committees of the Health Assembly were constituted.

The discussions themselves should be thoroughly prepared by the Director-General in consultation with Member governments, and the subjects should be relevant both to problems of public health throughout the world and to the future development of the work of WHO. The Director-General might be requested to report to the Tenth World Health Assembly on one such subject, which should be chosen by the present Health Assembly preferably from among those which had already been studied by Member States.

Dr Siri (Argentina), referring to the remarks of the delegate of the United States of America, said that the reason why he had mentioned the situation in that country was that he had recently been there and had witnessed the present intense interest in mental health. In speaking of the large number of persons rejected for military service for mental reasons he had not been referring only to the United States of America. The same applied to the armies of all countries, including his own. He had mentioned the fact only to explain the remarkable movement of public opinion in favour of mental health which was taking place in the United States of America, and about which the Assembly would probably learn in greater detail if it adopted his proposal that the subject of mental health should be chosen for the technical discussions.

Before making his proposal he had consulted the Chief of the Mental Health Section of WHO and the President of the World Federation for Mental Health, who had agreed that the subject would be better considered not the following year but the year after, in order to allow time for adequate preparation.

With regard to the procedure for technical discussions, he thought that a compromise might be reached between the two schools of thought. In the Executive Board it was the practice for certain
subjects to be discussed informally by working parties, which then submitted their conclusions in a report for examination by the full Board. By following some such method it would be possible to accept the proposal of the Italian delegation that the technical discussions should become an integral part of the work of the Health Assembly.

Mr Olivero (Guatemala) observed that many of the smaller Member States were not able to send large delegations, and had to give preference in constituting them to persons directly concerned with public-health administration. He did not question the advantage of holding technical discussions among specialists, but it would be difficult for the smaller countries to participate.

Dr Valenzuela (Chile) supported the proposal of the Italian delegation that more importance should be accorded to technical discussions and that the conclusions should actually be embodied in resolutions.

With regard to the subject of the discussions, the proposal of his delegation was already before the Committee, and he would confine himself to saying that, in the present transition period through which health services were passing, it was important to define as exactly as possible the part that hospitals must play in health programmes, while continuing to provide the curative services that must still have first priority in many countries.

He would also point out that in June of the present year the same question would be considered by a WHO expert committee, whose conclusions would provide useful background material for further discussions.

He wished to thank the delegations who had supported his proposal.

Dr Le-Van-Khai (Viet Nam) supported the proposal of the Italian delegation that the technical discussions should be put on a more official footing and the United States proposal that the subjects should be chosen two years in advance.

As for the actual subjects proposed, each was more important to one group of countries than to another. He therefore proposed that the choice of subjects for the Tenth and Eleventh World Health Assemblies should be left to the Executive Board, whose members, representing as they did all the regions of the Organization, would be in a position to choose subjects of interest to the largest possible number of Member States.

Dr Anwar (Indonesia) wondered whether, if the technical discussions became part of the normal agenda of the Health Assembly, it would be possible under the Rules of Procedure to continue the present practice of holding small group discussions, which had the advantage of permitting a free exchange of views. That was a question which he presumed the Secretariat could answer.

He agreed with the delegate of Guatemala that it was necessary to consider the position of Member States that were not able to include in their delegations persons able to speak as government representatives on specialized subjects. The technical discussions represented only a small part of the total work of the Health Assembly, and governments whose delegations must necessarily be small would be faced with a difficult decision. He was therefore not entirely sure that he would wish the technical discussions to be included in the formal agenda of the Health Assembly.

He believed that one reason why the question had been raised was that the present technical discussions reduced the time available for the normal work of the Assembly. The proper solution would be to increase the length of the session by a day or two, though he realized that that would have financial implications.

He agreed with the United States delegate that subjects should be chosen two years in advance. One reason for the success of the discussions at the present Health Assembly was that the subject had been chosen in 1954. Subjects should therefore be chosen at the present session both for 1957 and for 1958.

For 1957 he approved the proposal of the delegation of Chile. For 1958 the subject proposed by the United States delegation (health education) would be suitable, particularly from the point of view of the under-developed countries whose governments could not provide enough funds for sanitary measures.

Dr van Zile Hyde (United States of America) said that, in view of the general interest in the question of the role of the hospital in the public-health programme, he was prepared to withdraw his suggestion regarding the subject of the technical discussions in 1957. He would also have withdrawn his proposal for 1958, but for the fact that the delegate of Indonesia appeared to favour it.

He would again urge that the question of the place of the technical discussions in the general work of the Health Assembly should be submitted to the Executive Board, which, with the help of the Director-General, would surely be able to make a constructive suggestion for adopting the change proposed without destroying the informal and personal character of the discussions. The question had come before the present Committee too abruptly and more time was needed.
With regard to the technical discussions at the Eleventh World Health Assembly, he suggested that the choice of subject, whatever it might be, should be merely tentative, since the time normally accorded to technical discussions might be needed for any proceedings designed to draw attention to the achievements of the Organization in recognition of its tenth anniversary.

Professor CANAPERIA (Italy) wished to reply to some of the comments made on his proposal.

Some delegates had suggested that to make the technical discussions more official would perhaps permit less freedom of expression. To his mind that fear was groundless, for he did not believe that delegates received instructions from their governments regarding the technical aspects of the activities of WHO. The very interesting discussion on malaria eradication that had taken place at recent meetings of the Committee seemed to bear that out.

The principal task of delegates to the Health Assembly was to determine the health policy of WHO, which meant giving guidance and counsel to the Director-General and his staff on the technical aspects of the Organization's work. He recalled that the President of the Health Assembly, in his presidential address, had noted with regret a tendency to accord too much importance to administrative, legal and constitutional questions, and had suggested that the moment had come for delegates to pay more attention to the future development of WHO's technical activities.

The Health Assembly perhaps underestimated the technical contribution that could be made by the twenty-five or more non-governmental organizations in official relations with WHO. He had recently taken part in a conference of the International Union for Health Education of the Public held at Rome. The various aspects of the subject of health education, so important for WHO, had been discussed in complete freedom, and conclusions had been reached which he was sure could be useful for the programme of WHO.

However, as he had said, the main task of the Health Assembly was to give guidance for the Organization's own activities, and he felt that that task was not being very satisfactorily performed. The Committee had not yet discussed the Organization's programme for 1957, and it could hardly do justice to the important 500-page volume submitted by the Director-General in the two or three meetings that remained.

He submitted the following draft resolution for the consideration of the Committee:

The Ninth World Health Assembly,

Recognizing the growing interest aroused by the technical discussions held during the sessions of the World Health Assembly;

Considering that it would be desirable to give greater importance to the technical activities of WHO by integrating the technical discussions into the work of the Health Assembly,

DECIDES

(1) that the Director-General shall be requested to present a detailed study of one of the main fields of activity of the Organization, covering the work accomplished by WHO, the evaluation of results in the light of experience gained, and the direction to be given to future activities, taking into account new technical and practical possibilities;

(2) that this report should be the subject of a detailed discussion at the Assembly as an integral part of the agenda of the Committee on Programme and Budget;

(3) to instruct the Executive Board to determine the procedure for the implementation of this proposal and suggest to the Director-General the first subject, for discussion at the Tenth World Health Assembly.

The Chairman said that, before the delegate of Italy had spoken, he had been about to suggest that the Committee should adopt the United States proposal to refer the question of procedure for future technical discussions to the Executive Board. Now that the delegate of Italy had proposed a draft resolution he felt that the best course would be to refer the whole question to a working party.

Dr PIERRE-NOËL (Haiti) thought that the question before the Committee was too important to be decided in haste, and that even a specially constituted working party would not be able to give it sufficiently mature consideration.

The proposal of the Italian delegate offered certain advantages, but there were also some objections that must be considered. For example, under the system at present followed, when discussion groups were formed the delegations were not mentioned, which had the advantage that participants did not feel they were speaking in the name of their governments. He therefore favoured the United States proposal to refer the question to the Executive Board.

Dr KARABUDA (Turkey) agreed with the delegate of Italy that, in discussing technical questions, delegates to the Health Assembly did not necessarily
receive instructions from their governments, and that
the technical discussions could therefore perfectly
well be put on an official basis. The question could
be decided in the present Committee without reference
to a working party.

Professor Pesonen (Finland) thought that the
discussion had been sufficiently thorough and could
be concluded. He supported the United States
proposal that the Executive Board should study the
question and report to the next Health Assembly.

Dr Cowan (United Kingdom of Great Britain
and Northern Ireland) was in favour of setting up a
working party to determine both the procedure for
the technical discussions and the choice of subjects.

Mr Zlitni (Libya) supported the Italian proposal
that the technical discussions should be put on a
formal basis. With regard to subjects for discussion,
the Committee had a number of proposals before
it, and before taking a decision he suggested that it
should hear the views of the Director-General or
his representative.

Dr Sutter (Assistant Director-General, Depart-
ment of Advisory Services), Secretary, said that the
Director-General could not at present have any
opinion on the subjects for future technical dis-
cussions. He could only inform the Committee that
since the technical discussions had first been held at
the Fourth World Health Assembly the subjects
had always been selected by the Executive Board at
the request of the Health Assembly, with one
exception : the Seventh World Health Assembly had
decided to retain for a second year the subject of
public-health problems in rural areas, in view of the
possibility of field visits in Mexico.

Dr Clark (Union of South Africa) thought that to
set up a working party would be merely to prolong
the present discussion, and was therefore for referring
the question to the Executive Board, which was better
placed to consider it in detail.

Dr Siri (Argentina) agreed that a working party
would merely prolong the present discussion. The
question should be referred to the Director-General
so that he could prepare a report for examination
by the Executive Board.

Dr MacCormack (Ireland) also agreed that the
question should be referred to the Executive Board.

Professor Canaperia (Italy) saw one possible
procedural objection to referring the question to the
Executive Board. His proposal was to make the
technical discussions part of the formal business of
the Health Assembly, but the Sixth World Health
Assembly had decided, in resolution WHA6.60, that
the discussions should be continued on the basis of
an informal exchange of views. He did not think that
the Executive Board was empowered to reverse that
decision, and asked for an opinion from the Secre-
tariat.

Dr Dorolle, Deputy Director-General, confirmed
that the Executive Board could not modify the
decision of the Sixth World Health Assembly. Only
the Health Assembly itself could do so, and time was
rather short.

One solution would be to request the Executive
Board to consider on the one hand the subjects for the
Tenth and Eleventh World Health Assemblies, and
on the other hand the question of organizing the
discussions on an informal basis or as an integral
part of the work of one of the main committees. The
Director-General could then prepare documentation
on the subjects chosen, since the action he would have
to take in that regard would be the same whether the
discussions were formal or informal. When, at
the Tenth World Health Assembly, the main com-
mittees were constituted and items of the agenda
assigned to them, a decision could be taken on
whether the discussions should be formal or informal ;
the Director-General would be able to take appro-
priate action, as long as the subject chosen by the
Board did not call for too involved arrangements for
its discussion.

Dr Siri (Argentina) supported the suggestion of the
Deputy Director-General.

Decision: It was agreed to refer the question of
technical discussions at future Health Assemblies
to the Executive Board for further study (see
fourth report of the Committee, section 6).

The meeting rose at 4.35 p.m.
1. Adoption of Fourth Report of the Committee

The report was adopted without comment (for text, see page 386).

2. Peaceful Uses of Atomic Energy

Dr. Dorolle, Deputy Director-General, introduced the report by the Director-General on peaceful uses of atomic energy (see Annex 12).

The document gave a brief account of the different bodies which had been constituted or were being constituted to deal with the question of the peaceful uses of atomic energy. He also referred the Committee to the Director-General’s report to the seventeenth session of the Executive Board (Official Records No. 68, Annex 15).

In accordance with the instructions given to the Director-General, the Organization had participated in the International Conference on the Peaceful Uses of Atomic Energy in August 1955 and had submitted two papers which were appended to the Director-General’s report to the Board and were also to be reproduced in the official reports of the Conference. One dealt with the general problems of protection against radiation from the public-health point of view, and the other with education and training in the same field. The Organization had also undertaken a training programme in which the first step had been a course for health physicists organized in Stockholm by the Regional Office for Europe jointly with the Government of Sweden and the Atomic Energy Commission of the United States of America. It was hoped to organize similar courses, beginning in Europe but inviting fellows from all regions.

In the field of scientific information, as recommended by the Board a monograph was being prepared containing an analysis of selected papers submitted to the International Conference, supplemented by information gained since that time, for the use of non-specialist public-health administrators.

An observer of the Organization had followed the debates of the Scientific Committee on the Effects of Atomic Radiation, taken part in the discussions of the working parties, and made a statement in the plenary session, which appeared as Appendix 2 to the Director-General’s report (see Annex 12).

No official documents were available yet on the creation of the International Atomic Energy Agency. However, excerpts from the draft statute which had been received through a United Nations press communiqué had been attached to the report as Appendix 1, for information. That final text of the draft statute had been established by the governments sponsoring the constitution of the new agency, in February 1956, in Washington, and would be discussed by the constituting conference due to take place in New York on 24 September.

It was hoped that an official invitation to the constituting conference would soon be received by WHO, as it was important that the Organization should be able to state, at the time of the constitution of the new agency, the ways in which it could contribute to the agency’s work, and thus avoid the risk of overlapping, which from a first reading of the draft statutes of the Agency might seem possible.

He would only add that, in its work in connexion with the peaceful uses of atomic energy, WHO had sought and obtained the support of the non-governmental organizations interested. It had enjoyed from the beginning the support of the International Commission on Radiological Protection and the International Commission on Radiological Units. The Executive Board, in admitting those two long-standing organizations into official relationship with WHO, had strengthened the working relations already existing. The two commissions had recently met in Geneva, and the Secretariat had taken part in an informal seminar with them. They had also been extremely helpful in the selection of the members of the study group which the Director-General was at that time setting up. He thought the Committee might be interested to hear a statement by a representative of those organizations on their collaboration with WHO.

The Committee had before it a draft resolution on the peaceful uses of atomic energy submitted to the
Assembly by the Executive Board in resolution EB17.R57, and two proposed amendments. The first proposal, submitted by the delegations of Belgium, Denmark, Finland, France, Germany, Italy, Luxembourg, the Netherlands, Sweden and the United Kingdom of Great Britain and Northern Ireland, was to renumber paragraph 6 of the draft resolution as paragraph 7 and insert a new paragraph 6 reading:

6. Requests the Director-General to communicate to the governments of all Member States a statement that the Ninth World Health Assembly is of the opinion that, in every national, bilateral or multilateral project concerned with the peaceful use of atomic energy, planning and implementation of such projects should be made in close contact with the responsible public-health authorities.

It meant in effect that the attention of Member States should be drawn to the need for studying the problems of public health concerned at the very early stages of the institution of any atomic energy project, or in other words before it was too late. That reinforced a view which had always been held with the responsible public-health authorities. The adoption of the amendment was therefore to be highly recommended.

The second amendment, proposed by the United States of America, had the advantage of drawing attention to the main points of the work WHO was able to undertake, thus applying a clearer definition of the programme as it was envisaged at the present time. The proposal was to insert in the preamble to the draft resolution a second paragraph reading:

Having noted that WHO presently has under way a programme in this field which includes:

(a) conducting courses for the training of public-health personnel;
(b) carrying out consultation with other international agencies concerning the development of standards;
(c) development of a manual on the medical and health aspects of atomic radiation, and
(d) planning of seminars and meetings for public-health personnel concerned with this field...

Professor Bugnard, representative of the International Commission on Radiological Protection and of the International Commission on Radiological Units, speaking at the invitation of the Chairman, gave an account of the work already carried out by the two commissions he represented, their present aims, and the way in which fruitful collaboration had been established and could be carried on in the future between them and the World Health Organization.

The International Commission on Radiological Protection and the International Commission on Radiological Units had been set up by the International Congress of Radiology, after it had been shown that x-rays and radiations from natural radioactive substances used in industry could be dangerous to man. The two commissions had met for the first time at Stockholm in 1928, and since then had held regular sessions every three years—except for an interruption during the Second World War—in association with the International Congress of Radiology.

After their meeting in Copenhagen in 1953, the two commissions had published in English, French and German a series of recommendations dealing with radiological units and with protection from radiation. Those recommendations were at the present time the basis of the various systems of protection adopted in the countries concerned with the problem. WHO had given very considerable assistance in circulating and making known the recommendations.

Since the two commissions had been accepted as non-governmental organizations in official relations with WHO, their participation in international discussions on radiation and liaison with the United Nations scientific committee concerned with the biological effects of ionizing radiation would be greatly facilitated.

The International Commission on Radiological Protection had been presided over for six years by Sir Ernest Rock Carling of London, who, on his retirement in April 1956, had been followed by Professor R. M. Sievert of Stockholm. Mr W. Binks, of London, was the secretary of the Commission. The International Commission on Radiological Units was presided over by Dr L. S. Taylor, of the Bureau of Standards in Washington. The two commissions were similar in structure: they were composed of a chairman and a minimum of twelve members. Members were nominated on the proposal of national delegations to the International Congress of Radiology, and of the members of the commissions. The constitution of either commission could be revised at each International Congress of Radiology.

At present, the International Commission on Radiological Protection had five special committees, each composed of twelve to fifteen members. Those committees were: the committee on maximum permissible doses for external radiation; the com-
mittee on maximum permissible doses for internal radiation; the committee on protection against radiation of energy less than 3 MEV (million electron-volts); the committee on protection against radiation of energy exceeding 3 MEV; and, finally, the committee on radio-isotopes and radioactive wastes.

The International Commission on Radiological Units had established four committees: a committee on standards and measurement of radiation for radiological use; a committee on standards and measurement of exposure to radiation; a committee on dosimetry; and a committee on methods of measuring the characteristic data of equipment, x-ray apparatus and radio-isotopes.

The method by which members were selected secured complete independence in the work of the two commissions. It was based solely on scientific value and on the competence and work of its members in their respective fields. The two commissions naturally worked in close collaboration and held a number of meetings in common at each of their sessions. In most of the countries interested in the question, national commissions on protection against radiation had been set up, and their work was available to the international commissions.

The work of the International Commission on Radiological Protection at its last meeting had fallen under two main headings: protection of occupationally exposed workers, and protection against dangers to which the whole population might be exposed as a result of the widespread peaceful use of atomic energy.

With regard to the former, it might appear strange that no fixed standards of admissible doses for occupationally exposed workers had yet been arrived at, but new difficulties were constantly met with because scientific knowledge was unfortunately insufficient. It was not yet possible to state in an exact and scientific manner at what point weak doses of radiation began to take effect on living beings, and it was therefore very difficult to study the early stages of lesions caused by the action of radiations on life, and particularly on man. A further problem was the time distribution of exposure. Up to date it had only been possible to define the dose occupationally exposed workers could receive weekly without harm. But with new procedures in atomic energy work, fresh difficulties had appeared, and it had been necessary to define the permissible dose for the longer period of thirteen weeks.

The Commission had also considered placing a limit on the total amount of radiations to which an individual might be occupationally exposed throughout his life. It had attempted to limit the total dose to be received up to the age of 30, which was the vital age in reproduction, and then by decades until the age of 60.

Another problem was the increasing danger of internal radiation. The dissemination of radioactive dust could lead to internal contamination, so that the doses received from the inhalation or ingestion of radioactive material would have to be taken into account. The technical difficulty of the problem was obvious: it required a definition of the average man, some idea of the average weight of his organs and a study of the way isotopes were distributed inside the body—all unanswered questions to which only provisional solutions had been found.

The second problem considered by the International Commission on Radiological Protection was that of the protection of the population as a whole. The possible contamination of air, water and soil by the development of factories employing nuclear reactors had greatly widened the possibility of exposure to radiation of ever larger population groups, and raised genetic problems that could not be ignored. Unfortunately very few scientific data were available and it was only possible to recommend measures of prudence. The Commission thought it would be wise to limit doses of radiation received by the genital organs of the populations as a whole to doses of the same order of magnitude as those naturally received through cosmic rays and through the natural background of radioactivity in the atmosphere. The part played by that background of radiations in the total evolution of the human species was unfortunately not known scientifically.

Difficulties had also arisen for the International Commission on Radiological Units. In 1928 it had been possible to define the "roentgen" which was still as exact and valid as when its definition had been framed for the radiations it had been set up to measure—x-rays and gamma rays of radium. But in face of the infinitely larger range of radiations, with energies amounting to as much as several hundred million electron-volts, the Commission had found it necessary to propose new units. Its latest conclusions had been that it should try to bring into general use a unit which would take account solely of the energy absorbed by the tissues, since that energy was responsible for all the lesions that appeared in the body. At its last meeting, accordingly, the International Commission on Radiological Units had recommended the use of a new unit called the "Rad", which measured the energy absorbed by the tissues, and which was defined as representing the absorption of 100 ergs per gram of tissue irradiated.
Similarly, the International Commission on Radiological Units had attempted to establish general methods and standards of measurement which certain national organizations could supply to all countries, thus making possible the use of uniform units and measurements throughout the world.

It would thus be seen that the two commissions had been working in a continually expanding field, yet they had managed to secure some valuable data for international use.

Those who had attended the International Conference on the Peaceful Uses of Atomic Energy and the Scientific Committee on the Effects of Atomic Radiation had been able to realize how few specialists in the world were thoroughly informed on those questions. It was therefore essential that their efforts should not be dispersed. Close and friendly collaboration between the various national and international bodies dealing with protection against radiation should be assured, as it happily had been between WHO and the two commissions he represented. The commissions had to thank WHO for its help during their meeting in April 1956 and later. During the course of that meeting they had held a joint seminar with WHO on a number of outstanding scientific questions that were particularly controversial. The International Commission on Radiological Protection had been consulted by WHO in establishing the working group which had met from 11 to 15 April to study problems of standardization of units, training of personnel and disposal of radioactive wastes. It was clear that the good relations already established between the commissions he represented and WHO had been very fruitful, and he felt certain they would continue to develop harmoniously. The establishment of official relations between the two non-governmental organizations and WHO was a guarantee of efficient collaboration.

The commissions for their part would continue to develop and improve their recommendations in the light of research. WHO would play a very important part, particularly in the training of personnel, in the diffusion of standards and methods of measurements established by the commissions, which might otherwise remain unapplied, and in the solution of problems of radioactive waste.

It was essential that the whole world should realize the importance of the health problems created by the development of atomic energy. The two commissions he represented had done their best to spread that knowledge; WHO could do far more, and he hoped the collaboration between the three bodies which had begun so well would be strengthened in the future.

The Chairman, on behalf of the Committee, thanked Professor Bugnard for his statement.

Mr Watson (United States of America), commenting on the public-health aspects of the widespread application of atomic energy to peaceful uses which now faced the world, said that the unplanned use of atomic energy could have a detrimental effect on (i) workers in atomic energy plants, (ii) persons living close to those plants, (iii) persons living at some distance from plants, through long-range contamination of air or water, and (iv) whole populations, through widely scattered and improper uses of atomic energy products; radioactive isotopes were being used more and more extensively for diagnosis and therapeutics by physicians, dentists and veterinary surgeons, for industrial purposes, in all types of research institutions and, recently, in sterilization or preservation of foods.

The first and most obvious control measures were those taken by operators of atomic energy plants in their own interest. Responsible industry and universities should feel bound to use all means at their disposal to ensure the protection of the whole population, and should work with public agencies on research programmes in order to make certain that techniques for avoiding the detrimental effects of radiation on human health were advancing as rapidly as the use of radiation itself.

The administrations of the different countries had the responsibility of taking the measures necessary to protect the health of all their citizens, although in some cases an atomic agency within the State would share that responsibility. That obligation should be fulfilled by stimulating the enactment or application of the proper legislation. Public-health agencies should co-operate by proposing standards, regulations and other measures to ensure the safe operation of radiation plants and should carry out and stimulate research into methods of controlling atomic energy.

The need for a world agency to control radiation activity was apparent, and the United Nations, with its eleven years of experience in world affairs, could fill that gap. Recognizing its responsibility, it had set up the necessary committees with a view to establishing an International Atomic Energy Agency within its framework. The new agency's statute had
already been drafted and the meeting which was to consider the actual creation of the agency itself was scheduled for September 1956. The function of the Atomic Energy Agency would be to accelerate and extend the contributions of atomic energy to the peace, health and prosperity of the world.

With those objectives in view, it was obvious that the new agency should make full and effective use of sister agencies within the United Nations, and he felt that special mention should be made of the required relationship between that agency and the World Health Organization. The World Health Organization, after almost ten years of work in direct contact with health authorities throughout the world, was in an ideal position to collect and disseminate information on the health aspects of radiation work, including atomic energy, provide training for health personnel, prepare information manuals, give the lead in the establishment of standards, and organize seminars and conferences on the subject. In order to avoid duplication of personnel, the new agency should make full use of WHO in correlating and co-ordinating public-health work.

In the two papers it had submitted to the first International Conference on the Peaceful Uses of Atomic Energy, WHO had already shown its awareness of the part it should play. It had also taken the initiative in establishing working contacts with the International Commission on Radiological Protection and the International Commission on Radiological Units, to ensure proper co-ordination in those areas.

He concluded his statement with a few remarks on promising techniques for use by industry and public organizations in preventing the by-products of radiation work from seriously degrading the water resources of the world. The techniques in question, which pertained to engineering, were aimed primarily at the protection of people living close to atomic plants or at a distance where they could be affected by long-range contamination. Some of them were already in use, and their application, it was felt, would be highly effective in protecting the vital resources of the world from radiation. They were as follows:

1. The recovery of by-product isotopes—the main source of radioactive contamination of water resources—from plant wastes.
2. The use of ion exchange, by which the large quantities of pile-treated cooling water could be de-activated so that more than one use could be made of the water.
3. Study of the concentration of radioactive wastes with a view to reducing large quantities of radioactive matter to a small volume, which made it easier to dispose of and sometimes facilitated the recovery of isotopes for further use.
4. A more complete investigation of the possibility of disposing of concentrated radioactive wastes in the deep sea. It might be possible for WHO to take the lead in preparing recommendations on how the oceans could be used for such disposal without serious contamination of their waters.
5. The development of better techniques for making full use of the ion exchange capacity of selected underground strata to absorb radioactivity.
6. A more complete evaluation of the use of biological methods of reducing radioactivity in waste waters.
7. A study of ways of confining radioactive waste materials in order to limit the degree and extent of contamination of the soils or waters in which they were deposited.
8. The development of highly sensitive monitoring and recording devices to detect the first indications of malfunctioning in atomic energy equipment, in order that the plant could be promptly shut down.
9. A continuing programme of research to discover other techniques for reducing radioactivity in waste water.

Finally, he drew attention to his delegation’s proposed amendment to resolution EB17.R57, which had already been referred to by the Deputy Director-General, remarking that in accordance with WHO terminology he proposed to replace the word “manual” in sub-paragraph (c) by the word “monograph”.

Dr El Halawani (Egypt) observed that there was a growing feeling among scientists and the public that the problem of the effects of radiation on man and his environment urgently required investigation. He welcomed the establishment of the United Nations Scientific Committee to deal with the subject and the fact that WHO and ILO had included the subject in their programmes.

The present age, in addition to cosmic rays and natural ground radiation due to the presence of fissionable material, was faced with the effects of artificial radiation from (1) x-rays and (2) radioactive substances. In the latter category were included “fall-out” radiation, radiation from waste discharged by reactors into the air or water, isotopes such as
strontium 90 which affected food chains, and those used in medical treatment. The use of radioactive substances was increasing so rapidly that a wide variety of inexpensive radio-isotopes had become available and constituted a potential danger to health where appropriate precautions were not taken. An example was the use of radium or mesothorium mixed with zinc sulfide as a luminous compound for instrument dial painting.

Of the three radiations emitted by radioactive substances, alpha particles, emitted by radium and polonium etc., although of low penetration (they could be stopped by a sheet of paper), had very dangerous effects on the body, and those of the calcium group could become fixed in the bones. He therefore wished to stress the special danger of isotopes in food chains, in particular of strontium 90, from fall-out radiations or from waste material drained into rivers and oceans. Contamination of the air from natural background radiation, from fall-out radiation, from the smoke and waste material of reactors and from contaminated food chains were hazards to which the human race was exposed. Further, the destructive effects of radon gases on bone tissue were well known to health physicists.

The effects of radiation were felt chiefly by the sensitive organs such as the blood-forming organs, and could cause bad skin burns which tended to become cancerous, radiological dermatitis, loss of finger-print patterns, loss of hair, cataract, etc. Sterility was also produced by over-exposure of the body to radiation. The maximum permissible dose of x-ray or gamma radiation that could be tolerated by the body was 0.5 roentgen. However, the best available information on maximum permissible levels was always open to change since there was still so much to learn about the full biological effects of radiation absorption, and it could not be taken for granted that radiation levels below those indicated were perfectly safe.

It would be clear from his brief statement that it was the duty of all health administrations to set up departments specialized in the effects of radiation, in particular: the genetic effect of a small dose; the effects of background natural radiation; control by health administrations of safety measures for workers in industry, mining and all establishments dealing with radioactivity; the training of staff to inspect x-ray and atomic plants with regard to compliance with protection regulations, the training of exposed personnel in methods of protection; the establishment of card indexes to record the state of health of employees in atomic plants. WHO should be requested to advise health administrations and provide them with all information required on the subject, to provide fellowships in health physics, and to follow all the developments, in co-operation with the other international agencies, with a view to co-ordinating protection activities.

The intervention of WHO was also urgently required in the disposal of waste in oceans or rivers, which, since fish was the main diet of a number of countries, was a vital problem. Accordingly, he supported the two amendments to the draft resolution recommended in resolution EB17.R57, and proposed in addition that WHO should study the disposal of radioactive waste material in regional drainage systems.

The Chairman asked whether the Committee would agree to limit speeches to five minutes in view of the heavy programme still to be covered in the short time at its disposal.

It was so agreed.

Sir Arcot Mudaliar (India) said he had heard the different speakers on the subject of atomic energy with the utmost interest. In connexion with the increasing use of atomic energy for peaceful purposes, there was no field in which WHO would not have to play its part. As had been said by previous speakers, the Organization bore a great responsibility in matters concerning the effects of radiation on genetics, and in water, air and soil pollution. It should therefore be given a prominent place in relation to the International Atomic Energy Agency.

He had been informed that some of the meetings held to consider the constitution of the new agency had not been open to representatives of the specialized agencies. He suggested that, if that was the case, the representative of WHO should insist on playing his part in all the activities connected with that agency.

He drew attention to the special need for a study of the effects of atomic radiation on animal and plant life. Papers contributed to a recent seminar on the subject showed how greatly plant life was affected by radiation, not only through the soil but through stems and leaves: plants could be energized by radioactive substances in such a way that their fruits were improved. With regard to animals, it had been shown that the effective yield of cows could be doubled by exposure to atomic radiation. It was, however, necessary to study such effects on the human species, and the bad effects should be studied as well as the good ones. He suggested that WHO
should act in close co-operation with FAO in a study of the subject.

He endorsed the suggestion of several delegations that the Organization should request all interested governments to associate their public-health personnel with the problems of the adverse effects of the peaceful uses of atomic radiation. He supported the amendment proposed by the delegation of the United States of America to the draft resolution recommended by the Executive Board and, in conclusion, suggested that it would be desirable for the Director-General to carry out a comprehensive survey of the whole subject and to submit to the following World Health Assembly a proposal for creating a separate section of the Secretariat to deal with the ever-increasing problems of the peaceful uses of atomic energy.

Dr AUJALEU (France) expressed his delegation's satisfaction with the statement of the Director-General in his report that WHO should be effectively represented on all institutions and at all meetings dealing with the health problems of atomic radiation.

He referred in the first place to a somewhat unexpected result of the consideration of the development of atomic energy. The Committee had heard that doctors were themselves responsible by the use of x-rays, especially in radio-diagnosis, for exposing the population to a greater risk than resulted from atomic energy installations. He thought that WHO should be closely interested in all research on that point—important research was at present being carried out in Great Britain. He believed that WHO should warn governments that radio-diagnosis should be used with great prudence and only when it was strictly necessary.

The protection of the professional worker in atomic energy installations was understood and effectively practised. The protection of the general public was also beginning to be understood, and the proper apprehensions of populations had compelled atomic physicists to find several procedures for diminishing or suppressing harmful radioactive wastes. He would not dwell on that point, for a solution was being found to the problem in most countries. However, most of the information given related to the permissible dose for the individual, but it was not clear whether what could be tolerated by the individual could be tolerated also by the race. A health administrator or hygienist called on to give advice was often in great perplexity because of his doubt whether the doses now regarded as safe for the individual might not be dangerous doses for the human species. The situation was all the more disturbing because, if it should be found that the doses had in fact been dangerous for the human species, it would be too late to intervene and the damage would have been done without possibility of cure. WHO should earnestly collaborate with other international organizations such as UNESCO, and with non-governmental organizations, in the necessary research work.

His third point was that in most countries it was the producers of atomic energy who had in their service the experts in protection against radiation. The result was, firstly, that doctors responsible for public health were obliged to accept the views of those experts and could not criticize them because of their own feeling of ignorance. They could only resort to vague arguments without proof, which had little effect upon persons thoroughly trained in mathematics and physics. Secondly, organizations producing atomic energy provided their own safeguards, which was not a normal arrangement nor satisfactory from the point of view of the public-health services.

He therefore thought that public-health workers should be trained as rapidly as possible in protection against radiation. WHO's most urgent task was to assist in that training. A course had been held recently at Stockholm for training health physicists for protection in factories. That was excellent, but far more was needed. Training was essential in order that public-health officers might discuss those matters on an equal footing with atomic engineers. The public-health organizations should be in a position to provide a control not open to scientific criticism and which could therefore hold its own against atomic institutions. France had accepted that policy, for in March 1956 it had conducted a three-week course for industrial and public-health physicians. A further six-week course was planned for November to which foreign physicians would be welcome.

The problem was not confined to the countries in which atomic installations were in existence. Atomic energy would probably be developed more widely than was thought. Some countries which had so far been under-developed economically would find in atomic energy a source of power lacking in their natural resources and would use it to improve their social and economic development. It would be very dangerous to wait until the atomic installations were set up before training physicians in those countries. The delegation of France was therefore associated with the proposal put forward by several European countries to add to the draft resolution recommended by the Executive Board a paragraph to the effect
that public-health services should be associated from the start with the development of atomic projects. However, the public-health services must be competent to play such a part; hence one of the essential tasks of WHO was to help all countries to train public-health physicians in up-to-date knowledge of health protection against radiation.

Dr Engel (Sweden) remarked that the application of atomic energy to peaceful uses was developing rapidly. It was no longer simply the health problems connected with the existence of field atomic reactors or with the various uses of the radio-isotopes that had to be faced. The building of atomic reactors in many urban areas throughout the world, not only in Sweden, was already scheduled. Consequently, the effects of radiation were becoming ever more difficult to supervise. The extended use of nuclear energy in everyday life that was now taking place—nuclear-powered ships and so on—was another factor that increased the difficulty of supervision. Health authorities all over the world were facing those new problems of the atomic age with the utmost interest and a deep sense of responsibility. International co-operation was imperative, particularly with regard to radioactive contamination of the air, transportation of radioactive substances and atomic-powered transportation. It was desirable to have international legislation on all those items.

At the national level steps should be taken to decentralize the environmental-sanitation services dealing with atomic radiation by setting up regional organs. In that connexion, there was one detail of what was being done in Sweden that he would like to bring to the Committee's attention. A vehicle had been constructed to carry out continuous registration of atomic radiation and its effects on water, food and human beings.

His delegation recommended the setting-up of an expert committee to study sanitary problems connected with the peaceful uses of atomic energy. It should be composed of public-health officers, experts on the protection of industrial workers, nuclear physicists and nuclear engineers. Accordingly, his delegation would support the amendment introduced by the United States delegation to the draft resolution proposed by the Executive Board in its resolution EB17.R57, and it was one of the sponsors of the other amendment proposed to that same draft resolution.

Dr Djordjević (Yugoslavia) said his delegation wished to thank the Director-General, the Executive Board and all the bodies that had participated in discussions on the application of atomic energy to peaceful uses, especially in medicine.

The Yugoslav delegation unreservedly supported the two amendments submitted to the Executive Board draft resolution. However, it thought that the United States amendment should include an additional point to the effect that a special fund should be created to carry out the proposals enumerated. The rapid implementation of the conclusions that had been reached in the earlier discussions mentioned above was indispensable for those countries which had not as yet facilities of their own for protection against radioactivity nor a sufficient number of experts in that field.

Dr Evang (Norway) stated that his delegation, too, would support both the United States amendment and the ten-delegation amendment to the Executive Board's draft resolution.

He would like to draw attention to two points that had not been sufficiently stressed by previous speakers. The first concerned the genetic aspect of radiation effects, in which WHO as a medical body should take a greater interest. At the United Nations Population Conference, held in Rome in 1954, figures had been produced to show that 500 hereditary diseases and defects had been discovered to exist in man. In an advanced community, hereditary disease accounted for the serious disablement of two to three per cent. of the population, and the risk in the case of children was now in the proportion of almost ten per cent. The question therefore arose whether WHO should encourage countries to make a survey of hereditary diseases now, so as to have a starting point for the measurement of developments when atomic radiation increased.

WHO was concerned purely with the application of atomic energy to peaceful uses. It should not be overlooked, however, that explosions of atomic missiles had already resulted in a layer of isotopes circulating around the globe. Ground radiation was also increasing in certain countries; it had not reached dangerous proportions but the situation was nevertheless worrying. Any control measures decided upon should take those facts into consideration.

Lastly, he would stress that the hygienic and medical problems involved came within the scope of environmental sanitation and hence the normal place for WHO's programme on radiation effects was within its environmental-sanitation programme.

Professor Julius (Netherlands), speaking as a hygienist, said that there were lessons to be learnt in the field of atomic radiation from past experience in epidemiology. The human race had started from a bad position in relation to the epidemic infectious
diseases. At the moment it was in a relatively good position in respect to radioactivity, because of the universal recognition of the danger involved. Nevertheless, every development in the use of atomic energy meant a fundamental loss in safety and a greater danger to human life. The need for care in the protection measures taken could not therefore be over-stressed. What was needed was easy detection methods and an organized international health intelligence service such as existed in respect of the epidemic and endemic diseases.

The difference in attitude towards the question of radioactivity as compared with the question of infectious diseases was striking. For infectious diseases, the Organization's objective was eradication, whereas it spoke of tolerance of radioactivity. Why did not the Organization begin from the absolute standpoint on that matter too, and give science its chance to work towards complete immunity from the effects of radioactivity? It was that difference in approach that had led his delegation to join with the other delegations sponsoring the new paragraph 6 which it was proposed to add to the draft resolution recommended by the Executive Board.

Professor Grasset (Switzerland) said his delegation joined those that had already spoken in expressing its interest in the question of atomic development. In Geneva there was the European centre for nuclear research; Switzerland also had other institutions working in the matter and had recently obtained a cobalt bomb for use in therapy.

Switzerland had endeavoured to form a working team to carry out the requisite control measures. It was grateful to the CERN authorities for their help in those trials. It was clear that team work was needed, but before physicians could usefully contribute, they must be initiated into the rapidly developing science, which involved great difficulties for the layman. The start made by WHO in providing training courses for health physicists was especially useful. WHO could with advantage expand the scope of those courses and at the same time organize others open to physicians from all over the world. In that way literature on the matter could be assembled.

Dr MacCormack (Ireland) said that he was quite satisfied that adequate measures would be taken to control the industrial use of atomic energy and atomic reactors themselves. But he was not so sure about adequate control of the medical profession. If members of the Committee would recall the use made of antibiotics, they would realize that there was real cause for uneasiness unless WHO evolved satisfactory methods of control.

The Chairman said that since he had no more speakers on his list he would call upon the Deputy Director-General to make some remarks.

The Deputy Director-General observed that all that had been said in the course of the discussion was valuable in strengthening the position of the Director-General with regard to the programme which he had established and which included all the items that had been stressed. The Secretariat had taken due note of all the suggestions made.

Several speakers had mentioned that emphasis should be given to radioactive waste problems or somatic and genetic problems. Those points were included in the present programme. He would accordingly take the liberty of asking the United States delegation to consider completing its amendment by the addition of a sub-paragraph worded as follows:

(e) the study of public-health problems related to somatic and genetic action of radiation and to radioactive waste disposal.

Leaving it out of the amendment might give the impression of excluding it.

It might also be useful to make a reference in the draft resolution to the report submitted to the present session of the Assembly by the Director-General, since the text submitted by the Executive Board mentioned only the report that had been placed before it.

Dr Cameron (Canada) said he completely subscribed to the course WHO had followed in its work on the effects of radiation. He supported the amendments that had been proposed to the Executive Board draft resolution, but he would like to be clear of what was intended by the Yugoslav suggestion for the creation of a special fund for that work. He understood that funds were already appropriated for the purpose in the WHO budget.

Dr Djordjević (Yugoslavia) said that, if the Organization could carry out all the proposals within the funds allocated, he would withdraw his suggestion for a special fund.

Mr Watson (United States of America) called attention to the fact that the amendment introduced by his delegation covered only the programme that was already under way. The reason for the inclusion of details had been to bring to the notice of the International Atomic Energy Agency that was shortly to be set up the fact that WHO was already engaged in that field, so that its activities would get due consideration.
The Director-General pointed out that in that case reference would have to be made to all important items included in the 1956 programme as well. The studies undertaken on somatic and genetic effects of atomic radiation, for instance, were not mentioned in the United States amendment.

Mr Watson (United States of America) said he was in complete agreement that any item of the WHO programme already in operation could be included in the United States amendment.

The Chairman declared the discussion of the item closed. He noted that there was unanimous support in the Committee for the amendments submitted to the Executive Board draft resolution. These changes would be incorporated in the Executive Board's draft resolution and the text would be submitted at a later meeting for the Committee's formal approval.

(See minutes of the fifteenth meeting, section 1.)

3. Decisions of United Nations and Specialized Agencies affecting WHO Activities

Agenda, 6.18

The Deputy Director-General felt there was no point in making a special statement to introduce the report before the Committee in detail; the Secretariat had endeavoured to make it as comprehensive as possible. He was ready to answer any questions delegations might like to put.

Decision: The Committee unanimously agreed to recommend the adoption of a draft resolution noting the Director-General’s report (see fifth report of the Committee, section 2).

4. WHO Participation in the Expanded Programme of Technical Assistance

Agenda, 6.5

The Deputy Director-General said that for discussion of the item it was necessary to refer to Annex 14 of Official Records No. 68, which reproduced the report submitted by the Director-General to the seventeenth session of the Executive Board, and also to the later information set out in the Director-General's report to the present Health Assembly (see Annex 13).

The Director-General had reported to the Executive Board that the financial position of the Expanded Programme of Technical Assistance for 1955 had been satisfactory. Unfortunately, that was not the case for 1956. The Technical Assistance Board, at a recent short meeting in Geneva, had decided to maintain the initial earmarking of funds for 1956, which represented only 90 per cent. of the funds required for the approved programme. WHO's representative on the Technical Assistance Board had pressed for a clear decision early in 1956 to adjust downwards the approved programme to the limits of the funds estimated to be available for 1956. Unfortunately, that course had not been adopted and WHO was still uncertain what total funds it would receive from the Special Account during the year.

The Director-General's report (see Annex 13), read in conjunction with Annex 14 to Official Records No. 68, gave an account of the experience obtained in applying the new system of country programming. It also showed that the Organization's efforts to have local costs borne out of Technical Assistance funds had come to nothing. The Organization's representative had put forward the view expressed by the delegate of Liberia in the discussion on the work of WHO in 1955 (see page 191) to the Technical Assistance Committee of the Economic and Social Council. That view had not prevailed, however, and it had been decided that local costs should be met by the receiving countries.

A point to be noted was that hitherto WHO, while continuing to participate in the Expanded Programme of Technical Assistance, had not formally accepted the changes in procedure and in the structure of the Technical Assistance Board resulting from the amendments which had been made in the basic resolution 222 (IX) by the Economic and Social Council. The Executive Board had now recommended in its resolution EB17.R54 that the present Health Assembly should note with approval the developments which had so far occurred concerning the amendments to that basic resolution. That was a point on which the Committee would have to take a decision. He was at its disposal for any further explanation that might be needed.

The Chairman said the issue raised was simple. The Technical Assistance Programme comprised Category I and Category II projects. The hope that funds would be available for all Category I projects had not yet been realized. He thought that the Technical Assistance Board should be requested to make an effort to provide funds to cover at least all the projects in Category I.

Most of the receiving countries were protesting against the requirement that they should bear the local costs involved in the carrying out of Technical Assistance projects; they considered that charge to be unfair. WHO had made every effort to get that condition removed but so far without success.
Dr Togba (Liberia) began by expressing his appreciation of the endeavours of WHO towards easing the responsibilities of the countries receiving technical assistance. Despite the failure of those efforts up till now, he would like the Organization to continue to bring the matter up with the Technical Assistance Board and the Technical Assistance Committee. Most of the receiving countries were far from wealthy. Obviously, if they already possessed adequate funds they would not be asking for assistance from WHO, the Technical Assistance Board and other helping agencies. Unless the requirement to bear local costs was relaxed, many urgent programmes would not be attempted in those countries. In Liberia a number of reasonable requests on urgently needed developments had had to be withdrawn because the country was unable to meet the obligations involved. Other countries, he was sure, found themselves in a similar position.

Dr Siri (Argentina) said he would like to support the proposal just made by the delegate of Liberia.

Mr Saita (Japan) also wished to associate himself with the views of the delegate of Liberia on the question of local costs. Japan had consistently maintained that those costs should be borne out of Technical Assistance funds. WHO had decided to bear the local costs of projects under the regular programme carried out in individual countries. Hence, the stand taken by the Technical Assistance Committee was inconsistent. In future negotiations WHO might point out to the Committee the need for a consistent approach in the matter.

His delegation deplored the fact that the Technical Assistance Board had failed to take a decision to adjust the 1956 programme to likely estimates of the funds available. That seemed a very risky way in which to handle a world-wide programme. It accordingly fully supported the attitude adopted by the WHO representative in the matter, and would urge that a more cautious approach should be taken in the future in order to balance the programme implementation with the funds available.

Dr Anwar (Indonesia) said that his delegation also fully endorsed Dr Togba’s proposal.

The Chairman felt it would be most useful if there could be greater co-ordination at the government level on the question of local costs. It seemed very strange that governments represented in the Health Assembly and at the same time in the Economic and Social Council and the Technical Assistance Committee should give their representatives different instructions in the matter. Delegates in the Committee might perhaps bear that in mind and try to elicit uniform instructions from their governments on the question.

Dr van Zile Hyde (United States of America) supported the Chairman’s plea for consistency on the part of governments. It was not a happy position for the Organization to have to bring up the question of local costs year after year. There was even a certain feeling among governments that WHO had to some extent acted with irresponsibility and inconsistency in the matter. His delegation hoped therefore that governments would take the matter up in the proper place—the Technical Assistance Committee of the United Nations—in order that WHO might not find itself at odds with other bodies.

Dr Togba (Liberia) pointed out that not all Members of the Organization were represented in the Economic and Social Council or the Technical Assistance Committee. That was why some delegations availed themselves of the opportunity to make their appeal in the Health Assembly. He was of course in full agreement with the Chairman’s suggestion, but still felt that WHO should continue to bring the receiving countries’ difficulties to the attention of the Council and the Technical Assistance Committee.

Dr Siri (Argentina), while fully supporting the Chairman’s view, thought his suggestion might be extended to apply to the budget of the Organization as well. Perhaps what had occurred in the present Health Assembly, whereby the Director-General was left with a minimum budget, would not have happened if all delegates had endeavoured to get their respective governments to recognize the need for providing the requisite funds to carry out the Organization’s basic work. Delegates would be rendering great service, not only to WHO, but to their own peoples, if upon return they endeavoured to interest government officials so as to avoid hampering the work of the Organization through restriction of the budget.

The process of instructing delegates was frequently a matter of routine, and the administrative officials responsible for determining policy on the budget were not fully aware of the significance of WHO and its work and of the need for higher contributions from its Members.

Accordingly, the suggestion of the Chairman might be made wider in scope and delegates be asked to take up the matter of the selection and briefing of delegates to the Health Assembly with their respective ministries of public health, finance and foreign
affairs, so that conclusions in the future would meet the realities of the situation.

The Chairman pointed out that the general budget was not under discussion at the present time. WHO’s participation in the Expanded Programme of Technical Assistance had to be in line with the policy laid down for it by another intergovernmental body. Hence, the best way to help WHO to get more favourable results in its representations on the question of local costs would be for governments also represented in the Economic and Social Council and in the Technical Assistance Committee to take an attitude consistent with that they took in the Health Assembly.

Mr Saita (Japan) fully agreed in principle with the Chairman’s views. However, Japan was not represented in those bodies and he sincerely hoped that the governments represented in the Health Assembly which were also members of the Technical Assistance Committee would take due note of the opinions expressed in the present discussion and act accordingly.

The Chairman declared the discussion closed. He read out three draft resolutions on the various aspects of WHO participation in the Technical Assistance Programme.

Dr van Zile Hyde (United States of America) suggested that it might be better to have the texts of the draft resolutions in writing before the Committee took definitive action upon them. It was so agreed (see minutes of the fifteenth meeting, section 2).

5. Supplementary Programme and Budget Estimates for 1956

The Director-General said that his report, prepared in pursuance of resolution EB17.R37, was self-explanatory. At the time of the Executive Board’s seventeenth session, it had been expected that some special requirements might arise in respect of the present Health Assembly and field projects in certain countries. That expectation had not materialized and he had accordingly no supplementary programme and budget estimates to present.

Decision: The Committee agreed to recommend that the Director-General’s report should be noted.

The meeting rose at 11.50 a.m.
2. WHO Participation in the Expanded Programme of Technical Assistance (continued from the fourteenth meeting, section 4)

Agenda, 6.5

The CHAIRMAN drew attention to the draft resolution entitled “Approved 1956 Technical Assistance Programme and the Financial Situation for 1956”.

Decision: The draft resolution was approved (for text, see fifth report of the Committee, section 3).

The CHAIRMAN drew attention to the draft resolution entitled “Local Costs Arrangements: Expanded Programme of Technical Assistance”.

At the request of Dr van Zile HYDE (United States of America), he called for a vote by show of hands.

Decision: The draft resolution was approved by 37 votes to 8, with 4 abstentions (for text, see fifth report of the Committee, section 4).

The CHAIRMAN drew attention to the draft resolution entitled “Legislative Developments in the United Nations Expanded Programme of Technical Assistance”.

Decision: The draft resolution was approved (for text, see fifth report of the Committee, section 5).

The CHAIRMAN drew attention to the draft resolution entitled “Planning for the 1957 Technical Assistance Programme”, which read:

The Ninth World Health Assembly,

Having considered the report of the Director-General on the Expanded Programme of Technical Assistance and resolution EB17.R.56 of the Executive Board on the subject,

1. ENDORSES the conclusions of the Board as expressed in resolution EB17.R.56;

2. REITERATES the importance which it attaches to inter-country projects developed at the request of governments, particularly those directed to the control or eradication of communicable diseases;

3. CALLS THE ATTENTION of Members to the need to give the necessary priority to health projects in planning their 1957 country programmes in view of the inseparability of social, including health, and economic factors in the economic development of countries.

Dr TOTTIE (Sweden) said that the Swedish Technical Assistance Committee had made representations to all United Nations agencies, calling attention to the need for close co-operation between their personnel in the field and the resident Technical Assistance representatives, so that the development of programmes might be best fitted to the conditions of individual countries. He therefore proposed the addition to the draft resolution of a further paragraph reading:

4. CALLS ATTENTION to the need for close co-operation in the planning of country programmes between WHO agencies and experts and TAB resident representatives in all countries where TAB offices have been established.

The DIRECTOR-GENERAL felt that certain changes in the proposed additional paragraph would make its intention clear. He suggested that the word “overall” should be inserted before the words “country programmes”, since the resident Technical Assistance representatives were not responsible for the technical details of the health part of the programme. Secondly, he suggested that the words “WHO agencies and experts” should be replaced by “WHO staff”.

The CHAIRMAN remarked that on the face of it the additional paragraph hardly seemed necessary. Since the resident representatives were responsible for the overall co-ordination of country programmes, co-operation between them and agency staff at the country level was an understood thing.

The DIRECTOR-GENERAL confirmed that co-operation between WHO staff and resident Technical Assistance representatives had been the general rule for the last few years. He presumed that the purpose of the proposed paragraph was merely to stress the utility of that co-operation.

Dr TOTTIE (Sweden) said that the Director-General’s interpretation of the intent of the proposed paragraph was correct. He also accepted the modifications proposed by the Director-General.

Dr REGALA (Philippines) felt that the additional paragraph would not be superfluous. A situation had occurred in his own country where the desirability of closer co-operation between WHO staff and the Technical Assistance representatives had become apparent. In 1955, his Government had found it necessary to apply to the Executive Chairman of the Technical Assistance Board for a contingency fund allocation to finance some Category I Technical Assistance projects that the resident Technical Assistance representative did not possess enough influence to have continued in the regular Technical Assistance programme. The lack of co-operation had not been on the part of the WHO staff, but on the part of the Technical Assistance representative.
It would help in the planning and implementation of Technical Assistance projects if co-operation could be maintained at all times.

The Chairman said that the case cited by the delegate of the Philippines was apparently an example of lack of co-operation on the part of the representative of the Technical Assistance Board. He saw no need to address a reminder to the party which had not failed to co-operate.

Dr Regala (Philippines) said that he had been about to suggest that the words "between WHO staff and TAB resident representatives" should be replaced by "between TAB resident representatives and WHO staff", if it was legitimate to address the reminder to the TAB.

The Chairman did not think such a change necessary. The paragraph as it stood constituted a harmless reminder to a party that had no need for it. He saw no objection to its adoption.

In reply to the question from Professor Julius (Netherlands), who asked who would be responsible for calling the attention of Member States to the need referred to in paragraph 3 of the draft resolution, he said that all instructions by the Health Assembly were expected to be passed on by the Director-General to governments.

Decision: The draft resolution was approved with the additional paragraph proposed by the delegation of Sweden, as modified at the suggestion of the Director-General (see fifth report of the Committee, section 6).

3. Review and Approval of the Regular Programme and Budget Estimates for 1957 (continued from the ninth meeting, section 1)

Agenda, 6.3

The Chairman reminded the Committee that the proposed programme for 1957, which it had to consider now that the budget level had been determined, had already been examined in detail by government representatives in the regional committees. Moreover, several individual aspects of the programme had already been considered by the Committee in its discussions of the Annual Report of the Director-General and of such questions as malaria eradication. He therefore hoped that delegates would not repeat themselves, since the Committee must complete its business by the afternoon of the following day.

He suggested that Official Records No. 66 should be examined chapter by chapter. Part I had already been considered by the Committee on Administration, Finance and Legal Matters, so he invited the Committee to turn to Part II: Operating Programme.

Central Technical Services

Mr Joll (United Kingdom of Great Britain and Northern Ireland) said that the Central Technical Services represented activities which had long been the object of international effort and were essentially suited to such effort. Other international activities in the field of health depended on those services for basic and indispensable information. He recalled that the chief of his delegation, at a recent plenary meeting, had said: "It is here in Geneva that the Organization rightly concentrates its experts and authorities on those subjects, the Central Technical Services, which constitute the pool of knowledge and experience of which all of us can take full advantage and to which it should be our privilege to contribute."

He would also remind the Committee of what had been said on the subject in the Standing Committee on Administration and Finance of the Executive Board at the Board's seventeenth session; he was referring to paragraph 2.1.1.4 on page 28 of Official Records No. 69, which read:

Speaking as a member of the Committee, the Chairman said that it was one of WHO's principal functions to carry on certain traditional international services. He had heard it suggested in certain quarters that the Director-General's policy had been too conservative, and in his personal view such services should be expanded. The Chairman of the Executive Board stated that the views he had expressed at the fifteenth session of the Board showed that he was fundamentally of the same opinion as the Chairman.

The delegate of the Netherlands, during the discussion on the budget ceiling in the present Committee, had also spoken of the importance of the Central Technical Services.

He hoped, therefore, that he would not be without support in suggesting that perhaps the time had come for a special review of the extent to which the resources of the Organization were pledged to those necessary and traditionally international services as compared with the more clamant and unavoidably extensive Advisory Services.

In 1950 the proportion of the regular budget spent on the Central Technical Services had been 23 per cent., whereas the amount allocated by the Director-General in his regular budget (without supplement) for 1957 was 15 per cent. of the whole. The corresponding proportions for the Advisory Services were 49 per cent. in 1950 and 57.74 per cent. in 1957. That increase on the side of the Advisory Services was
apart from the Technical Assistance money, which inevitably was devoted almost wholly to field work. There had, of course, over the years been absolute increases in the regular budget on both sides, and on the side of the Advisory and Field Services the absolute increase had necessarily been greater. No one would wish to argue that a particular proportion obtaining at any one time between one side and the other should be sacrosanct, and it must be recognized that in the Advisory Services at Headquarters a number of functions were analogous to those in the Central Technical Services; yet it might be not unreasonably suggested that the concentration in recent years, and no doubt for many years to come, upon field activities and the Advisory Services that went with them might tend to throw into the shade, and perhaps restrict, the natural and useful development of the Central Technical Services.

The Director-General, in his speech to the Health Assembly on the work of WHO in 1955, had paid tribute to the essentially international nature of the Central Technical Services, giving as an outstanding example the work on the International Statistical Classification of Diseases, Injuries and Causes of Death, culminating in the seventh revision, which had just been approved by the Health Assembly. That was only one facet of the statistical work of the Central Technical Services, and the whole of that work had been carried out on a level of activity that had remained virtually constant over the years in spite of increasing calls upon the energies of the staff concerned and in spite of the many tasks awaiting their attention. Among those outstanding tasks (all of which had received the blessing of expert committees and advisory groups) might be mentioned the following: the formulation of special classifications of disease for use in under-developed countries; the development or morbidity statistics; the full exploitation (by way of studies) of the statistics currently compiled by WHO; the development of cancer statistics; and the compilation of data, from all possible sources, on the current pattern of disease throughout the regions. He was not suggesting for a moment that WHO should attempt to take over the excellent work which was being done by national administrations on those and other sectors of research and study, but a time came when, in the general interest, the work being done in the different countries required to be drawn together and stimulated at Headquarters in Geneva in order to promote common understanding and common standards.

If WHO was to retain the full confidence of all its Members the basic activities of the Central Technical Services, including those he had mentioned, must keep pace with modern trends and changing needs. It would be most unfortunate if those services came to be regarded as static as well as basic, as something apart from the dynamic purposes of the Organization. The Central Technical Services provided essential tools and standards for the Organization and its Members, and it would be a derogation from the high purposes of the Organization if they came to be treated as secondary. It might therefore be opportune at the present stage of the life of the Organization to reappraise the proper claims of the Central Technical Services in the distribution of available resources. His delegation did not propose to submit a draft resolution to the present Health Assembly, but hoped that, between the present time and the drafting of the next budget, the Director-General might see fit to make such a reappraisal with a view to adjusting future budgetary allocations of available resources to the Central Technical Services to the extent that might appear to him desirable in the light of such reappraisal.

Dr MacCormack (Ireland) observed that the essential services referred to by the United Kingdom delegate were assuming even more importance now that all the regions of WHO were expanding their health services. One of the fundamental aims of the Organization was the strengthening of national health administrations in order to raise standards of living and health, or in other words to abolish the slum areas. In keeping with the progress made towards that objective in the past five years, it was essential that the Central Technical Services should be adequately staffed and financed. He therefore supported the suggestion of the United Kingdom delegate that the Director-General should undertake the reappraisal indicated.

Dr Siri (Argentina) said that he sympathized with the point of view expressed by the United Kingdom delegate and supported by the delegate of Ireland. He had noticed that the distinguished and eminent experts employed in the Organization’s Central Technical Services had sometimes even to do their own typing because of the shortage of staff. That might seem an unimportant detail, but it led to a considerable waste of their time, which should be entirely at the disposal of the Organization for more important work if it was to fulfil its mission.

However, he wondered whether, if the Director-General budgeted for an expansion of the Central Technical Services, he would not merely be wasting his time. After all, the United Kingdom delegation
was one of those which had opposed the increases in the budget for 1957. He did not mean to criticize their attitude but only to draw attention to the need for realism; it was no use asking for services if the necessary funds could not be provided.

Dr Al-Wahbi (Iraq) observed that the United Kingdom delegate had referred to what he himself had said as Chairman of the Executive Board. He confirmed the views he had then expressed, but felt that he should make his position perfectly clear.

He realized that nothing could be done about the amount of money available for the Organization in 1957; the Health Assembly had taken its decision and the Committee had now to concentrate on the task that fell to it as a result of that decision.

He remembered saying in the Executive Board's Standing Committee on Administration and Finance that to reduce the budget proposed by the Director-General would be virtually to put the Organization in a plaster cast. The Health Assembly had nevertheless decided to reduce the budget and the plaster cast had brought the Organization to the point of gangrene, and amputation was necessary. As a surgeon he had always hated amputations and he felt the same with regard to the budget. The problem was to know where to make the cuts in the budget and that was very difficult to decide, for all the elements of the operating programme were important. The best way to reduce the painfulness of the amputation would be to distribute the cuts more or less equally over all parts of the programme. However, as had become clear in the exhaustive examination by the Executive Board, no cut was possible in the Central Technical Services. Many of the functions had been inherited by WHO from other organizations, and the information traditionally provided must continue to be made available to governments.

Dr van Zile Hyde (United States of America) informed the Committee that forty countries now had national committees on vital and health statistics; they had met in conference in 1953. He thought that in view of the plans for a population census in 1960, a second conference should be held before that time. He therefore suggested that the Director-General consider the possibility of including a proposal to that effect in the draft programme and budget for 1958.

Professor Julius (Netherlands) agreed with the United Kingdom delegate that the Central Technical Services were WHO's essential services. Their work was of the greatest benefit to all. While much of WHO's activity was short-term, the work of the Central Technical Services was long-term; and the development of the Organization's long-term services was in the interests of all. He therefore supported the suggestion put forward by the delegate of the United Kingdom.

Mr Joll (United Kingdom of Great Britain and Northern Ireland), in connexion with the United States suggestion that a second conference of national committees on vital and health statistics and other equivalent bodies should be called in 1958, said that his delegation could not commit itself there and then to participation in such a conference. He assumed, however, that the Director-General would go into the matter and, if he found a case for calling such a conference, would communicate with governments in order to obtain their considered views. He assured the Committee that any such proposal emanating from WHO would be given careful study in the United Kingdom.

Referring to the proposal in the 1957 programme for an epidemiological study group (Official Records No. 66, page 24), he asked what would be the objects of such a group.

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, assumed that the Committee did not wish to hear at the present meeting the Secretariat's views on the United States proposal regarding 1958. It would receive careful study in due course.

In reply to the question put by the United Kingdom delegate, he explained that WHO was doing much varied work in epidemiology. That work was expanding and taking on new forms; more and more requests for assistance were being received; the work of the field services was becoming increasingly epidemiological in nature, and so the Director-General wished to have his policies and techniques reviewed by experts. That was the task of the proposed study group.

The Director-General said that in his understanding the United Kingdom proposal regarding the Central Technical Services was for a general appraisal of what was being done and how, with a view to suggesting improvements. That did not necessarily involve increases in the budget.

He did not think that WHO's world-wide activities had become static. The Advisory Services, being a newer concept, had tended to receive more attention than the Central Technical Services, whose long-established activities had been continuing without requiring so much. He agreed that there was a case for appraising the work of the Central Technical
Services in the manner suggested, and he would bear it in mind.

There were no comments on sections 4.0, 4.1 and 4.2 under Central Technical Services.

Section 4.3 — Editorial and Reference Services

The Director-General drew the attention of the Committee to page 11 of Official Records No. 69, which gave a summary analysis, by main features of the programme, of the increase of $1,238,516 in the proposed alternative effective working budget for 1957 as compared with the budget of $10,203,084, approved for 1956. During the Committee's discussion at the eighth meeting on the budget ceiling, the United States delegation in putting forward its proposal had specified that the increases foreseen for statutory salary increments, other statutory staff costs and increased costs of continuing activities relating to malaria eradication and atomic energy were to stand (see page 218). If the Committee were now to approve the proposed increase of $52,260 in the cost of publications (the fifth item in the table on page 11 of Official Records No. 69), that would mean that a large proportion of the $200,000 suggested for new activities or for increasing the level of existing activities would in fact go to publications. He wished the Committee to be aware that in approving increased expenditure on publications it would be tacitly approving a decrease in other activities, or at least eliminating the possibility of increased activity.

The Chairman asked whether the Director-General wished to maintain the increase for publications and whether he considered that any decrease should be in another section.

The Director-General said that he had only wished the Committee to be fully aware that the increase for publications would have to be counterbalanced by a decrease elsewhere.

The Chairman asked whether the Director-General wished to take a policy decision regarding the cuts which would have to be made as a result of the lowered budgetary ceiling. It would be useful for the Committee to know whether the Director-General had any specific proposals to make.

The Director-General said that cuts would be required to a total amount of $741,600. A large proportion of that amount would have to be saved on regional activities. But until he had heard the Committee's views on the reductions to be made in other parts of the budget, such as that under discussion, he could not make specific proposals.

The Chairman said that as the decision on the budget ceiling had been taken, it was for the Director-General and his colleagues on the Secretariat to meet the situation.

The Director-General thanked the Chairman for his frankness.

He thought that it would be difficult for the Committee to go into the details of cuts, especially those to be made in the regional programmes. That would have to be left to himself in consultation with the regional directors and regional committees, although it was a difficult matter: Member States would not be satisfied and the responsibility of the Secretariat in the matter would be very great.

But there was the question of other general increases where the Committee's opinion would be useful—for instance, the point he had raised in connexion with publications. If the Committee approved the proposed increase, he would have to make a corresponding cut somewhere in the regional programmes. Until the Committee had expressed an opinion on such matters, he could not know how much of the $741,600 would have to be saved on regional programmes.

The Chairman considered that the course suggested by the Director-General was the only possible one at that stage. The World Health Assembly had discharged its responsibility in voting the budget ceiling and now all that remained was for the Director-General to adjust his proposals to the new budget ceiling and make any cuts required. It was wise to leave such adjustments to the Director-General, but that would not prevent delegates from stating their views in the present Committee. The Director-General would take those views into consideration when making the adjustments.

It was so agreed.

Mr Joll (United Kingdom of Great Britain and Northern Ireland) pointed out, in connexion with the $52,260 for publications, that the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death would have to be published in 1957 since it was to come into force in 1958.

The Director-General said that he was aware of the fact and would continue to bear it in mind.

The Chairman asked whether the Committee was in agreement not to suggest specific cuts or increases in the regional programmes.

It was so agreed.
Advisory Services

There were no comments on section 5.0 of the proposed programme and budget estimates.

Section 5.1 — Communicable-Disease Services

Dr Frandsen (Denmark) recalled that, at the second meeting, during the review of work done in 1955, the delegate of India had raised the problem of virus diseases and asked for WHO to intensify its activity in that field (see page 170). The control of the virus diseases was a problem of the utmost importance to his own country, and the main problem in dealing with such diseases at the present time was to obtain accurate diagnosis. Excellent serological methods had been worked out whereby it was possible to identify most of the viruses, but the difficulty was to obtain good specific antigens and sera. It was beyond the possibilities of all but the best-equipped laboratories to make diagnostic antigens and sera. The few that did make them did so for their own use. The necessary antigens and sera were therefore not readily obtainable and when obtainable at all were expensive. If WHO, by co-ordinating the work of the producing laboratories, by giving grants, or by any other means, could make antigens available at a reasonable price for use in diagnostic laboratories, important progress would have been made in the control of virus diseases. If antigens and sera were available, even small and relatively primitive laboratories would be able to do the diagnostic work which was such an important contribution to public health. Any help which WHO could provide would be of great and immediate practical importance. He hoped the Director-General would consider that point for future action by WHO.

Section 5.2 — Organization of Public-Health Services

Dr Mellbye (Norway) recalled that in 1952, in connexion with the winter Olympic Games, an interesting conference on sport and health had been held, which had recommended that WHO should convene an expert committee to analyse the health aspects of sport. There were a number of reasons for a stronger interest in the medical aspects of sport. The number of people practising sport was increasing to such an extent that it was beginning to influence the health of entire populations. In his delegation’s experience, sport had not always a beneficial influence on health, but only limited information was available on the relation between the two. He would be grateful if the Director-General would recommend the formation of a group to study the various aspects of sport and health, in the near future.

The Chairman urged members of the Committee to come forward with suggestions, so that in preparing the programme and budget for 1958 the Director-General could know what was wanted and how great was the demand.

Professor Canaperia (Italy) expressed interest in the remarks of the delegate of Norway. He had been surprised when, in 1954, an application from the Fédération internationale de Médecine sportive to enter into relations with WHO had been rejected. He thought that the subject was one to which public-health administrators might well pay more attention. Sport could now determine the state of health of thousands of young people in all countries, and there was no doubt that a thorough investigation of its influence on their bodies and minds would be useful from the point of view of medico-social welfare. He would therefore support the proposal of the delegate of Norway and ask the Director-General to give that problem his attention.

He drew the Committee’s attention to the fact that the programme of health education for 1957 described under section 5.2.4 was not very extensive. Health education was the very basis of any public-health programme and as such deserved more attention. The relationship between various problems such as environmental sanitation, nutrition and health education was also worthy of study. He would like to see an expert committee or a conference, regional or inter-regional, on the points he had raised.

In reply to a question from Dr MacCormack (Ireland), the Chairman said that time was not too short to permit some exchange of views for the guidance of the Director-General in framing his future programmes.

Dr van Zile Hyde (United States of America) suggested that, as the importance of the relations between sport and medicine would vary from region to region, the subject should first be discussed at regional-committee level. However, he did not wish to make a formal proposal.

Dr Siri (Argentina) said that in his view maternal and child health and mental health were two of the most important subjects with which the Organization was called upon to deal. He hoped that everything possible would be done to promote them.

Dr Syman (Israel) noted that the range of subjects covered by the Social and Occupational Health Section was very wide, and wondered whether, in view of the expansion of all the functions and responsibilities listed, it might not be better to have the section sub-divided. He thought the organization
of medical care, hospital administration and the medical aspects of social security, to mention only three of the subjects, should be dealt with separately.

Professor Julius (Netherlands), referring to section 5.2.6 (Mental Health), said that WHO was carrying out the greatest biological experiment on man which had ever been attempted, that is, bringing health. The consequences might be mental repercussions of unforeseen dimensions. He therefore urged the Committee to pay the greatest attention to the Organization’s Mental Health Section. He suggested that its activities might be expanded in the future.

The Director-General said that the Secretariat had noted the points put forward for its guidance in framing future programmes.

As regards the suggestion made by the delegate of Israel, he explained that some sections in fact dealt with a pool of activities which it had so far been impossible to deal with otherwise. He agreed with Dr Syman that the time would come when it would be necessary to sub-divide those sections.

(For further discussion, see minutes of sixteenth meeting, section 2.)

The meeting rose at 5.45 p.m.

SIXTEENTH MEETING

Thursday, 24 May 1956, at 9.30 a.m.

Chairman: Dr M. Jafar (Pakistan)

1. Tribute to the Late Dr Begg, Regional Director for Europe

The Chairman said it was his sad duty to convey to the Committee the news of the death of Dr Begg, Regional Director for Europe, who had passed away the previous evening.

Dr Begg had been born in Kuling, China, in 1906. He had been educated at school in Aberdeen, Scotland, and had obtained his medical degree (M.B., Ch.B.) from the University of Aberdeen in 1929. Subsequently, he had received his diploma in public health (D.P.H.) in London in 1932, and the following year a doctorate in medicine (M.D.) from the University of Aberdeen.

After completing appointments in the teaching hospital at Aberdeen, Dr Begg had entered the service of the London County Council, where he had occupied increasingly important positions in a communicable-disease hospital. In 1935 he had been appointed epidemiologist and director of communicable-disease hospitals in Southend-on-Sea, returning to London in 1937 as medical superintendent of a large communicable-disease hospital in the East End, where he had remained until the end of 1945.

Dr Begg had then been loaned to the United Nations Relief and Rehabilitation Administration (UNRRA) for service in Warsaw, Poland, where he had been first epidemiologist and later chief of the Health Division.

He had joined the staff of the World Health Organization (Interim Commission) in Warsaw in 1947 and had been transferred to Geneva at the beginning of 1949 in charge of the Special Office for Europe with responsibilities concentrated on the health problems of the war-damaged countries. With the steady expansion of WHO’s work in Europe, a regional organization had been established towards the end of 1951, and Dr Begg had been elected the first Director of the Regional Office.

He was the author of a number of scientific papers on the control of the communicable diseases and on the public-health activities of the World Health Organization in Europe.

Those members of the Committee who had been personally acquainted with Dr Begg had known him as a very pleasant colleague, and one who had an immense fund of patience. Throughout his life of usefulness he had done excellent work and all would be deeply sorry to see him cut off at such an early age. He would always be remembered as one of the founders of the European Region. The Committee would certainly wish to send its sympathy and condolences to his widow and family.
As a mark of respect, he would ask the Committee to observe one minute’s silence.

The Committee observed one minute’s silence.

2. Review and Approval of the Regular Programme and Budget Estimates for 1957 (continued from the fifteenth meeting)

Advisory Services (continued)

The CHAIRMAN noted that there were no comments on sections 5.3 (Environmental Sanitation), 5.4 (Education and Training Services), 5.5 (Reports and Analysis) and 5.6 (Supply). The Committee had accordingly completed its examination of the chapter on Advisory Services.

Expert Committees and Conferences

The CHAIRMAN noted that there were no comments on chapter 7, Expert Committees and Conferences.

Administrative Services

The CHAIRMAN reminded the Committee that the part of the programme and budget dealing with Administrative Services had already been considered by the Committee on Administration, Finance and Legal Matters.

He noted that there were no further comments on it.

Regional Schedules

The CHAIRMAN noted that there were no comments on the section dealing with regional offices, advisers and area representatives, or the section on Africa.

The Americas

Dr Siri (Argentina) asked the Director-General, when changing the programme to bring it within budget limits, to do his utmost not to cut the allocation originally envisaged for the establishment of the Pan American Zoonoses Centre. He understood that a sum of $90,000 had been earmarked out of Technical Assistance funds for the carrying out of that project in 1957.

Its importance not only for Argentina but for most of the Latin American countries was manifest. Several years ago, Argentina had placed a new building at the disposal of WHO to serve as an experimental centre. Sums, both in dollars and in Argentine pesos, had already been voted and deposited in the National Bank of Argentina, so that a comparatively small sum only was needed for the completion of the Centre. There was no need to recall the importance from an economic point of view of preserving certain species of cattle, nor of the danger to health from such zoonoses as hydatidosis and anthrax. He accordingly suggested that full consideration should be given in the negotiations between WHO and the Technical Assistance Board to the need for maintaining the allocations already made, so that the Centre might begin to operate in 1957.

Dr Sutter (Assistant Director-General, Department of Advisory Services), Secretary, pointed out that the project in question did not come within the regular budget of WHO for 1957.

Dr Siri (Argentina) said he would also like to make a few remarks in regard to the public-health and nursing projects in Argentina. Argentina had asked WHO's co-operation in reorganizing its public-health services; it had made great efforts in regard to mental health projects and nursing training. Two buildings, in connexion with the latter, were already in course of construction and one would shortly be finished. Accordingly, he would like to ask that so far as possible the amounts allocated for work in Argentina should be maintained in the budget.

South-East Asia

Dr Lakshmanan (India) asked that, when changes in the programme for his country necessitated by the cut in the budget were considered, special emphasis should be placed on the programmes of health education, environmental sanitation and training of teachers in preventive and social medicine. He hoped the Regional Director would not allow those programmes to suffer.

In view of the reduction in the budget, he would also suggest that the proposed appointment of an additional adviser in education and training in 1957 should be postponed. There were at the moment thirteen regional advisers in the Region.

Dr Mani, Regional Director for South-East Asia, said that, to the extent that the amount of the budget permitted, the wishes of the Indian delegate would be met.

With regard to the regional adviser on education and training, he pointed out that the post had already existed some years previously and had subsequently been abolished because there was no suitable candidate. It had since been found impossible to carry on the work in education and training, which was steadily increasing in the Region, without additional help. It might be possible to find the necessary sums by savings within the Regional Office through a rearrangement of duties.
Dr LAKSHMANAN (India) said that, in that case, he would suggest that one of the thirteen other posts of regional adviser should be abolished, possibly one of the three in public-health administration.

The CHAIRMAN remarked that the adjustments required in the programme would be made by the regional directors in consultation with the governments concerned.

Dr MANI said that the regional directors, under the Director-General, were directly responsible for the staff of the regional offices. In the case of the South-East Asia Region, it would be very difficult to rearrange staffing in view of the size of the programme. He accordingly hoped he would be given latitude to adjust the staff pattern according to the needs of the programme.

Dr LAKSHMANAN (India) said he was satisfied with the explanation of the position that had been given.

Europe

Dr ANDERSEN (Denmark) recalled that he had taken the opportunity, at an earlier meeting, to stress the great importance of inter-country programmes. He accordingly hoped that those programmes would be maintained to the greatest possible extent under the revised budget.

Eastern Mediterranean

Dr EL-CHATTI (Syria) reiterated the feeling of his Government and delegation concerning area representatives in the Eastern Mediterranean Region. Direct contact with the Regional Office had proved very effective and he could see no reason at the present time for departing from that method of conducting the Region’s business.

Dr NASSIF (Saudi Arabia) deplored the fact that the well-considered programme of the Regional Committee would have to be changed to some extent to meet budgetary exigencies. The budget proposed by the Director-General, which had not been accepted, had been based on detailed programme proposals. He hoped that fact would be given due weight in future examination of the budget and programme proposals.

Western Pacific

Dr LE-VAN-KHAI (Viet Nam) expressed his Government’s satisfaction at the success of the inter-regional conference on malaria. He hoped that, within the financial resources of the Region, it would be possible to organize similar conferences in 1957 on problems of common interest to a number of neighbouring countries, such as leprosy, virus diseases or trachoma.

Region Undesignated

There were no comments on this section.

Programmes and Other Activities Supplementing Part I and Part II (Annex 3)

There were no comments.

Vaccine Studies: Draft Resolution Submitted by the Delegations of Chile and Yugoslavia

The CHAIRMAN commented that the Committee had finished its review of the 1957 programme and budget estimates, but it had still to consider a draft resolution submitted by the delegations of Chile and Yugoslavia, which read as follows:

The Ninth World Health Assembly,

Having noted the report of the Director-General on communicable diseases control and in particular the studies made in the evaluation of vaccines and their further development,

REQUESTS the Director-General to submit to the Tenth World Health Assembly

(1) a report on the progress in the evaluation and production of vaccines; and

(2) a programme for further development in this field in 1958 and subsequent years.

Dr SUÁREZ (Chile) explained that the draft resolution had been inspired by the account of the successful trials of typhoid vaccines in Yugoslavia. The official view taken was that such trials should be continued, and that further study was needed on two similar problems, pertussis and smallpox vaccines. He had accordingly considered it advisable not to limit his proposal to typhoid vaccines alone but to extend it to vaccines in general.

Dr AUJALEU (France) said that, although he fully recognized the importance of the matter raised in the joint draft resolution, it was so broad in scope that he wondered whether the Director-General could be asked to undertake the work involved. Perhaps the delegations of Chile and Yugoslavia would wish to specify in the resolution the vaccines they had in mind.

Dr SUÁREZ (Chile) said that, although he fully recognized the importance of the matter raised in the joint draft resolution, it was so broad in scope that he wondered whether the Director-General could be asked to undertake the work involved. Perhaps the delegations of Chile and Yugoslavia would wish to specify in the resolution the vaccines they had in mind.

Dr SUÁREZ (Chile) said the sponsors of the draft resolution had had in mind typhoid, pertussis and smallpox vaccines, and would therefore be agreeable to having the proposal limited to those three.

Dr SUTTER (Assistant Director-General, Department of Advisory Services), Secretary, said he under-
stood that the proposal was related to field trials on typhoid, smallpox and pertussis vaccines only. In view of the wide range of the proposal, the Director-General would have difficulty in preparing an adequate report for the Tenth World Health Assembly. He would accordingly suggest that the draft resolution should be amended so as to limit the report to those vaccines.

It was so agreed.

Dr MacCormack (Ireland) wondered whether the co-sponsors would have any objection to including the combined pertussis-diphtheria-tetanus vaccine as a subject of study. He was sure all his colleagues were well aware of the value and necessity of such a study.

It was so agreed.

Dr Anwar (Indonesia) wondered whether the adoption of the draft resolution, requiring a report to a later Health Assembly, would preclude the publication to governments of the results of the field trials at present in progress on smallpox vaccination.

Dr Sutter answered that interim reports had been and would continue to be submitted to governments on the field trials in question.

Decision: The draft resolution, as amended, was approved (see sixth report of the Committee, section 2).

Appropriation Resolution for 1957

Dr Gear (Assistant Director-General, Department of Central Technical Services), Secretary, indicated the figures which, according to the decisions taken by the Committee, should be inserted under Part II in paragraph I and paragraph III of the draft Appropriation Resolution forwarded by the Committee on Administration, Finance and Legal Matters in its second report to the Committee on Programme and Budget (see minutes of the Committee on Administration, Finance and Legal Matters, pages 360-1 and 363).

Decision: The draft Appropriation Resolution, as thus completed, was approved (see sixth report of the Committee, section 1).

3. Malaria Eradication (continued from the twelfth meeting, section 1)

Agenda, 6.12

Report on Implementation of Resolution WHA8.30 (continued)

The Chairman recalled that the Committee still had to consider a draft resolution on malaria eradication, based on the draft resolution submitted by the delegations of Brazil, Philippines and Venezuela, and incorporating the views expressed in the earlier discussion of the subject. The revised draft resolution read as follows:

The Ninth World Health Assembly,

Having considered the report of the Director-General on the implementation of resolution WHA8.30 on malaria eradication;

Noting that considerable progress has been made in some countries towards eradicating the disease;

Having noted with satisfaction the high priority which has been given by UNICEF to malaria eradication programmes and the increased allocations for malaria eradication which are expected to be made in 1956 and subsequent years;

Considering that anticipated requirements in funds, including such special types of needs as cannot be met from local or national or other sources, will call for increased resources in the Malaria Eradication Special Account;

Having noted the action taken by the Executive Board at its seventeenth session and by the Committee on Malaria Eradication established by the Board with respect to the acceptance of voluntary contributions and the authorization of the use of those contributions towards malaria eradication,

1. REQUESTS the Director-General again to draw to the attention of governments the need to intensify their malaria control programmes so that malaria eradication may be achieved as early as possible, by stages under certain circumstances, with a view to ultimate economy in expenditure and to obviate the potential danger of development of resistance to insecticides in anopheline vector species;

2. REQUESTS the Director-General again to invite contributions from governments, non-governmental organizations and private sources to the Malaria Eradication Special Account;

3. REQUESTS the Director-General to recommend to UNICEF, through the Joint Committee on Health Policy, to continue its full support to the continuance and expansion of the existing control programmes until they can be transformed into eradication campaigns;

4. EXPRESS its satisfaction at the action of the Board in establishing its Committee on Malaria Eradication which will enable the Organization to take such steps as may be required.
Dr Díaz-Coller (Mexico) said that, since the programmes referred to in the draft resolution were designed as a first step towards the eradication of malaria, no mention should be made in the text of control programmes. He accordingly suggested that paragraph 3 should be deleted. It would be useful, he felt, to hear the Committee’s views on whether WHO should continue to collaborate in control programmes of countries where no eradication plans had as yet been made.

Dr Acosta-Martínez (Venezuela) recalled that the original joint draft resolution (see page 243) spoke of eradication programmes and did not mention control, whereas the draft resolution now placed before the Committee referred specifically to malaria control programmes.

Some delegations had shown a clear tendency against the abandonment of control programmes. Thus, when the resistance of anopheles to insecticides had been discussed, much emphasis had been placed on so-called ecological resistance (i.e., resistance due to natural or acquired habits), and little on physiological resistance. In fact, some mosquitos were directly resistant to DDT because the quantities sprayed on wall surfaces were inadequate, while certain species were partially resistant by their nature or by virtue of mutations which had been verified in field and laboratory and which were independent of any changes in life habits. Those were undeniable facts, which was why the sponsors of the draft resolution had again, as at the Eighth World Health Assembly, laid special emphasis on eradication programmes as against control programmes.

It had been pointed out at the Eighth Health Assembly that the number of resistant species was continually growing and that within a period of four to six years immunity to DDT would be complete. One year had already gone by and WHO had to take early action to meet the situation. Hence the paramount need for adopting a policy of eradication. It would be preferable to state at the outset that the object was eradication even where large countries found it necessary to implement the programme by stages.

Dr Braga (Brazil) said that his delegation, in co-sponsoring the draft resolution, had had in mind the need for changed thinking among governments on the question of malaria—the need for a more constructive attitude. WHO had adopted an aggressive and optimistic approach to the problem. He fully realized that “eradication” was perhaps not the best term to use, but the word had acquired a certain connotation in public-health circles.

Experience in Brazil in the eradication of anopheline vectors gave good grounds for optimism and he would urge governments to scrap earlier ideas and take a more aggressive approach in tackling malaria problems.

He fully appreciated the problem raised by the resistance to DDT developed in certain anopheline vectors, but he was a great believer in man’s ingenuity; no doubt new and more effective insecticides would be found.

With regard to the text of the resolution he would suggest the deletion of the word “control” from paragraph 1. So far as paragraph 3 was concerned, UNICEF, through the Joint Committee on Health Policy, had already given its support to eradication programmes. Accordingly it would hardly be proper for the Director-General to make any recommendation now to UNICEF on the matter.

The Chairman reminded the Committee that the discussion on the item had already been closed at the twelfth meeting. The draft resolution now under consideration incorporated the views expressed in the general discussion and hence could not be changed to make it more acceptable to individual opinions. If UNICEF had taken a final decision on the matter, as had been stated, it had done so in the absence of specific advice to that effect by WHO, which was the co-ordinating agency in health work. Further representations, urging support for control programmes, would have to be made.

Dr Díaz-Coller (Mexico) thought it important to clear up the procedural position. It was his understanding that a draft resolution submitted to the Committee was open to discussion in case ideas had changed in the meantime or some view had not been correctly reflected in the text. He would accordingly propose the reopening of the discussion on the item.

Dr Siri (Argentina) supported the Mexican proposal.

Decision: The Committee decided by 33 votes to 11, with 8 abstentions, not to reopen the discussion.

Dr Acosta-Martínez (Venezuela) asked whether it would not be better to vote separately on the two draft resolutions, since their contents were not identical.

Dr Regala (Philippines) said his delegation would like to support the idea of a separate vote on the two draft resolutions. The joint draft resolution should be voted upon first; if it was not approved, his delegation would reserve its right to propose
amendments of substance to the revised draft resolution put forward at the present meeting.

The Chairman, citing Rule 63 of the Rules of Procedure, said that the Committee would have to vote first on the revised draft resolution.

Dr SIRI (Argentina) believed that, in view of the importance of the matter both to a number of Member States and to the Organization’s prestige, and the fact that time was available, it might be advisable to relax somewhat the Rules of Procedure and give an opportunity for fuller discussion, as had been done on other important subjects.

The Chairman regretted the implication that he had shown partiality in the discussion of other matters. He would like to make it clear that on no single occasion had he departed from the Rules of Procedure in the conduct of the Committee’s business.

Dr SIRI (Argentina) assured the Chairman that he had not intended any such implication. He had merely wanted to have an opportunity for broader discussion, such as had taken place by will of the Committee on other questions.

The Chairman said that he could not overrule the decision of the Committee just taken not to reopen the discussion.

In answer to a question put by Dr AL-WAHBI (Iraq), he stated that according to the Rules of Procedure drafting amendments only were admissible at the present stage, not amendments of substance.

Dr AL-WAHBI (Iraq) proposed as drafting amendments to the composite draft resolution the deletion of the word “full” from paragraph 3, and the substitution of the words “as a step towards transformation to eradication campaigns” for the words “until they can be transformed into eradication campaigns”, in the same paragraph.

Dr AUJALEU (France) considered the proposed deletion of the word “full” an amendment of substance and hence inadmissible at the present stage.

Dr AL-WAHBI (Iraq) said he had been actuated solely by the desire to conciliate views. He would therefore have no objection to withdrawing his proposal for the deletion of the word “full” if that was generally desired.

Decision: The remaining portion of the amendment proposed by the delegate of Iraq was approved.

Dr ANWAR (Indonesia) asked whether it was appropriate for the Director-General to make the recommendation set out in paragraph 3.

The Director-General believed that it would be better for the Health Assembly itself to make the recommendation in question to UNICEF. He accordingly suggested that the paragraph should be changed to read: “RECOMMENDS that UNICEF continue its full support . . .”.

Dr BRAGA (Brazil) said that, with the amendment suggested by the Director-General, his delegation would be ready to support the draft resolution.

Decision: The amendment suggested by the Director-General was approved.

At the request of Sir Eric PRIDIE (United Kingdom of Great Britain and Northern Ireland), the Chairman put the draft resolution to the vote paragraph by paragraph.

Decision: The preamble was approved by 48 votes to none, with 1 abstention. Paragraph 1 was approved by 51 votes to none with 2 abstentions. Paragraph 2 was approved by 46 votes to 1 with 7 abstentions. Paragraph 3, as amended, was approved by 49 votes to none with 3 abstentions. Paragraph 4 was approved unanimously. The draft resolution as a whole was approved by 50 votes to none, with 4 abstentions. (See sixth report of the Committee, section 3.)

Sir Eric PRIDIE (United Kingdom of Great Britain and Northern Ireland) explained that his delegation had abstained from voting on paragraph 2 of the draft resolution because it opposed the request to the Director-General to invite contributions from governments to the Malaria Eradication Special Account.

Dr CAMERON (Canada) explained that in voting against paragraph 2 of the draft resolution he had opposed the invitation for contributions from governments and not the remainder of the paragraph.

Dr ANOUTI (Lebanon) announced that his Government had just made a contribution of $3000 to the Malaria Eradication Special Account, a modest token of the awareness of smaller countries, where malaria was no longer a problem, of their duty to take part according to their means in the programme of extermination of that disease throughout the world.

The Chairman put to the vote the question whether, in the light of the decision just taken, the Committee thought it was necessary to vote on the draft resolution proposed by the delegations of Brazil, the Philippines and Venezuela.

Decision: It was agreed by 53 votes to 3 that no vote was necessary.
Dr Gratzer (Austria) said he had declared at the previous Assembly how strongly his Government believed in the way the World Health Organization was carrying out its work. He now wished to add his belief that the administration was in the best possible hands, and to assure the Director-General of the Austrian Government's unlimited confidence in his leadership. Although the Director-General had not obtained his full budget, he would certainly manage to cover the greater part of the increasing needs of his programme. He thanked the Director-General and the members of his staff for the work they had done and were doing, and the Chairman for his kindness and patience in conducting the work of the Committee on Programme and Budget.

Fixing of Target Dates for starting Inter-regional Co-ordinated Programmes for Malaria Control leading to Eradication (Item proposed by the Government of India)

Agenda, 6.12.2

Dr Singh (India) said that, since eradication policy had been clarified, allowing the more fortunate countries to proceed with their eradication programmes, it was necessary to deal with the problems of certain of the larger countries such as India, Burma, Thailand and Indonesia, which necessarily lagged behind and which, in order to achieve economic and efficient control of malaria, were obliged to carry out their campaigns stage by stage.

The problem was not a new one. The question of co-ordinated long-term programmes in border areas had been taken up at the First Asian Malaria Conference, held at Bangkok in 1953, and by the Expert Committee on Malaria (in particular at the meeting in 1954); the need to control malaria simultaneously in as large an area as possible had also been stressed by the Bangkok Conference. The idea had been taken up before that time in certain South American countries in collaboration with the Pan American Sanitary Bureau. In India the need had always been felt, although eradication had not been included in the Government's programmes, as it had been considered out of reach. However, with the availability of new insecticides and antimalaria techniques, it had become possible to consider eradication as an aim for the near future.

Rapid progress had been made in controlling the disease. Since 1947, organizations had been set up in every state, big or small, and malaria control had been given priority in the first five-year plan. During the first year of that plan, 1953, the Government's objective had originally been to protect 75 million people, and had been increased to cover 90 million in view of the progress made in certain states. The second year had begun with the objective of protecting 128 million, which had been increased to 136 million, and in the third year a total of 162 million had been protected. His Government was now embarking on a second five-year plan, which in its first year, 1956-1957, would extend to 200 million people, thereby attaining the borders of India and proximity to Ceylon, West and East Pakistan, Nepal and Burma. A stage had therefore been reached in which, in order to attain economical and efficient control, neighbouring countries would have to take part in the programmes, and in that connexion, as had been accepted in a number of reports, WHO would have an important role to play.

In submitting the document on fixing target dates for starting inter-regional co-ordinated programmes to the Committee, his Government's intention was to bring to the notice of the various regions concerned the need for collaboration in carrying out programmes with all available assistance.

In the implementation of his proposal adequate safeguards would be essential. Malariologists and other administrators were well informed about them. The bogey of resistance was becoming a reality in certain areas, and India had worked out a mean lethal concentration for the different vectors. It would continue its observations in collaboration with WHO to determine when and to what degree the phenomenon of resistance appeared. Co-ordinated programmes in the border areas should be carried out by all possible methods and, where DDT and the newer insecticides failed, a return should be made to older ones which had proved very useful.

In conclusion, he said he was certain that countries which were in a better position to carry out eradication would sympathize with those that could only attempt to control the disease stage by stage.

The meeting was suspended at 11.35 a.m. and resumed at 11.40 a.m.

The Chairman read out a draft resolution proposed by the Government of India.

Dr Al-Wahbi (Iraq) supported the draft resolution.

Decision: The draft resolution was approved unanimously (see sixth report of the Committee, section 4).

The meeting rose at 11.45 a.m.

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SEVENTEENTH MEETING

Thursday, 24 May 1956, at 2.50 p.m.

Chairman: Dr M. JAFAR (Pakistan)

1. Adoption of Fifth and Sixth Reports of the Committee

The reports were adopted without comment (for text, see pages 389 and 391).

2. Closure of the Session

The CHAIRMAN said that it was his pleasant duty to thank members of the Committee for their close co-operation at all times. He had deemed it an honour to preside over so distinguished a meeting. He thanked the Vice-Chairman, the Rapporteur and the representative of the Executive Board. The Secretariat had as usual spared no pains to make the work of the Committee run smoothly.

Dr van Zile HYDE (United States of America), speaking for all the members of the Committee, thanked the Chairman for the urbanity and firmness of purpose with which he had conducted the debates. The Committee had at all times been conscious of his guiding hand, which, however, had never set aside any exchange of views that could be of use to the Organization. Every stage in the Committee's work had seemed part of a general design in which nothing had been left to chance. Good humour had prevailed at all times and, thanks to the Chairman's skill, the members of the Committee would leave its last meeting as firm friends as ever.

The CHAIRMAN thanked the delegate of the United States of America and the members of the Committee for their tribute.

He announced that the business of the Committee on Programme and Budget was completed.

The meeting rose at 3 p.m.
1. Opening of Meeting

The CHAIRMAN thanked the members of the Committee for the honour they had done him by electing him to the post of Chairman and said that he would try to justify their confidence.

He reminded the Committee that under Rule 76 of the Rules of Procedure of the World Health Assembly, the procedure governing the conduct of business and voting by the Committee would conform as far as practicable to the rules relative to the conduct of business and voting in plenary meetings. The English and French texts of the Rules of Procedure of the Health Assembly were contained in the English and French editions of Basic Documents, seventh edition, and the Spanish text was before the meeting as a mimeographed document.¹

2. Election of Vice-Chairman and Rapporteur

Agenda, 7.1

The CHAIRMAN drew the Committee's attention to the third report of the Committee on Nominations (see page 380), where the nominations of Mr Sørensen (Denmark) and Mr Pleić (Yugoslavia) for the offices of Vice-Chairman and Rapporteur, respectively, were made for the Committee's consideration. He proposed that the recommendations of the Committee on Nominations should be accepted.

Decision: Mr Sørensen (Denmark) was elected Vice-Chairman and Mr Pleić (Yugoslavia) Rapporteur.

3. Establishment of Legal Sub-Committee

Agenda, 7.2

The CHAIRMAN proposed that in accordance with the usual practice the Committee should allow him to suggest a tentative list of delegations to compose the Legal Sub-Committee. Any delegation wishing to participate in the work of the Sub-Committee should inform the Secretary accordingly. The list he proposed was as follows: Australia, Belgium, Canada, Chile, Denmark, Egypt, France, Federal Republic of Germany, Israel, Italy, Japan, Netherlands, Spain, Sweden, Switzerland, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, and United States of America.

Dr Hayek (Lebanon) suggested the inclusion of Saudi Arabia among the members of the Legal Sub-Committee.

Dr Palanca (Spain) proposed that Guatemala should also participate in the work of the Sub-Committee.

The CHAIRMAN said that the terms of reference of the Legal Sub-Committee would be strictly limited to the study of the legal and constitutional aspects of questions referred to it by the Committee. The Sub-Committee would not be concerned with the merits of various questions or the policies underlying the adoption or rejection of different proposals, but solely with the legal and constitutional validity of those questions and proposals.

It was proposed to refer to the Legal Sub-Com-
mittee the following items of the agenda for a study of their legal and constitutional aspects:

7.6 Rules of Procedure of the Health Assembly
7.6.1 Adoption of Spanish text
7.6.2 Procedural problems related to constitutional amendments
7.8 Approval of Host Agreement with the Government of Denmark concerning the Regional Office for Europe.

The Sub-Committee would also be called upon to examine the agreement defining relations between the International Bureau for the Protection of Industrial Property and WHO.

The Committee would, of course, be free to seek the advice of the Legal Sub-Committee on the legal and constitutional aspects of other matters at any time.


The CHAIRMAN informed the members of the Committee that as the Health Assembly had not yet concluded its consideration of the Director-General’s Report the Committee would not be able to discuss it. The Committee, however, might wish to hear a statement on the Report from the Assistant Director-General, Department of Administration and Finance.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, in response to the Chairman’s invitation to introduce the subject before the Committee, read the statement reproduced as an appendix to these minutes (page 292).

The CHAIRMAN said that he was sure the Committee agreed that it owed a heavy debt of gratitude to Mr Siegel. His report was not only a literary masterpiece but an exposé of outstanding clarity.

Although for reasons which he had explained earlier, he was not in a position to allow a debate or even comments on the statement which the Committee had just heard, Mr Siegel would nevertheless be glad to answer any questions designed to clarify his report, or to provide still further information.

As no delegate appeared to have any problem at present, he suggested that the Committee should leave the report for the time being and return to it at a later meeting.

(For discussion on this subject, see second meeting, section 1.)

5. Status of Annual Contributions and of Advances to the Working Capital Fund

The CHAIRMAN invited the Committee to consider the status of annual contributions and of advances to the Working Capital Fund and drew its attention to the statements attached to the document before the meeting, which showed that two countries were in arrears with their contributions for two years—1953 and 1954. He further drew the attention of the Committee to resolution WHA8.13, paragraph I.2 of which read:

The Eighth World Health Assembly

RESOLVES 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 opening of the World Health Assembly in any future year, the Assembly shall consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of such a Member shall be suspended.

Under the terms of that resolution the present Health Assembly, and therefore the Committee, was bound to consider the possibility of applying Article 7 of the Constitution, even if it was not bound to impose a penalty.

Mr BOTHA (Union of South Africa) said he was glad, as indeed everybody present would be, that there had been an improvement in the collection of contributions, particularly during the last year. At the same time it was unfortunate that some countries were still not up to date with their contributions. He noted that the Executive Board at its seventeenth session had, in resolution EB17.R35, urged those active Members which were in arrears with their payments to liquidate the arrears before the opening of the Ninth World Health Assembly. He wondered whether the Director-General had received any replies from the Members concerned to which that resolution had been communicated.

Mr COOTE (United States of America) said that
non-payment of contributions was a serious matter; he suggested that the Committee should postpone reaching a decision for a few days in order to allow time for delegates from the two Member States concerned to arrive. Further, it might be desirable to send a final reminder to the two governments expressing the hope that they might be able to make their contributions and thus relieve the Assembly of the necessity of taking action on the matter. If no reply were received within a few days the Committee could consider what recommendation to put forward.

The Chairman said he was in favour of the suggestion just made and he proposed to postpone discussion of the item until a later meeting.

(For continuation of discussion, see second meeting, section 3.)

The meeting rose at 4.10 p.m.

Appendix

STATEMENT BY THE ASSISTANT DIRECTOR-GENERAL,
DEPARTMENT OF ADMINISTRATION AND FINANCE

1. Major Developments in 1955

For some years now in my annual statement on behalf of the Director-General to the Committee on Administration, Finance and Legal Matters, I have been able to report a steady improvement of the administrative and financial affairs of the Organization. You will be gratified to know that during 1955 the financial position of the Organization has not only continued to improve, but has in fact been the best since the inception of the World Health Organization.

Major developments during 1955 and early 1956 which warrant special mention include the payment in 1955 of substantial amounts of arrears of Members' contributions for prior years; the completion of arrangements for suitable accommodation for two of our regional offices; the orderly implementation of the revised 1955 regular programme, resulting in an effective utilization of the total budgetary appropriations; the fact that, in accordance with the wishes of the Seventh World Health Assembly, it was possible to keep the activities financed from Technical Assistance funds separate from those financed from regular funds; the satisfactory financial relations reached with UNICEF as a result of actions taken by the Eighth World Health Assembly and the UNICEF Executive Board; the decision adopted by the Eighth World Health Assembly regarding the principles to be applied in determining the scale of assessment of the Organization; the establishment of a special account for malaria eradication by the Eighth World Health Assembly, which account has since been credited with some voluntary contributions.

2. Nature of the Report

As in past years, I shall provide the Committee with detailed information on the major financial and administrative developments of the Organization during 1955. Reference will also be made to the developments which have taken place from the beginning of 1956 up to the present time. The situation under Technical Assistance funds, in so far as these funds relate to the work of the World Health Organization, will again be dealt with separately.

Last year in my statement to this committee some comments were made on those assets of the Organization which are of an intangible nature and therefore not reflected in the Financial Report; I shall this time include some brief comments relating to the possibilities for the future, viewed against the background of the Organization's present trends.

3. Membership of the Organization

The total membership of the Organization has increased. As you know, during this session the Assembly has admitted three new Members: Morocco, Sudan and Tunisia. It has also admitted three new Associate Members: Gold Coast, Federation of Nigeria and Sierra Leone. Thus the total membership of the Organization is now eighty-eight.

4. Personnel

Recruitment of personnel no longer represents our major personnel problem. We are now especially concerned with assessing the experience of the past eight years as to the quality of staff and the terms under which they serve.
As regards quality of staff, although there is ample scope for improvement and efforts are continuously made in this direction, it is evident that the Organization has been fortunate enough to attract a substantial nucleus of professional staff who have the technical competence and social adaptability suited to carrying out the duties and responsibilities required of WHO staff. The problem of the future will be how to retain this key personnel and how to keep its technical competence at a high level. As a partial answer to this problem, the Director-General has decided to begin this year granting career-service appointments to a few professional staff of suitable qualifications whose services are expected to be needed indefinitely. In addition, he will be granting somewhat longer fixed-term contracts to some project staff, the need for whose services can be clearly envisaged for some years ahead. Further, to keep staff technically up to date and prepare them for broader responsibilities, the Director-General has made arrangements with the Rockefeller and Kellogg Foundations under which the Foundations provide fellowships to a few selected staff each year, such staff being granted leave of absence for advanced study.

Of importance in attracting and retaining staff of high competence is the nature of the duties to be performed by virtue of the programme objectives of the Organization and the means provided for the achievement of the objectives. Satisfaction in participating in work well done, resulting from a genuine feeling of steady progress in achievements of the Organization, will contribute substantially to the future effectiveness of WHO. Also important in creating a staff of high competence are the conditions of service and tenure offered. The present conditions of service in WHO have, with slight modification, been in effect since 1951. In the main, experience has shown them to be well conceived and practicable. There are some indications, however, that some of the more fundamental elements of our system—such as dependency allowances, pension fund participation, and health insurance arrangements—could be simplified and at the same time made more universally applicable. Moreover, certain other parts of the system, such as our formulas for dealing with variations in cost-of-living and allowances related to field assignments, are not sufficiently flexible to cover significant differences between types of assignments in an Organization having widely varying locations and conditions of work.

The establishment by the United Nations General Assembly of a Review Committee, consisting of eleven members to be appointed by eleven designated governments, to examine the entire system of salaries, allowances and benefits, is therefore a timely decision. The General Assembly resolution establishing the Committee invited the participation of the specialized agencies in this review, and the Director-General expects to co-operate fully in the work of the Committee; he will, of course, report the results of the deliberations to the Executive Board and Assembly when such results are known.

5. Regional Organization

In my statement to this committee two years ago, I referred to the need in general for more adequate and more long-term accommodation for regional offices. Last year your attention was drawn to the need for improvements in the accommodation arrangements for some of the regional offices and to the fact that the Director-General continued to give this matter close attention.

It is gratifying to be able to report that the negotiations with the French Government concerning the accommodation of the Regional Office for Africa and its staff have reached a satisfactory conclusion. The French Government has generously agreed to erect a new building for the purposes of the Regional Office. In addition, it has purchased twenty-five residential houses which will be used to accommodate staff members and their families. The premises are expected to be occupied as from 1 August 1956.

In 1955 the negotiations with the Danish Government for the establishment of the Regional Office for Europe in Copenhagen led to the conclusion of an agreement defining the privileges and immunities of WHO and of its Regional Office for Europe in Denmark. This host agreement was signed on 7 July 1955 by the Government of Denmark, and on 29 June 1955 by WHO, subject to approval by the Health Assembly. The Danish Government has generously provided a new office building which is expected to be ready for our occupancy in the spring of 1957.

Negotiations are under way with the Governments of Egypt, India and the Philippines which are expected to result in adequate permanent accommodation being provided for the Regional Offices for the Eastern Mediterranean, South-East Asia and the Western Pacific in buildings which will also house the offices of other international organizations in those countries. It is hoped that by the time of the Health Assembly next year some real progress can be reported as having been made for proper accommodation for these three regional offices.

The Pan American Sanitary Bureau, Regional Office for the Americas, is also studying the possibility
of acquiring more adequate permanent accommodation and a building fund has been established for the purpose by PASO.

The Director-General attaches great importance to the provision of suitable accommodation for the regional offices since this is essential for their efficient functioning in providing maximum service to countries in their endeavours to improve health conditions.

6. Financial Position of the Organization

6.1 Regular Funds

As already mentioned, the general financial position in 1955 was the best in the history of WHO.

With regard to contributions, the Committee will be given a detailed report of the situation as at 30 April, but briefly it is as follows:

At the end of 1954 contributions due from active Members amounted to $752 654. During 1955, arrears collected amounted to $677 464, with the result that the amount outstanding at the end of 1955 was $75 190, comprising $10 117 for 1953 and $65 073 for 1954. Amounts received up to 30 April 1956 have reduced this amount to $46 554.

Contributions received from active Members during 1955 for that year amounted to 92 per cent. of the total amount due; in 1954 the comparable figure was 95 per cent. However, had legislative procedures not prevented the largest contributor from paying its entire contribution, the 1955 figure would have been 96 per cent. The 1955 arrears of active Members, which amounted to $691 722 at 31 December 1955, have been reduced to $602 073 by payments received during the first four months of 1956.

Up to 30 April 1956, $2 769 255 had been received in respect of 1956. This is 31 per cent. of the total assessments on active Members; the comparable figure in 1955 was 24.1 per cent.

Satisfactory though this situation is, further improvement is possible, but only if all Members make the necessary legislative and budgetary arrangements to enable contributions to be paid in the year for which they are assessed.

Since 98 per cent. of the amount appropriated for the effective working budget for 1955 was used, whereas only 92 per cent. of the contributions for that year were received, a cash deficit of $470 753 had to be covered from the Working Capital Fund at the end of the year. Contributions for 1955 received in the first four months of 1956 have reduced this advance, the only one outstanding, to $384 104.

The Eighth World Health Assembly approved an effective working budget of $10 203 084 for 1956, and, to help finance it, decided to use all the casual income available, amounting to $1 295 320—an amount larger than any available or used in previous years. The amount consists largely of a $960 822 cash balance transferred from the Assembly Suspense Account which resulted from the substantial amounts of arrears of contributions paid in 1955 and to which reference was made earlier.

6.2 Technical Assistance Funds

Even though the implementation of the programme planned under the Expanded Programme for Technical Assistance for 1955 was partly delayed and complicated because the final amount available to WHO was not known until the end of April, I am pleased to report that 98.42 per cent. of the money was used: $4 868 661 was made available to WHO, $4 411 749 was obligated, and $379 718 was re-allocated in 1956 to cover supplies and equipment ordered but not delivered by 31 December, leaving $77 194 to revert to the Special Account.

The 1956 position as presently known is, as a result of planning based on what now appears to have been a somewhat optimistic forecast of 1956 income, that WHO has $5 519 362 available to it to finance (a) a programme approved by the Technical Assistance Committee of the Economic and Social Council and estimated to cost $5 689 280 (including administrative and operational services and special projects), and (b) further activities approved by the Executive Chairman of the Technical Assistance Board for financing from the Contingency Fund at his disposal and estimated to cost $77 362. There is, therefore, an estimated deficit of $247 280, which does not, of course, take into account Category II activities which the Technical Assistance Committee approved for implementation from any savings which WHO might make from the funds available to it.

The Technical Assistance Board is still trying to find ways to cover the deficit for the approved Category I programme. The situation is, of course, further evidence of the lack of financial security which seriously hampers the planning and implementation of the programme and which both in 1955 and 1956 has been responsible for considerably increasing the work and effort required from the staff generally.

7. Financial Relations with UNICEF

The Director-General submitted a full report to the seventeenth session of the Executive Board on the developments up to that time on the Organization's
financial relations with UNICEF. This report is reproduced as Annex 11 to *Official Records* No. 68, which also contains the Board’s resolution, EB17.R50, on this subject. A further report is being submitted to this Assembly providing information on subsequent developments and will be considered under item 6.15 of the agenda. It therefore appears unnecessary to include any additional information on this subject at this time, other than to point out that the arrangements now agreed upon provide a satisfactory basis for the financial relationships between WHO and UNICEF.

8. Malaria Eradication Special Account

The Eighth World Health Assembly, in resolution WHA8.30 on malaria eradication, established a Malaria Eradication Special Account to be credited with voluntary contributions received in any usable currency and with the value of contributions in kind, whether in the form of services or supplies and equipment. The Assembly also authorized the Executive Board, or a committee of the Board to which it might delegate authority to act between sessions of the Board, to accept contributions to the Special Account. The Executive Board at its seventeenth session, in resolution EB17.R60, established a committee on malaria eradication and decided upon its terms of reference.

For 1955 no contributions were credited to the Special Account. During the first four months of 1956, however, four voluntary contributions were offered and accepted, namely: 30 000 Straits dollars (the equivalent of US $9901) from Brunei; equipment at a value equivalent to US $4134 from China; 200 000 Deutschmarks or the equivalent of US $47 619 from Germany; and a contribution of $4200 from Iraq. The total contributions to the Special Account at the present time therefore amount to $65 854.

A detailed report will be before the Ninth World Health Assembly, on the implementation of resolution WHA8.30, which will be considered under item 6.12.1 of the agenda.

9. The Past is Prologue

In concluding this report, which is, on the whole, one of progress, I should not like to leave with you the impression that the Director-General views the past with complacency, although he views the future with confidence. The administrative and financial position of WHO in 1955 must be related to what has become the fundamental criterion for the Director-General in evaluating all facts bearing on the life of the Organization: namely, to what extent do they further the progressive and orderly long-term development of the programmes undertaken for the promotion of better health on a world-wide basis, in accordance with the constitutional objective of “the attainment by all peoples of the highest possible level of health”.

In the first few years of the Organization’s existence, the scope and level of assistance the Organization could render to its Member States was undoubtedly handicapped by the lack of professional staff, adequately trained and with the attitudes necessary for the type of work carried out by an international organization. In recent years this handicap seems to have been reduced to manageable proportions. Thanks to the co-operation of many governments, as well as of a number of non-governmental organizations and foundations, WHO can now avail itself of the services of a great variety of experts in the various fields of public health who are anxious to put their knowledge and experience at the disposal of the world community.

Also during the early period, the lack of established regional organizations limited the assistance which the Organization could effectively and economically provide. With the full administrative support and technical guidance and stimulation provided by Headquarters, the six regional offices and the regional committees are well on the way to the point where they can swiftly and competently help in meeting the needs of Member States, individually, regionally and inter-regionally.

For the present, it may be said that international administration is now on the road to maturity. The largely uncharted course by which its objective must be achieved and its functions carried out, on which the Organization embarked at its inception, has now been at least partly explored, and some benchmarks have been established. A basic structure has been created which it is hoped will continue to support the work of the Organization for many years. Choices of ways of doing things, decisions as to how best to solve particular problems in the administration of an international organization such as WHO have had to be made, in many cases experimentally and in the absence of a clear indication as to what the right decisions would be. But now the basic structure exists, and the Assembly, the Board and the regional committees are carrying out their responsibilities under the Constitution of the Organization. A staff has been engaged—at Headquarters, in regional offices and in the field—which with the years is acquiring the experience, and the resulting discernment, necessary to achieve the objective of the Organization. Procedures—and that is only another way of saying “methods of doing things”—have
been developed which are standing the test of time, and which facilitate the work in the regions and at Headquarters. Finally, the financial condition of the Organization has reached a greater stability than in the past, earlier years of the Organization, when at times it occasioned great concern for the Assembly, the Board and the Director-General.

For the future, we still have problems to solve, difficulties to overcome. We still have the problem of adequate accommodation for some of our regional offices; we must be constantly vigilant to assure the universality of the Organization and to ensure that it continues as a world organization, resisting vigorously any tendency for it to become a federation of loosely associated regional organizations; we must find better ways of dealing with the special problems of a staff stationed throughout the world, most of them away from a familiar environment, so as to enable them to find in a career with the Organization the satisfaction of a job well done, a sense of identity with an ideal of international service; and, finally, we must find more advanced and even better ways of helping governments to improve the health of their peoples and promoting that part of health work which can only be carried out from an international centre.

What the Organization is, what it will become, depends entirely on the governments which express their wishes through the World Health Assembly. The Organization exists only through and for its Members. The Director-General and his staff, with the best will in the world, can achieve results only with the encouragement, vision and guidance provided by the Member States of the Organization.

The wisdom of the Health Assembly has in the past directed the Organization into productive work. The progress achieved during the year for which this report is made augurs well for the future of WHO. The Director-General is indeed confident that, with the continued co-operation of all Member States, there is no limit to the contribution WHO can make to the efforts now evident in all countries to raise health levels, and thus to improve the economic and social conditions of the under-privileged people of the world.

SECOND MEETING

Monday, 14 May 1956, at 10 a.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Review of Work during 1955: Annual Report of the Director-General (continued from the first meeting, section 4)

Agenda, 7.3

The Chairman opened discussion on the administrative and financial aspects of the Annual Report of the Director-General for 1955 (Official Records No. 67, Chapter 10) and on the introductory statement made at the first meeting by Mr Siegel, Assistant Director-General, Administration and Finance (see Appendix to minutes of that meeting, above).

Dr Van den Berg (Netherlands) expressed his appreciation of the statement made by Mr Siegel at the first meeting. The financial situation, which was excellent, called for no comment. With regard to the important statement on the personnel policy, he warmly welcomed the Director-General's decision to begin granting career-service appointments to professional staff. He felt that the past policy of offering contracts for a maximum of five years did not always make it easy to attract persons of the calibre desired. He asked how many appointments had been made under the new policy.

The Chairman said that the delegate of the Netherlands had drawn attention to a section of the report which many regarded as a highlight, namely, the inauguration of a system amounting to something like a permanent international civil service.

Mr Zohrab (New Zealand) also welcomed the new and important policy. He asked what steps the Director-General intended to take in the near future and in the distant future towards the goal of a career service in WHO.

Mr Saita (Japan) congratulated Mr Siegel on his clear statement on the financial and administrative
position of WHO. It was encouraging to hear that 1955 had been the best year in the Organization’s history from the administrative and financial point of view. It was impressive to know that so many governments had paid their contributions to the Organization, both their annual contributions and, in some cases, arrears. One of the Health Assembly’s most important accomplishments was the successful establishment of the tradition that Members lived up to their obligations, including their financial obligations, to WHO. He hoped that that tradition would continue.

Referring to the remarks made at the first meeting by the delegates of the Union of South Africa and of the United States of America on the status of contributions, he said that in his delegation’s view the time had come for the Committee to consider seriously the action to be taken with regard to arrears of contributions so that a solution could be found to an embarrassing problem which had occupied the attention of Health Assemblies for a number of years.

The Chairman said he was sure that the Committee would wish the congratulations expressed to Mr Siegel to be extended to the staff.

The Committee would deal with the question of arrears when it resumed discussion of item 7.18 of the agenda.

Dr Mellbye (Norway) expressed his appreciation of Mr Siegel’s encouraging report. His delegation had been particularly interested in the statement on the staff situation.

The World Health Organization, having emerged from the formative period, had indeed proved its value. From small beginnings it had grown to be one of the largest of the international organizations, based on broad foundations. During its early years the growth of any organization was closely and critically watched by governments anxious to determine whether it was to be a failure, or a success worthy of the investment of large contributions. It was now established that WHO was a success.

One of the main contributory factors to its success was the work of its staff. The early years of an organization were a period of inspiration for its staff, who were aware that any programme undertaken would be subject to criticism, particularly when—as in WHO—the work was carried out under the very eyes of the governing Members. Early programmes were also limited in time and scope to give the quick results required to convince governments of their value. The early years were stimulating and attracted and required a dynamic and enthusiastic staff conscious of doing serious and difficult work.

After nine years WHO was embarking on another type of programme, wider in scope and with more distant goals. The Organization was stabilized and governments might tend to become less watchful and to pay their contributions more as a matter of routine. The stimulation, fostered by the possibility of constant criticism, would decrease but the need for well-trained experienced personnel, enthusiastic and hardworking, was greater than ever.

The main dangers to be guarded against would arise from the inside—impatience, frustration, bureaucracy, a feeling among the staff of insecurity, of a lack of opportunity for promotion or salary increases. Those were characteristic of any administration and had to be constantly met and solved. His delegation was glad that the Director-General was giving further consideration to those problems. He agreed with the view that in a permanent organization there was need for career-service appointments among the professional staff to give them an increased sense of security, to ensure the stability of long-term programmes, and to encourage the staff to identify themselves with the Organization and the success of its work. Under wise leadership this would secure a valuable spirit of criticism from within the Secretariat itself. He also hoped that it would be possible to find ways of giving greater security to field staff.

He had noted with interest the arrangements which had been made by the Director-General with the Rockefeller and Kellogg Foundations for fellowships to be provided each year to a few selected staff, who would be granted leave of absence for advanced studies. In his view, however, while expressing gratitude to the Foundations concerned for their generosity, WHO should in future finance such fellowships out of its own budget. A large international governmental organization should not have to rely on private foundations to keep up the standard of the staff. His delegation asked the Director-General to include in his next budget the funds necessary for fellowships to staff members. He thought that staff—both those who would qualify for career-service appointments and those serving for a fixed term—would benefit from regular leave of absence with full salary for further study and field work on an average every fifth year. The necessity of keeping up the standard of the staff in all branches was so important that too much attention could not be paid to it.

His delegation would welcome a further statement by the Director-General at the next World Health Assembly on the personnel policy in WHO.
He stressed the need for liberal working conditions for key professional staff in WHO. He was gratified to note that the number of persons employed at Headquarters and in the regional offices had increased only a little. However, now that the Organization was turning to long-term programmes it was important that the staff should not be overburdened with excessive work. Limitation of the numbers of personnel should not be a goal in itself: key personnel should not be given work and responsibility without the necessary tools.

With regard to the question of centralization and regionalization, he welcomed Mr Siegel’s reassurance that WHO would continue to be a world organization. The personnel policy was relevant to that question also, since the provision at Headquarters of staff of the highest professional standing would ensure that regional offices would look to Headquarters for guidance. He hoped that reports on the position would be made regularly to the Executive Board and the Health Assembly.

The Chairman agreed that WHO was indeed a successful organization. The Committee on Administration, Finance and Legal Matters could contribute to the preservation of the success of WHO by a penetrating review of the administrative and financial affairs of the Organization and by not hesitating to present its friendly and constructive criticism.

Mr Brady (Ireland) joined preceding speakers in congratulating the Assistant Director-General on his clear review. The Organization had reasons for satisfaction: the financial position was sound and the collection of arrears had improved. The efficient work and application of the Secretariat had contributed much in bringing about that situation and he thought that an expression of approval on the achievements to date should be placed on record. There was a tendency for an efficient administrative machine to be taken for granted. Such an attitude could be regarded as a proof of success, since the opposite position created the need for serious complaint and criticism of shortcomings—and that was not the case with regard to the Secretariat of the Organization.

It was gratifying to note that the recruitment of personnel with adequate qualifications and the proper international attitudes no longer presented a major problem. The introduction of career-service appointments and longer-term contracts was an interesting experiment. There was certainly a need to attract staff of the proper quality to international organizations, but in an organization like WHO an important factor in maintaining vitality would be the introduction from time to time of fresh minds from outside in the senior posts. Because of the implications of the proposals for the future structure of the Secretariat, he asked for further information on the action intended under the new policy.

It appeared that the income from the Technical Assistance funds in 1956 might be insufficient to cover the cost of approved projects for that year. That problem would doubtless be dealt with by the Committee on Programme and Budget. He hoped action would be taken to keep commitments within the limits of income, in order to avoid the difficulties that had occurred in the Technical Assistance programme in earlier years because of over-optimism regarding the receipt of contributions.

He agreed with the remarks of the delegate of Norway on the Assistant Director-General’s important reference to the role of WHO as a world organization. WHO had been conceived as a body with the aim of universality in membership and objectives—an ideal which was on the way towards being realized. It was therefore all the more important that the universal aims should not be endangered by excessive thinking on regional lines.

Dr Ibrahim (Iraq) expressed his appreciation of Mr Siegel’s statement. He noted that only four countries had contributed to the Malaria Eradication Special Account and hoped that other nations would follow suit.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, thanked the Committee on behalf of the Director-General and his staff for the appreciative comments made in the discussion concerning the administrative and financial affairs of the Organization. The Director-General had always believed that Members of the Organization must be kept fully informed about its activities, and, in the present committee, of its financial and administrative development. The Organization would continue to progress under the guidance of its Members.

The discussion had centred on personnel policies, since the financial aspects seemed to have developed to a satisfactory stage. The plan to permit the granting of career-service appointments had been evolved and worked on for a number of years. The Director-General had chosen 1956 as the year in which to take the first steps towards granting career-service appointments. The United Nations and some specialized agencies had been making such appointments for some time. The plan was to issue over a period of about five years, beginning in 1956, career-
service appointments, with the ultimate aim of having 75 per cent. of the established posts of the Organization held by staff with such appointments. During 1956 it was planned to issue career-service appointments to about 20 per cent. of the internationally recruited staff and to continue at the rate of 15 to 20 per cent. each year over the five-year period until the objective of 75 per cent. had been reached. Those appointments would be issued to all types of internationally recruited staff, both technical and administrative; arrangements had already been made which provided a similar tenure of appointment for locally recruited staff.

With reference to the arrangements made with two Foundations for the granting of fellowships to staff of the Organization, the Director-General had given great consideration to the provision of training facilities to enable the staff to participate in refresher courses and undertake advanced study in their field of work so that they could remain informed of current developments in their special subjects. The arrangements with the two Foundations had helped considerably over the last two or three years and there was reason to think they would continue. It might however be desirable for the Organization to find ways of financing a similar arrangement from its own budget. The methods of doing so and the costs involved would be studied and a report made, perhaps to the next Assembly.

The CHAIRMAN said that the Committee should report its findings to the Committee on Programme and Budget, so that the latter could incorporate in its own draft resolution a statement to the effect that the Health Assembly noted with satisfaction that its own draft resolution a statement to the effect that arrangements to about 20 per cent. of the internationally recruited staff and to continue at the rate of 15 to 20 per cent. each year over the five-year period until the objective of 75 per cent. had been reached. Those appointments would be issued to all types of internationally recruited staff, both technical and administrative; arrangements had already been made which provided a similar tenure of appointment for locally recruited staff.

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mittee had been informed that a new system had been introduced in 1955 which it was thought would simplify record keeping and reporting of the status of the inventory by technical officers in the field.

The ad hoc committee had noted the statement of the External Auditor regarding contingent liabilities and was satisfied with the way in which those items were dealt with by the Organization. It had also been satisfied with the reports on the Technical Assistance programmes for 1955.

Dr Brady then quoted paragraph 17 of the External Auditor’s report:

I am pleased to state that the financial operations of the Organization are carefully handled and I have therefore no specific detailed observations to make.

I am satisfied that the Office of Internal Audit and its auditors stationed in the regions have continued to carry out valuable and reliable work, which has also greatly facilitated my task.

Finally, he noted that the ad hoc committee had presented a draft resolution for the consideration of the Committee on Administration, Finance and Legal Matters.

The Chairman expressed the thanks of the Committee to Dr Brady and the External Auditor and invited the Committee to consider the draft resolution.

**Decision:** The draft resolution submitted by the ad hoc committee, accepting the Director-General’s Financial Report and the Report of the External Auditor for the financial year 1955, was approved (see first report, section 1, page 393).

### 3. Status of Annual Contributions and of Advances to the Working Capital Fund

(continued from the first meeting, section 5)

The Chairman invited the Committee to continue its discussion of the status of annual contributions and recalled that at the last meeting the question had arisen of two Members that were unfortunately so far in arrears that the Committee was bound by resolution WHA8.13 to consider imposing sanctions under Article 7 of the Constitution. He was pleased to inform the Committee that Mr Siegel now had further information.

The Secretary recalled that it had been suggested at the last meeting that a further communication should be addressed to the Governments of Bolivia and Ecuador to obtain information about their intentions regarding their arrears in contributions. Bolivia had already sent a communication stating that the Government had budgeted for the present year an amount that would permit it to pay its assessed contributions for 1953 and 1954, and that a cheque for that amount would be sent to the Organization by the end of the month. A communication had also been received from Ecuador to the effect that the sum of $1075 was being remitted at once and that during the next week steps would be taken to pay the balance owing, up to and including 1954. The Government of Ecuador asked the Director-General to assure the Health Assembly that the matter would be liquidated very soon, and hoped that no difficulties would arise regarding the work of its delegation at the present session.

Sir Arcot Mudaliar (India) described the two replies as satisfactory and suggested that no further action should be taken.

Mr Saita (Japan) was gratified to learn that the two governments which were in arrears with their contributions were proposing to fulfill their obligations, but felt that it might be well if the resolution to be adopted on the present item recalled to Member countries their responsibility for meeting their financial obligations promptly.

Mr Coote (United States of America) was glad that there was no need for action and agreed with the last speaker that it might be desirable to stress the matter of punctuality in the payment of contributions so that the need for raising the problem at each successive session would no longer arise.

Dr Bernhardt (Federal Republic of Germany) and Mr Dupont-Willemin (Guatemala) agreed with the delegate of India.

Mr Botha (Union of South Africa) supported the views expressed by the delegates of Japan and the United States of America. The fact that one of the countries involved was in the particularly privileged position of designating a member to serve on the Executive Board increased the seriousness of the situation. However, the matter of main concern to his Government (on account of which he had intervened in the earlier discussion) had been settled, in that replies had now been received.

Mr Alcerro (Honduras) said that it was clear that no sanctions need be taken.

Dr El-Wakil (Egypt) considered that the resolution of the Eighth World Health Assembly was enough to draw the attention of Member governments to their financial obligations, and therefore supported the Indian proposal.
Summing up the feeling of the Committee, the Chairman said that the responses of the Governments of Bolivia and Ecuador had been gratifying but that, at the same time, the Committee considered the question of arrears to be an important one; if there were no objections he would propose that the matter should be left to the Rapporteur, who would draft a suitable resolution.

_It was so agreed (see first report of the Committee, section 4)._ 

4. Review of the Status of the Assembly Suspense Account

Agenda, 7.20

Review of the Status of the Publications Revolving Fund

Agenda, 7.22

The Chairman suggested that the Committee should discuss items 7.20 and 7.22 of the Agenda together, since the working paper on the subject of availability of casual income was relevant to both.

_It was so agreed._

The Chairman drew the Committee's attention to its terms of reference under resolution WHA9.2 which specified that it should review the financial position of the Organization including, _inter alia_, the status of the Assembly Suspense Account and of the Publications Revolving Fund. The findings of the Committee would have to be available to the Committee on Programme and Budget when it considered the ceiling for the 1957 budget.

Dr Brady, representative of the Executive Board, said that at its seventeenth session the Board had examined the amount of casual income estimated to be available to help finance the proposed 1957 budget. Its findings were reported in Part II of its report (Official Records No. 69, page 56, section 4.3).

He pointed out that at the time of the preparation of the proposed budget for 1957 (Official Records No. 66), the cash balance available in the Assembly Suspense Account had been estimated at $132 170 (the actual cash balance at the end of 1955 amounted to $132 796). However, as indicated in the document before the meeting, the Assembly Suspense Account had increased by $29 720 over that estimate to a total of $161 890, owing to collections of arrears of contributions.

Secondly, he referred members to the Executive Board's resolution EB17.R46 concerning the Publications Revolving Fund. The Board had noted that, after reserving the sum of $37 000 to be used as casual income for the 1957 budget, there remained a balance of $35 680, and that "additional expenditure from the Fund will be necessary in 1957 to print additional copies of the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death for sale, which will require more than the present balance of $35 680 in the Fund." It had therefore recommended "that the balance as at 31 December 1955 be left in the Fund ".

The Secretary said that the document before the meeting contained a summary of the amount of casual income available and which could be used by the Health Assembly to help finance the proposed 1957 budget. It would be seen that there had been an increase in the amounts estimated in Official Records No. 66, page 9: on 30 April 1956, Miscellaneous Income available stood at $154 580 (an increase of $9080 over the estimate of $145 500) and the Assembly Suspense Account totalled $161 890 (an increase of $29 720 over the estimate of $132 170).

In accordance with past procedure the Committee might wish to recommend to the Committee on Programme and Budget the amount of casual income available that could be used towards financing the 1957 budget.

The Chairman noted that the total amount of casual income available, namely $355 800, was much smaller than in previous years. At the time of the previous Health Assembly it had stood at approximately $1 200 000. The Organization, however, could not have it both ways, and once the arrears of contributions had been collected there was bound to be a decrease in the casual income available. The prospect of collecting further arrears was not comparable with that existing in previous years. The Committee might wish to inform the Committee on Programme and Budget that the sum of $355 800 was available towards the financing of the 1957 budget.

Mr Coote (United States of America) said that several references had been made to the fact that the largest contributor, because of legislative procedure, had not been able to pay its contribution in full before the year end. In that connexion, he was pleased to inform members of the Committee that the United States House of Representatives and Senate had taken action independently to enable the United States to contribute in full the sum of $349 790 which was due as the balance of its contribution for the year 1955. That action had still to be approved by the Congress as a whole, but since it had already been approved by its two Chambers separately that would be a mere formality. The Organization could, therefore, expect full payment very soon.
He wondered whether the forthcoming contribution from the United States would have any influence on the total availability of casual cash income for the 1957 budget.

The Secretary said he would have liked to have been able to report a greater casual cash income. Indeed, at the previous Health Assembly the Committee on Administration, Finance and Legal Matters had proposed to reserve part of the casual cash income then available for use during subsequent years, but the Eighth World Health Assembly had decided otherwise. At the end of 1955, the Organization had had to cover with an advance from the Working Capital Fund a cash deficit (difference between obligations and income) of $470,753. As he had already pointed out in his statement to the first meeting of the Committee, contributions for 1955 received in the first four months of 1956 had reduced that advance from the Working Capital Fund, the only one outstanding, to $384,104.

The advance from the Working Capital Fund had to be repaid first, before any sum could be credited to the Assembly Suspense Account. Consequently, the amount to be received from the United States would have to go to the Working Capital Fund, still leaving a deficit of over $30,000.

Mr Foesselin (France) asked whether the sum of $355,800 represented the casual income available at 30 April 1956, or whether it represented an estimate of casual income which would be available on 31 December 1956, and could then be used to help finance the 1957 budget. If the latter were the case, he wondered whether the Organization would still have the sum of $161,890 available to it on 31 December 1956, or whether part of that sum would not by then have been used to finance expenditure incurred in 1956.

Referring to the paragraph of the document dealing with the Publications Revolving Fund, he expressed the opinion that the Committee could not discuss the sum of $37,000. In short, he wondered whether the Committee was in a position to assure the Committee on Programme and Budget that a sum of $355,800 would be available for the 1957 budget.

The Secretary said that the sum of $355,800 represented the amount of casual income available at 30 April 1956. That amount was available and could be used by the Assembly to assist in financing the 1957 budget.

As for the sum of $161,890 specifically mentioned by the French delegate, that amount was available since the sum of $960,822 appropriated by the Eighth World Health Assembly for the 1956 budget had already been deducted from the Assembly Suspense Account (Official Records No. 70, page 21). At the end of 1955 the balance of the Assembly Suspense Account had stood at $132,796. Since then payment of arrears of contributions had brought that balance to $161,890.

The question of the availability of the sum of $37,000 in the Publications Revolving Fund had already been dealt with by the representative of the Executive Board. In that connexion he wished to refer members of the Committee to the Executive Board's resolution EB17.R46, and also to the comments of the Standing Committee contained in Official Records No. 69, page 31, paragraph 2.1.4.2.

In reply to a further question from the French delegate, the Secretary confirmed that the sum of $355,800 was available in cash and could be used for financing the 1957 budget.

Mr Saita (Japan) referred to the Secretary's statement that receipts from arrears of contributions should be paid into the Working Capital Fund to repay advances made by that Fund to the Organization. If that were the case, the sum of $29,720 resulting from collections of arrears of contributions, and referred to in the document before the meeting as increasing the cash balance in the Assembly Suspense Account should not have been included in the total amount of the casual income available. While that document stated that collection of arrears of contributions since 1 January 1956 represented $29,720, the document circulated on the status of annual contributions and advances to the Working Capital Fund stated that:

On 1 January 1956 the arrears for 1955 and prior years were $769,242. Since that date payments amounting to $117,615 have been received, leaving a balance outstanding of $651,627.

He wondered which figure was correct: $29,720 or $117,615?

The Secretary said that it was necessary to distinguish among arrears of contributions in respect of different years. For instance, the United States arrears for the year 1955 could be used only in respect of arrangements made for 1955. Arrears of contributions received for years prior to 1955 were dealt with in accordance with the arrangements made for the years in question. By the end of 1955 there were no outstanding advances from the Working Capital Fund in respect of years prior to 1955. That being the case, the sums received in respect of years prior to 1955 were not owed to the Working Capital Fund and could thus be credited to the Suspense Account.
The CHAIRMAN said the Committee had to decide what amount of casual income could be recommended to the Committee on Programme and Budget as being available to help finance the 1957 budget. The Committee might wish to recommend that the amount of $355,800 should so be made available.

It was so agreed (see the first report of the Committee to the Committee on Programme and Budget, reproduced in the minutes of the third meeting, below).

The CHAIRMAN pointed out that a separate resolution was needed for the Publications Revolving Fund, and read out a suggested draft.  

Decision: The draft resolution was approved (for text, see first report of the Committee, section 2).

5. Scales of Assessment  
Agenda, 7.16

The CHAIRMAN said that under the same item the Committee would be called upon to deal with three specific points:

(1) Item 7.16.1 — Report on the implementation of resolution WHA8.5 (which resolution provided for the adoption of certain principles of assessment by stages over a period of four years);

(2) Item 7.16.2 — Review of the assessments of Austria, Burma and Ceylon;

(3) Item 7.16.3 — Assessment of Korea. (The Executive Board, at its seventeenth session, had found that the decision on the scale of assessment for Korea after the year 1956 was subject to different interpretations, and had decided to include the item on the agenda, in case the Health Assembly wished to consider the matter.

Mr de Villegas (Spain) said that when two years previously the World Health Assembly had decided to modify the principles of the scale of assessment to bring it into closer relationship with the United Nations scale, his country had made certain reservations concerning the application of the scale of an organization of which it was not a Member. Since then Spain had become a Member of the United Nations and had questioned its assessment under that organization’s scale. No decision had as yet been taken in the matter and, pending such a decision, he wished to reserve the position of his Government regarding the scale of assessment.

(For continuation of discussion, see third meeting, section 2.)

The meeting rose at 11.55 a.m.

THIRD MEETING  
Monday, 14 May 1956, at 3 p.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)
2. Availability of Casual Income

The Committee on Administration, Finance and Legal Matters reports to the Committee on Programme and Budget the following maximum availability of casual income:

<table>
<thead>
<tr>
<th>Estimated in Official Records No. 66, page 9</th>
<th>Maximum availability at 30 April 1956</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US $</td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>145 500</td>
</tr>
<tr>
<td>Available by transfer from cash portion of Assembly Suspense Account</td>
<td>132 170*</td>
</tr>
<tr>
<td>Available by transfer from Publications Revolving Fund to finance 1957 Fund operations</td>
<td>37 000</td>
</tr>
<tr>
<td>Assessments on new Members from previous years</td>
<td>2 330</td>
</tr>
<tr>
<td></td>
<td>317 000</td>
</tr>
</tbody>
</table>

* As at 31 December 1955 this amount was $132 796 (Off. Rec. Wld Hlth Org. 70, 21).

The Committee on Administration, Finance and Legal Matters recommends to the Committee on Programme and Budget that a total amount of casual income of $355 800 be used to finance the 1957 budget.

Decision: The report was adopted without comment (see minutes of the seventh meeting of the Committee on Programme and Budget and also the first report, section 1, and the sixth report, section 1, of that Committee).

2. Scales of Assessment (continued from the second meeting, section 5)

Review of Assessments of Austria, Burma and Ceylon

The Chairman invited the representative of the Executive Board to introduce the item.

Dr Brady, representative of the Executive Board, drew attention to resolution WHA8.5, in particular to paragraph 5 of the operative part and its subparagraph (2) which referred to Austria, Burma and Ceylon, and called for the Executive Board to review the situation in respect of those three countries.

The resolution clearly reflected the Health Assembly's intention that the scale of assessment used by WHO should be converted to correspond to the United Nations scale of assessment, with the modifications necessary to take account of differences in membership. The Board had felt that the United Nations had the machinery necessary for establishing a scale of assessment—an advantage not possessed by WHO—and moreover that it would create a difficult situation if the assessment in WHO of any country differed appreciably from its assessment in the United Nations. Since Austria, Burma and Ceylon were now Members of the United Nations, they would have an opportunity of presenting their case to the United Nations if they considered their assessment unduly high. The Board's recommendations, based on the above considerations, were embodied in resolution EB17.R33, Assessments of Austria, Burma and Ceylon. He also called attention to Annex 9 of Official Records No. 68, which contained all the relevant information.

The Chairman said that he had been authorized by the delegate of Ceylon to state, in his absence, that the delegation of Ceylon accepted the Executive Board's recommendation for the adjustment in the assessment of Ceylon in three annual stages, as indicated in the Board's report, and would accept the assessment fixed by the United Nations.

Mr Strobl (Austria) drew the Committee's attention to the document before the Committee (Unpublished giving his Government's position on resolution EB17.R33.

In view of the extremely heavy financial burdens at present weighing on his Government following on the terms of the State Treaty, and which totalled more than $150 000 000; and in view, moreover, of his Government's understanding that the assessment of Austria in the United Nations would be reduced from 0.39 per cent. to 0.36 per cent., he submitted the following draft resolution for the Committee's consideration:

The Ninth World Health Assembly,

Recalling that the Eighth World Health Assembly, in resolution WHA8.5, reaffirmed its decision that the United Nations scale of assessment should be used as the basis for the scale of assessment in WHO and that WHO should progress toward the full application of the necessary adjustments to be made in four annual stages beginning in 1956;

Recalling further that the special assessments of Austria, Burma and Ceylon were fixed for 1956 only, to be reviewed by the Ninth World Health Assembly;

Having studied the report by the Director-General, and the report of the Executive Board on the scale of assessment with respect to Austria, Burma and Ceylon,

DECIDES that the assessments of Austria, Burma and Ceylon should remain unchanged for one single year more and that commencing with the
assessment for 1958 they shall be assessed in accordance with the principles set forth in resolution WHA8.5 at the stages they would normally have been, provided that the adjustment with respect to Austria should be made starting from the basis of 22 units.

The application of the resolution might be limited to Austria and Burma, since Ceylon had signified its acceptance of its assessment.

Mr Ba Sein (Burma) urged that the question of the assessment of Austria, Burma and Ceylon be deferred for a year until the General Assembly of the United Nations had had an opportunity to consider the recommendations to be put before it at its next session by the United Nations Committee on Contributions. Burma’s assessment would probably be reduced as a result of adjustments arising from the increase in United Nations membership.

Mr Botha (Union of South Africa) asked if the Secretariat would explain the exact situation as to the United Nations scale of assessment, leaving aside for the time being all considerations of an economic character. He had been under the impression, from a study of the report of the Committee on Contributions (United Nations document A/3121), that the reduction to which the delegate of Austria had referred did not represent any deliberate change of assessment but merely an automatic readjustment arising out of an increase in the total number of Members of the United Nations.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, said that the report of the United Nations Committee on Contributions to which the previous speaker had referred had only just been released and would be considered by the 1956 session of the General Assembly. The recommendations therein could not be interpreted as representing any official decision of the United Nations until they had been adopted, either as they stood or amended, by the General Assembly. It was correct to say that all Members would benefit from some reduction owing to a rise in total membership. The percentage proportions in WHO would be somewhat less than in the United Nations because of the former’s larger membership.

Mr Botha (Union of South Africa) thanked the Secretary for his explanation. The question at issue therefore remained whether a decision on the assessment of the countries concerned should be postponed for a further year. He wondered whether Burma had economic reasons for requesting postponement or whether it was merely expecting a reduction in its United Nations assessment.

Mr Ba Sein (Burma) made it clear that his Government was prepared to accept whatever assessment the Health Assembly decided on the basis of the United Nations scale of assessment. It was, however, anxious that the matter should be postponed for another year in case the General Assembly of the United Nations introduced any modification.

Dr Bernhardt (Federal Republic of Germany) strongly supported the draft resolution proposed by the delegate of Austria.

Sir Arcot Mudaliar (India) was warmly in favour of the draft resolution submitted by the Austrian delegation. Austria and Burma were experiencing financial difficulties and deferment of change in their assessments would enable them to raise the question in the United Nations if they so desired.

Mr Brady (Ireland) added his support of the draft resolution, which was in conformity with the Health Assembly’s tradition of giving sympathetic consideration to special cases when it determined the scale of assessment. Moreover, the resolution would also have the important effect of bringing the assessments of Austria and Burma into line with their assessments in the United Nations for future years, thus avoiding the necessity of reconsidering those two countries’ position at the next session.

Mr Coote (United States of America) expressed agreement with the previous speakers. It would have been unwise to defer indefinitely bringing the WHO scale into line with that of the United Nations, but, since the draft resolution secured the position in that respect for future years, he would accept it.

The Chairman felt that the position of Ceylon gave rise to some difficulty in view of the statement he had made earlier on behalf of the delegate of Ceylon, who had been unable to attend the present meeting. He was sure that the Committee would share his wish not to take any invidious decision concerning that country in the absence of its delegate.

Dr Van den Berg (Netherlands) suggested that further consideration of the item be postponed until the Committee’s next meeting so that the delegate of Ceylon might have an opportunity of stating his position following the draft resolution submitted by the Austrian delegation.

Mr Geeraerts (Belgium) believed it would be preferable for discussion on the item to be concluded at the present juncture and accordingly suggested
that the Committee might agree to accept the draft resolution provisionally as it stood, including Ceylon, that delegation being free to take advantage of the provisions of the resolution if it desired. A final decision on the draft resolution could then be taken later.

Sir Arcot Mudaliar (India) was also of the opinion that it would be preferable for the draft resolution to be accepted provisionally on the understanding that the delegation of Ceylon would be free to take whatever stand it saw fit.

Dr Van den Berg (Netherlands) withdrew his suggestion in favour of the proposal made by the delegate of Belgium.

The Chairman noted that the consensus of the Committee was for Ceylon to be included in the provisions of the Austrian draft resolution, on the understanding that the delegate of Ceylon would have an opportunity of expressing his Government’s views on the matter when the report containing the resolution came up for discussion in the Committee.

He would take the sense of the Committee on the draft resolution submitted by the Austrian delegation before the recommendation submitted by the Executive Board in resolution EB17.R33.

Decision: The draft resolution submitted by Austria, provisionally referring also to Ceylon, was approved (see first report of the Committee, section 3.1.)

Assessment of Korea

The Chairman invited the representative of the Executive Board to introduce the item.

Dr Brady, representative of the Executive Board, calling attention to the wording of resolution WHA8.5, paragraph 5, subparagraph (1), noted that the Health Assembly had not requested the Executive Board to review the assessment of Korea. The Board had decided to include the item in the agenda of the Ninth World Health Assembly, so that the Health Assembly might have an opportunity to make such a review if it so desired, because the wording of the Eighth World Health Assembly resolution on the subject might be open to different interpretations.

The Chairman called attention to a draft resolution submitted on the assessment of Korea by the delegations of China, Japan, Thailand and Viet Nam, which read:

The Ninth World Health Assembly,

Having considered the assessment of Korea in the light of the special circumstances existing relating to war devastation,

DECIDES that the assessment of Korea should for the next five years continue to be fixed at the minimum assessment and that the situation concerning the assessment of Korea should be reviewed again in the year 1961.

Dr Paik (Republic of Korea) expressed his Government’s deep appreciation to all Member governments for the sympathetic consideration which they had in the past given to the assessment of Korea. Referring to the immense task of reconstruction facing his country, he emphasized the paucity of resources at its disposal and the extent to which it was still dependent on help from the specialized agencies of the United Nations and from friendly countries. He would therefore earnestly request the Committee to give favourable consideration to the proposal before it.

Dr Ma (China) sincerely hoped that the Committee would be sympathetic to the draft resolution in view of Korea’s economic plight.

Mr Saita (Japan) felt sure that there would be general agreement on fixing the assessment of Korea at the minimum figure for the next five years, as it was clearly impossible for that country to be sufficiently rehabilitated to pay more before that period had elapsed. He recalled, moreover, that the point had been raised by the Executive Board as a technicality and that the Board had not thereby intended to point to the need for a new assessment.

Decision: The draft resolution on the assessment of Korea was approved (see first report of the Committee, section 3.2.)

Assessments of New Members and Associate Members

The Chairman called attention to the assessment figures given in the document before the meeting for Morocco, Sudan and Tunisia, which had been admitted to full membership, and for the new Associate Members—The Gold Coast, Federation of Nigeria, and Sierra Leone. The Director-General had received from the United Nations Committee on Contributions the theoretical probable percentages at which those States would be assessed if they were to become Members of the United Nations. After those percentages had been adjusted to take into account the difference in membership between the United Nations and the World Health Organization, the assessments reached were: 16 units for Morocco, 13 units for Sudan, and 0.04 per cent. (the minimum) for Tunisia. As regards the Associate Members, the Committee’s attention was invited to resolution WHA3.86, which established the assessments of Associate Members at three units.
Dr Faraj (Morocco) said that his country accepted its assessment for 1957 but wished to continue to contribute at the rate of three units for the current year.

The Secretary believed that to avoid any misunderstanding it would be useful to point out that, in accordance with Financial Regulation 5.8 the assessments of the new Members would be applicable not only to 1957 but to the present year, since that was the year in which they became full Members.

Dr Faraj (Morocco) called attention to a possible difficulty, namely that his country's national budget had already been voted for 1956.

The Chairman considered that that point could be safely left for negotiation between the Organization and the Government of Morocco.

Dr Khair (Sudan) conveyed his Government's thanks for the election of Sudan as a full Member and, on its behalf, accepted the assessment given in the document under consideration, so that Sudan could shoulder its full responsibility with other Member States.

Dr El Materi (Tunisia) expressed gratitude that his country's contribution had been fixed at the minimum. Tunisia, a poor country, was at present faced with a particularly serious unemployment situation, some 350,000 out of a total population of three and a half million being unemployed.

The Chairman assumed that the Committee would not wish to consider any modification of the assessment of Associate Members, and that the assessment of the Gold Coast, Nigeria and Sierra Leone would therefore stand at three units.

Mr Botha (Union of South Africa) expressed concern at a decision being taken on the assessment of Associate Members at the present juncture, in view of the fact that the Committee would at a later stage be required to consider item 7.15 of the agenda referring to rights and obligations of Associate Members. Should any amendment be introduced in respect of the rights of Associate Members, there should be a reconsideration of their obligations. He wondered accordingly whether the Committee should not provisionally approve a draft resolution in respect of the three new Associate Members, on the understanding that any change in their status which might be decided upon later would have to be taken into account.

The Chairman said that though it might be possible to adopt at the present stage a draft resolution including a clause such as "provided that the rights of Associate Members remain unchanged", it would seem to him that the Committee could take an unconditional decision, since that would not preclude a review of the assessment of Associate Members should any change in their rights be agreed upon.

Mr Botha (Union of South Africa) was agreeable to taking a decision on that understanding. As the matter stood, he considered three units an equitable assessment. He had merely wished to emphasize the need for taking any change into account in the establishment of an assessment.

Sir Arcot Mudaliar (India) agreed with the Chairman's view that the Committee should confine itself to dealing with a draft resolution on the assessment of countries which had just been admitted into associate membership. Any decisions taken in respect of item 7.15 of the agenda would give rise to a review of several aspects of their position and would go beyond the question of assessment.

The Chairman accordingly read out a draft resolution for the consideration of the Committee, setting out the assessments of the new Members and Associate Members.

Decision: The draft resolution was approved (see first report of the Committee, section 3.3).

Mr Liveran (Israel) asked what was meant in resolution WHA8.5, by "the United Nations scale should be used as a basis for determining the scale of assessment to be used in WHO"? Was he to understand that WHO would use as a basis for fixing the WHO scale the report of the United Nations Committee on Contributions as submitted to the General Assembly or as approved by the General Assembly? The United Nations scale of assessment would in future apply for periods of three years and only for special reasons would the Committee on Contributions discuss the matter in the interval. Presumably WHO would not make retroactive any changes introduced as a result of United Nations decisions.

The Secretary explained that the effect of resolution WHA8.5 was to bring WHO's scale of assess-
ment into line with that of United Nations by four annual stages as outlined in subparagraphs 2 (1) to (4) of that resolution. The period after 1959 was covered by paragraph 2, subparagraph (5), to the effect that "in establishing the scale of assessment to be used in 1960 and future years, the Health Assembly shall further adjust the WHO scale to take into account the latest available United Nations scale of assessment". It was intended to adopt the United Nations scale of assessment as approved by the General Assembly.

Even if the United Nations Committee on Contributions were to recommend a change in the 1956 scale, WHO would not be able to make a retroactive change for 1956 or 1957.

Mr Liveran (Israel) thanked the Secretary for his explanations.

Mr Botha (Union of South Africa), while approving the recommendations made in the tentative scale before the meeting wondered whether the return of some of the inactive Members might not change the situation somewhat.

The Secretary said that one advantage of the unit system of assessment over the percentage system was to obviate the kind of difficulty which Mr Botha had in mind. The payment to be made by inactive Members for the 1956-57 period would be clearly fixed at the present session of the Health Assembly in the light of recommendations on the budget level to be made by the Committee on Programme and Budget.

Mr Botha (Union of South Africa) expressed his satisfaction with the explanations.

The Chairman suggested that the Committee might wish to ask the rapporteur to frame a draft resolution for submission to the Health Assembly. Such a draft resolution might read as follows:

_The Ninth World Health Assembly_,

Recalling that the Eighth World Health Assembly, in resolution WHA8.5, reaffirmed its decision that the United Nations scale of assessments should be used as the basis for the scale of assessment in WHO and that WHO should progress toward the full application of the necessary adjustments to be made in four annual stages beginning in 1956,

DECIDES that the scale of assessment for 1957 shall be as follows...

That would be followed by the scale of assessment given in the tentative scale before the Committee, as amended in the course of the discussion on the three parts of item 7.16.

It was so agreed (see first report of the Committee, section 3.4).

3. Confirmation of Resolution WHA6.37 and Admission of the Spanish Protectorate Zone in Morocco as an Associate Member

Agenda, 7.14

**Contribution of the Spanish Protectorate Zone in Morocco**

Agenda, 7.17

The Chairman suggested that the Committee's report should include mention of the fact that Morocco having been admitted to full membership in the Organization, the above items no longer had any substance and that it was therefore unnecessary to consider them.

Mr De Villegas (Spain) said that he was in complete agreement with the statement which the Chairman had just made concerning these two items, but would point out that, following a letter from his country's Minister of Foreign Affairs to the Director-General of the Organization and at the request of the Spanish Government, those two items had already been withdrawn from the agenda. He wished the notification of the Spanish Government to be added to any statement in the Committee's report.

Dr Faraj (Morocco) wished to take the opportunity of conveying the thanks of the delegation of Morocco to the Spanish Government for having withdrawn items 7.14 and 7.17 from the agenda by its letter of 16 April 1956, in which it recognized the independence and unity of Morocco.

4. Establishment of the Amount of the Working Capital Fund for 1957

Agenda, 7.21

Dr Brady, representative of the Executive Board, said that the Board considered both the form and content of the draft Working Capital Fund Resolution as it appeared on page 13 of Official Records No. 66, satisfactory. The form of resolution was the same as that of such resolutions in previous years; there appeared no necessity for change.

With regard to the content of the resolution, the Board had decided (resolution EB17.R34) to make no change in the scale of assessment for the Working Capital Fund until its first meeting in 1959 or until such time as an increase in the size of the Fund became necessary. The fact that the scale of assessment for contributions to the WHO budget was being changed over a period of four years and that some alteration might be made in the size of the
Working Capital Fund itself had deterred the Board from recommending any change in the scale of assessment for the Fund. Moreover—although the Board had not discussed that aspect—the resumption by inactive Members of participation in the work of the Organization, if it took place, might affect the position.

Mr Currie (Australia) wondered whether the resumption of active membership by inactive Members might not make it possible to reduce the size of the Fund.

The Secretary said that the amount proposed for 1957 was the same as for 1956 and included a sum representing advances yet to be received from inactive Members. The 1955 amount had proved adequate and so it had been assumed that the same figure would suffice for 1956, since the proposed budget was approximately the same as the budget for 1955. He added that in 1956 the WHO budget had been partly financed from a large casual income of some $1 200 000 which had been available in cash at the beginning of the year, and which would not be available in 1957. WHO would have only some $350 000 of casual income available for 1957. The amount of casual income available made a great difference in the extent to which WHO had to use the Working Capital Fund pending the receipt of contributions. For 1957 the Director-General was asking for an increase in the budget, there would be less casual income available, and it was hoped that at least some of the inactive Members might be returning to full participation in the Organization. The Board had, therefore, recommended no reduction in the amount of the Working Capital Fund. The question might arise whether the present level of the Working Capital Fund was in fact adequate; but it was felt unnecessary to recommend an increase until further experience had been gained.

The Chairman proposed that the Committee approve the draft Working Capital Fund Resolution on page 13 of Official Records No. 66, including the amount mentioned in footnote 1.

It was so agreed (see first report of the Committee, section 5).

5. Sessions of Regional Committees away from the Regional Headquarters

Dr Brady, representative of the Executive Board, said that the matter had been put on the agenda because the Board had had to approve a transfer of some $19 000 to the section of the Appropriation Resolution covering regional committees for the 1956 expenses of those committees. The Board had requested the Director-General to provide information on the places of meeting and costs, which information appeared on page 110 of Official Records No. 69. The Board had noted that there were differences in cost among the various regions and from year to year within the same region. The costs for the Western Pacific Region had been comparatively constant but elsewhere costs ranged from $3000 to $19 000 or $20 000. In view of the budgetary and financial implications of such discrepancies, the Board had thought fit to propose to the Health Assembly the draft resolution contained in its resolution EB17.R42.

Dr van den Berg (Netherlands) said that his delegation agreed with paragraphs 1 and 3 of the Board's recommended resolution but not with paragraph 2. In his view equality of treatment had always been WHO's aim. In that connexion the Health Assembly had agreed that it would be unfair for the Organization to ask Member States far distant from the meeting place of the Health Assembly to shoulder the entire burden of the travel expenses of their delegates; it had therefore been decided that WHO would contribute by paying the expenses of one delegate from each country to the Assembly. In the case of regional committees no such provision existed. Until it did, it would be unfair to hold regional committee meetings always at regional headquarters. On the other hand, there was much to be said for not holding the meetings too many years in succession away from regional headquarters. That was the consideration which had moved the Seventh World Health Assembly (in resolution WHA7.26) to recommend regional committees to consider holding meetings at the site of the regional office from time to time. That resolution contained the phrase, "taking into account the costs involved for the Organization and the Member States concerned", thus clearly indicating the Assembly's intention that not only the cost to the Organization was to be borne in mind but also the direct cost to Member States.

Paragraph 3 of the Board's recommended resolution was a legitimate request to the regional committees to give adequate notice of the places in which meetings were to be held, in order to avoid budgetary difficulties. He regarded paragraph 2, however, as unjust to countries remote from regional headquarters, whose difficulties would be made greater if, in order to enable meetings to be held away from headquarters, they were obliged to pay the extra costs. He therefore suggested the deletion of paragraph 2.
Mr Saita (Japan) said that his Government had always considered that most meetings should be held at regional headquarters in the interests of efficiency and economy. Yet governments should be free to extend an invitation from time to time, as personal contacts and acquaintance with the problems of countries remote from regional headquarters could promote understanding and co-operation. When such invitations were extended, the additional costs should be borne by the inviting government. It was true, of course, that distant countries would incur greater expense, but the advantages of acting as host might compensate for the expense involved. He therefore favoured the text of the Executive Board.

Mr Zohrab (New Zealand) shared Mr Saita’s views.

Dr Bernhardt (Federal Republic of Germany) seconded the Netherlands proposal, adding that if it was in the interest of a country to invite regional committees, it was also in the interest of the Organization and its experts to gain a first-hand experience of the inviting countries. He therefore saw no reason why the host country should bear the extra cost alone.

Dr Mellbye (Norway) thought that the benefit accruing to WHO experts and delegates to regional committee meetings in remote countries was likely to be insignificant. Such committees were often held at the busiest time of the year, and lasted but a few days. There was therefore little time in which to study the health problems of the host country. As there might be other reasons for a regional committee to meet away from regional headquarters, he wished to leave the way clear, but he thought that such meetings should be the exception and not the rule. He would therefore support the resolution proposed by the Executive Board.

Mr Brady (Ireland) said that the Executive Board resolution did not oblige regional committees to take any specific action on places of meetings or in regard to contributions to their costs. Paragraph 1 drew the attention of the regional committees to a previous resolution which left the places of meeting to be decided at the regional committee’s discretion, and paragraphs 2 and 3 merely provided that regional committees should consider matters of convenience, expense and timing in fixing their places of meeting. His Government was in favour of regional committee meetings being held normally at regional headquarters, but would agree that occasionally they should be held elsewhere.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) asked what regions had already acted along the lines of paragraph 2 of the Executive Board’s proposed resolution.

The Secretary said that the Western Pacific Region had adopted a system whereby host countries met additional costs. The Pan American Sanitary Organization held every other meeting away from headquarters and had approved a standard form of agreement with host countries which set forth the responsibilities of the host countries to meet part of the increased costs.

Dr Van Den Berg (Netherlands) asked whether the United States of America was considered as host government for meetings held in Washington.

The Secretary said that the question did not arise as the regional headquarters was in Washington.

Sir Arcot Mudaliar (India) appealed to the Committee to take a broader viewpoint. The South-East Asia Region had found it a great advantage for meetings to be held occasionally away from regional headquarters, since those responsible for the health of a country tended to take more interest in meetings held in their proximity than in those held in some remote headquarters. Moreover, if meetings were held only at regional headquarters, countries far away might find it difficult to understand why.

He would therefore suggest that the Committee should approve paragraphs 1 and 3 of the Executive Board’s resolution and ask the Director-General to consult regional committees on the extra costs involved in holding meetings away from regional headquarters and the reduction of such costs to a minimum compatible with efficiency.

Mr Tseghé (Ethiopia) and Mr Ba Sein (Burma) shared Sir Arcot Mudaliar’s views.

Mr Botha (Union of South Africa) drew the Committee’s attention to the large amounts involved (page 110 of Official Records No. 69). He wondered whether there were not some sites unsuitable for regional committee meetings by reason of the expense involved. There was no question of regional committees always meeting at their respective headquarters, paragraph 2 being intended to induce them to consider seriously before accepting invitations if abnormal costs were expected.

He therefore urged the Committee to approve the Executive Board’s resolution as it stood.

Dr Van Den Berg (Netherlands) considered Mr Botha’s interpretation of paragraph 2 reasonable,
but was unable to read it into the text. If the Board had intended to express those views, he would propose that the text be redrafted.

Mr Calderwood (United States of America) considered that there had been some misinterpretation of the text. Paragraph 2 merely drew the attention of regional committees to the desirability of host governments participating in increased costs involved; nowhere was it suggested that they should meet all the extra expense.

The Regional Committee for the Americas frequently held meetings away from regional headquarters but the costs were largely borne by the countries concerned and had not to be met by WHO. Regional committees might bear in mind Article 50(f) of the Constitution, concerning additional regional appropriations by governments of the region, when deciding on meetings away from headquarters.

The Chairman suggested that the Committee might like to have time to think over the various proposals before it.

Dr Van den Berg (Netherlands) thought that his views could be reconciled with those of the delegate of India by consultation in private. It was agreed that the delegates of India and the Netherlands should draft a joint proposal for submission at the Committee’s next meeting (see fourth meeting, section 2).

The meeting rose at 5.30 p.m.

FOURTH MEETING

Wednesday, 16 May 1956, at 10 a.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Adoption of the First Report of the Committee

The Chairman called on the Rapporteur to present the draft first report of the Committee.

Mr Pleić, Rapporteur, said that as the report had been distributed twenty-four hours before the Committee met it was not necessary for him to read the whole of it. There were two points however which the Committee had left to be drafted by the Rapporteur and to which he would therefore draw attention.

The first related to the Working Capital Fund and was in section 5 of the report.

The second point related to the last paragraph of the report in which he wished to make a small amendment. In the opening sentence of that paragraph, after the word “Committee”, he thought that the words “taking cognizance of the document submitted by the Government of Spain” should be inserted.

The Chairman asked whether the delegate of Spain agreed with the proposed amendment.

Mr de Villegas (Spain) said that his delegation fully agreed with the proposed amendment. The paragraph as amended was in line with the request made by his delegation at the third meeting.

The Chairman asked whether there were any further observations on the draft report.

Decision: The first report was adopted (for text, see page 393).

2. Sessions of Regional Committees away from the Regional Headquarters (continued from the third meeting, section 5)

Agenda, 7.9

The Chairman recalled that since the Committee’s discussion of the item at the third meeting the delegations of India and the Netherlands had proposed an amendment to the resolution recommended by the Executive Board, in its resolution EB17.R42, namely, to delete paragraph 2 of the resolution proposed by the Board and to substitute the following:

2. REQUESTS the Director-General, in consultation with the regional committees, to study further the question of additional costs to see how far the costs of holding sessions away from regional headquarters can be reduced consistent with efficiency;
Dr Al-Wahbi (Iraq) said that his delegation wished to be associated with the statements made in the earlier discussion by the delegates of Ireland, Japan and of the United States of America. Those statements and the explanation given in the report of the Executive Board (Official Records No. 69, page 27) made the position quite clear. His delegation was concerned with the question of principle and thought that any sharp fluctuation in the expenses of the Organization must necessarily have a deleterious effect on the programme. Paragraph 3 of the resolution recommended by the Executive Board in EB17.R42 showed that no interference was proposed with the discretion of the regional committees. Paragraph 2 of the same resolution merely invited the regional committee to consider whether part of the increased cost might be borne by the host government and did not make it mandatory to impose the costs on that government. His delegation therefore saw no need to change paragraph 2 of the resolution proposed by the Executive Board.

At another meeting the delegate of Ireland had remarked that if the Organization could not be considered an under-developed organization, it was clearly an under-nourished organization. His own delegation thought that no risks should be taken with the funds available and therefore supported the original resolution recommended by the Executive Board.

Mr Currie (Australia) agreed with what had been said by the delegate of Iraq and by the delegate of Japan in the previous day's discussion. His delegation preferred the resolution as recommended by the Executive Board.

Sir Arcot Mudaliar (India) said that if the elaborate and detailed comments of the Executive Board and those made in the present discussion were to be included in the minutes, the position would be clear to regional directors and regional committees, who would then not feel that the resolution was mandatory. He was not in a position to withdraw the amendment put forward by his delegation and that of the Netherlands, because Dr van den Berg, his supporter, was not at the meeting.

Miss Hessling (Netherlands) said that Dr van den Berg was strongly in favour of maintaining the proposed amendment.

Mr Calderwood (United States of America) had hoped that Sir Arcot Mudaliar's suggestion would be accepted. He did not think that there was any question of considering the Executive Board's proposed resolution as mandatory; it had been recognized in the discussions of the Executive Board that the question was one for decision by the regional committees. What the Executive Board had wished to do was to call attention to the procedures that had been followed and to the fact that the host government might be willing to help with the additional cost of holding the regional committee in its country. He did not quite understand why the amendment to the Executive Board resolution called for further study of a subject which had already been very fully considered. A further study would place an unnecessary burden on the Director-General, since the regional committees were already aware of the budgetary implications.

The Chairman asked Dr van den Berg, who was now present, whether he would be willing to consider the question further in view of the suggestion made by Sir Arcot Mudaliar.

Dr van den Berg (Netherlands) apologized for not having heard the earlier discussion as he had had to attend another committee. He was therefore in a rather difficult position, but he understood that the question was whether it would be enough to have the relevant considerations set out in the minutes or whether the resolution of the Executive Board should be amended. He had had a long experience in the World Health Organization and he thought that minutes were not often closely studied. Since an important question of principle was involved, he would strongly prefer to have an improved resolution and not to rely on the possibility that at some future date persons dealing with the question would read the minutes.

Mr Geeraerts (Belgium) said that the question of substance was in itself rather difficult. The funds available to the Organization were inadequate for all the programmes that it wished to carry out. If nothing could be done to solve that fundamental question, at least consideration could be given to the extent to which administrative costs might be cut in order to assist programmes. The World Health Assembly should therefore have the right to examine the effect of holding regional committee meetings away from regional headquarters. The resolution proposed by the Executive Board dealt with a question which had been considered for many years. A country whose seat of government was not near the headquarters of the regional committee might find it worth while to accept the additional costs of a meeting held away from regional headquarters for the sake of the advantages that it would derive from

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1 Reproduced in the appendix to these minutes p. 319
such a meeting, and would not of course have to meet the travelling expenses of its own delegates.

Dr Brady, representative of the Executive Board, said that the question had been already studied; the most recent information on the cost of meetings was recorded in Official Records No. 69, page 110. He could not see that a further study would be helpful. He was puzzled also by the reference in the proposed amendment to efficiency; the Director-General was in effect asked to compare the cost of holding sessions away from regional headquarters with efficiency. He thought that meetings away from headquarters always cost more and were always less efficient and that there could be no doubt as to the result of a study on that point.

Dr van den Berg (Netherlands) could not accept the suggestion of the representative of the Executive Board that meetings away from regional headquarters always cost more and were less efficient; it depended on what was taken into account in assessing cost and efficiency. Dr Brady had taken account only of the cost to the Organization's budget. His delegation was considering also the cost to Members, which was at present distributed very unequally, and had in mind the efficiency not only of the regional committee meetings but of the whole Organization. He thought that that efficiency would be improved if members of regional committees travelled and saw the countries with which their work was concerned.

Sir Arcot Mudaliar (India) also disagreed with the suggestion that meetings of regional committees away from regional headquarters necessarily cost more and were less efficient. The word "efficiency" had been introduced into the proposed amendment because cost was not the only thing that should be considered. Efficiency, as Dr van den Berg had said, was affected by members visiting other countries; his experience had satisfied him that the efficiency of a regional committee meeting was not less when it was held away from the regional headquarters.

The Chairman said that it did not seem that discussion was going to reconcile the two points of view. It would therefore be necessary to vote: first on the draft amendment and secondly on the resolution recommended by the Executive Board.

Sir Arcot Mudaliar (India) asked whether, if the Executive Board resolution were adopted, the clarification to which he had referred earlier would be included in the minutes.

The Chairman said the clarification would be so included. He called on the Committee to vote.

Decision: (1) The amendment proposed by the delegations of India and the Netherlands was rejected by 36 votes to 6, with 6 abstentions.

(2) The resolution recommended by the Executive Board in resolution EB17.R42 was approved by 44 votes to 1, with 4 abstentions (see second report of the Committee, section 1).

3. Use of the Arabic Language in the Regional Committee for the Eastern Mediterranean

The Chairman asked the representative of the Executive Board to open the discussion.

Dr Brady, representative of the Executive Board, said that the question had been discussed in the Executive Board from two points of view: first, on the principle of admitting a new language in the procedure of a regional committee, and secondly, as to the cost. On the first question, regional committees did in fact use various languages: in one regional committee there were as many as four; one committee used one language only. In the Eastern Mediterranean Region there were nine countries whose language was Arabic, and the Regional Committee had thought that it would enhance the efficiency of its work if Arabic were used as a working language in its proceedings. The question had been considered by the Executive Board, which had adopted resolution EB17.R10 supporting in principle the suggestion for the use of Arabic as a third working language, subject to budgetary possibilities, and asking the Director-General to submit a report on the matter to the Ninth World Health Assembly.

Dr Hayek (Lebanon) thanked the Director-General and the representative of the Executive Board for the adequate and clear material that they had provided for the discussion. The Constitution of WHO did not specify what should be the official language for a regional committee but, on the basis of Article 49, some regional committees had exercised a discretion in the matter. In the Regional Committee for the Americas, Portuguese was used as a fourth working language. In the Eastern Mediterranean Region, Arabic was the language of a considerable number of Member States. If the Organization intended its work to be widely known among the people, it was indispensable to provide for the use of Arabic, as not all of the inhabitants of the Region knew English or French, and particularly as the estimated cost seemed to be small. The Regional Committee had therefore recommended the use of Arabic as a third language, and the Executive Board
had supported that proposal. The figures given in Appendix 2 to the document before the meeting (see Annex 4) showed that the total cost for 1957 of using a third language in the Regional Committee of the Eastern Mediterranean would be $9600, of which $2030 was non-recurring expenditure.

His delegation would therefore submit the following resolution:

The Ninth World Health Assembly,

Having considered the resolution of Sub-Committee A of the Regional Committee for the Eastern Mediterranean recommending the use of the Arabic language as third language for Sub-Committee A of the Regional Committee, and in view of resolution EB17.R10 of the Executive Board,

1. DECIDES that Arabic shall be used as the third working language of the Regional Committee for the Eastern Mediterranean Region;
2. CONSIDERS that the expenses arising from the putting into force of this arrangement should be borne by the Regional Committee for the Eastern Mediterranean.

Dr RAMADAN (Egypt) referred to the meeting of the Regional Committee for the Eastern Mediterranean at which Sub-Committee A had recommended that Arabic should be used as a third working language. That proposal had been supported in principle by the Executive Board. His delegation stressed the importance and usefulness of using Arabic. It was not necessary for him to elaborate on the advantages, but he might mention that the use of Arabic would help to improve medical terminology in that language and that the inhabitants of the Arabic-speaking countries in the Region would have a better knowledge of what was done in the Regional Committee and by the Organization as a whole. For those reasons his delegation supported the proposal.

He did not attach great importance to precedents but he would mention that in the General Conference of UNESCO the use of Arabic was authorized and that other regional committees made use of languages other than the official languages. The cost, as had been stated, was not a serious drawback and in the view of his delegation was outweighed by the advantages of a greater comprehension of the work of WHO in the Region. The provisions for the budget of the Regional Committee could cover the cost. On a point of detail he thought that the resolution put forward by the delegate of Lebanon might be slightly amended by the insertion of the words "Sub-Committee A of" before the words "the Regional Committee " in paragraph 1 of the operative part.

Dr DIBA (Iran) recalled that at the meeting of Sub-Committee A of the Regional Committee the reasons for the use of Arabic had been enumerated and led to the adoption of a resolution recommending the use of Arabic. He was happy to note that the Executive Board had also supported the proposal in principle. His delegation now supported the resolution put forward by the delegate of Lebanon.

Mr TSEGHE (Ethiopia) did not accept the statement by the delegate of Lebanon that practically all the population of the Eastern Mediterranean Region used Arabic. It was not used in his own country. The delegate of Lebanon had said that the inclusion of Arabic as a third language would help the work of the Regional Office; but the delegation of Ethiopia, although approving the inclusion of Arabic as a working language, did not approve of the suggestion that there should be three working languages for the Region, especially as the cost of publications in three languages would be high. He proposed therefore that there should be, instead of three, two working languages, but was not prepared to suggest whether those two should be Arabic and English or Arabic and French.

Mr LAWRENCE (Liberia) supported the proposal for the use of Arabic. It was general knowledge that many persons in the Region used that language and some had no other. As matters were it was not possible for the ordinary person to attend or read about meetings of the Regional Committee and understand what was being done. It was a primary duty of the Organization to do its best to ensure that as many people as possible knew what WHO was doing and, if Arabic were adopted as a working language, publications which would not ordinarily interest the layman would become better known throughout the Region.

Dr HAYEK (Lebanon) regretted that he found it necessary to correct a part of the statement of the Ethiopian delegate. He (Dr Hayek) had not said that most people in the Region used Arabic: he had said that a large number of countries did. As Dr Brady had said, it was the language of nine Member States in the Region.

Mr LIVERAN (Israel) wished to explain the reasons for the resolution put forward by his delegation. In his country the Arabic language had an official status and was used in the work of several institutions. His delegation was therefore concerned to find a suitable method for putting into effect the use of
Arabic, as was desired not only by the Regional Committee but by the Executive Board. The sole question was to determine how that could be done by proper constitutional methods. The report provided by the Director-General (see Annex 4) showed that there was no one clear-cut method that had been uniformly adopted, but there was one thing common to all cases: in so far as the question affected a region, the regional committee gave its views, possibly in a recommendation to the Health Assembly. As budgetary considerations were involved, action in the World Health Assembly was also necessary. This, therefore, was not a matter at the sole discretion of one region, but one rather for the World Health Assembly as a whole. For that reason his delegation had circulated a draft resolution, the first to be put before the Committee on the subject. It read:

The Ninth World Health Assembly

RESOLVES that the costs incurred by the use of the Arabic language in the activities of the Eastern Mediterranean Region shall be borne by the Organization.

The procedure suggested would enable the Health Assembly to put the question of an additional language on a proper footing and, as the decision would be a decision of the Health Assembly, it seemed proper that it should provide for the cost. The resolution left the costs to be decided at a later stage by the Health Assembly, but the necessary data were set out in the report by the Director-General, to which he had just referred. The Assembly might, in its resolution, limit its decision to the year 1957 and later years.

The Constitution and the Rules of Procedure contained no provision in regard to languages except as to their use in the Health Assembly and the Executive Board or by implication, as the delegate of Lebanon had suggested, in the regional committees. What other use might be made of different languages was not a matter of official concern. The resolution of his delegation was intended to clarify the legal procedure so that there might be no doubt as to the position. The Chairman himself, in another meeting, had said that nothing should be done in respect of the Constitution unless the proposal had been properly studied. No action should be taken, therefore, which did not conform to the principles of the Constitution, and his delegation thought that his resolution provided for that.

The CHAIRMAN said that the topic before the Committee was interesting and important. It had heard a proposal by the delegate of Lebanon, amendments to that proposal by the delegates of Egypt and Ethiopia, and a proposal by the delegate of Israel. He thought that in the circumstances the Committee should see the various proposals in writing before proceeding to a decision. As some other members wished to speak, the discussion might continue on general lines until the texts had been circulated.

Dr HAYEK (Lebanon), in order to simplify consideration of the item, accepted the amendment to his proposal suggested by the delegate of Egypt.

Mr KHANACHET (Saudi Arabia) said he had understood from the debate that morning that a constitutional point was involved. The constitutionality of the regional organization in the Eastern Mediterranean Region was well defined and its relations to the World Health Assembly were clear. He hoped, therefore, that in the present discussion no constitutional question affecting the organization of the Eastern Mediterranean would be raised.

Mr SAITA (Japan) said that his delegation, after studying the documents and hearing the speakers, was ready to support the proposals for a third working language in the Regional Committee for the Eastern Mediterranean. The Health Assembly would be glad to see the work of the Regional Committee expedited and a more effective part in its work taken by all countries in the Region.

His delegation would therefore support the proposal, but had one question as to finance. In section 2 of the Director-General's report (Annex 4) there was a statement of the provision that would be necessary to give effect to the proposal, and in Appendix 2 of the same document there was an estimate of the cost in salaries and wages of providing for the use of Arabic. The amount of $1050 was provided and that seemed low. He asked whether the Secretariat was satisfied that that provision would be sufficient.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, said that the figures were the best estimates of the cost of providing for the use of Arabic as a third working language in the Regional Committee for the Eastern Mediterranean. The estimate was based on the experience in other places of the staff and equipment required for the use of three languages.

Mr SAITA (Japan) thanked the Secretary and said he was satisfied.
Mr Calderwood (United States of America) supported the proposal for the use of the Arabic language in the Eastern Mediterranean Region.

The Chairman said that as the various proposals would not be available in writing before the meeting rose, he proposed to postpone further consideration of the item until the next meeting.

(For continuation of discussion, see fifth meeting, section 2).


Agenda, 7.25

The Chairman asked the representative of the Executive Board to introduce the item.

Dr Brady, representative of the Executive Board, said that the Board had studied the document and taken note of it without raising any particular issues. It might therefore be more appropriate if the representative of the Director-General introduced the item.

The Secretary said that the Director-General considered co-ordination in administrative and budgetary practices among the members of the United Nations family to be extremely important. The developments which had taken place with respect to co-ordination in administrative and budgetary matters had been reported to the Executive Board at its seventeenth session and a report of the proceedings was contained in Official Records No. 68, Annex 20.

Two additional developments which had taken place since might interest the Committee. In his general report made at the Committee's first meeting, he had referred to the establishment by the United Nations General Assembly of a committee for the purpose of reviewing and studying in general salaries, allowances and other benefits for international civil servants. The committee would study the problems and practices of the specialized agencies as well as those of the United Nations.

The second development was related to the discussion which had taken place at the Eighth World Health Assembly in Mexico City on the authorization given by the United Nations General Assembly to the Advisory Committee on Administrative and Budgetary Questions to accept any invitation to study the specialized agencies at their own headquarters. Subsequently the Director-General had communicated with the Secretary-General of the United Nations and invited the Advisory Committee on Administrative and Budgetary Questions to visit the Headquarters of the World Health Organization for the purpose of considering, together with the Director-General, the problems of the Organization and the ways in which the administrative and financial policies were carried out. The Advisory Committee had replied that while it could not accept the invitation for 1956 (when it was already committed to visit two other specialized agencies), it would visit WHO Headquarters some time in 1957.

Mr Botha (Union of South Africa) appreciated the Secretary's statement which confirmed the intention of WHO to co-operate with the United Nations and other specialized agencies.

Mr Liveran (Israel) thanked the Secretary particularly for having referred to the discussions which had taken place in Mexico City. He was grateful to hear of the subsequent developments, which seemed to have been in complete accordance with the wishes expressed by the United Nations General Assembly the previous year and also to have found wholehearted acceptance by all the organs of the World Health Assembly.

His delegation was gratified to find that, as a result of a desire shared by two international organizations, co-operation could be made to work smoothly and produce proper results if attention was paid by the relevant organs of both bodies to discovering ways and means of implementing the resolutions by which one organization addressed itself to the other. That was particularly important, because the need for co-operation was likely to increase in the future and more organizations would require to co-operate. As a beginning, therefore, the Director-General's report was significant not only to WHO but to the United Nations and the specialized agencies.

Mr Clark (Canada), while welcoming the Director-General's declaration of his desire to co-operate with the United Nations and other specialized agencies, welcomed even more the tangible evidence which the Director-General had given of his intentions by inviting the Advisory Committee on Administrative and Budgetary Questions to study the World Health Organization. That committee, composed of highly qualified experts, many of whom had served for a number of years, was most useful to Member States in reviewing the budget of the United Nations. His delegation was awaiting its findings on the operations of WHO with keen anticipation.

Dr Mellbye (Norway) supported the views expressed by the delegates of the Union of South Africa, Israel and Canada.
Mr Coote (United States of America) commended the Director-General for his co-operation with the United Nations and other specialized agencies in the important field of administrative, financial and budgetary questions, and considered the activity to be mutually beneficial to the organizations concerned. Participation by WHO and other specialized agencies in the work of the committee that was to study the system of salaries and allowances would be very advantageous.

The Secretary said that, in view of the comments just made, it might interest the Committee to learn that the Committee of Experts, which was a committee of governments and which had been established to review the system of salaries, allowances and other benefits, had already begun its session in New York. At its seventeenth session the Executive Board had adopted a resolution (EB17.R69) in which it specifically invited the Committee to come to Geneva to study the problems of the Organization and the possible solutions which it was considering. The Committee of Experts would be coming to Geneva at the end of May.

Decision: The Committee approved unanimously a draft resolution proposed by the Chairman (for text, see second report of the Committee, section 2).

5. Correction of the French and Spanish Texts of Resolution WHA1.133

The Chairman asked the Deputy Director-General to introduce the item.

Dr Dorolle, Deputy Director-General, said that the item concerned a linguistic point of detail. The English text of resolution WHA1.133 correctly described the emblem of the Organization as an Aesculapian staff and serpent. In the French text the word "caduceus" had been used, so that the emblem described in the French text was not really that of the World Health Organization. The Committee was therefore asked to take the necessary action to rectify the French text, and also the Spanish text, which was translated from the French.

Mr Foessel (France) and Mr De Villegas (Spain) supported the resolution before the Committee incorporating the proposed change.

The Chairman asked whether the Committee would agree to leave the matter in the hands of the Rapporteur.

Mr Liveran (Israel) said the object of the changes should be to ensure that the symbol of the Organization should be described in identical terms irrespective of the language used. The Committee welcomed the initiative taken to bring this about.

Dr Hayek (Lebanon) proposed that the Committee simply adopt the resolution presented to it.

A short discussion on procedure ensued.

Decision: The Committee approved the draft resolution before it (for text, see second report of the Committee, section 3).

6. Special Fund for Improving National Health Services (Report on Developments related to the Establishment of a Special United Nations Fund for Economic Development)

Agenda, 7.19

The Chairman asked the Deputy Director-General to introduce the item.

The Deputy Director-General drew the attention of the Committee to the Director-General’s report entitled “Special fund for national health services” (Annex 3) which contained, in accordance with the wishes expressed at the Eighth World Health Assembly in resolution WHA8.21, a report on developments related to the establishment of a Special United Nations Fund for Economic Development (SUNFED). Without wishing to take up more of the Committee’s time, he was willing to answer any questions which might arise.

Mr Jockel (Australia) considered that in 1956 the Committee was considering largely a procedural stage in the development of the Fund and he would limit his remarks to that aspect, although he reserved his right to return to questions of substance later if any were raised.

The Committee was now faced with an interim situation. On the one hand there was resolution 923 (X) adopted by the General Assembly of the United Nations at its tenth session—a carefully balanced resolution on an important issue which established machinery for further examination of a Special United Nations Fund for Economic Development and also provided a time-table for the future. On the other hand, as a result of the resolution adopted at the Eighth World Health Assembly, the World Health Organization had been able to establish its legitimate interest in the matter.

Therefore at the present stage the Committee might wish to approve a resolution which noted the report of the Director-General and asked him to report again at the Tenth World Health Assembly.

1) Handbook of Resolutions and Decisions, 3rd ed., p. 290
A note might be added expressing satisfaction with the action taken by the Director-General in informing the Secretary-General of the United Nations of the point of view of WHO with regard to the Fund.

Dr Van den Berg (Netherlands) agreed with the last speaker.

Dr Kahawita (Ceylon) recalled that the question had arisen at the Eighth World Health Assembly as a result of a resolution introduced by his delegation for the creation of a special fund to help health services in under-developed areas. It had then been pointed out that the establishment of a special fund was being considered by the United Nations to serve the same purpose, and his delegation had agreed to postpone consideration of the item it had proposed pending further information on the development of a United Nations Fund. In view of the Director-General’s report on the action being taken by the United Nations in the matter, his delegation would support the proposal of the delegation of Australia.

Mr Liveran (Israel) also agreed with the delegate of Australia. The ad hoc committee envisaged in the United Nations resolution had just met in New York, where it had considered comments submitted by various governments.

If the Committee adopted a resolution on the lines suggested by the Australian delegate it would be clear that the Organization would continue to keep its Members informed of any subsequent developments which might take place in the United Nations with regard to the proposed establishment of a Special Fund for Economic Development.

The Deputy Director-General said that the delegate of Australia and his supporters, expressing their satisfaction with the statement made by the Secretariat on behalf of the Organization, had clearly outlined the course of action which the Committee would take. In this connexion the Health Assembly itself should, perhaps, once more reiterate the Organization’s interest in the development of a Special Fund for Economic Development. Everybody was aware that one of the major obstacles to the development of health services in most of the under-developed countries was the absence of capital investment. Advice alone and technical assistance were not enough. The Committee might therefore wish to support the idea of international co-operation in the field of capital investment. It might also wish to recall that the Organization had considered it necessary to establish a special fund for the eradication of malaria which, although not involving capital investment, was a step in the direction of more assistance to under-developed countries.

The Chairman suggested that the Rapporteur should present at the following meeting a draft resolution, taking into account the trend of the discussion and the comments of the delegate of Australia and his supporters.

Mr Coote (United States of America) agreed with the Chairman’s proposal.

Dr Van den Berg (Netherlands) doubted whether there really was complete agreement between the views expressed by the delegate of Australia and the Deputy Director-General. He therefore asked the Deputy Director-General to restate his point of view.

Mr Liveran thought it might be better if the resolution did not merely take note of the developments but reaffirmed the interest of the Organization in the establishment of a fund which would permit the necessary capital investment for public-health services.

Dr Van den Berg (Netherlands) supported the Deputy Director-General’s suggestion.

The Deputy Director-General suggested that the resolution should reiterate the views expressed in resolution WHA8.21, note with pleasure the correspondence which had taken place between the Director-General and the Secretary-General of the United Nations on the subject, and state that the Organization awaited with interest the result of the activities of the Committee which was now examining the question on behalf of the United Nations; the resolution should also request the Director-General to proceed with the matter and to present a report to the Tenth World Health Assembly. It should make it very clear that the Committee continued to be interested in a special fund for economic development on the lines indicated, that it wanted the Director-General to report fully on the fund, and to describe its scope and the share that WHO would have in some of its activities once the fund was organized.
The CHAIRMAN proposed that the Rapporteur should be invited to draw up a draft resolution on the lines of the discussion.

Mr Pleić, Rapporteur, asked whether the delegates of Australia, the Netherlands and India would be willing to assist him on the preparation of the draft resolution.

It was so agreed (see following meeting).

The meeting rose at 12.5 p.m.

Appendix

EXTRACT FROM THE REPORT OF THE SEVENTEENTH SESSION OF THE EXECUTIVE BOARD

1.1.3.3 A member asked if the additional expenditure incurred when a session of a regional committee was held away from the regional headquarters was not met by the host government. The Director-General informed the Committee that the arrangements made for such sessions varied from region to region and that this matter had been carefully considered by the regional committees. One region had decided upon arrangements such as that referred to by the member, but the others had differing practices. The Committee recalled that Article 48 of the Constitution provides "that regional committees ... shall determine the place of each meeting" and that in resolution WHA7.26 the Seventh World Health Assembly had recommended that "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 ". The Committee noted also that some of the regional committees had adopted resolutions concerning the responsibilities of host governments in respect of their respective regional committee meetings. Other regional committees had left it to the regional offices to make ad hoc arrangements with the host governments.

Under these arrangements the host governments have usually provided free office space, local transportation, and in some cases clerical assistance, but have not met the entire extra costs involved in holding meetings away from the site of the regional office.

1.1.3.4 The Committee also had before it a schedule showing the places of regional committee meetings together with the costs incurred from the inception of the Organization through 1954, and the places and estimated costs of such meetings in the years 1955, 1956 and 1957 (Appendix 11).

1.1.3.5 Considering that it was desirable, from a budgetary point of view, that regional committees should determine the places of their meetings two years in advance and that host governments should participate more fully in meeting the additional expenditure entailed in holding meetings away from the site of the regional office, the Committee decided to suggest to the Executive Board that it recommend to the Ninth World Health Assembly the adoption of a resolution drawing attention to these budgetary considerations.

FIFTH MEETING

Wednesday, 16 May 1956, at 4.30 p.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Special Fund for improving National Health Services (Report on Developments related to the Establishment of a Special United Nations Fund for Economic Development) (continued)

Agenda, 7.19

Mr Pleić (Yugoslavia), Rapporteur, introduced the draft resolution as proposed by the drafting group, which read as follows:

1 From Off. Rec. Wld Hlth Org., 69, 26

The Ninth World Health Assembly,

Recalling resolution WHA8.21, concerning the proposed "Special fund for improving national health services ";

Considering the report of the Director-General on this subject;

Considering the terms of resolution 923 (X) adopted by the General Assembly of the United Nations at its tenth session; and
Considering that the ad hoc committee established by that resolution on the question of the establishment of a Special United Nations Fund for Economic Development is now in session and that it is expected to submit an interim report to the Economic and Social Council at its twenty-second session and to the General Assembly at its eleventh session,

1. RE-EMPHASIZES the opinions expressed in resolution WHA8.21 as to the scope and establishment of the Special United Nations Fund for Economic Development;

2. NOTES with satisfaction the action so far taken by the Director-General in compliance with resolution WHA8.21, including the statement made on his behalf to the Economic and Social Council in August 1955;

3. REQUESTS the Director-General to continue to keep the Economic and Social Council and the General Assembly of the United Nations informed of the interest the World Health Assembly has in the establishment and scope of the Special United Nations Fund for Economic Development;

4. REQUESTS the Director-General to maintain close co-operation with the United Nations and any of its subsidiary organs given responsibility for the planning and the development of SUNFED; and,

5. REQUESTS the Director-General to report to the Executive Board and to the World Health Assembly at its tenth session on any developments relating to the establishment of SUNFED.

Dr Le-Van-Khai (Viet Nam) expressed his delegation's support of the draft resolution but suggested that the meaning of operative paragraph 3 would be clarified by the addition of the word "Ninth" before "World Health Assembly".

Mr Geeraerts (Belgium) wondered whether it would not be preferable to use "World Health Organization", since it was the Organization as such and not any particular session of the Health Assembly that was interested in the matter.

Dr Diba (Iran) seconded that suggestion, and Dr Le-Van-Khai (Viet Nam) agreed to accept it in preference to his own proposal.

Dr Scheele (United States of America) said that the draft resolution before the Committee merited careful study. The question of a special United Nations fund for economic development had been under study by the United States Government for the past years and many issues concerning it still required to be clarified and defined. Moreover, a special United Nations committee was in process of studying the proposal. When its report became available, governments would have an opportunity to define their positions. In the circumstances, therefore, it seemed to him that WHO endorsement of the proposal for a special fund might be out of order.

The proposed resolution was drafted in mild terms but it implied that a special fund for economic development was to come into being, whereas no such decision had as yet been taken by governments. For all those reasons, therefore, his delegation would abstain from voting on the draft resolution now before the Committee.

Dr Evang (Norway) gave the draft resolution his unqualified support. It was true that the question of the establishment of the Special Fund in question was still under consideration. However, a large number of countries had already expressed their views clearly upon the matter. There appeared to be three schools of thought within the United Nations: the first favoured awaiting disarmament before setting up the Fund; the second thought the Fund should be started immediately even if only on a small scale; and the third wanted it started on a large scale as soon as possible, as part of the effort to bring the world to a state of peace economy.

The question was not one for decision by WHO; yet WHO, as one of the participating specialized agencies, was painfully aware that the programme of Technical Assistance for the economic development of under-developed countries had run into difficulties, after a most promising start. The Special Fund for Economic Development was contemplated as a remedy for those difficulties; as a means of providing the opportunities for capital investment that were lacking under the Technical Assistance Programme. WHO had a large measure of experience in regard to capital investment questions—questions of supplies and capital equipment had been heatedly debated in its meetings—and it had a right and obligation to give a lead and to express its views for the benefit of the United Nations ad hoc Committee now considering the matter. Such an expression of opinion would, he was convinced, be welcomed by the United Nations.

Dr van den Berg (Netherlands) felt that the draft resolution before the Committee was merely the natural consequence of the decision taken by the Eighth World Health Assembly in resolution WHA8.21, and taking into account subsequent developments on the question. The only point at
issue was whether the draft resolution expressed the Committee's feelings; in his opinion, that was exactly what it did.

Mr Clark (Canada) said his delegation shared the view of the United States delegate that WHO was not the organization to pass an opinion on the substance of the question of the Special Fund. However, in examining the draft resolution, he was unable to find any reasons for the concern it had apparently caused the United States delegation. The draft resolution was merely designed to maintain the position taken by the Eighth World Health Assembly on the proposal of Ceylon (to set up a special fund for improving national health services) until such time as the United Nations had taken a final decision on the SUNFED proposal. It was on that understanding that his delegation would vote in favour of the draft resolution.

Dr Boïdé (France) said that the draft resolution was cautiously worded; it merely drew attention to the interest taken by WHO in the proposal to set up a special fund. In the circumstances, therefore, he thought the Committee might safely approve it.

Mr Jockel (Australia) pointed out inconsistencies in the references to SUNFED in the draft resolution. It would be preferable, he thought, to keep to the terminology used in the relevant United Nations resolution.

_it was so agreed._

The Chairman asked whether the Committee was prepared to accept the change proposed by the delegate of Belgium and two drafting changes in the French text suggested by the Deputy Director-General to meet points raised by the delegates of France and of Egypt.

_The amendments were approved._

_Decision:_ The draft resolution, as amended, was adopted by 34 votes to none, with 6 abstentions (see second report of the Committee, section 4).

2. **Use of the Arabic Language in the Regional Committee for the Eastern Mediterranean** (continued from the fourth meeting, section 3)

Agenda, 7.10

The Chairman drew attention to the written texts of the proposals that had been submitted at the morning meeting. They consisted of

(1) the draft resolution presented by the delegation of Lebanon (incorporating the amendment of the delegate of Egypt), reading as follows:

The Ninth World Health Assembly,

Having considered the resolution of the Sub-Committee A of the Regional Committee for the Eastern Mediterranean Region recommending the use of the Arabic language as third language for Sub-Committee A of the Regional Committee, and in view of resolution EB17.R10 of the Executive Board,

1. **DECIDES** that the Arabic language shall be used as the third working language for the Sub-Committee A of the Regional Committee for the Eastern Mediterranean Region;

2. **CONSiders** that the expenses arising from the putting into force of this arrangement should be borne by the Regional Committee for the Eastern Mediterranean.

(2) a draft resolution proposed by the delegation of Japan, reading as follows:

The Ninth World Health Assembly,

Noting that the Executive Board, at its seventeenth session, has supported in principle the suggestion concerning the use of the Arabic language in the Regional Committee for the Eastern Mediterranean;

Having considered a report of the Director-General on the use of languages in Regional Committees and in the United Nations and in other specialized agencies, and on the budgetary implications of the use of Arabic in the Regional Committee for the Eastern Mediterranean;

Noting that the Director-General has included provision in the proposed Programme and Budget Estimates for 1957 to cover the estimated expenditure entailed in using Arabic in the Regional Committee for the Eastern Mediterranean;

Noting that the Director-General has included appropriate provision therefor in the annual programme and budget estimates of the Organization.

(3) an amendment to the Lebanese draft resolution proposed by the delegation of Ethiopia, to replace operative paragraph 1 by the following:

_RESOLVES to have two working languages in the Eastern Mediterranean Region (Arabic and any one of the two Western languages, i.e., English or French)._
Mr Tséghé (Ethiopia) said that, upon further reflection, his delegation wished to withdraw its proposed amendment. In view of the sphere of influence enjoyed by the English and French languages in the Eastern Mediterranean Region and the fact that the two languages were adopted as working and official languages of Sub-Committee A under Rule 18 of its rules of procedure, it would be inadvisable to exclude one in favour of the other.

Dr Diba (Iran) said his previously expressed support for the Lebanese draft resolution had been based on a misunderstanding, and he would now like to ask the Lebanese delegate to amend his text by deleting operative paragraph 2. That paragraph was meaningless in view of the fact that the budget estimates for 1957 submitted by the Director-General included provision to cover the estimated expenditure entailed.

The Chairman asked the delegate of Lebanon whether the wording in operative paragraph 1 of his draft resolution should not be changed to make it permissive instead of mandatory, since the use of the Arabic language would be at the discretion of the Regional Committee, subject to Health Assembly approval.

Dr Hayek (Lebanon) accepted the two changes just proposed.

Mr Brady (Ireland) noted that the Japanese draft referred to the use of Arabic in the Regional Committee whereas the Lebanese draft related to Sub-Committee A of the Regional Committee. It might be desirable to have some legal opinion on the admissibility of those two terms, having regard to the provisions of the Constitution and rules of procedure.

Dr Dorelle, Deputy Director-General, replied that the Seventh World Health Assembly had authorized the Regional Committee for the Eastern Mediterranean to function through two sub-committees—subsequently called Sub-Committee A and Sub-Committee B. That was not necessarily a definitive position. If the proposal to authorize the use of Arabic as the third working language of the Regional Committee were approved, the sub-committees, which adopted their own rules of procedure, would be in a position to decide whether or not to put the provision into effect.

Dr Togba (Liberia) said that the present situation in regard to the Regional Committee for the Eastern Mediterranean might well change. Accordingly, he would prefer that the proposal should relate to the Regional Committee itself and he therefore strongly supported the Japanese draft resolution.

Mr Saita (Japan) explained that the sole purpose of the proposal made by his delegation was to make it possible for Arabic to be used in either of the sub-committees of the Region. In that way, matters would be simplified for the future if Sub-Committee B also expressed the desire to adopt the use of Arabic. The Japanese proposal was further intended to limit the use of Arabic to regional committee meetings, in order to avoid the heavy expenditure that would be entailed by its general adoption as a working language.

Dr Ramadan (Egypt) said that his earlier proposal to insert specific mention of Sub-Committee A in the Lebanese draft resolution had been made advisedly. It was Sub-Committee A that was meeting regularly and functioning normally; it was that sub-committee that had recommended the use of Arabic as a third working language and that was the recommendation the Executive Board had endorsed in principle. What the Committee now had to do was to consider the recommendation of the Executive Board.

Mr Liveran (Israel) felt that the background history to the question under consideration was not clearly understood by all members of the Committee. He quoted the terms of Executive Board resolution EB17.R10 from which it was quite clear that the Board was supporting in principle a suggestion that concerned the Regional Committee for the Eastern Mediterranean. There was only one Regional Committee for the Eastern Mediterranean although it was operating through two sub-committees. The Regional Committee as such had never met since the adoption of the resolution providing for two sub-committees; hence, the reference in the Executive Board resolution to the fifth session of the Regional Committee was incorrect. Furthermore, resolution RC5A/EM/R.5 of Sub-Committee A and B that was not necessarily a definitive position. If the proposal to authorize the use of Arabic as the third working language of the Regional Committee were approved, the sub-committees, which adopted their own rules of procedure, would be in a position to decide whether or not to put the provision into effect.

Dr Hayek (Lebanon) said that in accepting the Egyptian amendment proposed at the previous meeting, he had had in mind Article 49 of the Constitution whereby Regional Committees were em-

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1 Reproduced in Annex 4, Appendix 1
2 See Annex 4.
powered to adopt their own rules of procedure. It was on the basis of that article, of the resolution of Sub-Committee A of the Regional Committee ¹ and of resolution EB17.R10 of the Executive Board that he had submitted his draft resolution. He was inclined to maintain that proposal as it stood until Sub-Committee B had an opportunity to meet and make its own decision in the matter.

The CHAIRMAN said his attention had been drawn to a point in the Japanese draft resolution which might need some clarification. Reference was made there to the fact that the Director-General had included provision in the proposed programme and budget estimates for 1957 to cover the estimated expenditure entailed in using Arabic in the Regional Committee for the Eastern Mediterranean. It would appear therefore that operative paragraph 1 should be amended by the inclusion of the words “commencing in 1957” after the word “use”.

Mr Saita (Japan) had no objection to that amendment.

Mr Botha (Union of South Africa) said that, since the Committee had begun its work he had been struck by the fairness and sympathetic understanding with which it had dealt with the problems before it. It had gone out of its way to give equal treatment to all parties in every question it had considered. He appealed for the same principle to be applied in the present case.

The draft resolution submitted by Japan was permissive; the delegate of Israel had said that Arabic was used in his country too; and the delegate of Lebanon had suggested waiting until Sub-Committee B asked to use Arabic in its meetings before extending to it the authorization to do so. His own delegation saw no reason why the matter should be brought before the Committee again at some future date since no different decision could be taken. The Arabic-speaking peoples should have the use of their own language in the regional committees (and sub-committees) if they so wished.

He appealed to the Committee to reach a final decision at the present session by making the use of Arabic permissive for both sub-committees. He therefore supported the resolution proposed by the delegation of Japan.

Mr Liveran (Israel) said that if his delegation had had any doubts as to which of the three resolutions to choose, they had been removed by the eloquent appeal made by the delegate of the Union of South Africa. If it was clear that the objective of any resolution in this connexion was to facilitate WHO’s work, and to bring to those who required it information in their own language on WHO’s work, no procedural difficulties should be allowed to stand in the way of achieving that objective.

He requested that, in voting, priority should be given to the Japanese proposal.

Dr Hayek (Lebanon) said that in view of remarks made by various speakers, he would amend the resolution proposed by his delegation by replacing in paragraph 1 the word “shall” by the word “may”, and “Sub-Committee A” by “Sub-Committees A and B”.

Dr Togba (Liberia) commented that it appeared as if an attempt was being made to continue the division of the Region into two groups, and asked what would be done if the Region were further subdivided into groups C, D and possibly E. He would not repeat what he had already said on the subject as it was obvious that Arabic could be used as long as there was an Eastern Mediterranean Region. The Japanese proposal, for which he would vote, was broad-minded.

He moved the closure of the debate.

The CHAIRMAN read out Rule 59 of the Rules of Procedure and said that his duty was to put the motion for closure to the vote immediately, unless any delegate wished to speak against it. Speeches against closure would be limited to two.

Sir Arcot Mudaliar (India) stated that he did not intend to speak against the closure of the debate but had asked for the floor to appeal to the delegate of Lebanon, in the terms of the remarks made by the delegate of the Union of South Africa, not to insist on a vote being taken on his amendment. The Committee had almost reached unanimity and it would be regrettable if anything intervened to prevent a unanimous decision being taken.

The CHAIRMAN said that he should have ruled Sir Arcot Mudaliar’s remarks out of order but, after hearing what he had said, was pleased that he had allowed him to continue.

Dr Hayek (Lebanon) did not wish to speak against the closure of the debate. He pointed out to the delegate from Liberia that the Sub-Committees A and B had been set up as a result of a decision taken by the Seventh World Health Assembly and had

¹ See Annex 4, Appendix 1.
been working for two years. The possibility of further subdivisions had never been mooted.

The CHAIRMAN said that he should also have ruled Dr Hayek out of order. He proposed to proceed to the vote on the motion for closure of the debate.

Dr Hayek (Lebanon) explained that he would consider withdrawing his proposal if the delegate of Japan would be willing to accept the addition of the words “and its sub-committees” at the end of paragraph 1 of his proposed resolution.

The CHAIRMAN stated that, with the approval of the Committee, he was prepared to be fairly lax in interpreting the Rules of Procedure if consultations between delegates might give satisfactory results.

Mr Saita (Japan) asked whether it was in order to accept an amendment after a motion had been put for closure of the debate.

The CHAIRMAN, while agreeing that such a procedure was not strictly in order, explained that he was trying to be helpful. He asked the Committee if it desired a strict application of the Rules of Procedure.

Mr Clark (Canada) said that it was with interest and admiration that he had watched the Chairman’s avoidance of the Rules of Procedure in a case in which, in his opinion, the Rules of Procedure should be avoided. The Committee had seemed to be heading for an unhappy situation until the delegates of the Union of South Africa and of India had inter-

vened. His delegation supported the remarks made by those two delegates.

He suggested that, for the sake of obtaining a unanimous decision, the Committee should continue to overlook the Rules of Procedure.

The CHAIRMAN thanked Mr Clark for his support.

Dr Scheele (United States of America), on a point of order, said that the position could be brought into conformity with the Rules of Procedure, by the application of Rule 60. A motion to suspend the meeting would have precedence over the motion for closure of the debate, and, after a minute’s suspension, the Committee could resume its discussion on the item in question.

Dr Hayek (Lebanon), in order to end the discussion, withdrew his amendment and accepted the Japanese proposal.

The CHAIRMAN thanked Dr Hayek for his action.

Mr Saita (Japan) thanked the delegate of Lebanon for his gesture and added that all members of the Committee had been impressed by it.

Decision: The resolution proposed by the delegation of Japan, as amended, was approved by acclamation (see second report of the Committee, section 5).

Dr Evang (Norway) thanked the Chairman on behalf of the Committee for his handling of a delicate situation.

The meeting rose at 5.50 p.m.
Dr Hayek (Lebanon), referring to section 4, "Special Fund for improving National Health Services ", suggested that paragraph 5 of the draft resolution should read either " REQUESTS the Director-General to report to the nineteenth session of the Executive Board and to the tenth session of the World Health Assembly...", or "... to the Executive Board and to the World Health Assembly ".

Dr Le-Van-Khai (Viet Nam) reminded the Committee that there would be two sessions of the Executive Board before the Tenth World Health Assembly. In his opinion, therefore, the second alternative draft proposed by the delegate of Lebanon was unacceptable.

The Chairman asked whether the addition of the words " at its nineteenth session " after the words " Executive Board " would meet the point.

Mr Botha (Union of South Africa) said that he had no objection to the Director-General's report being made to the nineteenth session of the Executive Board. He felt, however, that the text should remain as the Committee had approved it, since the text of a draft resolution already approved by the Committee could be amended only by the Health Assembly in plenary session, unless the Committee, by a two-thirds majority vote, agreed to reopen the discussion.

Mr Liveran (Israel) suggested that the difficulty could be overcome by adding an explanatory note to the report itself, saying that the report to the Executive Board referred to in paragraph 5 would be presented to the Board at its nineteenth session.

The Chairman explained that he had only suggested an addition to the draft resolution because he considered that a matter of drafting, and not of substance, was involved. The Committee could, if it so wished, decide by a two-thirds majority to reopen discussion on the draft resolution.

Mr Calderwood (United States of America) thought that acceptance of the suggestion of the delegate of Israel would avoid the necessity of reopening the discussion.

Mr Botha (Union of South Africa) also supported the suggestion made by the delegate of Israel, which would provide any explanation considered necessary. The object of a committee's examination of its draft reports was to see whether or not they faithfully and adequately reflected its decisions; that was the case in the present instance and the text, therefore, should not be altered.

After an exchange of views between the Chairman and Mr Botha (Union of South Africa), Mr Calderwood (United States of America) suggested that the Rapporteur should be asked to insert a suitable phrase, in the light of the discussion which had taken place.

Mr Pleić (Yugoslavia), Rapporteur, agreed with the interpretation of the nature of a committee's report given by the delegate of the Union of South Africa. Nevertheless, it was a practice in the United Nations that drafting changes could be made to reports and resolutions already agreed.

If the Committee was agreed that the Director-General could only present his report to the Executive Board at its nineteenth session, it would be quite proper to insert the words " the nineteenth session of " before the words " the Executive Board " as that only involved a change in drafting. He emphasized, however, that a report constituted a record of decisions taken and that no alteration of substance was admissible.

Mr Botha (Union of South Africa) was prepared to withdraw his objection to the proposed amendment. He had had in mind the difficulties encountered in the Legal Sub-Committee during its discussions on procedural problems related to constitutional amendments. Clearly, however, in the present instance, the proposed amendment did not change the underlying purpose of the draft resolution.

Mr Liveran (Israel) had no definite views on the proposed change, since it would make no material difference. The Committee's discussion on the matter, however, had vast implications, not only for the way in which the Rules of Procedure were applied, but also for the Legal Sub-Committee's proposed addition to them to govern the consideration of proposed amendments to the Constitution. If the views expressed in the Committee were to be taken as an indication of how the proposed new rule covering amendments to the Constitution would be interpreted, his delegation inclined to the opinion that no distinction between amendments of form and amendments of substance was practicable.

Mr Geeraerts (Belgium) proposed, in the light of preceding remarks, that the text of the draft resolution should remain as it was. It was obvious that if the Director-General could not report to the Executive Board at its eighteenth session, he would report at the nineteenth session, as he was obliged to report to the Executive Board before the Tenth World Health Assembly.

Dr Hayek (Lebanon) said that he had not intended to make a formal proposal. As the number of the session of the World Health Assembly was mentioned
in the draft resolution, he had thought, for the sake of harmony, that the number of the session of the Executive Board might also be mentioned.

The Deputy Director-General assured the Committee that the Director-General would report to the Executive Board at its nineteenth session, unless new material was available before its eighteenth session, in order that the Board could make its recommendations to the Tenth World Health Assembly.

Dr Vannugli (Italy) agreed with the delegate of Belgium that the text of the draft resolution should remain as it stood. He understood the reasons which had prompted the delegate of Lebanon to propose his amendment but, as such amendment would involve procedural questions, and as the text was not ambiguous, he would support the suggestion to leave it unamended.

The Chairman asked the delegate of Viet Nam whether he agreed to the withdrawal of the proposed amendment by the delegate of Lebanon.

Dr Le-Van-Khai (Viet Nam) agreed.

Decision: The Committee adopted its second report (for text, see page 396).

2. Selection of the Country or Region in which the Tenth World Health Assembly shall be Held

Agenda, 7.5

Decision: The Committee unanimously approved the draft resolution contained in section 1 of its third report.

3. First Report of the Legal Sub-Committee

Miss Hessling (Netherlands), Rapporteur of the Legal Sub-Committee, read the Sub-Committee's first report (for text, see page 400).

The Chairman said that a separate vote would be taken on each of the three draft resolutions contained in the report; for the first two, a two-thirds majority would be required for approval.

Approval of Host Agreement with the Government of Denmark concerning the Regional Office for Europe

Decision: The draft resolution was approved by 35 votes to none, with 1 abstention (see third report of the Committee, section 2).

Agreement defining the Relations between the International Bureau for the Protection of Industrial Property and the World Health Organization

Decision: The draft resolution was approved unanimously (see third report of the Committee, section 3).

Rules of Procedure of the Health Assembly: Adoption of Spanish Text

Decision: The draft resolution was approved unanimously (see third report of the Committee, section 4).

The meeting rose at 5.35 p.m.

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SEVENTH MEETING

Saturday, 19 May 1956, at 9.30 a.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Appointment of Representatives to WHO Staff Pension Committee to Replace Members whose Period of Membership Expires

Agenda, 7.24.1

The Chairman called attention to the document before the Committee, in which it was explained that the Health Assembly, which had three representatives on the WHO Staff Pension Committee, was required to appoint one member and one alternate to replace the member and alternate appointed by the Sixth World Health Assembly; appointments were normally for a period of three years. He asked the Committee for nominations, first for the member and secondly for the alternate. The meetings might be held either in New York or in Geneva and it would therefore probably be convenient to appoint
members of the Executive Board designated by
countries which were reasonably conveniently situated
to one or other of those places.

As there were no suggestions from the floor, he
asked whether the Committee would accept a sugges-
tion from the Chair that the member should be the
member of the Executive Board designated by
Canada, and the alternate the member designated by
Italy.

Professor Pesonen (Finland) supported the Chair-
man's proposal.

Decision: The Committee approved a resolution
incorporating that proposal (for text, see the third
report of the Committee, section 5).

Dr Vannugli (Italy) thanked the Committee in
the name of his delegation for the trust that it had
placed in the member to be designated by Italy to sit
on the Executive Board.

Pension Board for 1954

Agenda, 7.24.2

The Chairman asked whether there were any
comments on the report of the United Nations Joint
Staff Pension Board, summarized in the document
before the Committee (the report itself and the report
on the third actuarial valuation—UN documents
A/2914 and A/2916—had been submitted to the
tenth session of the United Nations General Assembly
and were thus available to governments).

There were no comments.

Decision: The Committee approved a resolution
noting with satisfaction the status of the operation
of the Fund (for text, see the third report of the
Committee, section 6).

3. Assignment to Regions of New Members and
Associate Members

Supplementary item, 4

The Chairman said that, of the new Members and
Associate Members accepted at the Assembly,
Sudan was already in the Eastern Mediterranean
Region, Tunisia and a part of Morocco were in the
European Region (with another part of Morocco in
the African Region) and Nigeria, the Gold Coast
and Sierra Leone were situated well and truly in
Africa. He asked whether any of the new Members
or Associate Members wished to make any statement.

Dr Slim (Tunisia) said that his Government had
very recently sent a request to the President of the
Health Assembly asking that Tunisia should be
included in the Eastern Mediterranean Region. As an
Associate Member, Tunisia had been temporarily
included in the European Region, and he wished to
pay a special tribute to the European Regional
Office and especially to the Regional Director and
Deputy Regional Director for the help, advice
and sympathy that they had given. Tunisia had been
happy in the European Region and had derived great
profit from its association with it, but deeper study
had led the Tunisian Government to be concerned
with what were perhaps more technical points and
therefore to wonder whether the similarity of the
health questions in Tunisia with those of the Middle
East should not lead it to request association rather
with the Eastern Mediterranean Region.

The Chairman thanked Dr Slim and said that the
European Regional Office would appreciate his
kindly remarks.

Dr Faraj (Morocco) said that it was clear that the
present provisional inclusion of Morocco in two
regions, decided after long discussions in former
years, could obviously not be prolonged. The situa-
tion called for a decision which would allow Morocco
to be assigned to one region only now that its
territorial integrity was assured.

That was not to say that its assignment so far to
the European Region had not been a great benefit
to it. On the contrary, he had the pleasant duty of
thanking Dr Begg and Dr Montus for the assistance
which they had given his country. The campaign
against eye diseases started in 1953 with help from
WHO had had a beneficial, indeed a spectacular,
effect on seasonal conjunctivitis which would greatly
reduce the incidence of trachoma in the country.
Against venereal diseases intensive campaigns had
been carried on which would very shortly enable
Morocco to control that social scourge. Finally,
many fellowships for the study of nutrition, of health
education and occupational health had made possible
many projects to improve the social and health level
of the population. The help given by WHO to his
country had thus allowed it to develop certain aspects
of its health services. None the less, the geographical
position of his country necessarily affected its future.
It had economic and cultural exchanges with the
West, but at the same time cultural affinity with the
nations of the Middle East, and a similarity in health
problems and common solutions for those problems.

All those considerations clearly indicated the line
of conduct that should be taken as regards affiliation
to the Eastern Mediterranean Region. All the same,
for administrative and practical reasons, it might
perhaps be wiser to wait until a solution was found
to the questions that were now in suspense in the
Region, the more so as his Government would need to make a detailed study of the question before reaching a final decision. His Government thought therefore that the provisional assignment of the southern part of Morocco to the European Region should be extended to the whole of the country, although still remaining provisional.

The Chairman thanked Dr Faraj and said that the European Regional Office would appreciate what the delegate of Morocco had said. He asked whether the Committee would be prepared to approve two resolutions, the first that Tunisia should form part of the Eastern Mediterranean Region, the second that Morocco should provisionally form part of the European Region.

Decision: The two resolutions as read by the Chairman were approved (for texts, see the third report of the Committee, sections 7 and 8).

The Chairman assumed that in the case of Sudan no change would be called for unless the Government of Sudan requested it.

Dr Zaki (Sudan) said that Sudan was very happy to remain in the Eastern Mediterranean Region, where the problems were similar to those of Sudan, and where they had always received wholehearted assistance from the Regional Office.

The Chairman said that the Committee would note the statement made by the delegate of Sudan. He asked whether the representatives of any of the new Associate Members, the Gold Coast, Nigeria and Sierra Leone, wished to make a statement to the Committee.

Sir Francis Ibiam (Federation of Nigeria) said that the Chief Delegate of Nigeria had already expressed in the Health Assembly the warm appreciation of his delegation at Nigeria's admission as an Associate Member. As the Chairman had said, Nigeria was well and truly in Africa and was happy to be included in the African Region.

The Chairman thanked the representative of the Federation of Nigeria and assumed that the same view was taken by the other new Associate Members.


Second Report of the Legal Sub-Committee

The Chairman called on the Rapporteur of the Legal Sub-Committee to introduce the Sub-Committee's second report.

Miss Hessling (Netherlands), Rapporteur of the Legal Sub-Committee, read its second report (for text, see page 401).

The Chairman asked whether the Committee accepted the report and in particular whether it accepted the resolution, proposed in section 2 of the report, on procedural problems related to the constitutional amendments.

Dr El-Wakil (Egypt) said that his delegation was fully aware of the procedural reasons which had led to the view that there was a need to provide an interpretation of Article 73 of the Constitution. But in its view a constitutional text needed interpretation only when it was ambiguous. Article 73 seemed to be perfectly clear and not to require interpretation and his delegation thought therefore that the proper solution was at some future time for Article 73 of the Constitution to be amended, particularly as the delicate question of distinguishing between a substantial and a drafting amendment was concerned here.

Mr Zohrab (New Zealand) said that his delegation fully agreed that the present system for amendments to the Constitution was too rigid. The proposals of the Legal Sub-Committee were clear but did not seem to his delegation to provide a good solution of the difficulty. The effect of the report of the Sub-Committee was to construe "text" as equivalent to "substance". It seemed doubtful whether the proposals of the Legal Sub-Committee could not be challenged as inconsistent with the provisions of Article 73 of the Constitution. Further, his delegation did not like the proposal that the important distinction between a drafting matter and a point of substance should be determined by a two-thirds majority and it would prefer to see an amendment of Article 73.

Dr Evang (Norway) said that his delegation shared the view which had been expressed by the delegates of Egypt and New Zealand. It appeared to him that a stage had now been reached at which no further clarification of old words could be produced by adding new words. His delegation also was doubtful about the propriety of deciding, by resort to a majority vote, whether an issue was one of wording or of substance. If a country desired to propose an amendment to the Constitution it would have full opportunity to agree the wording with other countries so that no drafting difficulty could arise later.

Mr Saita (Japan) associated his delegation also with the views of the previous speakers. He had
already expressed that view in the Legal Sub-Committee and wished to repeat it in the full Committee.

Mr Geeraerts (Belgium) did not wish to repeat what he had said in the Legal Sub-Committee. He thought that some confusion remained in the minds of certain delegations on the strictly legal point of view. A distinction should be made between the formal provisions of Article 73 and the draft resolution before the Committee. Article 73 dealt with amendments—proposals that would fundamentally modify the Constitution. The proposals of the Legal Sub-Committee merely suggested a procedure to be followed in cases where it was necessary to change the drafting of amendments without changing their substance. It therefore could not be considered as inconsistent with Article 73 but rather as a procedure that would assist in preserving the spirit of the Constitution, since it would preclude the time-limit set for proposed amendments of substance being applied to mere changes of drafting. He therefore thought that the proposal of the Legal Sub-Committee was right. The fact that Article 75 of the Constitution, which dealt with interpretation, provided for reference to the International Court at The Hague of any question or dispute on the interpretation or application of the Constitution which was not settled by negotiation or by the Health Assembly, implied that when the Constitution did not give a clear direction on a point of detail the Health Assembly had the right to decide how the provisions of the Constitution should be carried out. It appeared to him irrational to hold rigidly to the wording of Article 73, which might make it difficult to consider proposed improvements in drafting which had no effect on substance, as for example a proposal to replace “pourront être réélus” by “sont rééligibles”.

Dr van den Berg (Netherlands) associated his delegation with the last speaker. There were two kinds of constitution—rigid and flexible. History taught that rigid constitutions were in time found to be no longer living constitutions. The opposition to the proposals of the Legal Sub-Committee tended to make the Constitution of WHO very rigid: if the objections were maintained it would be extremely difficult to make any satisfactory amendment to the Constitution. In interpreting constitutions it was always necessary to deal with questions of drafting and he thought that the procedure proposed by the Legal Sub-Committee was sound and practicable. The suggestion of the delegate of Norway, that a government that wished to propose an amendment to the Constitution should consult others to make sure that no drafting questions remained, would take too much time. He agreed with the delegate of Belgium that the objections to the proposals of the Legal Sub-Committee were against the spirit of the Constitution.

He agreed that where a constitution was concerned, it was necessary carefully to avoid dealing with questions of substance as if they were mere drafting points. The proposals of the Legal Sub-Committee provided the necessary safeguards against that danger and his delegation would therefore support those proposals.

Dr Bernhardt (Federal Republic of Germany) said that his delegation fully agreed with the views of the delegate of Belgium and would vote for the proposal of the Legal Sub-Committee.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) said his delegation agreed with what had been said by the delegates of Egypt, New Zealand, Norway and Japan, and believed that if it were desired to make a change of the kind proposed it should be done by an amendment to the Constitution and not through the Rules of Procedure. It was always difficult to distinguish between questions of drafting and points of substance and it was not sound to determine such points by a two-thirds majority. The opening words of the rule proposed by the Legal Sub-Committee, “The Health Assembly may, without being bound by the period of time provided for in Article 73 of the Constitution...” appeared to be in direct conflict with Article 73. In view of the obvious doubts in regard to the report of the Legal Sub-Committee, the best course might be to refer it back for further consideration.

Mr af Geijerstam (Sweden) said that he had already in the Legal Sub-Committee expressed views similar to those stated by the delegate of Egypt and other speakers. He thought that it would be possible to agree in advance, as had been suggested, on the drafting of any amendment. That was not a question to be settled by the Rules of Procedure, particularly as it involved the delicate distinction between questions of substance and points of drafting, which could not be decided by a majority vote.

Mr de Villegas (Spain) wished, after listening carefully to the discussions in the Legal Sub-Committee on the difficulties of distinguishing a drafting point from one of substance, to say only that the example given by the delegate of Belgium as a drafting point would have seemed to him to be rather one of substance.

Sir Arcot Mudaliar (India) agreed with what had been said by the delegate of Egypt and other speakers. The example given by the delegate of Belgium of the
words "will" and "may" had, in fact, often led to difficulties of interpretation and in some cases had clearly involved a difference of substance. Even punctuation could affect the substance. He thought the Committee should stick to the wording of the Constitution.

Mr de Curton (France) thought there was little to be added to the clear statement made by the delegate of Belgium, which had allayed the doubts expressed by some of his colleagues. There was a gap in the provisions of Article 73. He used the word "gap" deliberately, because the delegate of Egypt had rightly said that only an ambiguous article of a constitution called for interpretation. In the case of Article 73 there was not an ambiguity but something missing. The resolution proposed by the Legal Sub-Committee provided a practicable method of deciding on the form of amendments and his delegation strongly supported it.

Mr Geeraerts (Belgium) said that his knowledge of English was not sufficient to judge on the question of "may" or "will" and possibly they were not an exact translation of the phrases he had used—"pourront être réélus" and "sont rééligibles". The corresponding terms in English might be "may be re-elected" and "are eligible for re-election".

Dr Vannugli (Italy) said that his delegation agreed in general with those who thought that the resolution proposed by the Legal Sub-Committee would help in a situation that might occur frequently and for which provision was lacking in the Constitution. The difficulty arose when it came to deciding what constituted questions of substance and what points of drafting. He had heard the examples and reservations advanced, and it appeared to him that, if it really were a simple question to resolve, the last sentence of the resolution proposed by the Legal Sub-Committee would not be necessary. In view, however, of the obvious difficulty in reaching such a decision, his delegation would not support the proposals of the Legal Sub-Committee.

Mr Currie (Australia) agreed whole-heartedly with what had been said by the delegates of Belgium and France. There appeared certainly to be a gap in the provisions of the Constitution and the way proposed for closing that gap was acceptable to his delegation. In view of Article 75, which gave the Health Assembly the right to interpret the Constitution, and Article 17, which gave the Assembly the right to adopt its own rules of procedure, the course suggested appeared to his delegation to be a legal, practicable and efficient way of meeting the problem.

Mr Geeraerts (Belgium) said that one objection that had been raised was a constitutional objection to dealing with the difficulty under the Rules of Procedure. He called attention to the preamble to the Rules of Procedure which read:

These Rules of Procedure are adopted under the authority of, and are subject to, the Constitution of the World Health Organization. In the event of any conflict between any provision of the Rules and any provision of the Constitution, the Constitution shall prevail.

That showed that the Rules of Procedure were an extension of the Constitution for settling certain questions. Various provisions of the Rules of Procedure had as their object the implementation of the provisions of the Constitution. He was not able either on grounds of law or on grounds of logic to understand the objections that had been made to the proposals of the Legal Sub-Committee.

Dr van Zile Hyde (United States of America) said that the chief argument raised against the proposal of the Sub-Committee was that of difficulty. The Health Assembly did not hesitate to take on difficult tasks in order to attain the desired results. His delegation was prepared to accept the view of the Legal Sub-Committee that the proposed amendment was legally in order. The amendments to the Constitution would be more satisfactory to all concerned if it were possible to improve the drafting of any proposals that might be presented. He therefore associated himself with the very reasonable proposal of the Legal Sub-Committee, which would allow amendments to be worded in a way that was worthy of the Constitution itself, which had been so carefully drafted.

Mr Campiche (Switzerland) said that the lawyers on the Committee were well aware that no legal text was perfect or could apply to every situation. In view of the importance of preserving as far as possible the immutable character of the Constitution, his delegation thought that it should not be possible to amend a constitution simply by a change in the Rules of Procedure, particularly if the amendment entailed distinguishing between form and substance. For that reason his delegation could not support the Sub-Committee's report.

Dr Le-Van-Khai (Viet Nam) supported the point of view of the French delegate that the Sub-Committee's proposal did not in any way change Article 73 but merely filled a gap; his delegation would therefore vote in its favour.
Dr EL-WAKIL (Egypt) referred to the preamble of the Rules of Procedure which stated that the Rules had been adopted under the authority of, and were subject to, the Constitution. Article 73 of the Constitution was sufficiently clear. Moreover, from the legal point of view it could not be modified or completed by a subordinate instrument, such as the Rules of Procedure.

Mr GEERAERTS (Belgium) emphasized that the proposal did not constitute an amendment to or even an interpretation of Article 73 of the Constitution; it was intended as guidance to matters of procedure. Secondly, it was not contrary to the spirit of the Constitution to insert in the Rules of Procedure a provision laying down the method of applying a provision in the Constitution. There was no question of amending a law by means of a subordinate instrument.

The CHAIRMAN summed up the debate. One school of thought considered the matter was one of interpretation of Article 73 of the Constitution, and one which could therefore be dealt with by the Health Assembly under Article 75, subject always to the right of any Member to appeal on a matter of law to the International Court of Justice at The Hague. The second school of thought—bearing in mind the remarks just made by the delegate of Belgium—regarded the matter as one solely of finding a procedure which would be suitable for the application of Article 73. The third school of thought took the view that the difficulties arose from a gap in the Constitution which could only be filled by an amendment of the Constitution.

The CHAIRMAN thanked the delegate of France for his addition to the summing-up of the Chair and proposed that the Committee should vote on the resolution of the Legal Sub-Committee.

Mr LIVERAN (Israel) asked that the last clause should be voted on separately.

The CHAIRMAN expressed his willingness to comply with the wish of the delegate of Israel.

Sir Arcot MUDALIAR (India) disagreed with the view that the last paragraph of the resolution could be voted on separately, as it was part of the main proposition.

The CHAIRMAN said that, in a situation like the present, Rule 61 of the Rules of Procedure (which he read) was applicable.

Mr LIVERAN (Israel) did not understand why the delegate of India could not agree to a separate vote on the last paragraph of the text proposed by the Legal Sub-Committee. The last paragraph laid down the course to be followed in case of doubt as to whether an amendment was one of substance or drafting. If it was necessary to have a separate proposal for that contingency it could be assumed that other possibilities for resolving cases of doubt existed than those provided for in the resolution. The Committee could either approve the provision now proposed or leave the matter to be covered by other existing methods. For that reason he had asked for a separate vote on the last clause.

Sir Arcot MUDALIAR (India) said that the delegate of Israel had expressed his own opinion in a different way. If the Committee accepted the first part of the resolution, it would also have to provide for circumstances in which a doubt arose about the nature of an amendment. The two parts of the resolution were therefore closely connected and could only be treated as a whole.

Mr LIVERAN (Israel) agreed that there must be a procedure by which the Health Assembly could act in cases of doubt, but the possibility in the draft before the Committee was not the only one; if it were rejected others remained. For example, if no two-thirds majority was necessary then it might be held that a single majority only was necessary, or the matter could not be solved by a vote. If doubts were raised whether the matter was one of procedure or substance, then because it affected a constitutional amendment the decision would always have to be—unless it were clearly a matter of procedure—that consideration must be postponed until the next
Assembly. To allow the various possibilities to be discussed, he preferred to vote on the second clause separately.

Mr Geeraerts (Belgium) supported the view that the resolution was indivisible and saw no reason to vote on any part of it separately.

The Chairman said that he could allow one more speaker in favour of the proposal put forward by the delegate of Israel.

Mr Liveran (Israel) said he would withdraw his proposal, in view of the fact that when the Legal Sub-Committee had discussed the matter his delegation had been given the opportunity of a separate vote on the final paragraph. He relied on that vote having been recorded.

The Chairman asked the Committee to proceed to vote on the resolution contained in section 2 of the Legal Sub-Committee's second report.

Decision: The resolution was rejected by 24 votes to 13, with 5 abstentions.

Mr Calderwood (United States of America) said that as members of the Committee who had attended the Legal Sub-Committee might have been puzzled by the attitude of the United States delegation on the question, he wished to explain his vote. There might appear to be a certain lack of co-ordination between him and Dr Hyde. But members of the Committee would appreciate that Dr Hyde had a dual personality. Dr Jekyll agreed with the way in which he had voted, which was also consistent with the position taken by the United States delegation in the Legal Sub-Committee.

The Chairman suggested that the Committee might wish to adopt the following resolution:

The Ninth World Health Assembly

decides for the present to make no addition to the Rules of Procedure regarding the procedural problems relating to constitutional amendments.

Decision: The resolution was approved (see third report of the Committee, section 9).

5. Rights and Obligations of Associate Members and Other Territories in the World Health Assembly and the Executive Board, and in the Regional Organizations

Agenda, 7.15

The Chairman asked the delegate of Viet Nam to introduce the item.

Dr Le-Van-Khai (Viet Nam) said that when his Government had submitted the proposal before the meeting (see Annex 11) to the Director-General six months previously, there were among the Associate Members some in the European Region which had been Associate Members for several years, and which had expressed the desire to have their rights and obligations revised, a view shared by his own Government.

Since then those countries had become Member States. Among the present Associate Members, none had yet made known its views and desires as regards the revision of its rights and obligations. His delegation did not therefore know if such a revision was desired and asked the representatives of the Associate Members whether or not they considered it premature for his Government to present the proposal at the present session.

Dr da Silva Travassos (Portugal) associated himself with the views expressed by the delegate of Viet Nam.

Dr Karefa-Smart (Sierra Leone) said he did not forget the tradition that newcomers were better seen than heard; however, the powerful motivation to speak when one's fate was being decided made him want to put forward one or two considerations.

Associate Members in the World Health Organization fell roughly into two groups. The first included those territories for which associate membership was an experimental stage of very brief duration; within a year or two of becoming Associate Members those territories would automatically qualify for full membership by virtue of constitutional changes. Sudan and Morocco fell under that heading.

In the second group there were territories like his own for which the prospect of full membership was not an immediate one but which nevertheless, by virtue of the great interest which they had in the development of their own health services and in growing inter-territorial co-operation in the field of health, wished to play an increasing role in the planning and extension of the work of the World Health Organization—whether at the regional or at the central level.

In his view associate membership was a training stage providing real practice in all phases of participation in the work of the Organization. If that training was to be complete and thorough it should not exclude participation in any right or obligation of the Organization. In that connexion it might be worth pointing to the excellent training in increasing responsibility which had been provided for his territory in the political and administrative fields by the United Kingdom Government whose foresight and generosity, which was deeply appreciated, had
made it possible for his delegation to be present at the Health Assembly as representative of an Associate Member.

His delegation was, however, aware that it would be neither wise nor proper to expect no differences in the degree of participation in the rights and obligations of the Organization. It was only natural that there should be differences, particularly with respect to the financial obligations, and that those should be reflected in different gradations in the rights of membership.

If the Health Assembly should agree to entrust Associate Members with the privileges of fuller participation at all levels of discussion and planning, including the right to vote—while restricting the right of vote to non-financial matters, of course—his delegation would feel that they had been given every encouragement. Responsible participation would encourage his territory to take even greater interest in the work of the Organization; he was aware that it was sometimes thought that the right of discussion without the restricting responsibility of commitment to a decision by vote encouraged a certain amount of irresponsibility.

He did not wish to give the impression that before becoming an Associate Member his territory had in any way suffered at the hands of the Organization. On the contrary, he could only speak in highly appreciative terms of the way in which, in the African Region, the Regional Committee and the staff of the Regional Office had placed the resources and services of the Organization at the disposal of all territories in the Region, small or large, without regard to their membership status.

Referring to the item under consideration, he said that his delegation would be happier if agreement were reached by a free decision of the full Members themselves without any pressure, considering only the best interests of the Organization. Therefore he would prefer the matter to be postponed for a decision by the next or a subsequent Assembly rather than have a divided decision taken now which would discourage rather than encourage Associate Members.

Dr Harrison (Federation of Rhodesia and Nyasaland) said his Government could claim the privilege of being the oldest Associate Member of the Organization. That seniority however did not confer on him any right to speak for all or any of his fellow Associate Members. To do so would be a gross presumption on his part, particularly as he had no doubt concerning their ability to speak for themselves.

The Committee however might have received the impression that the proposal put forward by the delegate of Viet Nam represented the unanimous views of all Associate Members. That was not the case as far as his Government was concerned. The proposal that paragraph 1 of resolution WHA1.80 1 should be amended to confer voting rights at Assembly level on Associate Members did not commend itself to his Government.

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The position concerning the proposed amendment to paragraph 3 (2) of resolution WHA2.103 1 was slightly different. His Government would naturally wish to be in a position to play a larger part than was possible at present in the affairs of the Region to which it belonged. In expressing that wish, however, he was not in any way prompted by a feeling of dissatisfaction concerning the manner in which the affairs of the Region were being managed. Though the wish was a natural one under the circumstances, his Government did not wish to exert any pressure in that connexion.

Sir Samuel Manuwa (Federation of Nigeria) said that as a new Associate Member the Federation of Nigeria was somewhat reluctant and diffident to speak on the subject. He could not deny that he was interested; as an Associate Member he was very much interested. Last week his country had been very heartily and unanimously welcomed as a new Associate Member. Indeed, one Member who had spoken in support of the admission of the Federation of Nigeria had expressed the hope that Nigeria would soon become a full Member and thereby strengthen the position of the African Region on the Executive Board.

In view of that enthusiastic welcome his delegation was somewhat surprised at the apparent reluctance in former years to grant Associate Members full voting rights, at any rate on the regional committees. Informal discussions with Members had led him to conclude that that reluctance was based on the fear entertained by certain Members that Associate Members were only stooges of the ruling powers which were full Members of the Health Assembly, and that their views and votes would very often reflect the views and multiply the votes of such Member States. That attitude was, in his view, based on a fallacy, the fallacy being that although the metropolitan powers were responsible for the external relations of Associate Members, matters concerned with health administration were the responsibility of the Associate Members themselves. That at any rate was the case in Nigeria.

1 Reproduced in Handbook of Resolutions and Decisions 3rd ed., pp. 181, 182
In health matters his Government had a free hand, and it intended to speak with a free voice in the Health Assembly. He knew, of course, that no child, however adult and independent, would ever be so foolish as to suppose that it could at all times do without the advice of its parents. There would indeed be occasions when it would reflect its parents' views. But those occasions would be only those in which there was an identity of interests; and the agreement between the sponsoring power and the Associate Member in such cases would be no more and no less than that which would exist under the same circumstances between two sovereign States.

His delegation did not wish to press for full voting rights in the Health Assembly itself. It did, however, strongly support the plea that Associate Members should at an early date be given voting rights in the regional committees, including the right to hold office, in order to enable them to play a fuller part in the deliberations of the regional committees. If, however, it was not the wish of the Committee to recommend that that concession be granted immediately, his Government would not press the matter. It would agree with the proposal of the delegate of Viet Nam, that it should be deferred for consideration.

Mr JAI BI (Tunisia) recalled that his country, which had acquired only a few days previously the status of full Member, had consistently sought to obtain an extension of the rights of Associate Members. The grounds on which such endeavours had been based had appeared logical and had not evoked opposition; indeed, some full Members had shown an extremely sympathetic attitude. It should also be borne in mind that the Regional Committee for Europe had, at its fifth session the previous September, associated itself with the hope expressed by the Tunisian delegation that the Executive Board would consider the matter as soon as possible.

He expressed his gratitude both to the delegation of Viet Nam for having submitted the proposal at present before the Committee and to all those delegations which had in the past favoured an extension of the rights of Associate Members, among others the delegation of France and those of the United Kingdom, Yugoslavia and the Netherlands. His Government did not consider the question closed now that it had become a full Member; on the contrary, it considered the matter one of principle upon which the Health Assembly should take a definitive decision. The proposal had been studied over the past four years and everyone had had an opportunity of giving it full consideration. He considered it was now a moral obligation on all of them to take a decision and extend the rights of Associate Members, particularly in the regional committees, so that they would feel that they were participating effectively in the Organization's work.

It appeared that there had been some fear as to whether the vote exercised by an Associate Member would always be entirely free. That objection was not valid and, on behalf of his delegation, he could solemnly state that Tunisia had never on any occasion had any pressure brought to bear on it by the French delegation which had, on the contrary, left Tunisia the fullest freedom of expression; indeed, on some occasions, the Tunisian delegation had expressed opinions different from those of the French.

He would therefore urge the Committee to examine the question immediately and to extend the rights of Associate Members, at least in the regional committees.

The Chairman was sure that the Committee had listened with the utmost interest and pleasure to the statements made by the representatives of the Associate Members.

There would appear to be no formal proposal at present before the meeting and accordingly, in view of the statements made to the effect that the Associate Members would not press the issue, the Committee might wish to defer the matter to a future session of the Health Assembly. He invited comments on that suggestion.

Sir ARCO MUDALIAR (India) had listened with pleasure to the remarks of the representatives of the Associate Members. He had been deeply touched by some of those remarks and felt that the stand taken by those speakers, as well as the manner in which they had expressed themselves, should be noted by the Committee.

It was his opinion that the question might take some time to settle and he therefore welcomed the reference to the possibility of deferring consideration until the Tenth World Health Assembly; the question of eligibility to designate a member to serve on the Executive Board, and the question whether the right to vote should be confined to non-financial matters, called for further study. He believed that the regional committees should be consulted on the matter as a whole, as well as on those two particular points, and that they should report to the Executive Board, which would in turn prepare a resolution embodying its recommendations for consideration by the Tenth World Health Assembly. It might also be useful for any documents submitted by the Associate Members to the regional committees to be studied by the Board. He was in favour of extending
the rights of Associate Members, particularly in the regional committees, but felt that the two points which he had mentioned deserved careful consideration.

He hoped, however, that whatever rights were granted, the period of associate membership would only be transitional and that, sooner rather than later, the Associate Members would acquire the status of full Members. He could not see, particularly after the statements made at the present meeting, in what way their contributions to the Organization would differ from those made by full Members.

The Chairman suggested that, in view of the statements made by the representatives of the Associate Members, the Committee might decide to adopt a resolution along the following lines:

The Ninth World Health Assembly

DECIDES to defer to the Tenth World Health Assembly the re-examination of the rights and obligations of Associate Members; and

REQUESTS the Executive Board to consider this matter and to submit its recommendations to the Tenth World Health Assembly.

Dr Van den Berg (Netherlands) noted that the question had two aspects: one concerned the rights and obligations of Associate Members in the Health Assembly; the other concerned those rights and obligations in regional committees. He recalled that the regional committees had already given their views on the problem, but there could be no harm in referring the matter to them for further consideration in the light of possible new developments. Their opinion should not, however, be sought regarding the rights of Associate Members in the Health Assembly.

Mr Calderwood (United States of America) supported the suggestion made by the delegate of India. It would be useful to have the views of the regional committees, especially in view of the suggestions made by the representatives of the newly admitted Associate Members. He added that it would appear desirable to refer in the preamble of any draft resolution adopted at the present juncture to the statement made by the delegate of Viet Nam expressing his willingness to withdraw his original proposal.

Mr Saita (Japan) associated himself with those speakers who were against taking a hasty decision at the present stage. He particularly welcomed the suggestion made by the delegate of India that the question of the extension of rights of Associate Members should be referred to the regional committees. That should be done, however, on the understanding that their opinion was being requested only in respect of the participation of Associate Members in regional committees.

Sir Arcot Mudaliar (India) confirmed that interpretation of his position. The situation in respect of the rights of Associate Members in the Health Assembly would be dealt with by the Executive Board and not by the regional committees.

The Chairman said that it had become apparent that a draft resolution on the matter would require much consideration. Accordingly, he would request the Rapporteur to consult with the Indian delegation and, taking into account the point raised by the delegate of the United States of America, to prepare a draft resolution to be submitted to the next meeting of the Committee.

Mr Pleić (Yugoslavia), Rapporteur, suggested that the delegate of Viet Nam should also collaborate in the drafting.

It was so agreed (see ninth meeting, section 2).

6. Amendment to the Constitution to increase the Number of Members entitled to designate a Person to serve on the Executive Board (item proposed by the Government of Belgium)

Agenda, 7.12

The Chairman invited the delegate of Belgium to introduce the proposal submitted by his Government.

Mr Geeraerts (Belgium), presenting the Belgian proposal (Annex 10), recalled that his delegation had, together with the delegations of the United Kingdom, Italy and France, submitted to the Seventh World Health Assembly an identical proposal to increase to twenty-four the number of Members entitled to designate a person to serve on the Executive Board and that the motion had, by one vote, failed to obtain the two-thirds majority required for an amendment to the Constitution.

The number of active Members of the Organization had increased since 1954 and it was moreover hoped that the inactive Members would resume full participation in the Organization in 1957. He drew attention to the fact that, as shown in the background note submitted by the Director-General, other specialized agencies had taken account of their total membership in fixing or increasing the membership of their Executive Board, Council or governing body.

Reminding the Committee of the statement made by Dr van Zile Hyde on a previous occasion, that it had
been a rare privilege to participate in the debates of the Executive Board, he emphasized the desirability of enabling a larger number of Member States thus to participate more intimately in the work of the Organization. With the size of the Executive Board as it stood at present, that privilege was only too rare.

His delegation's proposal was, he felt sure, a reasonable one which would not lessen the effectiveness of the Board's deliberations. He hoped that the Committee would bear in mind the purpose of his proposal in taking its decision on whether to increase the size of the Executive Board.

Dr Le-Van-Khai (Viet Nam) said he would give his support to the Belgian proposal, as he had done at the Seventh World Health Assembly. Indeed, the fact that the Executive Board was the same size as in 1948 in spite of the large increase in the membership of the Organization could not be considered satisfactory, despite the unquestionable merit of the persons serving on it. An increase of 25 per cent. in the Executive Board would still be slight as compared with an increase of over 30 per cent. for total membership and 50 per cent. for the budget. It was therefore extremely desirable that the number of Members entitled to designate a person to serve on the Board should be increased in order to ensure a better geographical distribution, as well as to enable the Board to accomplish even more valuable work than it did at present.

Mr Clark (Canada) said he was grateful to the Belgian Government for having raised the matter. The persistent increase in the total membership of the Organization would seem to argue in favour of a larger Executive Board. He was, however, against any hasty decision on the point and considered that the matter should be deferred for study by the Tenth World Health Assembly. An amendment to the Constitution and the size of the Executive Board were both serious issues calling for lengthy examination. Although the Belgian Government had, in fact, complied with the provisions of Article 73 in submitting its proposal, there could be no harm in deferring the item for a further year and substantial advantages might in fact ensue.

His delegation would find a decision greatly facilitated by knowing whether the inactive Members of the Organization were indeed returning. If that were so, there would be a stronger case in favour of an increase to twenty-four persons. Otherwise, it might be preferable for the Board to be increased to a figure somewhat less than twenty-four. It should moreover be borne in mind that the size of the Executive Board was only one of the aspects which should be considered: there was, for instance, also the question of whether the Board should become representative of Member governments. The question of biennial Assemblies could also usefully be reconsidered. Accordingly, sufficient time was necessary to study such interrelated questions.

Mr Pleić (Yugoslavia) emphasized the importance which his Government had from the outset attached to the question. There could be no doubt that the proposal to enlarge the Board on the basis of the increase in total membership of the Organization called for serious study. He wondered, nevertheless, whether that did not constitute an over-simplification of the problem by putting it on purely mathematical grounds.

Referring to the considerations mentioned in Article 24 of the Constitution, he stressed the importance of equitable geographical distribution. Such equitable distribution was possible even in smaller groups, such as certain United Nations bodies, the satisfactory geographical character of which had never been placed in any doubt, as could not be said to be the case in respect of the Executive Board. Referring to the synoptic table of Members entitled to designate a person to serve on the Executive Board, as contained in the Handbook of Resolutions and Decisions (third edition), page 156, he called attention to the fact that since 1954, when Greece's term of office had expired, the Balkans, an extensive region with important problems and large-scale health programmes, had not been represented at all on the Board. At the present moment, Central Europe was represented by both Austria and Switzerland but the term of office of the persons designated by those countries was expiring and there would therefore soon be no representation of either Central Europe or the Balkans. Such an abnormal situation probably existed with respect to other regions also. Accordingly, while he agreed with the Belgian proposal, he felt the problem to be essentially one concerning geographical representation. He felt, furthermore, that it was important not to overlook the other principle laid down in Article 24, namely, that the person designated should be technically qualified in the field of health.

Therefore, he would, though for different reasons, share the view expressed by the delegate of Canada that the question called for further consideration and should be referred to the Tenth World Health Assembly.

Mr Geeraerts (Belgium) could not understand why the delegate of Canada considered that more time was necessary to study the proposal further. Indeed, it
was not in any way different from that submitted three years previously, and had furthermore complied with the provision for six months’ notice laid down in Article 73. Neither did he think that the question of the return of the inactive Members should be allowed to act as a delaying factor, as it seemed probable that they would have rejoined the Organization by the next year. The situation in respect of equitable geographical distribution, regarding which the delegate of Yugoslavia had expressed concern, would thus be aggravated as thirty out of a total of eighty-eight Members of the Organization, representing approximately 40 per cent. of the contributions to the budget, would be from the European Region. It would thus be all the more difficult to attain a fair ratio between persons designated by European countries and by others if the Board still consisted of only eighteen members instead of twenty-four. Moreover, it was important not to overlook the delaying factor imposed by the necessity to ratify such an amendment to the Constitution.

He stressed the fact that his Government had not made the present proposal in its own interest but rather in the interest of other Member States which saw their chances of designating a person to serve on the Board as very slight. He hoped that the Committee would weigh his proposal solely from that point of view.

Dr. Van den Berg (Netherlands) said that his delegation had voted in favour of the Belgian proposal when it had come before the Seventh World Health Assembly. He saw no reason to change his opinion on the matter and would again vote in favour of it.

Following the remarks made by the delegates of Canada and Yugoslavia, he considered that although arguments could be advanced on both sides, the advantages which would result from the acceptance of the proposal greatly outweighed such disadvantages as the fact that the Organization would have to bear increased costs and might in fact have greater difficulty in arranging meetings. It was striking, when one studied the total membership of other international organizations and the membership of their Executive Board, Council, or governing body, that WHO, which was the largest specialized agency and one of the most important, had the executive body with the smallest membership. Though that did not, of course, necessarily imply that the example of others should be followed, it would in fact appear that the achievement of an entirely equitable geographical distribution would be greatly facilitated by the existence of a larger Board. The problems of countries varied considerably within regions and it was clearly not sufficient for one country of a particular region to represent the others.

Speaking on the suggestion of the delegate of Canada that a thorough study be made of the proposal, he said that, although he favoured an extremely thorough examination of any amendments to the Constitution, there remained no further aspects of the question to study and a decision could equally well be taken at present as in a year’s time. The problems to which the delegate of Canada had drawn attention did not seem related to the size of the Board to an extent which would justify deferment of the item. It was to be hoped that the inactive Members would return but, quite apart from that question, there could be no doubt that the membership of the Organization was increasing steadily. The delegate of India had expressed the hope, which he himself shared, that the Associate Members would acquire full membership of the Organization in the near future. Consequently, in view of the lengthy procedure of ratifications, measures to increase the size of the Executive Board could not possibly keep pace with the growing membership. He therefore agreed with the delegate of Belgium that a decision should be taken at the present Health Assembly.

He accordingly urged the Committee, in the interest of a satisfactory composition of the Executive Board, which would be called upon to play a more important role in the future than ever before, and also in the interest of the fuller participation of Member States themselves in the work of the Organization, not to defer consideration of that urgent question but to reach a favourable decision at the present session.

The Chairman announced that the Committee would continue its consideration of the item at its next meeting (see minutes of the eighth meeting, section 2).

The meeting rose at 12.55 p.m.
EIGHTH MEETING

Monday, 21 May 1956, at 3 p.m.

Chairman: Mr W. H. BOUCHER (United Kingdom of Great Britain and Northern Ireland)

1. Adoption of Third Report of the Committee

The CHAIRMAN invited the Rapporteur to introduce the Committee’s draft third report.

Mr Pleić (Yugoslavia), Rapporteur, read the report.

The CHAIRMAN proposed to put before the Committee for its approval in turn each of the draft resolutions in the report for recommendation to the Ninth World Health Assembly, calling attention to the fact that the resolutions contained in sections 2 and 3 had been adopted by the Committee with the two-thirds majority required.

Decisions: (1) The resolutions contained in sections 1 to 9 of the report were approved without comment.

(2) The draft third report was adopted as a whole (for text, see page 398).

2. Amendment to the Constitution to increase the Number of Members entitled to designate a Person to serve on the Executive Board (item proposed by the Government of Belgium) (continued from the seventh meeting, section 6)

Agenda, 7.12

The CHAIRMAN invited the Committee to resume its discussion on the Belgian Government’s proposal to amend the Constitution in order to increase the number of Members entitled to designate a person to serve on the Executive Board (see Annex 10).

Dr Hayek (Lebanon) believed that all were familiar with the different positions adopted on the question; indeed, a similar proposal had come before the Seventh World Health Assembly but had not obtained the required two-thirds majority. The fact that the Executive Board continued to function in a satisfactory manner with eighteen members did not prevent the question from being raised again and, in that connexion, he expressed his appreciation of the clear statement in which the delegate of Belgium had explained the grounds for his proposal. He had also listened with particular interest to the remarks made by the delegate of Yugoslavia on the inadequate geographical distribution in the Board as far as the Balkans and Central Europe were concerned.

He was, however, of the opinion that to await developments would be even wiser than to seek to forecast them. In view of the resolution adopted by the Health Assembly relating to the return of the inactive Members, it would appear highly desirable not to take any hasty decision on the question of an increase in the size of the Executive Board, as it would doubtless be most valuable to have the benefit of the opinions of those inactive Members, which had been present when the Constitution had been drawn up. It was greatly to be hoped that the Organization could consider the problem as a family of nations and when it had once more become more universal in character, as he sincerely hoped it would do in the near future.

He would accordingly suggest that further consideration of the proposal be deferred until the Tenth World Health Assembly with a request to the Director-General and the Executive Board to give their views on the matter, whatever the status at that time of the inactive Members.

Mr Liveran (Israel) said that it seemed to his delegation that the exhaustive debate which had taken place on the Belgian proposal had not brought forth any argument against the principle of increasing the number of Members entitled to designate a person to serve on the Executive Board but that arguments had been confined to the aspect of timing. He would therefore address his remarks solely to that point.

It was generally accepted that there should be some relationship between the size of the Organization and its executive organ, despite the fact that they were of a different nature, in order to ensure a proper functioning. It was therefore possible to draw a parallel with the situation existing in that respect in the other international organizations. It was of particular interest to note that the United Nations itself was, as a result of the increase in its total membership, considering increasing the membership of its Economic and Social Council.
It was accordingly more appropriate for the Committee rather to ask itself why it should not adopt such a change at the present juncture. He felt that an accurate analysis of the situation would show immediate action to be all the more necessary. The delegate of Canada had sought to make any possible change dependent on certain other developments, such as whether the nature of the Executive Board should be altered so as to make its members representatives of governments; in his own view, such a change would place even greater emphasis on the desirability of enlarging the Executive Board, and if, on the other hand, a basic transformation of that kind were not introduced, that would not in any way detract from the reasons put forward by those who wished to increase the size of the Board with its present character. He did not think that the matter could be delayed further in order to wait for a possible resumption of participation by the inactive Members, as the Organization had already done its part in opening the door wide for their return. His delegation would therefore vote in favour of the Belgian proposal.

Dr Sigurjónsson (Iceland) agreed with those speakers who had expressed their preference for a larger Executive Board that it would doubtless thus be easier to achieve equitable geographical distribution. The strongest argument in favour of such an increase would, however, be that of the increased responsibility laid upon the Board if at the same time biennial Assemblies were taken up. He recalled that the principle of biennial Assemblies had been approved at the Third World Health Assembly. Its practical application had been thought to be still premature at the Sixth World Health Assembly and a decision had then been taken to reconsider the proposal at a future Assembly. Since it was undesirable to amend the Constitution too frequently, he was of the opinion that it would be desirable to postpone consideration of the Belgian amendment until the question of biennial Assemblies came again before the Health Assembly, in the hope that that would be at the next session.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) considered it important to maintain a reasonable relationship between the total membership of the Organization and the number of Members entitled to designate a person to serve on the Executive Board, although he would not go so far as to suggest any precise arithmetical ratio. That relationship was of particular value in that it would provide a fair opportunity to Member States for participating more closely in the work of the Board. Clearly, the Executive Board should not become unwieldy. It would, however, appear that the Belgian proposal to increase the composition of the Board to twenty-four members afforded the maximum advantages without running that risk.

He agreed with the delegate of Israel that the time had come for such a decision to be taken and he would therefore vote in favour of the proposal submitted by the Belgian delegation.

Dr El-Wakil (Egypt) said that his delegation recognized the validity of the arguments in favour of the Belgian amendment. Nevertheless, it considered that, for constitutional and budgetary reasons, the time had not yet come to adopt such a proposal.

In accordance with Article 28 of the Constitution, the Board was a purely executive and advisory organ and accordingly could not, by virtue of its very structure, be considered as playing any legislative part in the decisions adopted by the Organization. He did not believe, therefore, that the present size of the Board in any way lessened the work it did. There was no doubt that geographical distribution should be taken into consideration. He would call attention to the fact that a similar problem had arisen in the United Nations, where total membership had also increased; in view of the considerable repercussions, financial and other, which such a change would entail, it had been decided that a thorough study should be made of all aspects of the question before a decision was taken. The amendment submitted by the Belgian delegation would, in fact, appear to his delegation to have financial implications which had not been clearly established. His delegation was therefore unable to vote in favour of it.

Dr Vannugli (Italy) said that his delegation fully supported the proposal made by the Belgian Government to increase to twenty-four the number of Members entitled to designate a person to serve on the Executive Board. Indeed, as stated in the background note submitted by the Director-General, the Italian delegation had expressed the view at the First World Health Assembly that the Members represented on the Board should be one-third of all Members of the Organization, and his Government had maintained that position whenever the question had been considered in the Health Assembly.

The reasons for such an increase were at present more valid than ever. A study of the table contained in the Director-General’s note showed that the executive organ of WHO was, in comparison with all the other agencies listed, the smallest in proportion to the total membership. In fact, the ratio for WHO was 21 per cent., taking into account the three Member States which had acceded to full membership
at the present session, as compared with 33 per cent. for FAO, 42 per cent. for ILO, 31 per cent. for UNESCO, and 31 per cent. for ICAO. The average ratio was therefore approximately 1 to 3, which would imply the need for an Executive Board of twenty-eight persons. The Belgian proposal would give a ratio of 28 per cent., thus remaining well below the percentage figures of other agencies, as well as the ratio of 35 per cent. which existed when the composition of the Board had first been established.

Reference had often been made to the difficulties encountered in achieving equitable geographical distribution in the Executive Board, that criterion being laid down in the Constitution. Clearly, those difficulties were due to the restricted number of places available on the Board, which no longer bore any relation to the development of the Organization.

A suggestion had been made to defer the item under consideration in the expectation of resumed participation by inactive Members in the activities of WHO. That point could not, however, be interpreted as constituting an objection to the Belgian proposal; on the contrary, it spoke strongly in favour of an increase. The inactive Members might well re-enter the Organization shortly, as was hoped by all, whereas the entry-into-force of a constitutional amendment concerning an increase in the size of the Board would take considerable time in view of the procedures inherent in any amendment to the Constitution. It was therefore apparent that, in such an event, real difficulties would arise in achieving equitable geographical distribution on the Board. The adoption of the Belgian proposal would alleviate such a situation.

All the factors to which he had referred were closely interrelated and should be studied in all their aspects. Nevertheless, none of them constituted a valid objection which stood in the way of making an important decision. The moment had come to take such a decision, which would surely lead to considerable and obvious advantages.

Dr Evang (Norway) emphasized the central position occupied by the Executive Board in the structure of the Organization; any change in its composition would therefore influence the whole structure and work of WHO. All Member States had had full opportunity of studying the functioning of the Board in its three-fold relationship to the Health Assembly, Member States and the Secretariat, and of noting the excellent record it enjoyed, which would thus speak in favour of retaining the present position. He therefore failed to appreciate any of the arguments raised with a view to changing that satisfactory balance.

Indeed, there were several arguments against such a change. Acceptance of the Belgian proposal to increase membership of the Board to twenty-four would have the result of introducing a strongly controversial matter in the purely technical body constituted by WHO. He recalled that a "gentleman's agreement" existed in respect of geographical distribution of members of the Board and adjustments in that connexion had hitherto been made without great difficulty. It could even be argued that the time had come for reducing the size of the Executive Board, since the activities of the Organization had become normalized and considerable experience had been gained; he did not, however, intend to suggest that the number should be reduced to less than eighteen.

The financial implications of the Belgian proposal should, moreover, be taken into account. At present, a session of the Executive Board cost a little over $100,000. It was to be expected that an increase in membership of one-third would prolong sessions by about one-third also, with a corresponding increase in cost. It was indeed hard to understand that the same governments that had been pressing for budgetary reductions, which would be felt in work in the field, should be supporting a proposal that would have the result of increasing the costs of meetings. Neither should it be overlooked that, if meetings were to last longer, it might prove more difficult for first-class persons to be spared by their governments for sessions of the Executive Board, thus reducing the technical status of the Board and making it less fit to represent the Health Assembly than it was at present.

He drew attention to the fact that there had been no intention at the time of drafting the Constitution to establish a relationship between the size of the Organization and of the Executive Board; the latter had been intended to be a practical working body. Comparing the working bodies which existed to serve various national assemblies, he would put the ratio of membership at 18 to 100, which would appear to be somewhat analogous with the situation of WHO. He would therefore strongly urge that the Belgian proposal should be rejected. Member States which were attracted by the bait of the possibility of designating a person to serve on the Executive Board might find that that bait concealed a sharp hook.

Mr Geeraerts (Belgium), speaking on a point of order, said that it would appear that the Belgian proposal was being interpreted as implying some criticism of the manner in which the Executive Board functioned and of its efficiency. He felt that that was
due to a misunderstanding of the aim of the Belgian proposal. In all events, he would protest strongly against any such suggestion.

Mr Calderwood (United States of America) recalled that the position of the United States delegation had been clearly stated when a similar proposal had been under consideration at the Seventh World Health Assembly, and he would not at the present juncture repeat the arguments put forward then.

He concurred with the remarks made by the delegate of Norway regarding the relationship of the size of the Executive Board to the total membership. Those who had attended the deliberations of the Technical Preparatory Committee for the International Health Conference in 1946 would remember that it had been generally considered that the Board should number from twelve to eighteen members and that the figure of eighteen had been decided upon finally by taking into account the example of the United Nations Economic and Social Council.

In respect of the question of equitable geographical distribution, his delegation felt that compliance with that provision was too often related to the grouping of Member States into regions for the purpose of regional organizations, which did not necessarily require at all the same distribution as would be desirable in the Board.

He agreed with the reference made by the delegate of Iceland to the question of biennial Assemblies. While he maintained the observations he had just expressed, there was no reason why Member States should not re-examine the entire problem, taking into account the several points that had been raised. He would therefore support any proposal to defer the item until the Tenth World Health Assembly.

Sir Arcot Mudaliar (India) invited the Committee’s attention to Articles 3 and 24 of the Constitution. The former stated that membership in the Organization should be open to all States, and it was accordingly his view that those who had drawn up the Constitution had fully understood the global nature of WHO when they had committed themselves, in Article 24, to an Executive Board of eighteen members in the belief and hope that the Organization as a whole would expand greatly. It was therefore not correct to suggest that the size of the Executive Board should be reconsidered in the light of increased total membership. The Board had definite functions to fulfill and was responsible to the Health Assembly and not to the States from which its members came; the number of Member States in the Organization was therefore irrelevant. A competent body was needed to work for the Assembly, and he did not see any reason why an increase in size would make for greater efficiency.

Referring to the table in the Director-General’s note showing the total membership of other international organizations and the membership of their executive organs, he stressed the difference in the work of the various organizations. There was no doubt that it was generally considered that WHO’s activities were quite satisfactory and that could be taken as largely due to the work of the Executive Board as it was at present constituted. He had a wide experience of the discussions which had taken place in UNESCO and did not think that the increase decided upon in the membership of the Executive Board of UNESCO, which had been debated at length with much opposition before being accepted, could be taken as a model. UNESCO’s decision had been based on the fact that that organization was called upon to deal with a wide variety of subjects and that therefore a greater number of experts on the Board would be an advantage.

He wished to call attention to a striking instance in which WHO differed from the other agencies, namely, in the firm establishment of its regional organizations, which he believed to be unique in the United Nations family. Such regionalization had given a tremendous advance to the work of WHO and had brought about the closer co-operation of Member States in it, and moreover the Executive Board’s work was lessened by the existence of that machinery.

If he had understood him correctly, the delegate of Belgium had, at the previous meeting, suggested that, as the European countries contributed about 40 per cent. of the Organization’s budget, they should have a larger representation on the Board. If that view were accepted, what would one say about the country which at present paid about 33½ per cent. of the Organization’s budget and, it was hoped, would go on contributing to an ever-increasing extent in future. The Health Assembly was a democratic body in which the smallest country had the same right as the largest and he hoped that it would continue to flourish and function as a democratic institution.

As the delegate of Norway had said, the geographical distribution necessary for a satisfactory working of the Board had been accepted in principle and methods had been adopted to ensure it as far as possible. It was no use overlooking the fact that, if an increase to twenty-four were accepted, there would be discord as to which region should benefit most from the additional six seats available. He believed that the present harmonious arrangements should not
be disturbed as to do so might resuscitate past difficulties in that connexion. Quantity would not give quality and, indeed, it might result in a deterioration of the Board’s efficiency.

His delegation accordingly felt that it would not be desirable to adopt the proposals submitted by the Belgian delegation.

Mr DE CURTON (France) said that his delegation maintained the position which it had clearly defined on other occasions and would support an increase in the size of the Executive Board for the reasons put forward. Indeed, the total membership of the Organization was growing and it was important that some ratio, though not necessarily a rigid one, should be maintained between the numbers of the Board and the Organization as a whole. Moreover, there should be some relationship on that score with the other specialized agencies, which doubtless had based their decision to increase their executive organs on valid grounds.

It was also necessary to correct the existing inequitable geographical distribution to which the delegate of Yugoslavia, in particular, had called attention; his conclusion, however, that the matter should be deferred, appeared somewhat paradoxical. It would in fact be impossible to correct the present situation in respect of geographical representation without increasing the size of the Board. Furthermore, new Members, leaving aside the inactive Members who might resume participation in the Organization, would doubtless desire an opportunity to gain more intimate contact with the work of the Organization.

The delegate of Canada considered any decision in that respect premature and proposed that it should be deferred until the next session of the Health Assembly. The question had, however, been discussed at length, and had been considered as far back as the First World Health Assembly. He himself believed that the proposals for deferment were in reality based on other reasons, such as the return of inactive Members, biennial Assemblies, and a change in the character of the Executive Board so that it represented Member States. As far as the inactive Members were concerned, a decision to increase the size of the Board would not only be far from premature but would in fact be late in view of the lengthy constitutional procedures involved. The other two points to which he had just referred bore some relation to the question of the size of the Executive Board; nevertheless, the latter should be considered separately and, indeed, might in practice be considered in that manner even if it were taken with those two questions, since a separate vote could always be requested. Therefore, consideration of the other question did not preclude an earlier decision on the size of the Executive Board. An increase in the size of the Board would be desirable whether a favourable decision were taken on those other points or not.

His delegation thought therefore that an amendment along the lines proposed by the Belgian delegation was both necessary and opportune and would vote in favour of the proposal submitted by the Belgian Government.

Dr VALENZUELA (Chile) was not in favour of increasing the size of the Executive Board as he believed that eighteen members could ensure equitable geographical representation and that to increase that number might impair the Board’s efficiency. Budgetary implications were only secondary to those considerations.

Dr TOGBA (Liberia) maintained his opposition to the Belgian proposal. Those who had had the privilege of serving on the Executive Board were able to appreciate the impersonal manner in which the Board conducted its work; problems were not envisaged in terms of national or regional interests but from the point of view of world health as a whole.

He failed to see why the suggestion should have been introduced that the Board required more members in order that it should function more effectively. Indeed, such a proposal would seem to indicate that certain Members were interested only in their own regions. As the delegate of India had stated, one Member State made by far the largest contribution to the Organization, but that Member understood the universal nature of WHO’s work, in which all should co-operate. Such co-operation was made the more effective by the geographical distribution practised in respect of the Board, concerning which satisfactory arrangements were functioning. Indeed, as had already been stated, if the amendment were adopted, it would be difficult to know from which region the additional places should be filled. The argument that the inactive Members might return was not convincing, since the Board had numbered only eighteen at the Organization’s inception, when those Members had still been present. In fact, it was essential that all the Member States should realize that the presence of a particular region or country was not indispensable. Moreover, within the regions agreement should be reached so as to give each Member in turn the opportunity of becoming more familiar with the Organization in order to appreciate fully the world-wide concept on which the Organization was founded.
He was therefore unable to support the Belgian proposal as it would, in his view, imply a loss of confidence in the basic principles of WHO.

Dr Frandsen (Denmark) said that his delegation fully agreed with the Belgian proposal and would vote in favour of it.

Mr De Villegas (Spain) supported the Belgian proposal to increase the number of persons serving on the Executive Board.

Supplementing the information given in the working paper before the Committee, he stated that the World Meteorological Organization had the previous year approved a resolution submitted jointly by the Brazilian and Spanish delegations to enlarge the composition of its Executive Board. That was particularly worthy of note in that that organization had a purely scientific character and was organized on a regional basis similar to that of WHO.

Sir Arcot Mudaliar (India) explained that when he had referred earlier to the United States contribution he had not meant to imply, as some delegates seemed to have understood, that he thought that the United States contribution should be increased. He had not wished to suggest any such thing but had tried to convey that it was to be hoped that the large United States contribution towards solving the problems of world health, as well as the contributions of other countries, would be continued in future years.

Mr Brady (Ireland) informed the Committee that the Irish Government supported the Belgian proposal. Although there was no need to repeat what other delegations supporting the proposal had already said, he would like to stress the fact that the Irish delegation was not actuated by a desire to preserve or increase the representation of any particular region. Neither would his Government associate itself with any suggestion that representation on the Executive Board should bear relation to the size of a country's contribution or its importance as a power. His Government agreed with the principle, expressed by the delegate of India, of the fundamental democratic equality of all Member States and would oppose the granting of statutory privileges to any one State on the basis of its contribution.

He suggested that sufficient consideration had been given to the matter and that a decision should be taken on the Belgian proposal on its merits and without reference to other possible amendments to the Constitution. Although it was not perhaps desirable to discuss amendments to the Constitution piecemeal, since a grouping of proposed amendments facilitated ratification, he thought that any proposed amendments concerning the holding of biennial Health Assemblies or a change in the status of the Executive Board could be considered later. In other words, his Government supported the Belgian proposal; but, if a decision on it was postponed, it would favour its being considered as part of an overall review of the Constitution.

Referring to the other draft resolution before the Committee, he said that the amendment proposed by the delegation of Iraq to the resolution proposed by the Canadian delegation was in accordance with the views of his Government as it removed the necessity, imposed by the Canadian proposal, of restricting a review of the Constitution to the provisions concerning the size of the Executive Board. If the Belgian proposal was rejected, his Government would vote in favour of the Belgian proposal as it would, in his view, imply a loss of confidence in the basic principles of WHO.

Dr Van den Berg (Netherlands) remarked that some of the references made to the history of the subject under discussion were not quite accurate and, as he had taken part in all the debates on the matter during the past ten years, he would give an outline of what had occurred.

When the Constitution had been drafted, the intention of everyone had been that there should be equitable geographical representation on the Executive Board—an intention clearly expressed in Article 24. No one, however, had been convinced that that was possible with eighteen members. Eighteen had been accepted as an empirical solution. The Executive Board at its second session had defined a system of election which it was thought would provide equitable representation with eighteen members; but after every election at every World Health Assembly the results had been criticized, and it had even been said that, if a certain country was not elected, the representation was inequitable. Even the equitable representation of the WHO regions had not proved a solution, for the view had been expressed that equitable representation would not be achieved if a certain group of countries in a region were not represented. History was therefore in favour of the Belgian proposal and to say that it was against it was incorrect.

Dr Togba (Liberia) did not agree with the interpretation of previous decisions given by the delegate

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1 See page 345 below.
of the Netherlands. When it had been decided to set up the Interim Commission in 1946, thought had been given to appointing members from different parts of the world — and the number had still been fixed at eighteen. As far as he could recollect, it was in 1952 or 1953 that it had been suggested that certain Members should always be represented on the Executive Board. That suggestion had been defeated. Its opponents still did not think the Constitution should be changed: they claimed that the Executive Board functioned adequately and properly. He, as one of the opponents, believed that the Executive Board should be limited to eighteen members selected according to the procedure which had been followed for the last nine years.

The Health Assembly had just voted a budget lower than that recommended by the Executive Board and it would seem foolish to place a burden on that budget by adding a further six members to the Executive Board. Moreover, as the delegate of Norway had stated, if the number of members were increased to twenty-four, the sessions of the Board would inevitably be about a third longer. He felt that the money at WHO's disposal should be spent on its programmes and that administrative expenses should not be increased.

Mr Geeraerts (Belgium) said it would be a somewhat strange procedure to postpone a decision on the amendment submitted by his Government on the ground that one or more Member States intended to submit certain proposals in a year's time. And such a procedure could go on indefinitely — there was nothing to stop a Member at the Tenth World Health Assembly from announcing its intention of introducing an amendment to the Constitution at the Eleventh Assembly, and so on.

Never having been a member of the Executive Board, he was unable to appreciate the weight of the argument that an increase in the membership of the Board would prolong its sessions. He could, however, say from personal experience that the Health Assembly had been considerably smaller some years ago than at the present session, yet the increase in attendance had not increased the duration of the sessions.

He added that, in order to avoid an incident similar to that which had taken place three years before when a vote requiring a two-thirds majority had been taken by show of hands, he would request a roll-call vote on the Belgian proposal.

The Chairman said that the delegation of Norway had just submitted a draft resolution, which would be circulated (see page 345).

Dr Al-Wahbi (Iraq) said that the Executive Board had worked splendidly up to the present time with eighteen members and his delegation saw no reason for any change or increase. The reasons for its views had already been expressed by the delegates of India, Norway and Liberia, among others.

His delegation was, however, concerned at the suggestion that members of the Executive Board should be government representatives, as in some other agencies. Up to the present time the eighteen members of the Executive Board had had only their conscience to guide them and it was unthinkable that they should be put in a position where government instructions might be contrary to conscience.

His delegation had proposed an amendment to paragraph 1 of the Canadian draft resolution (see page 345) because it felt that that paragraph made imperative a review of the composition and size of the Executive Board — which was not desirable. It had made the further suggestion to delete paragraph 4 of the Canadian draft resolution (see page 345) to avoid setting a time-limit for any review of the Constitution.

Mr Pleč (Yugoslavia) wished to explain his previous remarks on the subject. As he had stated, his delegation considered that membership of the Executive Board should be established in accordance with the three criteria clearly laid down in Article 24 of the Constitution, namely number of members, equitable geographical distribution and technical qualification in the field of health.

The problem of equitable geographical distribution had two aspects — the securing, first, of equitable representation of the WHO regions, and, secondly, of equitable representation of the countries in the regions. In the view of his delegation, the first problem had been adequately solved with the present number of members, and there was no need to increase that number. As regards the second, however, inequalities remained, as could be seen from a list of the countries at present entitled to designate a person to serve on the Board. The different parts of some regions were satisfactorily represented — and he quoted examples. That was, however, not the case with the European region, for there was no country from Eastern Europe and no country from the Balkans.

He thought, therefore, that some procedure or "gentleman's agreement" within the regional committees should be evolved to ensure more equitable representation of the different parts of a region. The problem he had touched on could not be solved by increasing the membership of the Executive
Board; its solution should be found within the regions themselves.

The Chairman suggested that the Committee might be ready to vote on the proposals before it, of which there were four. The first was the proposal by the Government of Belgium (see Annex 10). The second was a draft resolution submitted by the delegation of Canada, which read as follows:

The Ninth World Health Assembly,

Noting that proposals to amend the Constitutional provisions relating to the Executive Board have been introduced at its third, sixth, seventh and ninth sessions;

Noting that eight years have elapsed since the Constitution of the Organization went into effect and that the number of Members has increased;

Noting that those Members who have been absent are considering resuming active participation in the work of the Organization,

1. CONSIDERS that a general review of the composition and size of the Executive Board is appropriate;
2. BELIEVES that it would be premature to take a decision on the proposed amendment to the Constitution submitted to the Ninth World Health Assembly;
3. RECOMMENDS that Member governments study this matter;
4. REQUESTS the Executive Board to arrange to include this item in the provisional agenda of the Tenth World Health Assembly.

The third was an amendment to the Canadian draft resolution submitted by the delegation of Iraq, which proposed the deletion of paragraph 1 and the substitution of:

1. CONSIDERS that a general review of the Constitution as a whole may be appropriate in the future, and that it should be carried out in such a way as to ensure the maintenance of an appropriate balance among the various provisions of the Constitution;

and the deletion of paragraph 4. The fourth was a draft resolution submitted by the delegation of Norway, reading as follows:

The Ninth World Health Assembly,

Having considered the proposal by the Government of Belgium to increase the number of Members entitled to designate a person to serve on the Executive Board,

REJECTS the proposal.

Mr Brady (Ireland), on a point of order, asked whether the Norwegian proposal, being directly negative, was admissible.

Mr Liveran (Israel) asked whether the amendment proposed by the delegation of Iraq was admissible. If his interpretation of the amendment was correct, the phrase “considers that a general review of the Constitution as a whole may be appropriate in the future” implied that a decision to review the Constitution could be taken. However, no such review was provided for in the Constitution, and as, in his opinion, it could not be undertaken without being so provided for, he thought that the amendment was inadmissible. He did not know what could be done in an international organization in such a case. Certainly, if a people wanted a change in a national constitution and there was no provision in that constitution for making changes, the only remedy would be revolution! In his opinion, the proposed amendment, if carried, would violate the Constitution.

Mr Botha (Union of South Africa) indicated that his Government’s instructions on the item of the agenda had been based on the proposals relating to the Executive Board and, although the word “may” was used by the delegate of Iraq in his amendment, he did not feel that he was in a position to express an opinion on a review of the whole Constitution at the present session. He was convinced that many other delegations had been put in a similar position and would be unable to vote without receiving prior instructions from their governments. He was inclined to think that the question of reviewing the whole Constitution could not be considered as being on the agenda and wondered whether the delegate of Iraq could alter his proposed amendment to provide a solution to the problem.

Dr Al-Wahbi (Iraq) said that, as the preamble of the Canadian resolution clearly stated that it referred only to the Executive Board, he had not thought it necessary to specify the Executive Board in his amendment. He had intended his amendment to refer to all parts of the Constitution concerning the Executive Board.

The Chairman thought that it would be possible to alter the wording of the proposed amendment in the light of the explanation given by the delegate of Iraq.

Mr Zohrab (New Zealand) said that he had instructions to support the Belgian proposal and asked whether, if the Belgian proposal was defeated
and a vote was then taken on the Canadian proposal, the delegate of Canada would insist on retaining paragraph 2.

Mr Clark (Canada) asked whether the delegate of New Zealand was correct in so far as the order of voting was concerned.

Mr Liveran (Israel) asked for a decision on the admissibility of the proposed amendment of the delegation of Iraq, before the order of voting was discussed.

The Chairman asked the legal adviser to answer Mr Liveran's question.

Mr Zarb, Chief, Legal Office, said that the delegate of Israel had submitted that since the Constitution of WHO did not provide for review of the Constitution, the draft amendment of the delegate of Iraq to review it was unconstitutional.

The amendment proposed by the delegate of Iraq, if accepted, could be interpreted only as the expression of a wish. The text read: "Considers that a general review of the Constitution as a whole may be appropriate in the future, and that it should be carried out in such a way as to ensure..." etc. That use of the conditional made it impossible to qualify the text as unconstitutional.

Mr Liveran (Israel) said that, if the legal adviser considered the proposed amendment of the delegate of Iraq admissible, some explanation of its meaning would be necessary. It made no mention of who was to carry out the review or when it would be done. The same applied to paragraph 2 of the Canadian proposal.

Dr Al-Wahbi (Iraq) thought he had made it clear that he had intended his amendment to refer to a review of the Constitution relating to the Executive Board. The preamble of the Canadian proposal explained what the resolution was about. If his amendment was ambiguous he had no objection to modifications being made to it for purposes of clarification.

After consultation with the Chairman, he suggested, "Considers that a review of certain aspects of the Constitution may be..." etc.

In reply to a question by the Chairman, Mr Zarb, Chief, Legal Office, said that, thus amended, the text proposed by the delegate of Iraq was still admissible.

Mr Liveran (Israel) said that, although he was still not satisfied, he would not pursue the matter further.

Dr van den Berg (Netherlands) asked whether the Norwegian proposal was admissible.

Dr Evang (Norway) said that his delegation was unable to vote for any of the other proposals before the Committee. The Belgian and Canadian proposals were unacceptable and the Canadian proposal as amended by the delegation of Iraq was barely acceptable. Therefore, to make his delegation's position clear, he had put forward a proposal for rejection of the Belgian proposal.

The Chairman said that his first reaction was that the Norwegian delegation was entitled to put forward a proposal for the rejection of the Belgian proposal and that therefore its draft resolution was admissible. On second thoughts, however, he wondered whether the position of the Norwegian delegation could not be equally well met by its vote on the Belgian proposal. Before deciding, he would seek guidance from the legal adviser as to precedents for such negative resolutions.

Mr Zarb, Chief, Legal Office, said it was not customary for a proposal proposing the rejection of a proposal to be submitted either to a committee of the Health Assembly or to the Assembly itself, and he did not think it would be possible to find any precedent. However, the Norwegian proposal did not appear inadmissible. If the Committee wished to reject the Belgian proposal, it could do so by voting against it. The Committee could achieve the same result by adopting the Norwegian proposal, but by so doing it would emphasize very strongly its opposition to the Belgian proposal.

Dr van den Berg (Netherlands) did not think it would be wise to create a precedent in the matter by adopting the Norwegian proposal.

Mr Liveran (Israel) asked whether the Norwegian proposal would require a two-thirds majority.

Mr Coote (United States of America) expressed appreciation of the explanation given by the delegate of India concerning the latter's remarks about the United States contribution.

With regard to the Norwegian proposal, although his delegation did not favour an increase in the size of the Executive Board, he did not think it would be in the best interest of the Organization as a whole for a vote to be taken on it. For that reason he asked the Norwegian delegate to withdraw his proposal.

Referring to the proposal of the delegation of Iraq, he thought that the Committee was responsible for making a specific recommendation to the Health Assembly. In order to give the Committee's action
meaning, he suggested that the word "would" be substituted for the word "may". His delegation was concerned at the suggestion to broaden the review of the Constitution; but as the delegation of Iraq had accepted other amendments to its proposal, the United States delegation would also be prepared to accept it with the substitution of the word "would" for the word "may".

Dr Al-Wahbi (Iraq) accepted the United States amendment.

Mr Zarb, Chief, Legal Office, in reply to the Chairman, indicated that the amendment proposed by the United States delegate was as far as the Committee could go without making the text mandatory. If the expression "would be appropriate" corresponded exactly to the French expression "qu'il conviendrait", then the text could perhaps still be considered to express a mere wish.

The Chairman asked whether the legal adviser would agree with a decision by the Committee to regard the text as admissible.

Mr Zarb, Chief, Legal Office, observing that he had given his opinion, said that the Committee was sovereign, and should make its own decision.

The Chairman asked the delegate of Norway to reply to the suggestion made by the United States delegate that he should withdraw his draft resolution. A two-thirds majority would be required for the acceptance of the Belgian proposal and the delegate of Norway might think that the position of his delegation would be sufficiently safeguarded if its contrary vote were recorded.

Dr Evang (Norway) was surprised at the reception given to his draft resolution, which aimed simply at expressing his Government's opinion. He was willing to substitute for "REJECTS the proposal" the words "DECIDES to preserve the existing text of Article 24 of the Constitution".

Mr Zarb, Chief, Legal Office, said that such a proposal was admissible.

Dr van den Berg (Netherlands) was of the opinion that the Norwegian proposal, as amended, constituted in reality an amendment to the Belgian proposal and therefore should have been submitted six months before the Health Assembly session.

The Chairman did not support that view. The time-limit concerned the submission of amendments to the Constitution, and the Norwegian proposal was merely to retain the existing text.

Mr Zarb, Chief, Legal Office, agreed with the Chairman.

The Chairman suggested postponing further action on the item to enable delegations to consider the proposals and amendments made.

Dr Togba (Liberia) was against postponement as, in his opinion, a point had been reached where the Committee could proceed to a vote.

Dr Diba (Iran) asked whether, if the Norwegian proposal did not receive a two-thirds majority, a vote would be taken on the other proposals.

The Chairman said that the Norwegian proposal did not require a two-thirds majority. If it was rejected, he considered that the Belgian proposal would still be before the Committee, but it would require a two-thirds majority.

Mr Zarb, Chief, Legal Office, confirmed the Chairman's statement.

The Chairman asked the delegate of Belgium if his request for a vote by roll-call extended to all draft resolutions under consideration or referred only to the Belgian draft resolution.

Mr Geernaerts (Belgium) replied that he saw no objection to a vote by show of hands on the draft resolution proposed by the delegate of Norway, so as not to complicate procedure, but he would like a vote by roll-call on his own delegation's proposal.

The Chairman proposed putting to the vote first the Norwegian delegation's draft resolution, as being furthest removed from the original proposal.

Mr Liveran (Israel) asked if, where amendments to resolutions were concerned, the rule was not that voting was according to the order of receipt.

Mr Zarb, Chief, Legal Office, thought that the question raised by the delegate of Israel had been suggested to him by the fact that at the Eighth World Health Assembly, during a study of amendments to the Rules of Procedure of the Health Assembly, a draft rule providing for such a chronological order had been considered. That proposal had, however, been rejected and the old rule still stood, whereby a vote was first taken on the text of the resolution furthest removed from the original. Rule 63 of the Rules of Procedure was the one in question.

Mr Liveran (Israel) thought that the proviso in the latter part of Rule 63 would be applicable in the present instance. If the Norwegian proposal was adopted, there would be nothing left to vote on.
The CHAIRMAN did not think there was any conflict between the Norwegian proposal and that of Canada as amended by the delegation of Iraq. For that reason the latter proposal would not fall if the Norwegian proposal was adopted.

Dr Van den Berg (Netherlands), saying that the Belgian and Norwegian resolutions contained points of substance whereas the Canadian one concerned procedure, suggested that a vote should first be taken on the resolution concerning procedure and afterwards on the other two resolutions.

The CHAIRMAN ruled that a vote should first be taken on the Norwegian proposal, then on the Iraqi amendment to the Canadian proposal, then on the Canadian proposal, and finally, if necessary, on the Belgian proposal. He put to the vote the Norwegian proposal as amended by its author.

Decision: The draft resolution, as amended, was approved by 27 votes to 19, with 5 abstentions (see fourth report of the Committee, section 1).

The CHAIRMAN said that the Belgian proposal had fallen as a result of the resolution just adopted. It still remained to vote on the Iraqi amendment and the Canadian resolution.

Mr Liveran (Israel) said that having agreed to preserve the Constitution, it seemed to him illogical to vote on proposals to change it.

The CHAIRMAN drew attention to the wording of the amendment proposed by the delegation of Iraq, which spoke of “a review of certain aspects of the Constitution” that might still be appropriate, since the resolution just approved only preserved the existing text of Article 24 of the Constitution.

Mr Liveran (Israel) thought that to preserve Article 24 as it was would preclude the review of the aspects of the Constitution covered by the Iraqi amendment.

The CHAIRMAN put to the vote the revised amendment proposed by the delegation of Iraq.

Decision: The amendment was rejected by 12 votes to 1, with 33 abstentions.

Mr Clark (Canada) said his delegation was willing to delete paragraph 2 of its draft resolution, as requested earlier by the delegate of New Zealand.

The CHAIRMAN put to the vote the draft resolution submitted by the delegation of Canada, as thus amended.

Decision: The draft resolution, as amended, was rejected by 23 votes to 11, with 15 abstentions.

Mr Geeraerts (Belgium) expressed his satisfaction in spite of the result of the discussion. The draft resolutions submitted showed that it had been thought necessary to review the composition of the Executive Board; it had then been decided that it was not necessary to change the text of the Constitution; and the draft resolution proposing a review had not been adopted. He thought, therefore, that all would agree that the matter need never again be raised in the future.

(For statement on this subject by the representative of the Executive Board, see following meeting.)

The meeting rose at 6.30 p.m.

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**NINTH MEETING**

_Tuesday, 22 May 1956, at 10 a.m._

Chairman: Mr B. Sorensen (Denmark)

Later:

Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

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1. **Statement by the Representative of the Executive Board**

Dr Brady, representative of the Executive Board, said he wished to refer to the discussion at the previous meeting on the size of the Executive Board. The matter had not been on the agenda of the Executive Board but he was sure that the Board would like him to express its appreciation of what had been said in that discussion about the Executive Board. There had, however, been references in the discussion
to persons on the Executive Board as representatives of groups of countries, and those references might have given a wrong impression. The members of the Board represented no countries or groups of countries but represented the World Health Assembly only. The Executive Board was the servant of the Health Assembly and it would continue to serve the Assembly faithfully and diligently.

2. Rights and Obligations of Associate Members and Other Territories in the World Health Assembly and the Executive Board and in the Regional Organizations (continued from the seventh meeting, section 5)

Agenda, 7.15

The Chairman recalled that at the seventh meeting the Committee had set up a drafting group, composed of the delegates of Viet Nam and India and the Rapporteur, to prepare a draft for the consideration of the Committee. That draft was now ready and he called on the Rapporteur to present it to the Committee.

Mr Pleić (Yugoslavia), Rapporteur, read out the draft resolution.

Decision: The resolution was approved without discussion (for text, see fourth report of the Committee, section 2).

3. Text of the Appropriation Resolution for the Financial Year 1957

Agenda, 7.4.3

Dr Brady, representative of the Executive Board, said the Committee would find in Official Records No. 66, page 12, the text of the Appropriation Resolution proposed by the Director-General for the year 1957, and in Official Records No. 69, page 59, a record of the consideration of that resolution by the Executive Board. The Committee would note that paragraph V had been added to the form of Appropriation Resolution adopted in previous years in order to avoid the need for the Executive Board itself by separate resolution to authorize transfers between sections of the Appropriation Resolution. The Board considered that paragraph V would be a useful simplification of procedure, and it recommended the adoption of the text of the resolution.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, thought that the Committee would wish to consider the text of the resolution as it was set out in the document before the meeting,1 which had been prepared by the Director-General to assist the Committee. That text gave effect both to the provisions that had been included in earlier appropriation resolutions, as explained by Dr Brady, and to the new provision for a supplemental budget, which the Assembly had adopted in plenary meeting the previous day. The wording of the last part of paragraph IV followed the decisions taken in that plenary meeting as to the relation between the obligations incurred during the calendar year 1957 and the amount of the assessments on Members which were at present inactive.

The Chairman asked whether there were any comments on the proposed text of the Appropriation Resolution.

Mr Clark (Canada) said that he did not wish to discuss the terms of the Appropriation Resolution but to raise an associated matter and he asked the Chairman whether he should raise it now or at a later stage.

The Chairman suggested that the delegate of Canada should raise his point later, when the Committee on Programme and Budget was not sitting (see tenth meeting, section 3).

The Secretary called attention to another aspect of the Appropriation Resolution which it would be possible to deal with. The Committee might wish to insert in paragraph II of the Appropriation Resolution the figures of casual income. Those were the same as were included in the first report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget (see page 303). He would read those figures to the Committee. The paragraph so completed would read:

II. The appropriation voted under paragraph I shall be financed by contributions from Members after deduction of:

(i) the amount of $2,330 representing assessments on new Members from previous years
(ii) the amount of $154,580 representing miscellaneous income available for the purpose

1 The draft text before the Committee was approved without change and, after insertion of the figures, adopted as the Appropriation Resolution for 1957 (see sixth report of the Committee on Programme and Budget, section 1).
(iii) the amount of $161,890 available by transfer from the cash portion of the Assembly Suspense Account

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

Total $355,800

thus resulting in assessments against Members of $12,909,620.

The last figure was consequential on the decision taken in the plenary session the previous day on the budget ceiling.

He called attention also to the footnote to subparagraph (ii) which should read:

Including $617, representing the amount available from the transfer of the assets of the Office International d'Hygiène Publique.

The CHAIRMAN noted that the text of the Appropriation Resolution had now been dealt with, but that it would be still necessary for the Committee to insert figures in Parts I and III. That would be taken up at a later stage.

It was so agreed (see minutes of the tenth meeting, section 3).

The meeting was suspended at 10.40 a.m. and resumed at 11.25 a.m., under the chairmanship of Mr Boucher (United Kingdom of Great Britain and Northern Ireland).


The CHAIRMAN called attention to the report by the Director-General in Annex 3 to Official Records No. 68 and to resolution EB17.R9 of the Executive Board. He asked whether the representative of the Board wished to make any statement.

Dr Brady, representative of the Executive Board, wished only to call the attention of members to the exchange of letters appended to the report which the Chairman had just mentioned.

Dr El-Wakil (Egypt) said that the Egyptian delegation did not wish again to go through the arguments that had been put forward in previous years and would merely point out that no new factor had arisen which would modify the substance of resolution WHA7.33, confirmed by resolution WHA8.23 of the Eighth World Health Assembly.

No doubt could be raised as to the legality and constitutionality of the resolution adopted, by which the Seventh World Health Assembly decided that the work of the Regional Committee for the Eastern Mediterranean should be carried out by two Sub-Committees, A and B. It was unnecessary to point out that that aspect of the problem had been fully and even exhaustively debated. He would only refer to the opinion given by the Secretariat at the ninth meeting of the Committee on Administration, Finance and Legal Matters at the Seventh World Health Assembly (Official Records No. 55, page 341) and to the statement by the delegate of Israel at the same meeting, in which he had formally recognized that there was no intention of contesting the legality of subdividing the Regional Committee for the Eastern Mediterranean. The same discussion had been resumed in 1955 at the Eighth World Health Assembly and the same result had been reached. He did not wish to repeat the same arguments on the subject.

Sub-Committee A had at all times worked normally. The projects established and the decisions taken in the Sub-Committee were all inspired by considerations of health and humanity and all had the object of strengthening co-operation between Member countries to assure the improvement of general health and to remove inequalities of health conditions, in conformity with the spirit and the letter of the Constitution.

From another point of view, the spirit and the letter of the resolution of the Seventh World Health Assembly had been implemented by the participation of the Arab States in Sub-Committee A of the Regional Committee. He wished to refer also to the statement made at the Seventh World Health Assembly by Sir Arcot Mudaliar, the Chairman of the Working Party on Meetings of the Regional Committee for the Eastern Mediterranean Region. He considered that statement (reproduced in Official Records No. 55, page 384) as an explanatory note to resolution WHA7.33. All the Arab countries had followed the terms of that resolution and the work had gone forward normally. The regular working of Sub-Committee A could not be hampered by considerations derived from an idea different from that which had led to the resolution adopted by the Seventh World Health Assembly. Several countries of the Region—France, the United Kingdom of Great Britain and Northern Ireland and Italy—had expressed a wish to take part in the work of Sub-Committee B, but the absence of Israel had paralysed the working of that sub-committee. Objections that might be raised as to the
place of meeting and the date of convening the two sub-committees concerned points not indispensable to the implementation of the resolution of the Seventh World Health Assembly.

He wished finally to say that his Government had always adopted a reasonable attitude and had never deviated from the line of action laid down by the resolution of the World Health Assembly. It had shown a constant desire for collaboration in Sub-Committee A and had always sought to contribute to achieving the objectives of the Organization.

He thought that in the circumstances it was possible to draw a conclusion as to where lay the responsibility for the partial failure to give effect to the resolution of the Seventh World Health Assembly.

Dr Van den Berg (Netherlands) said that two years ago he had been a member of the working party under the chairmanship of Sir Arcot Mudaliar to which the previous speaker had referred. The members of that working party had reached complete agreement as to how a solution should be sought, but they knew now that the solution proposed two years ago had been only partially effective. He wished therefore to ask the Director-General what he could do to improve the situation.

The Director-General explained that he could not do more than the countries concerned were prepared to do. He could only appeal to them. Although in 1955 he had been criticized for not having made every effort to get the solution proposed in resolution WHA7.33 applied, he felt that he had done everything that he could do in the circumstances.

Mr Saita (Japan) noted that a gratifying degree of co-operation had been shown in support of the Japanese proposal on the use of Arabic in the Regional Committee for the Eastern Mediterranean (see minutes of the fifth meeting, section 2). His delegation, moved by the desire to see the work of WHO proceed satisfactorily for the benefit of all mankind, had been one of the delegations responsible for the proposed solution embodied in resolution WHA7.33. It continued to support that solution. There seemed to be no other positive solution to be put forward. That being so he could only express his delegation’s hope that the same spirit of co-operation as had been shown in regard to the above-mentioned Japanese proposal would lead to a final solution of the present problem along the lines of resolution WHA7.33.

Mr Brady (Ireland) said that previous Health Assemblies had gone into the problem thoroughly and he doubted whether the Ninth World Health Assembly was in a position to make a further contribution to the improvement of the situation. He therefore suggested that the Committee submit to the consideration of the Health Assembly a draft resolution along the lines of that approved at the Eighth World Health Assembly (WHA8.23), to the effect that the Ninth World Health Assembly reaffirmed the provisions of resolution WHA7.33, regretted that it was not fully implemented, and requested the Member States in the Eastern Mediterranean Region, as well as the Director-General and the Regional Director, to continue their efforts with a view to giving that resolution full effect. He proposed that the Rapporteur formulate such a resolution for consideration by the Committee at a future meeting.

Mr Liveran (Israel) agreed with those delegates who thought that it was inopportune to raise the entire problem behind the brief text of item 7.7 of the agenda. But he felt that the fact of its appearance on the agenda obliged the Committee to consider the reasons for that continued appearance and what steps should be taken to obviate the necessity for it to appear again.

He would not join the delegate of Egypt in going into the past. He doubted whether, in so doing, the delegate of Egypt had really intended to convince him or anyone else. He was not convinced. His delegation continued to consider proper whatever conformed to the principles of WHO’s Constitution. However, he would not pursue that point.

The fact that the delegate of Egypt had felt obliged to speak showed that there was something wrong. In normal circumstances no speech for the defence was necessary before there had been a speech for the prosecution. If the situation was to improve, the Committee would have to agree on a programme of action, and on what considerations were to be borne in mind and what rejected. Nothing less would do. The Director-General would no doubt feel his lonely position unenviable unless the Committee gave him its support in the action he was obliged to take under the resolutions binding on the Organization. He suggested that the Committee turn to the future and consider what positive steps could be taken to put WHO’s expressed intentions into practice.

The Committee would note that there had been no meeting of the Regional Committee for the Eastern Mediterranean. The delegate of Japan had alluded to an instance of surprising co-operation; it was not evident why such a spirit should be shown in discussing the tools while it was so conspicuously absent when it came to doing the job. However that might be, WHO would have to do what it could to
bring about co-operation in that difficult region. To that end, he suggested that the Committee find out why there had been no meeting of the Regional Committee for the Eastern Mediterranean, even in the modified form of two sub-committees as envisaged in resolution WHA7.33. It should also bear in mind that resolution WHA8.23 had recognized that the previous year’s proposal had been incompletely applied and had noted that the achievement of co-operation was the key to the problem. If that was acknowledged to be the case, all Member States in the Region, the Director-General as WHO representative, the Executive Board, and the present Committee should study the means of making co-operation a reality. His delegation felt unable to give any advice on that point, but he wished to remind the Committee that Israel had been excluded from the Regional Committee arbitrarily and by no fault of its own. His delegation would watch with interest what steps the Committee thought fit to take in order to enable Sub-Committee B to meet in the same circumstances and at about the same time as Sub-Committee A, in accordance with resolution WHA7.33, paragraph 2 (6). Unless both sub-committees were able to meet in that way, no meeting of the Regional Committee, even in amended form, would be possible at the present time. Those points should be given attention whenever WHO had to deal with the problems of the Eastern Mediterranean.

He submitted that mere reiteration of decisions and formal requests for co-operation were not the steps envisaged by the Seventh and Eighth World Health Assemblies. It was necessary for WHO to reaffirm the need for co-operation and its desire to bring it about, and suggest practical means to that end.

Mr Khanachet (Saudi Arabia) said that the subject had long been exhausted. The delegate of Israel had asked for the Committee’s opinion on what should be done to improve the situation and what contribution the World Health Assembly should make to such an improvement.

Israel had the solution in its own hands. Israel alone had prevented the application of resolution WHA7.33 and WHA8.23, and Israel had only to make known its desire to participate in the work of Sub-Committee B for both resolutions to be fully applied.

The Chairman put the proposal of the delegate of Ireland to the meeting.

Dr van den Berg (Netherlands) seconded the Irish motion.

Decision: The Committee unanimously decided to ask the Rapporteur and the delegate of Ireland to prepare a draft resolution along the lines of WHA8.23 for consideration at its tenth meeting.

The meeting rose at 12 noon.

TENTH MEETING

Tuesday, 22 May 1956, at 3 p.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)


The Chairman said that the draft resolution which was being prepared by the Rapporteur in collaboration with the delegate of Ireland would be circulated shortly and asked if any member wished to speak in the meantime.

Mr Liveran (Israel) said that he found it necessary to ask for the floor in view of remarks which had been made during the discussion since he had last intervened. The delegate of Saudi Arabia had seen fit to assess the blame for non-implementation of resolution WHA7.33 and, although the delegation of Israel was convinced that the Committee had not wished to do that, it felt that as the blame had been attached to Israel, it was necessary to make a categoric repudiation of any such suggestion. The records and documents, which were all available to members of the Committee, showed there was no basis for making any such assertion. It might be wise, however, to bring the records up to date.
While making it quite clear that his Government maintained the position it had always taken on the resolution, he pointed out that it had never on any occasion refused to sit with anyone at any place. It was not any action of his Government which had necessitated the making of special arrangements, nor was it through any action of his Government that those arrangements had failed. In spite of the continuing attitude of other governments, the Israeli Government, in a spirit of co-operation, was ready to support and act in accordance with any decision taken by the Committee, provided that that decision made it possible to hold meetings as envisaged by the resolution under discussion.

Mr Khanachet (Saudi Arabia) remarked that for once he could agree with the delegate of Israel: the records were clear. He had no wish to assess responsibility, a task he left to the Committee and to the Assembly.

The Chairman drew attention to the draft resolution prepared by the Rapporteur in collaboration with the delegate of Ireland, which had just been circulated.

Mr Pleić (Yugoslavia), Rapporteur, read out the draft resolution, which was as follows:

The Ninth World Health Assembly,
Noting the report of the Director-General on the implementation of resolution WHA7.33;
Recalling the provisions of resolution WHA8.23,
1. expresses the hope that resolution WHA7.33 can still be fully implemented; and
2. requests all concerned to continue their efforts with a view to giving the resolution full effect.

He remarked that it was not for him to comment on the resolution, but he would draw the attention of the Committee to the note of optimism which had been introduced. Such optimism was fundamental to the successful conduct of international affairs.

Dr van den Berg (Netherlands) agreed with the resolution in general but preferred the wording of resolution WHA8.23 to the simplified wording used in paragraph 2 of the present draft resolution because it made it clear that the Director-General, the Regional Director and the Member States were required to make efforts to give effect to resolution WHA7.33, whereas paragraph 2 of the draft resolution did not.

He proposed that paragraph 3 of resolution WHA8.23 should be substituted for paragraph 2 of the draft resolution.

Mr Saita (Japan) was satisfied with the draft resolution and approved of the introduction of an expression of optimism in paragraph 1. He preferred the resolution as it stood rather than as amended by the delegate of the Netherlands, as the phrase "all concerned" permitted a broad interpretation.

Mr Calderwood (United States of America) supported the delegate of Japan. Resolution WHA8.23 was referred to in the preamble and need not be quoted in part elsewhere.

The Chairman interpreted paragraph 2 of the draft resolution as being comprehensive. As regards resolution WHA8.23, he was sure that all members of the Committee agreed that the Director-General and his staff spared no effort in carrying out the decisions of the World Health Assembly. He asked if the delegate of the Netherlands would be prepared to reconsider his position in the light of the interpretation he had given.

Dr van den Berg (Netherlands) remarked that if the English-speaking members of the Committee were of the opinion that the draft resolution did in fact express what he wished to say, he was prepared to accept it as it stood.

Dr Vannuoli (Italy) thanked the delegate of Ireland for his draft resolution which, in his opinion, correctly expressed the co-operative and conciliatory feeling of the meeting.

While not wishing to repeat what had already been said by other delegates, he would like to reaffirm his delegation’s belief that a satisfactory solution could be found to the problem. The Director-General’s report (Official Records No. 68, Annex 3) showed what steps had been taken to implement the resolutions of previous Health Assemblies and he thought that further progress had been made by the Committee itself.

The Italian Government was ready to collaborate in the future, as it had done in the past, in reaching a satisfactory solution to the problem.

The Chairman asked if there was any objection to the draft resolution.

Mr Liveran (Israel), while having no objection to the draft resolution, requested that it should be put to the vote in order that his delegation might be enabled to express its opinion in the vote.

The Chairman put the draft resolution to the vote. 

Decision: The draft resolution was approved by 39 votes to none, with 4 abstentions (see fourth report of the Committee, section 3).
Mr Liveran (Israel) asked permission to explain his vote.

Mr Khanachet (Saudi Arabia), raising a point of order, said he hoped that discussion would not be reopened on the substance of the subject.

Mr Liveran (Israel) stated that any delegation had the right to explain its vote and that no one had the right to interpret another’s words before they were spoken.

The Chairman was certain that the delegate of Israel appreciated the fact that discussion could not be reopened without a two-thirds majority vote.

Mr Liveran (Israel) indicated that his delegation had abstained from voting, not because it did not appreciate the efforts of the delegate of Ireland and the Rapporteur, but because its belief was that what was really of significance was not the terms of the resolution but the action taken by all concerned in its implementation.

The position of his Government had been made clear and the outline of what it expected the situation to be in the next year explained that position.

Dr El-Wakil (Egypt), explaining his delegation’s vote, said that it had voted in favour of the draft resolution in order to demonstrate its willingness to be conciliatory. Egypt was endeavouring to implement resolution WHA7.33 and had indeed already acted in conformity with its provisions.

The Chairman expressed appreciation for the moderation shown by members of the Committee during discussion. It was that that made him confident that the hopes expressed in the draft resolution could be realized.

2. Inequitable Geographical Representation of the Headquarters Staff of WHO (item proposed by the Government of Pakistan)

Supplementary item, 3

The Chairman, inviting the delegate of Pakistan to introduce his Government’s proposal, drew attention to the draft resolution submitted by the Norwegian delegation, entitled “Inequitable geographical representation of staff at Headquarters”, which read:

The Health Assembly,

Considering that, under the Constitution, the staff of the Organization comprises all staff, and that therefore no separation should be implied among staff at different locations;

Considering the provisions of Article 35 of the Constitution, which provide that “The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and internationally representative character of the Secretariat shall be maintained at the highest level. Due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible”;

Considering the principles enunciated in Staff Regulation 1.1, that “All staff members of the Organization are international civil servants. Their responsibilities are not national but exclusively international”;

Considering that the title of the agenda item under discussion derogates from the above-cited principles in the Constitution and Staff Regulations;

Considering the progress which has, over the past years, been made by the Director-General in obtaining the services of qualified staff from a wide range of countries,

1. Commends the Director-General for the progress so far achieved in the geographical distribution of the staff of the Organization;

2. Requests Member States to continue to cooperate with the Director-General in his task of continuing to work towards greater improvement.

Dr Jafar (Pakistan) said that, before introducing the item, he would like to make it quite clear that in putting it on the agenda his delegation had had no intention of mentioning any one country or attributing to any country a greater share of appointments than it should have. The aim of his Government was to discover whether action had been taken to implement the policy of equitable geographical distribution laid down in Article 35 of the Constitution, since in the past when the question had been discussed, assurance had always been given that the matter was receiving attention.

The provisions of Article 35 of the Constitution relating to appointments could be said to be divided into two parts. The first part read:

The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and internationally representative character of the Secretariat shall be maintained at the highest level.

The second part read:

Due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible.
Time after time during elections to the Executive Board and even to the General Committee great emphasis had been put on geographical distribution. In his opinion, as so much importance was attached to it in those cases, the same importance should be given to it in implementing the second part of Article 35.

History showed that little progress had been made in obtaining an equitable geographical distribution in the Secretariat. The approximate breakdown in staff at Headquarters indicated considerable inequality. He did not intend to suggest that efficiency should be sacrificed for geographical distribution, but it could no longer be said that efficiency was only to be found in certain parts of the world and that it was difficult to find suitable people elsewhere. Now that WHO had its regional organizations, it was possible to bring staff from the regions to Headquarters and send members of the headquarters staff to regions, in order to maintain geographical distribution at a satisfactory level.

Dr Mellbye (Norway) recalled that methods of recruitment had been discussed by the Eighth World Health Assembly and that the Director-General’s representative had given information on the policy underlying recruitment. Suggestions had been made for improvement and a resolution (WHA8.22) proposed by the delegation of Australia had been approved. The Norwegian Government still held the views it had expressed at that time, namely that improvement was possible. Since the resolution had been passed, governments had received a circular letter from the Director-General listing vacancies which would exist in 1956 so that applications for those posts could be made from every Member State. There was no doubt that the Director-General would take account of the resolution in other ways also, as far as the Staff Regulations and other considerations permitted.

His Government thought that it was too early to discuss progress made since the Eighth World Health Assembly and he suggested that time should be allowed to elapse before judgement was passed on the Director-General’s efforts to improve the situation. Meanwhile, he would like to commend the Director-General for the steps he had taken so far.

The Norwegian delegation thought that governments played an important part in any effort to obtain an equitable geographical distribution. He pointed out that as national health services developed rapidly, their demands for personnel increased, so that it was often difficult to release personnel for WHO and so implement the second part of Article 35. His delegation offered two amendments to the draft resolution it had submitted: the title should be amended to read “Geographical distribution of staff at Headquarters”, and, secondly, the third and fourth paragraphs of the preamble should be deleted.

The Director-General explained that he was in rather a difficult position as no indication had been given as to why the item had been put on the agenda and no documents had been circulated.

The question of geographical distribution was a difficult problem which had been discussed on many occasions, not only in WHO but in other organizations. In WHO, however, discussions had never been as detailed as elsewhere. If an interpretation of the term “equitable geographical distribution” was to be found, long detailed discussions would be necessary. In the United Nations, geographical distribution was related to the size of a country’s contribution, which the Secretary-General believed to be the best criterion. In UNESCO the criterion was different: posts at different levels carried a different weight in points, i.e. the posts of Assistant Director-General, Directors and other staff members in different grades had different values, and the sum of the points was then related to financial contributions. In FAO, the criterion was mainly related to the size of a country’s contribution. He had, purely as an experiment, carried out a survey of the posts in WHO applying the FAO criteria and could only say that the results would surprise many delegations: some countries, now considered by some to be over-represented, were found by FAO standards to be under-represented and vice versa.

However, Dr Jafar was talking about geographical distribution at Headquarters, which was a more difficult problem from his own point of view. In the first place, WHO had changed very little at Headquarters over the last four or five years, and secondly, many of the posts at Headquarters were highly specialized and it was difficult to find suitably qualified personnel to fill them everywhere in the world. Attempts had been made to fill such posts with people of countries from which he had few or no staff and in one case, for a post in the Biological Standardization Section, a suitable candidate had been found from such a country; his government, however, could not spare him. If such difficulties did not exist, he would be able to show a much more satisfactory geographical distribution at the present time. On the other hand, he had recently been able to recruit several staff from such countries as the Federal Republic of Germany, Japan and Spain.
The question, mentioned by Dr Jafar, of transferring people from the regions to Headquarters and from Headquarters to the regions often presented a serious problem. Although he would like to be entirely free to transfer staff from the field to Headquarters and vice versa, it was only possible to do so with adequate regard to the family and human problems involved. Transfers were more difficult at an international level than at a national level.

After the discussion at the Eighth World Health Assembly, he had consulted Member States about vacancies by circular letter. The vacancies were all in the field, as at the time of writing he was unable to predict what posts might become vacant at Headquarters. Up-to-date replies had been received from thirty-four Members. Eight of them were unable to submit any names, while twenty-four had submitted between them 238 names. Some countries had submitted names though they could at the present time ill afford to spare trained personnel, had submitted between them 238 names. Some countries were unable to submit any names, while twenty-four had submitted between them 238 names. Some countries had submitted names though they could at the present time ill afford to spare trained personnel, and naturally he would hesitate to take experts from such countries even if by doing so he would improve the geographical distribution, as he felt it would not be in the best interests of the Organization.

In conclusion, he submitted that the geographical situation at Headquarters could only be improved slowly and, further, that he would have to have guidance as to how the term "equitable geographical distribution" was to be interpreted. If the Organization wanted to take the problem seriously, a study would have to be made and a conclusion reached on the interpretation of the term.

Dr Jafar (Pakistan) thanked the Director-General for outlining what was being done to improve geographical distribution. He thought, however, that there was still room for improvement.

The Director-General had said that there had not been much progress in regard to the situation at Headquarters and had given reasons for the lack of it. It had not been his (Dr Jafar’s) intention to propose that precipitate action should be taken but rather to put on record that the provisions of Article 35 were not being fully implemented. Secondly, he thought that a study should be made of the question.

In conclusion, he recalled that it had been decided that some of the posts at Headquarters should be made permanent; once that happened, the chance of obtaining improvements in the situation would disappear. He asked how the Director-General proposed to make improvement in the geographical distribution at Headquarters if posts were permanent.

Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, said that the Director-General had asked him to explain certain details of the plan to grant career-service appointments. The information which he would give might suffice as a reply to the delegate of Pakistan.

When the possibility of granting career-service contracts had been discussed at the beginning of the session, he had indicated that the Organization intended to grant such appointments to some professional staff who were suitably qualified and whose services were expected to be required indefinitely. The scheme, which would start in 1956, was based on the Staff Regulations, which clearly provided that certain staff should be given permanent contracts. The target was based on the number of established posts in the regular budget of the Organization, excluding those connected with projects and excluding posts of D2 and above. The total of such posts was 347 and, over a five-year period, it was intended to issue career-service contracts to 75 per cent. of the people filling those posts, namely, to 260 people. That meant that 260 career-service appointments would be issued to professional staff out of a total number of 832 professional staff members in the Organization.

Dr van den Berg (Netherlands) said that when he first saw the item of the agenda, he feared that confusion would arise between the Article of the Constitution relating to appointments of staff and that relating to the Executive Board. The remarks of the delegate of Pakistan had confirmed his fears. Article 24, relating to the Executive Board, spoke of an "equitable geographical distribution"; but Article 35 only said "due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible", which was a different matter. The recruiting of the staff of an international organization was already difficult, and if the Director-General had to provide, not only in the Organization as a whole but even in its various parts, for equal representation of all parts of the world, he would be faced with a problem impossible of solution. Article 35 had been couched in wise terms and was intended to avoid staff being recruited from only a very few countries, as had been done in the case of one organization which WHO had superseded. But representation of all countries of the world was of no use if it diminished efficiency.

While agreeing on the whole with the Norwegian draft resolution as revised, he proposed that paragraph 1 should be amended as follows:

COMMENDS the Director-General for the progress so far achieved in recruiting the staff of the Organization on a wide geographical basis.
His amendment meant that the Director-General would be commended for complying with Article 35 of the Constitution.

Dr Jafar (Pakistan) was in complete disagreement with the interpretation given to Article 35 by the delegate of the Netherlands. Neither did he agree that appointments to the staff of the Organization had already been made on a wide geographical basis. Further, the delegate of the Netherlands had mentioned that confusion existed; but Article 35 was perfectly clear. Perhaps the meaning of “geographical distribution” in Article 24, concerning the Executive Board, was slightly different; but what about the General Committee? It had been decided that members of the General Committee should be elected so as to secure equitable geographical distribution, and no confusion as to what was meant had arisen. The only thing that was different in the case of the staff was the manner in which the provisions for geographical distribution had been implemented.

He had already stated that he was not interested in taking an appointment from one country and giving it to another, nor was he trying to secure a larger number of appointments for persons from any particular country. He was interested in knowing how the provisions of the Constitution were being implemented. He had wanted to raise a discussion on the subject; opinions had been expressed; the Director-General had admitted there was room for improvement, had given his reasons for the scant progress made and said that efforts would be continued. If those efforts continued, his delegation would be satisfied.

In conclusion, he requested that the discussion should be put on record in the proper place.

Sir Arcot Mudaliar (India) had heard many debates on geographical distribution in many organizations over a number of years. Such debates were always welcome as they provided an opportunity for Member States to air any grievances and, what was perhaps more important, gave the Director-General an opportunity of informing delegations of the position. In his view, debates of that nature should be encouraged: they were good from the point of view of the Director-General and also from the point of view of any delegation that might think that the Organization was acting in a manner inconsistent with the provisions of the Constitution.

His delegation was satisfied with the Director-General’s statement; it appreciated his difficulties and maintained that the guiding principle to be followed in all cases was that the efficiency of the Organization should not suffer. But geographical distribution could be improved without loss of efficiency, and efforts in that direction should be continued. It should be kept in mind that many countries had developed unexpectedly rapidly in the past ten years—for which much credit was due to WHO—so that it was no longer impossible to find suitably qualified people in them. The information given by the Director-General about the difficulties he encountered in recruiting staff from those countries was useful. His delegation was convinced that the Director-General was anxious to overcome them, and that he could be relied upon to do everything possible.

He was concerned, however, about the granting of career-service appointments to staff members. Although he was aware of the difficulties and the human problems facing international civil servants, and believed that every possible assistance should be given to them, he felt that the interests of the Organization should be paramount. The Secretary had referred to 75 per cent. of permanent posts, had given figures and had said that both administrative and technical services were included in the scheme. While he had no objection to career-service appointments being given to staff in administrative posts, he was greatly disturbed by the inclusion of the technical services. There had been so many scientific developments in the past few years that had a positive bearing on the work of WHO that he thought it might be wiser to continue dealing with appointments in the technical services as had been done in the past, in order that new scientific developments could be taken into account. As an example of unforeseen developments, he mentioned the peaceful use of atomic energy: no one could have foreseen a few years back the importance such a development would assume in the work of the Organization. He did not want anyone to think that he was lacking in appreciation or respect for any of the technical staff of the Organization but it was obvious that those recruited ten years ago were not trained to deal with the problems which would be involved in that development. His object in mentioning the matter was to ensure that the Director-General would always be able to recruit the most highly qualified people for technical services—people with up-to-date knowledge of problems arising from the latest scientific developments. He felt that the question of granting career-service appointments to technical service personnel should be given very careful consideration and should be on a different basis from that of granting similar contracts to administrative service personnel. For the foregoing reasons, he entered a plea that before the scheme was implemented the Health Assembly should be given full information of what it involved.
Dr Braga (Brazil) remarked that the delegate of India had left little for him to say. He would, however, add that the discussion had confirmed the confidence felt by members of the Committee in the Director-General. The discussion on the question of equitable geographical distribution of personnel in the Secretariat had not included a criticism of the wisdom employed by the Director-General in carrying out his duties; the Director-General had, of course, very good reason for wanting a well-balanced staff and his position would be strengthened if the geographical distribution was wider, in accordance with the provisions of the Constitution. That would be true unless the Director-General were subjected to pressure to employ particular people, which eventually he thought impossible.

In conclusion, he agreed with the delegate of India that the item placed on the agenda had provided a good opportunity for airing views. In addition, the support of the Committee would strengthen the position of the Director-General in that it would help him, if necessary, to refuse an appointment on the grounds that it would not be in the interests of wide geographical distribution.

The Director-General assured Dr Braga that he had never been subjected to pressure from any quarter to recruit a particular individual. In his opinion, one of the great qualities of WHO was that its Members did not put pressure on him on the question of appointing staff. On the contrary, he often found himself in the position of having to put pressure on Member States to obtain the services of people whom he felt were needed on the staff for the interests of the Organization. It was also sometimes very difficult to obtain the agreement of countries for a staff member to extend his service with WHO.

Commenting on the remarks made by the delegate of India, he said that the question of permanent appointments in the Organization had a long history. It was based on the Staff Regulations which had been approved by the World Health Assembly. Article 4.5 of those Regulations said:

Appointment of the Deputy Director-General and Assistant Directors-General shall be for a period not to exceed five years, subject to renewal. Other staff members shall be granted either permanent or temporary appointments, under such terms and conditions consistent with these regulations as the Director-General may prescribe.

Dr Chisholm, his predecessor, had already prepared plans for granting career appointments to staff before he left the Organization.

To clear up a possible misunderstanding, he pointed out that the Secretary had referred to 75 per cent. of the established posts at Headquarters and regional offices, which would amount to less than one-third of the total professional staff of the Organization. The total professional staff of WHO was 832 and it was only intended to grant 260 permanent contracts to technical and administrative staff over the next five years. A number of conditions were attached to the granting of such appointments, amongst which was one that the staff member must be prepared to go to any place in which the Organization might need him. Unless there was some stability in the staff, it would be impossible to obtain interchangeability among Headquarters, regional offices and the field in implementation of the recommendations of the Sixth World Health Assembly.

In conclusion, he assured the delegate of India that he did not intend to give permanent appointments to 75 per cent. of the total staff, although any member of the staff, wherever employed, would be considered for a permanent contract provided he fulfilled the requisite conditions.

Mr Calderwood (United States of America) supported the resolution proposed by the delegation of Norway, as revised, and said that he would propose some further changes. First, however, he would like to make some observations on the question of geographical distribution.

The Constitution laid down that equitable geographical distribution should be taken into account when electing the Members entitled to designate a person to the Executive Board. As a means of complying with that provision it had become the practice to select Members from each of the geographical areas which were defined for purposes of regional organization. Although recognizing the convenience of this practice, the United States had on several occasions questioned the advisability of seeking to obtain equitable geographical distribution on the Executive Board, on the General Committee of the Health Assembly, or elsewhere by observing the six geographical areas which were defined for another purpose. With respect to the question under discussion it should be noted that the phrase "equitable geographical distribution" did not apply to the appointment of the staff. It was provided in the Constitution that due regard should be paid to the recruiting of staff on as wide a geographical basis as possible. He thought that the different language used in the Article relating to the Executive Board and in the Article relating to the appointment of staff had been intentional. Since several places on the Executive Board were filled at the same time, it
was possible to select Members with a view to obtaining equitable geographical distribution. The position was somewhat different with regard to the appointment of staff, for often there was only one post to be filled.

Referring to the proposals he had to make for amending the resolution of the delegation of Norway, he said that in order to meet the point raised by the delegate of Pakistan, he would suggest the addition to the preamble of the following paragraph:

Recognizing also that in the difficult problem of geographical distribution of staff there is room for continued improvement.

He further suggested that paragraph 2 should be amended to read:

REQUESTS the Director-General, in co-operation with Member States, to continue to work towards greater improvement in the geographical distribution of staff consistent with efficiency.

Mr de Villegas (Spain) understood the difficulties met with in recruiting staff and that it was difficult to please everyone. He hoped that his remarks would not be interpreted as negative criticism but as a constructive effort to reach a more satisfactory state of affairs. He recalled the remark made by the Director-General during the plenary meeting of the Health Assembly for the approval of the budget, that possibly the Organization had failed because it had not succeeded in gaining sufficient support from Member States for the realization of many of its projects. It seemed to him that the best way for the Organization to make itself more popular, as it were, with Member States was to have staff from all of them sharing its work, its difficulties and its achievements. The best propagandists for an international organization in any country should be nationals of that country who worked for the organization.

Unfortunately, as regards the technical staff of the Organization, the position of Spain was not yet satisfactory, although on the administrative side progress had been made, as the Director-General had said.

In conclusion, as regards efficiency, it was difficult a priori to express an opinion, for nobody could say if a candidate who had not been selected for a position would have done as good work as the person chosen.

Dr Mellbye (Norway) asked if he could withdraw his delegation's proposal; as he felt that the records of the meeting would express the opinion of the meeting more clearly than did his draft resolution.

The Chairman called attention to the provisions of Rule 64 of the Rules of Procedure governing the withdrawal of proposals in respect of which amendments had been submitted. The Norwegian resolution had been amended by the United States and Netherlands delegations; it was open to those delegations to withdraw their amendments and, if they agreed to do so, then the delegate of Norway could withdraw his proposal.

Dr van den Berg (Netherlands) did not consider that there was any necessity for a resolution on the subject. His purpose in proposing an amendment had been purely to ensure that, if a resolution were to be adopted, it would be in conformity with the Constitution.

Mr Coote (United States of America) also saw no real need for a resolution on the item. If, however, the Committee deemed it appropriate for a resolution to be adopted, he would wish his delegation's amendments to stand. Otherwise, he would not press for the maintenance of the resolution.

The Chairman accordingly asked the delegations concerned whether they wished to withdraw their proposals.

Mr Coote (United States of America) and Dr van den Berg (Netherlands) withdrew their respective amendments on the basis they had previously stated.

Dr Mellbye (Norway) withdrew his delegation's proposal.

Dr El-Chatti (Syria) considered that the debate which had taken place on what was undoubtedly a most delicate subject had been of great interest. It could not be denied that technical qualities were available to a greater or lesser extent all over the world. It would appear desirable, therefore, for the Director-General to postpone taking action on the permanent appointments referred to earlier until the position in respect of geographical distribution had become more satisfactory. He offered that view merely as a suggestion and would not wish to make any formal proposal, since it would be infinitely preferable for the matter to be left entirely to the Director-General.

Mr Botha (Union of South Africa) wondered whether it would be agreeable to the Committee for a statement to be included in its report to the effect that the Committee, after having heard a full statement from the Director-General on the subject, had decided not to adopt any resolution on that item.
Mr Geeraerts (Belgium) believed it might meet the situation if the discussion which had just taken place were recorded particularly fully in the minutes of the proceedings.

Dr Jafar (Pakistan) supported that suggestion.

Mr de Villegas (Spain) felt that a possible solution might be to defer the question until the next Health Assembly.

Mr Botha (Union of South Africa) had merely intended to clarify the position. He did not know whether it was in fact necessary to include some specific reference to the item in the report in view of the fact that no resolution had been adopted. If such a reference were however required, it should mention the full statement given by the Director-General; if no particular action on the part of the Committee were necessary, then the minutes of the meeting would be sufficient.

Sir Arcot Mudaliar (India) suggested that the Committee's report should contain a paragraph stating that the Committee, in view of the discussion which had taken place and having noted the remarks of the Director-General, had decided to proceed to the next item on the agenda.

Mr Coote (United States of America) agreed that a statement along the lines suggested by the delegate of India was all that was necessary in the report.

Dr Bernhardt (Federal Republic of Germany) also supported that proposal.

It was so agreed (see minutes of the eleventh meeting, section 2, and fourth report of the Committee, section 4).

The meeting was suspended at 4.40 p.m. and resumed at 5.20 p.m.

3. Review of Programme and Budget Estimates for 1957

Adequacy of the Estimates for holding the Tenth World Health Assembly, Meetings of the Executive Board, and Meetings of the Regional Committees

The Chairman invited the representative of the Executive Board to introduce the item.

Dr Brady, representative of the Executive Board, called the Committee's attention to the estimates for Organizational Meetings (Official Records No. 66, page 19) and to the Executive Board's report thereon (Official Records No. 69, page 25). The Committee would note an increase between the estimates for 1956 and 1957 of $980 (without the supplement). Referring to the individual differences, he explained that the increase of $12,000 in respect of the World Health Assembly was due to the proposed publication in 1957 of a further edition of the Handbook of Resolutions and Decisions, as stated in paragraph 1.1.1 of the Board's report.

The Executive Board had raised several questions in its consideration of the estimates, two of which—the use of the Arabic language in the Regional Committee for the Eastern Mediterranean, and sessions of regional committees away from regional headquarters—had been considered by the Health Assembly.

He also drew attention to the supplemental estimates (Official Records No. 66, page 366), which showed a total of $5520 for 1957.

The Executive Board had been of the opinion that the estimates given for Organizational Meetings were proper and should be approved by the Health Assembly.

Mr Coote (United States of America) said he assumed that the largest part of the $5520 provided in the supplement for Organizational Meetings was for interpretation and would be required only in the event of the return of the Union of Soviet Socialist Republics. In other words, would the figure required be smaller if only the other inactive Members returned?

The Secretary said that, as explained in the Board's report, paragraph 1.1.1.2, the estimates in the supplemental budget provided for $3320 for travel expenses of one delegate from each of the Member States which had been absent from the past few Health Assemblies and for additional interpretation and stenographic services necessary to comply with Rule 80 of the Rules of Procedure of the Health Assembly.

The Chairman then asked the Secretary to read out the amounts to be inserted in the Appropriation Resolution for the financial year 1957 if the estimates for Organizational Meetings were approved.

The Secretary stated that under paragraph I, Part I, of the Appropriation Resolution, the figure for appropriation section 1 (World Health Assembly) should read $195,880; for appropriation section 2 (Executive Board and its Committees) $109,330; and for appropriation section 3 (Regional Committees) $51,780, thus giving a total for Part 1 of $356,990. Those figures corresponded to the estimates given for 1957, without the supplement, in the table for Organi-
zational Meetings in *Official Records* No. 69, page 25, to which the representative of the Executive Board had drawn attention.

**Decision:** The estimates for Part I, Organizational Meetings, were approved.

**Adequacy of the Estimates for Administrative Services**

The Chairman invited the representative of the Executive Board to introduce the item.

Dr Brady, representative of the Executive Board, called attention to the estimates for Administrative Services (*Official Records* No. 66, pages 64-76) and to the Board’s report (*Official Records* No. 69, page 52); the estimates showed an increase for 1957 of $92,925 and a reduction in the number of posts of one. As stated in paragraph 6.1.1.2 of the Board’s report, $60,000 of that increase resulted from a proposed provision for the production of a film to commemorate the tenth year of the work of WHO; the remainder was due to statutory costs and miscellaneous services.

Common Services showed an increase of $9928 (*Official Records* No. 69, page 53). In that connexion, he stated that the Executive Board had examined the question of space for headquarters staff as it would be affected by the move of the Regional Office for Europe to Copenhagen. Full information on that point was contained in Appendix 15 of *Official Records* No. 69.

In the absence of any comment, the Chairman asked the Secretary to insert the relevant amounts in the text of the Appropriation Resolution.

The Secretary stated that the amount of $13,265,420 should be inserted in the opening sentence of paragraph I: that represented a calculated figure. The same figure should be inserted as the total for all parts at the end of paragraph I. The amount of $11,130,624 should be inserted in respect of Part III, Administrative Services, in appropriation section 8. The total figure for Parts I, II and III should read $10,700,000, which was the effective working budget. The amount of $2,565,420 should appear under Part IV, Reserve, in appropriation section 9.

He then read out the figures to be inserted in paragraph III of the Appropriation Resolution referring to the supplemental estimates. The total of $1,525,000 should be inserted in the opening sentence of that paragraph as well as against the total for Parts I and II. Under Part I, Organizational Meetings, appropriation section 1 should read $3320; appropriation section 2, $1800, and appropriation section 3, $400, thus giving a total for Part I of $5520. No amount would have to be inserted under the supplemental amount for Administrative Services.

**Decision:** The estimates for Part III, Administrative Services, Part IV, Reserve, as well as the supplemental amount in paragraph III, were approved.

The Chairman said that the Committee’s draft report on that item would be ready the following day (see eleventh meeting, section 1).

**Statement by the Delegate of Canada**

Mr Clark (Canada) recalled that he had at the previous meeting requested permission to make a statement before consideration of the present item was concluded. Also the head of the Canadian delegation had indicated in the course of the discussion on the budget ceiling that his Government was somewhat critical of the procedures for reviewing the budget estimates in the Health Assembly and wished to raise that question, with all its ancillary considerations, in the Committee on Administration, Finance and Legal Matters.

His delegation’s purpose at the present juncture was not to introduce any resolution on the subject but rather to call its views to the attention of other governments in the hope that they would be considered worthy of further study by those governments and that the Executive Board would wish to make a thorough examination of the question.

In order to place the Canadian views in their true perspective, he recalled that, when WHO had been established, Canada had considered that it would prove one of the most useful, or indeed the most useful, of the specialized agencies. His Government believed that considerable progress had been made towards that objective and had therefore supported moderate annual increases in the budget which would permit of the development of the Organization. However, it had felt that over the past two or three years certain defects had come to light which would make it difficult for Canada to continue to give its wholehearted support as in the past.

His Government held the view that the Health Assembly did not afford Member States an adequate opportunity to examine the budget, both in respect of past activities and of future estimates, in any detail; it was indeed almost impossible to do that in a large committee. The head of the Norwegian delegation had at the tenth plenary meeting, held the previous day, expressed the opinion that the amount of $10,700,000 of the effective working budget represented an unconsidered figure. His own delega-
tion agreed with that but wondered how, with the procedures available, it could have been otherwise. A study by the Executive Board did not constitute a satisfactory substitute for a thorough study by the Health Assembly as, although the Board had established a Standing Committee on Administration and Finance specifically for the purpose of considering the budget estimates, members of the Board were required to act as individuals and not as representatives of Member States. His Government consequently found it difficult to accept that budgetary consideration as final or in lieu of an examination by governmental delegates. Member States were thus denied an opportunity of ensuring that all expenditure was fully justified.

That state of affairs had given rise to an important problem in Canada. His Government could not continue to support an increase in the budget of WHO each year if its delegation were not given an opportunity of ensuring that only the highest priority projects were being met and that the administrative machinery was functioning as efficiently as possible. It would be unfortunate if, for that reason, confidence in the financial procedures of WHO were to be undermined, as that might have a long-term adverse effect on its growth. If the present situation were to continue it would be only realistic for the Canadian Government to assume other methods to protect itself and it might even go so far as to envisage the possibility of a unilateral ceiling on its contribution.

His remarks had not been made with a view to criticizing the existing position but rather in the light of a warning of possible dangers if the Organization’s procedures for considering its budget estimates were not reviewed. Canada was a good friend of WHO and wished to prevent such developments. It was therefore most desirable that the Executive Board should give some consideration to the matter and study ways in which improvements could be brought about.

Dr Evang (Norway) considered that the statement made by the delegate of Canada raised a number of important questions, such as unilateral budget ceilings and the attitude of governments to WHO, which it was not appropriate to discuss at the present juncture. Accordingly, he would not go into those aspects of the question but wished merely to clarify certain points.

All international organizations suffered from the disease that Member States tended to superimpose on any administrative structure of the organization part or the whole of their own national administrative structure. That introduced a tendency to overbureaucratization which would hamper the organization in its work. It was important to combat that trend and to find the most efficient manner for studying the programme and budget estimates so that they could best meet requests from Member States.

The delegate of Canada had stated that his delegation had not had the opportunity of fully scrutinizing the budget estimates. That implied a severe criticism of the documents submitted by the Executive Board and the Director-General which, for his part, was unable to endorse.

His remarks at the plenary meeting held the previous day should not be taken to mean that he was in agreement with the view expressed by the Canadian delegate. Although it was correct that he had said that the Health Assembly would be voting on a non-considered figure, he would submit that that situation could have been avoided if the proposals for the budget ceiling had been matched with the Director-General’s programme proposals as he had suggested.

The Chairman said that, as the Norwegian delegate had pointed out, the statement made by the delegate of Canada could lead to a very wide discussion. The delegate of Canada no doubt appreciated the fact that his Government had had the right, in accordance with the Rules of Procedure, to submit an item relating to his intervention to the Executive Board or to the Health Assembly. He wondered whether the matter might not rest there.

Mr Clark (Canada) had not intended to make any formal proposals but rather to draw the attention of governments to the situation. His own Government would, as a next step, submit a proposal in that connexion to the Executive Board or the Health Assembly.

Mr Brady (Ireland) emphasized the importance of some of the points raised by the Canadian delegation. He thought it desirable that the Organization should constantly keep under review its procedures for considering the programme and budget estimates every year. He did not believe that the delegate of Canada had intended to imply that the Director-General had not supplied adequate documentation, indeed, the Director-General was to be commended on the information provided. The Executive Board, in its Standing Committee on Administration and Finance, had also performed a most useful task. Nevertheless, it should be borne in mind that the members of the Executive Board were not representatives of governments, a state of affairs to which he subscribed. However, the Health Assembly, consisting as it did of delegations of governments,
could not be satisfied with a study of the budget estimates carried out in large committees.

Although he would not go into the wider ramifications of the question of the confidence of governments in the Organization, he thought it would be desirable for the procedures of the Organization in that respect to be reviewed from time to time. He noted the suggestion that the Executive Board should consider the matter and was of the opinion that it would be desirable for it to revise the procedures in order to permit fuller studies of the budget estimates. He would not make any specific proposal in that connexion, as the Executive Board would have the records of the present meeting at its disposal.

Mr Coote (United States of America) said that, as the Canadian delegation had indicated that his Government would be bringing the matter before the Executive Board and the Health Assembly, he would not go into a full consideration of the question at the present stage.

Both the Canadian and Norwegian delegates had referred to the effective working budget figure of $10 700 000 as an unconsidered amount. As it had been the United States delegation which had introduced that proposal, he would assure the Committee that that figure had on the contrary been the subject of long and serious consideration and had constituted a sincere effort to reach a compromise between programme needs and the ability of governments to finance those needs, both considerations being of extreme importance.

Dr Evang (Norway) had not wished to imply that the figure had been unconsidered from the point of view of the delegation which had proposed it but rather from that of the Health Assembly, as delegations had not been told where reductions should be effected in the programme; accordingly they were not in a position to judge whether the considerations which had guided the United States delegation would meet with their approval.

Mr Hunt (United Kingdom of Great Britain and Northern Ireland) recalled that his delegation had in the past made suggestions about the financial procedures of the Health Assembly. He would therefore support the delegates of Canada and Ireland that there should be a further study of the matter.

Dr Bernhardt (Federal Republic of Germany) said that his delegation had voted in favour of the United States proposal after full consideration.

The Chairman noted that there was no formal proposal before the Committee on the matter and that accordingly no action was necessary. The discussion would be adequately recorded in the minutes of the meeting.

The meeting rose at 6 p.m.

ELEVENTH MEETING

Wednesday, 23 May 1956, at 10 a.m.

Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

1. Adoption of the Second Report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget

The Chairman called on the Rapporteur to read the draft second report of the Committee to the Committee on Programme and Budget.

Mr Pleić (Yugoslavia), Rapporteur, read the report (which consisted of the Appropriation Resolution—see sixth report of the Committee on Programme and Budget, section I—with the insertion in Parts I, III and IV of paragraph I and Part I of paragraph III of the figures approved by the Committee on Administration, Finance and Legal Matters at its tenth meeting). He reminded the meeting that the figures in Part II of the Appropriation Resolution would be added by the Committee on Programme and Budget, both for the main budget and for the supplement.

Mr Lawrence (Liberia) asked for a further explanation of the absence of figures under Part II, Operating Programme.
Mr Siegel (Assistant Director-General, Department of Administration and Finance), Secretary, explained that the procedure was governed by resolution WHA9.2. Paragraph 2 (d) of that resolution required the Committee on Administration, Finance and Legal Matters to review the parts of the budget dealing with Organizational Meetings and Administrative Services and report thereon to the Committee on Programme and Budget. Paragraph 1 (e) required the Committee on Programme and Budget to recommend the completed Appropriation Resolution after inserting the amounts relating to Part II for the Operating Programme. The figures for Part II to which the delegate of Liberia had referred were the responsibility of the Committee on Programme and Budget.

Decision: The draft report was adopted without further comment (see minutes of the sixteenth meeting of the Committee on Programme and Budget, and the sixth report of that committee, section 1).

2. Adoption of the Fourth Report of the Committee

The Chairman called upon the Rapporteur to introduce the draft fourth report of the Committee.

Mr Pleić (Yugoslavia), Rapporteur, read the report (for text, see page 399).

The Chairman suggested that the report should be considered paragraph by paragraph.

There were no comments on sections 1, 2 and 3.

Mr Geeraerts (Belgium) referred to the wording of section 4 and said that those who had been present at the meeting on the previous day knew that the discussion had been of considerable interest, but for those who had not been at the discussion the last words of the paragraph, "decided to proceed to the next item on the agenda", might perhaps sound too casual.

The Chairman recalled that the wording was in fact that suggested by the delegate of India, which had been accepted by the Committee.

Dr Bernhardt (Federal Republic of Germany) suggested that if it were possible to make an amendment at this stage, the words to which the delegate of Belgium had referred might be deleted with consequential slight amendments to the earlier part of the paragraph.

The Chairman pointed out that to do so would mean reopening the discussion, and that would require a two-thirds majority.

Dr Bernhardt (Federal Republic of Germany) did not press his point.

The Chairman put the report as a whole to the Committee.

Decision: The fourth report was adopted (for text, see page 399).

3. Closure of Session

The Chairman said that the work of the Committee had come to an end, but before closing the meeting he would like to congratulate its members on the smoothness and efficiency with which they had dealt with the items on the agenda, and on the excellent spirit which had characterized the debates—which had more than maintained the high level of discussion for which the Committee had been noted at Assemblies in the past.

He also wished to express his feeling of pride at having had the honour of presiding over the deliberations of the Committee. To have occupied a chair which, in the past, had been filled by some great men in the health field was indeed an honour to his country and to himself. Apologizing for his shortcomings, he quoted from Shakespeare: "I have ventur'd, like little wanton boys that swim on bladders, these many summers in a sea of glory, but far beyond my depth". If he had not been completely submerged, it was because of the unfailing courtesy and good spirit of the members of the Committee.

The Committee would surely like to join him in thanking the Vice-Chairman, Mr Sorensen, the Rapporteur, Mr Pleić, and Dr Brady, the representative of the Executive Board, for the way in which they had facilitated the work of the Committee. Once more the Committee had also enjoyed the devoted services of all members of the Secretariat, not only on the stage but also behind the scenes.

He wished members of the Committee a safe journey home and expressed the personal hope to see them all again the following year.

Mr Brady (Ireland) said that he was in no position to match the eloquence of the Chairman's very fine speech, which had been in full accordance with the magnificent manner in which he had guided the business of the Committee during the last weeks.

On behalf of the Committee, he would like to move a vote of thanks to the Chairman for the way in which he had carried out his duties. The spirit of harmony and co-operation which had prevailed in the Committee was in a large measure due to the flexible and friendly way in which the Chairman had
guided the Committee and enabled it to complete its work in good time. He was pleased to propose a vote of sincere thanks and appreciation to the Chairman and thought it only fair to couple with his name those of the Vice-Chairman and Rapporteur, who had done sterling work in the Committee. While he was not certain whether it was in accordance with international etiquette for one Brady to congratulate another on his work, he yet wished to join the Chairman in expressing on behalf of the Committee full thanks to Dr Brady, representative of the Executive Board.

The Committee also wished to thank the Director-General, the Assistant Director-General, Department of Administration and Finance, and the members of the Secretariat for their very helpful work, which had been carried out with such quiet efficiency that it was almost taken for granted.

Mr Geeraerts (Belgium) associated himself with the sentiments expressed by Mr Brady.

The Chairman declared the Committee on Administration, Finance and Legal Matters closed.

The meeting rose at 10.50 a.m.
LEGAL SUB-COMMITTEE

FIRST MEETING

Tuesday, 15 May 1956, at 3.50 p.m.

Chairman: Mr M. I. Botha (Union of South Africa)

1. Election of Officers

Mr Siegel, Assistant Director-General, Department of Administration and Finance, acting on behalf of the Director-General, invited nominations for the office of Chairman.

Mr Calderwood (United States of America) proposed Mr Botha (Union of South Africa).

Mr Geeraerts (Belgium) and Dr Van den Berg (Netherlands) seconded the proposal.

Decision: Mr Botha was unanimously elected Chairman.

Mr Botha took the Chair.

The Chairman thanked the delegates of the United States of America, Belgium and the Netherlands for the honour they had done his country in proposing and seconding his election as Chairman and thanked the Sub-Committee for the confidence it had shown in electing him. He called for nominations for the office of Vice-Chairman.

Dr El-Wakil (Egypt) proposed Mr Nguyen Luong (Viet Nam).

Decision: Mr Nguyen Luong was unanimously elected Vice-Chairman.

Mr Nguyen Luong (Viet Nam) thanked the delegate of Egypt for proposing him and the Sub-Committee for its trust, which he would endeavour to justify.

The Chairman invited nominations for the office of Rapporteur.

Mr Liveran (Israel) proposed Miss Hessling (Netherlands), whose devotion to the causes which the Organization served was well known to all.

Mr Calderwood (United States of America) seconded the motion.

Decision: Miss Hessling was unanimously elected Rapporteur.

2. Terms of Reference of the Sub-Committee

The Chairman read the terms of reference of the Sub-Committee as contained in the minutes of the first meeting of the Committee on Administration, Finance and Legal Matters:

... the terms of reference of the Legal Sub-Committee would be strictly limited to the study of the legal and constitutional aspects of questions referred to it by the Committee [on Administration, Finance and Legal Matters]. The Sub-Committee would not be concerned with the merits of various questions or the policies underlying the adoption or rejection of different proposals, but solely with the legal and constitutional validity of those questions and proposals.

3. Approval of Host Agreement with the Government of Denmark concerning the Regional Office for Europe

Agenda, 7.8

Dr Brady, representative of the Executive Board, informed the Sub-Committee that the Director-General had already signed the agreement with the Government of Denmark, subject to the approval of the Ninth World Health Assembly.

The Chairman proposed to the Sub-Committee a draft resolution as follows:

1 Reproduced in Off. Rec. Wld Hlth Org. 68, 46
The Ninth World Health Assembly

approves the host agreement between the World Health Organization and the Government of Denmark defining the privileges and immunities of the Organization and of its Regional Office in Europe, signed on 29 June and 7 July 1955, and the exchange of notes relating thereto.

He informed the Sub-Committee that a two-thirds majority was required for approval.

Decision: The draft resolution was approved by 19 votes to none, with no abstentions (see first report of the Sub-Committee, section 1).

4. Agreement defining the Relations between the International Bureau for the Protection of Industrial Property and the World Health Organization

Supplementary item, 2

The Chairman said that Mr Magnin, Vice-Director of the International Bureau for the Protection of Industrial Property, Berne, was present to answer questions.

He referred the Sub-Committee to a draft resolution reading:

The Ninth World Health Assembly,

Having considered the provisions governing the relations between the International Bureau for the Protection of Industrial Property and the World Health Organization set out in the exchange of letters of 13 February and 9 March 1956,

approves the exchange of letters defining the relations between the two organizations.

Mr Liveran (Israel) asked whether the provisions governing the relations between the two organizations referred only to the two letters (see Annex 9) mentioned in the draft resolution or whether other documents should be taken into account.

Mr Zarb (Chief, Legal Office), Secretary, said that the two letters mentioned in the draft resolution were the only documents covering the relations between the International Bureau for the Protection of Industrial Property and the World Health Organization.

Mr Liveran (Israel) thanked the Secretary for his explanation and suggested that the point be made clear in the resolution.

Dr Vannugli (Italy) considered that an exchange of letters should not be referred to as "provisions".

Decision: The draft resolution was approved by 18 votes to none, with one abstention (see first report of the Sub-Committee, section 2).

5. Rules of Procedure of the Health Assembly: Adoption of Spanish Text

Agenda, 7.6.1

The Secretary explained that the Spanish text of the Rules of Procedure in the document prepared for the Health Assembly 1 contained a number of mistakes and unfortunate turns of phrase which the Spanish delegation had kindly pointed out. The suggestions of the Spanish delegation had been included in the corrigendum which had only just been distributed. He apologized for the delay in placing the document at the disposal of some of the delegations.

Mr de Villegas (Spain) said that in the absence of the corrigendum, which he had not so far received, he wished to point out certain discrepancies between the English and French texts of the Rules of Procedure 2 which had caused difficulty in establishing the Spanish text.

One concerned Rule 24, which referred in French to "membres de délégations" and in English to "delegates". In his view the expressions were not equivalent and he wondered which was to prevail in the Spanish text.

Mr Geeraerts (Belgium) said that his linguistic knowledge did not enable him to appreciate whether a document in Spanish was parallel, from a legal point of view, to a French text. His delegation would

1 Unpublished. The Spanish text of the Rules of Procedure, as revised by the Ninth World Health Assembly, is printed in the Spanish edition of this volume.

2 See Basic Documents (Documents fondamentaux), seventh edition, p. 96.
therefore be unable to vote on the item before the Sub-Committee. He supposed that the text contained no legal errors but could not take the responsibility of voting on a text which he could not understand.

The Secretary said that the Sub-Committee was called upon only to adopt the Spanish text of the Rules of Procedure, with or without linguistic amendments.

In reply to the delegate of Spain he suggested that any discrepancies between the French and English texts of the Rules of Procedure, noticed in connexion with the Spanish translation, should be brought to the attention of the Director-General so that he could take the necessary steps to have them remedied in all the texts in the normal way, for example, at the Tenth World Health Assembly.

Mr de Villegas (Spain) expressed his satisfaction with the Secretary's suggestion. He had felt unable to pass over differences of meaning between the English and French texts, although he raised no question of principle and would agree to either wording.

He had another similar point to raise in connexion with Rule 26, in which the English phrase was to "put questions" and the French "mettre aux voix".

He further wished to point out the lack of correspondence between Rules 80 and 81. Rule 80 specified that speeches made in the official languages other than English, French and Spanish should be interpreted into both working languages and into Spanish, whereas Rule 81 made no mention of the necessity for translation into Spanish in the circumstances therein described. To omit such mention would be to go against the principle recognized in the preceding rule.

The Chairman thanked the delegate of Spain for mentioning those points. The Legal Sub-Committee was not empowered to discuss the substance of the Rules of Procedure and so he would suggest that the Rapporteur be asked to refer to those difficulties in her report, whereupon the Director-General could take the necessary steps in time for the Tenth World Health Assembly.

It was so agreed.

Mr de Villegas (Spain) referring to the corrigendum to the Spanish text prepared for the Health Assembly, expressed his approval of the changes therein, except in regard to Rule 83. He considered that the substitution of "redactarán" for "promulgarán" gave a narrower meaning to the Spanish text than to the English, which used the phrase "shall be made available".

Mr Ortega (Translation Section), speaking at the invitation of the Chairman, proposed substituting for "redactarán" the word "distribuirán".

Mr de Villegas (Spain) agreed to that suggestion.

Mr Geeraerts (Belgium) said that in the event of a vote he intended to abstain, for the reasons he had previously given.

Dr Bernhardt (Federal Republic of Germany) said that he too would abstain for the same reasons.

The Secretary said that it was indispensable for the Legal Sub-Committee to vote on texts drawn up in any language in which the Health Assembly had agreed to take its decisions. He cited the precedent of the International Health Conference held in New York in 1946, at which texts had been adopted in five official languages.

Mr Geeraerts (Belgium) said that if the Spanish text were submitted to him in the Health Assembly, he would not hesitate to vote for its adoption. However, the Legal Sub-Committee had to express an opinion on the legal aspects of the text and he felt unqualified to do so. If it were merely a question of deciding on the adoption of the Rules of Procedure in Spanish, without reference to the legal aspect, that was for the Health Assembly in plenary session, and not for the Sub-Committee.

The Chairman asked whether the Sub-Committee wished to refer the matter back to the Committee on Administration, Finance and Legal Matters.

Dr Bernhardt (Federal Republic of Germany) suggested that the Spanish-speaking members of the Sub-Committee might be asked to vote on the matter. Others could abstain.

The Chairman added that the Rapporteur might record that the legal substance of the document was not discussed.

Mr Geeraerts (Belgium) said that if the Spanish-speaking members of the Sub-Committee could approve the text submitted, the Sub-Committee might take note of their approval and adopt a resolution inviting the Committee on Administration, Finance and Legal Matters to submit the Spanish text for the final approval of the Health Assembly.

Mr de Villegas (Spain) said that his delegation approved the Spanish text of the Rules of Procedure as submitted in the working document and amended in the corrigendum and orally in the meeting.
The Secretary outlined the way in which the French and English texts of the Rules of Procedure had been approved at the Eighth World Health Assembly, adding that the Eighth World Health Assembly had intended the Spanish text to receive identical treatment. Pressure of work had made it impossible to draw up the Spanish text in time for adoption by that Assembly and it had been referred to the present session. All legal matters had been settled by the Eighth World Health Assembly and only matters of language and expression had been left for settlement at the Ninth World Health Assembly. Having heard the delegate of Spain, the Sub-Committee could shoulder its responsibilities with perfect peace of mind.

Mr Olivero (Guatemala) suggested that the Committee's approval be tempered by some phrase to the effect that the text was approved "on the understanding that it does not depart from the meaning and spirit of the official French and English texts".

Dr El-Wakil (Egypt) proposed that the item be referred back to the Committee on Administration, Finance and Legal Matters, as it was outside the terms of reference of the Legal Sub-Committee.

Mr Geeraerts (Belgium) thought that the Sub-Committee's report might mention that the Spanish-speaking delegates approved the text and therefore the Sub-Committee was willing to submit the text to the Health Assembly for final approval. The Sub-Committee should have confidence in the opinion of its Spanish-speaking members.

The Chairman suggested that the Sub-Committee approve his original proposal.

Mr de Villegas (Spain) approved the Chairman's suggestion. He would, however, remind the Sub-Committee that Spanish was an official language of the Organization and therefore it could not abstain from dealing with texts which, according to the Assembly's decisions, had to be drawn up in Spanish.

The Chairman then put the following draft resolution to the vote:

The Ninth World Health Assembly
ADOPTS as the Spanish text of the revised Rules of Procedure of the Health Assembly the text annexed to this resolution, together with the drafting corrections.

Decision: The draft resolution was approved by 10 votes to none, with 10 abstentions (see first report of the Sub-Committee, section 3).


The Chairman drew the attention of the Sub-Committee to the study that the Director-General had made of procedural problems related to amendments to the Constitution.1

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) considered that the Sub-Committee was facing a question of prime importance involving the sanctity and authority of the Constitution itself. He did not agree with any suggestion that amendments to proposed amendments to the Constitution could be dealt with by rules of procedure. He suggested that it was impossible to adopt rules of procedure or make regulations unless such rules and regulations carried the authority of the Constitution itself.

The Constitution contained (in Article 73) rigid and precise provisions regarding amendments to the Constitution. In his opinion, that article meant that all texts of proposed amendments, whatever their nature, had to be dealt with as indicated in Article 73. If his view was correct, that meant that the only legal way of dealing with the matter before the Sub-Committee was by amendment of Article 73 itself.

At the Eighth World Health Assembly, he had been impressed by Sir Arcot Mudaliar's warning that there might be some difficulty in distinguishing between amendments which were mere drafting changes and those in which some change of substance was involved.

If the Sub-Committee shared his view, he would propose the addition of a new sentence between the first and second sentences of Article 73 of the Constitution to read as follows:

Proposed modifications of such texts shall be similarly communicated at least three months in advance of their consideration by the Health Assembly.

Amendment of Article 73 along those lines would obviate the necessity for deciding whether amendments were of drafting or of substance. Governments would have three months' time in which to consider them and would know that no further amendments could be introduced during the discussions in the Health Assembly.

Mr Geeraerts (Belgium) agreed with the delegate of the United Kingdom that the matter could not

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1 Unpublished. For the history of the item under discussion, see Off. Rec. Wld Hlth Org. 63, 30 (resolution WHA8.28), 336, 390.
be solved by an insertion in the Rules of Procedure. However, when the Constitution was not sufficiently precise to serve as a guide for dealing with a certain situation, it would be proper for a resolution of the Health Assembly, interpreting the relevant provisions of the Constitution, to be adopted. The United Kingdom proposal for amendment of the Constitution had moreover the disadvantage that it would not dispose of the matter at the present session. In addition, the amendment proposed would not meet all situations. If, for instance, several governments independently proposed an amendment to the Constitution, identical in substance but different in form, the Director-General would circulate the drafts and the governments concerned would try to reach agreement on the form of their proposed amendment before the three months had elapsed; but that might not be possible. He therefore proposed that the Health Assembly interpret Article 73 of the Constitution, identical in substance but different in form, as an example Articles 24 and 25 of the Constitution, as an example Articles 24 and 25 of the Constitution, in substance but different in form, raised by the United Kingdom delegate wished to give it by a specific amendment to Article 73. He thought that Article 17 might offer the Sub-Committee a possible solution to the problem. The Constitution by that article gave to the Health Assembly the right to implement, by way of rules, the procedures necessary to ensure the proper functioning of the Organization; he quoted as an example Articles 24 and 25 of the Constitution, which determined the setting-up of Rules 92 to 101 of the Rules of Procedure of the Health Assembly.

Mr Geeraerts (Belgium) believed that there was need to fill a lacuna in the Constitution; that had indeed become apparent in a particular case, which had occurred three years previously. He would accordingly maintain the suggestion he had made earlier since, although he agreed with the Secretary that, legally, an addition to the Rules of Procedure

would be in order, he thought that a specific resolution of the Health Assembly would impart a more formal character to the decision.

Mr Calderwood (United States of America) agreed with the main considerations expressed by the various speakers, namely, that no rule of procedure should deviate from the provisions of the Constitution; that a specific Health Assembly resolution would be better than an addition to the Rules of Procedure; and, lastly, that the provisions of Article 17 of the Constitution were relevant. He also called attention in that connexion to Article 75 of the Constitution which related to the procedure in the event of a dispute concerning interpretation.

The question under discussion was, then, essentially one of interpretation. He recalled the suggestion he had made to the Legal Sub-Committee at the Eighth World Health Assembly to amend the Rules of Procedure by including a provision to the effect that any changes should not deviate from the stated purpose of the amendment circulated in accordance with Article 73. A provision of that type should meet the point, regarding proposed amendments identical in substance but not in form, raised by the delegate of Belgium. The basic purpose of Article 73 was after all to serve notice of proposed amendments on Member States, to give them due time to study any proposal of substance. It would seem to him quite satisfactory for the Rules of Procedure to remain as they stood, the decision being thus left to the Health Assembly as to whether or not it would accept a modification to a proposed amendment submitted within the stipulated time. However, if the Legal Sub-Committee wished to establish an interpretation by elaborating a rule of procedure, it might wish to do so along the lines he had suggested.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) fully agreed that the right of the Health Assembly to interpret the Constitution was not in question; it was in fact written into the Constitution itself. Nevertheless, the fact that the interpretation or application of the Constitution was open to appeal to the International Court of Justice made it clear that such an interpretation should be reached on grounds which were legally tenable from all points of view. Far from being silent on that particular point, as the delegate of Belgium had stated, the language of Article 73 was most definite and drew no distinction between the various types of amendments. He therefore maintained his view that, if it was thought necessary to provide further clarification on the procedure for dealing with amendments to proposed amendments, that could

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1 The suggested text (which had been submitted by the Director-General to the Eighth World Health Assembly) read as follows:

The Health Assembly may, without prior communication to Members, adopt any changes in the text referred to in Rule (108) 111 [now Rule 113] which are purely matters of drafting, and any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Rule (108) 111 [now Rule 113].

In case of doubt, a proposed amendment to a draft amendment shall be deemed to be an amendment of substance unless the Health Assembly by a two-thirds majority decides otherwise.
be done only by amendment of Article 73 of the Constitution.

Replying to a query by Mr Chiba (Japan), the Chairman said that he was under the impression that no formal proposals had yet been made.

Mr Chiba (Japan) agreed with the view taken by the delegate of the United Kingdom. However, he submitted a formal proposal that any amendment to Article 73 of the Constitution should provide that amendments not of a substantive character to proposed amendments to the Constitution need not be presented six months before their consideration by the Health Assembly. His proposal was rather bold in that difficulties might arise in distinguishing between amendments of substance and purely drafting amendments. The latter, moreover, should require a two-thirds majority for adoption.

The Chairman wished to make it clear that although the United Kingdom delegate had expressed the view that the only effective way of remedying the present difficulty would be to amend the Constitution itself, there was no question of the Sub-Committee suggesting such an amendment; that would be for a Member government to propose, if it so desired. The question at issue was whether a new rule of procedure should be adopted or not.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) agreed with the Chairman's interpretation of his position.

Mr Geeraerts (Belgium) emphasized that a solution had become necessary in view of difficulties which had arisen in the past, and which would not be solved by an amendment of the Constitution along the lines suggested. Moreover, a Member State, whose language was neither English, French nor Spanish, might submit a proposed amendment in one of those languages; any mistakes of language which such a proposal might contain could not then be corrected. It would seem, then, that within the framework of the Constitution some resolution should be adopted which would make it possible to meet a difficulty of that type and also to reconcile proposals identical in substance but not in form. The text submitted to the Eighth World Health Assembly by the Director-General (see footnote on page 370), couched in the form of a resolution, would appear to meet the case.

Dr Bernhardt (Federal Republic of Germany) was also in principle in favour of that text, although he felt that the phrase "without prior communication to Members" might be replaced by a provision which would give the Health Assembly a little time, say three days, in which to study a drafting amendment before it was discussed.

Mr Liveran (Israel) believed that it was essential for some clear understanding to be reached on the interpretation of Article 73 in the light of Rules 113 and 114 of the Rules of Procedure of the Health Assembly. Was the purpose of Article 73 to provide that matters affecting a change in the Constitution could be considered by the Health Assembly only after six months' notice, or was it that any change in the Constitution could be made only at least six months after such proposed changes had been communicated to Members? If the latter interpretation were correct, that would preclude any discussion of proposed amendments by the Assembly and there was clearly need to amend Article 73 of the Constitution.

The Chairman agreed with the previous speaker that the problem lay in the two interpretations he had mentioned of the first part of Article 73. If the first was accepted, then a rule of procedure could regulate the situation; but, if the latter was considered correct, then only amendment of Article 73 would meet the case.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) thought that Article 73 should be considered from the viewpoint of its actual language without taking into account the possible intentions of those responsible for drafting the Constitution.

Mr Currie (Australia) agreed that Article 73 was capable of two interpretations. However, his delegation favoured the view that it should not be taken as ruling out discussion of proposed amendments by the Health Assembly. He saw no difficulty in accepting the text of the rule of procedure submitted by the Director-General to the Eighth World Health Assembly; that, he considered, would not depart from the intention of the Constitution and would facilitate its application.

Mr Geeraerts (Belgium) considered that to rule out all possibility of interpretation would be tantamount to overlooking all the interpretative texts which supplemented legislation. It did not seem difficult to assess the intentions of those responsible for drafting the Constitution as their main intention had clearly been to give all Member States time to study proposals thoroughly. The Constitution would indeed become a stifling influence if it were interpreted as precluding all discussion on drafting changes to proposals. In that connexion, he again called attention to difficulties which might arise with regard to
proposals received from more than one Member government on the same substance but in different wording. A specific instance had already occurred when, three years previously, the Governments of France, the United Kingdom and Belgium had each proposed an amendment to Article 25 of the Constitution, differing only in form. On that occasion the delegations of the three countries had agreed on a single text and the Health Assembly had taken its decision on that text.

He would therefore formally propose the adoption of the text submitted to the Eighth World Health Assembly by the Director-General, with the minor amendment of substituting for the words "without prior communication to Members" a phrase along the lines of the following: "without being bound by the period of time provided for in Article 73 of the Constitution"; he would also prefer that, in the French text, the expression "de fond" be substituted by the words "quant au fond".

Mr Calderwood (United States of America) wished, without entering into the merits of the various suggestions made, to raise a hypothetical case for the purpose of illustration. In the event of a compromise figure being proposed following discussion of a proposed amendment for a specific number of the Executive Board, he wondered whether such a proposal would be considered as admissible under the suggested interpretation of Article 73.

The Secretary recalled that UNESCO had been faced with exactly such a problem at the eighth session of its General Conference, and that, by a large majority of its Legal Committee, it had been decided that a compromise proposal of that type could not be considered as constituting a drafting amendment.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) felt that the delegate of the United States of America had given an excellent example of possible differences of opinion which might arise in distinguishing between drafting amendments and amendments of substance. His suggestion would avoid difficulties of that kind.

Mr Geeraerts (Belgium) did not think that there would have been any possibility of a compromise proposal such as the one mentioned by the delegate of the United States of America being considered as a drafting amendment; it would naturally constitute a new proposal.

Dr Mellbye (Norway) supported the view expressed by the delegate of the United Kingdom, particularly in the light of the hypothetical problem presented by the delegate of the United States of America.

Mr Calderwood (United States of America) thought that the opinion expressed on his hypothetical question by the delegate of Belgium illustrated the limiting effect of his proposal to distinguish between changes of substance and changes of a drafting nature. He therefore preferred the text which the Legal Sub-Committee of the Eighth World Health Assembly had proposed, and which contained the words "which do not deviate from the underlying purpose thereof, or" (inserted before "which are purely matters of drafting"). If, however, the Sub-Committee did not wish to introduce such a provision in the Rules of Procedure, it would appear to him that the more advisable course would be to retain the rule in its present form and give further consideration to the possible need to amend Article 73 at some future time.

Dr Bernhardt (Federal Republic of Germany) did not think that the example given by the delegate of the United States of America would have given rise to difficulties and he would, therefore, support the position taken by the Belgian delegation.

Mr Campiche (Switzerland) supported the opinions expressed by the United Kingdom delegate.

Mr Currie (Australia) was in favour of the Belgian proposal, particularly in view of the requirement for a two-thirds majority contained in the second part of Article 73.

Mr Calderwood (United States of America) requested that the Legal Sub-Committee should defer action on the item under consideration until the text of the Belgian amendment had been circulated, thus enabling members fully to consider all implications of the question before arriving at a decision at the Sub-Committee's next meeting.

Mr Geeraerts (Belgium) would prefer his proposal to be drafted in the form of a resolution of the Health Assembly as he felt that the question was one of too great importance to be covered by an amendment to the Rules of Procedure.

The Secretary was of the opinion that, for essentially practical reasons, it would be desirable for the Belgian proposal, if adopted, to be incorporated in the Rules of Procedure of the Health Assembly, which were more constantly and easily

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1 See Off. Rec. Wld Hlth Org. 68, 336. Except for the insertion of the clause mentioned, the first paragraph of the proposed rule was identical with that proposed by the Director-General (and reproduced in the footnote on page 370).
accessible to delegates than past resolutions of the Assembly.

Mr Geeraerts (Belgium) said he appreciated that point of view. Accordingly, if the Health Assembly adopted the resolution he would propose, he would be agreeable to a corresponding provision being inserted in the Rules of Procedure.

The Chairman announced that the Legal Sub-Committee would have the text of the Belgian proposal for its consideration at its next meeting in a form to be agreed upon by that delegation and the Secretary.

The meeting rose at 6.5 p.m.

SECOND MEETING

Wednesday, 16 May 1956, at 3 p.m.

Chairman: Mr M. I. Botha (Union of South Africa)

1. Adoption of First Report of the Sub-Committee

The Chairman invited the Rapporteur to introduce the draft first report of the Sub-Committee to the Committee on Administration, Finance and Legal Matters.

Miss Hessling (Netherlands), Rapporteur, called attention to certain minor errors in the English text and then read the report.

Decision: The draft first report was adopted with the Rapporteur’s verbal corrections (for text, see page 400).

2. Rules of Procedure of the Health Assembly: Procedural Problems relating to Constitutional Amendments (continued)

Agenda, 7.6.2

The Chairman called attention to the amendment proposed by the Belgian delegation to the text of the proposed rule that the Director-General had submitted to the Eighth World Health Assembly (see page 370). The proposed amendment read as follows:

The Health Assembly may, without being bound by the period of time provided for in Article 73 of the Constitution, adopt any changes in the texts referred to in Rule 113 which are purely matters of drafting, and any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Rule 113.

He also drew attention to an amendment submitted by the delegation of the Federal Republic of Germany, which added the following words to the end of the text proposed by the delegate of Belgium:

... provided however that such changes shall have been communicated to Members and Associate Members not less than two days before the meeting at which the Assembly considers the texts of changes to the Constitution already submitted to it.

The second paragraph of the Director-General’s proposed rule (see page 370), namely:

In case of doubt, a proposed amendment to a draft amendment shall be deemed to be an amendment of substance unless the Health Assembly by a two-thirds majority decides otherwise.

would stand as a second paragraph to the Belgian proposal.

Mr Geeraerts (Belgium) said the object of WHO’s Constitution was to lay down the fundamental rules which were to govern the Organization’s activities. But that Constitution, like all others, was only a synthesis, the general principles of which had to be applied by means of “rules of application” where necessary. WHO practice was to embody such rules either in resolutions or in provisions for inclusion in the Rules of Procedure of the Health Assembly.

Article 73 of the Constitution stated the principle that any Constitutional amendment, that is to say, any proposal to modify a provision of the Constitution, had to be communicated at least six months before the opening date of the session called upon to reach a decision. That principle was obviously justified. Member States had to be given time
enough to study the proposal, weigh its consequences and decide on their attitude, in the full knowledge of what was involved. Article 73 did not deal with the procedure to be followed in the debates on proposed amendments in the Health Assembly; there was no reason why it should. The Constitution was silent on that point, and to try to establish the procedure to be followed in regard to any subsequent modifications of an original draft amendment recognized as fulfilling the terms of Article 73 of the Constitution, was not to violate a provision of the Constitution.

It was therefore normal from the procedural point of view to consider:

(1) that, in view of the explicit stipulation of Article 73, any proposed amendment to the substance of a regular original proposal could not be taken into consideration if it had not been introduced with the prescribed notice. Such an amendment being one of substance, the Health Assembly would be faced with what was in fact a new proposed amendment and, as such, the new proposal would have to fulfil the conditions of Article 73;

(2) that the wording of an amendment was a matter of opinion and that one wording might be preferable to another from the point of view of clarity and the usages of the language in which it was drafted. Consequently, to make a mere change of wording, where desirable, implied no departure from the principle of Article 73;

(3) that when there were two or more proposals of identical substance, nothing in Article 73 prevented their being combined into a single text.

Several examples had been quoted at the first meeting. The following was another which had occurred to him:

The Ninth World Health Assembly would be called upon to discuss the Belgian draft amendment to Article 25 of the Constitution (see Annex 10). The proposal contained the following sentence: “These Members shall be elected for three years and may be re-elected...”. Someone might prefer to see it read “These Members shall be elected for three years and shall be eligible for re-election...”. It would be illogical to make obligatory the rejection of that “amendment to an amendment” because it had not been communicated six months before the opening of the Ninth World Health Assembly.

He was of the opinion that the proposed amendment now before the Sub-Committee could best be submitted in the form of a resolution for adoption by the World Health Assembly and accordingly suggested the following text:

The Ninth World Health Assembly,

Considering that it is necessary, so as to define the mode of application of Article 73 of the Constitution, to establish the rules of procedure which should govern the discussions to which the study and examination of proposed amendments to the Constitution give rise,

DECIDES to insert in the Rules of Procedure of the Health Assembly, in the appropriate place, a rule worded as follows:

Then would follow the amended rule he had earlier submitted, as further amended by the delegation of the Federal Republic of Germany, and the second paragraph of the Director-General’s proposed rule.

Mr Boucher (United Kingdom of Great Britain and Northern Ireland) had given careful study to the amendments submitted by the delegations of Belgium and of the Federal Republic of Germany and had in fact found that they provided the strongest argument for the case he had put at the previous meeting. Indeed, the proposed amendments drew attention to the period mentioned in Article 73 of the Constitution, which was a solemn document, and then proceeded to study the manner in which that time limit could be disregarded.

Mr Calderwood (United States of America) appreciated the clear explanation given by the delegate of Belgium of the purpose of his amendment. He shared his view that the Constitution was not complete on the procedural aspect and that it was within the power of the Health Assembly to take steps to give effect to Article 73.

He would nevertheless differ from him on the restrictions which his amendment would place on the rights of the Health Assembly in giving effect to Article 73. He had already, at the first meeting, given an illustration of such a possible restriction. A further example was that, in connexion with a proposal to make optional the holding of the Health Assembly every two years, an amendment might be introduced to preclude the Health Assembly from meeting more than once every two years. When an amendment was proposed its purpose was usually explained. It was therefore the view of his Government that a proposed modification to an amendment was admissible if it did not deviate from the stated purpose of that amendment. He was accordingly in favour of the retention of the present text, which,
in his opinion, would permit a modification of that kind.

**Mr af Geijerstam** (Sweden) believed that the opinion expressed by the delegate of the United Kingdom had a solid foundation from the strictly legal point of view. Article 75 of the Constitution clearly established the right of interpretation and it was accordingly appropriate to exercise that power of interpretation in respect of linguistic and drafting amendments to amendments in connexion with Article 73. He did not think it desirable for a specific provision to be included in the Rules of Procedure as that might give rise in future to difficulties in distinguishing between amendments of substance and amendments of mere drafting. He was unable to agree that a vote by a two-thirds majority could be used for that purpose. He was therefore unable to support the proposal submitted by the delegation of Belgium.

**Mr Liveran** (Israel) considered it desirable for the position to be clarified as much as possible. He understood that, under the terms of the Belgian proposal, amendments to amendments would be allowed if they concerned drafting or were aimed at incorporating several proposals into a single text. The original amendment would still have to conform to the time limit set out in Article 73 and the Health Assembly would subsequently have before it for adoption either the original proposal or as amended by drafting changes. He wondered what the position would be in the event of the original proposal, in respect of which drafting amendments had been proposed, being withdrawn by its mover. Could the amended proposal then be considered by the Health Assembly, within the framework of the strict legal interpretation of the provisions governing Article 73?

He would agree with the view expressed by the delegate of Sweden that it would not be proper to decide by a two-thirds majority—or indeed by a vote of any kind—whether an amendment constituted a drafting or a substantive change.

**Mr Geeraerts** (Belgium) felt that some confusion was still existed between constitutional amendments proper and drafting amendments to amendments, the latter category, in his opinion, not being governed by Article 73. Surely, the present discussions were aimed at resolving the difficulties which might occur in that connexion and which had indeed arisen in the specific instance of the amendment to Article 25 at a previous Health Assembly to which he had already referred; he recalled that, on that occasion, an amendment of substance had been proposed which might have been accepted had it not been for his own strong opposition.

In reply to the point raised by the delegate of Israel, he did not think it likely that an original proposal would be withdrawn following the acceptance of drafting changes. If that did happen, would it not be because the mover of the original proposal considered that the changes proposed amounted to a modification of substance, which should be governed by the time limit stipulated in Article 73?

**Mr de Curton** (France) considered the Belgian proposal logical and sound. Arguments in favour had been convincing and any other course of action would have a paralysing effect on the Health Assembly's work. He emphasized the fact that the Belgian proposal had been intended to meet difficulties which had actually occurred. His delegation would therefore give it its full support.

Following suggestions by Dr Mellbye (Norway), Mr Currie (Australia) and Mr Liveran (Israel), Dr Bernhardt (Federal Republic of Germany) accepted the following amendments to his proposal:

1. the words "Members and Associate Members" should read "delegates of Members and representatives of Associate Members";
2. "two days" should read "three days", and
3. the word "changes" should be qualified by the word "proposed".

Mr Liveran (Israel) called attention to the terms "study and examination" in the preamble of the Belgian draft resolution. He wondered whether those terms were entirely satisfactory. It might be considered desirable to include some reference also to the procedure of adoption.

Following a suggestion by Mr Zarb (Chief, Legal Office), Secretary, Mr Geeraerts (Belgium) accepted an amendment to substitute the words "the consideration of proposed amendments to the Constitution" for the words "the discussions to which the study and examination of proposed amendments to the Constitution give rise", the word "consideration" in English being translated by the French word "examen".

Mr Chiba (Japan) suggested that, in conformity with the language used in the remainder of the draft resolution, the words "a proposed amendment" in the second paragraph of the proposed rule be replaced by the words "a proposed change".

It was so agreed.
The Chairman then read the text of the draft resolution proposed by the delegation of Belgium with all the amendments accepted by that delegation:

The Ninth World Health Assembly,
Considering that it is necessary, so as to define the mode of application of Article 73 of the Constitution, to establish the rules of procedure which govern the consideration of proposed amendments to the Constitution,
DECIDES to insert in the Rules of Procedure of the Health Assembly, in the appropriate place, a rule worded as follows:

The Health Assembly may, without being bound by the period of time provided for under Article 73 of the Constitution, adopt any changes in the texts referred to in Rule 113 which are purely matters of drafting, and any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Rule 113 provided, however, that such proposed changes shall have been communicated to delegates of Members and representatives of Associate Members not less than three days before the meeting at which the Assembly considers the texts of proposed amendments to the Constitution already submitted to it.

In case of doubt, a proposed change to a draft amendment shall be deemed to be an amendment of substance unless the Health Assembly by a two-thirds majority decides otherwise.

Mr Liveran (Israel) asked that a separate vote be taken on the last paragraph.

The Chairman then put the draft resolution to the vote.

Decision:
(1) The draft resolution, with the exception of the final paragraph, was approved by 12 votes to 9.
(2) The final paragraph was approved by 10 votes to 5, with 5 abstentions.
(3) The draft resolution as a whole was approved by 12 votes to 9.

The Chairman noted that the Legal Sub-Committee had concluded all the items on its agenda unless further items were to be referred to it by the Committee on Administration, Finance and Legal Matters. The Sub-Committee would in any case meet again to consider its final report.

The meeting rose at 4.15 p.m.

THIRD MEETING

Friday, 18 May 1956, at 5.45 p.m.

Chairman: Mr M. I. Botha (Union of South Africa)

1. Adoption of the Second Report of the Sub-Committee

The Chairman invited the Rapporteur to introduce the draft second report of the Sub-Committee.

Miss Hessling (Netherlands), Rapporteur, before reading the draft second report, explained that the necessity of bringing the English and French texts into conformity had involved making a few changes in the wording as already seen by members.

Mr Liveran (Israel) suggested that, in the English text of the proposed rule of procedure, the comma should come after "Rule 113" and not after "provided".

It was so agreed.

Mr de Curton (France) suggested that the title of section 2, in the French text, should correspond with the title of the relevant item of the Health Assembly's agenda.

It was so agreed.
Decision: The second report, thus amended, was adopted (for text, see page 401).

The CHAIRMAN said that with the approval of its second report, the Sub-Committee's work was complete, unless any further items were referred to it. He would take the opportunity of thanking the members of the Sub-Committee for their co-operation and tolerance towards himself.

Mr GEERAERTS (Belgium), speaking on behalf of all the members of the Sub-Committee, thanked the Chairman for the tactful and sympathetic way in which he had conducted the meetings.

The CHAIRMAN, on behalf of the Sub-Committee, thanked the Rapporteur for the competent way in which she had fulfilled her task.

The meeting rose at 5.50 p.m.
COMMITTEE REPORTS

The serial numbers in 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 8 May 1956.

Delegates of the following Members were present: Argentina, Ecuador, Ethiopia, Guatemala, Ireland, Japan, Liberia, New Zealand, Saudi Arabia, Spain, Thailand, Turkey.

Dr H. B. Turbott (New Zealand) was elected Chairman, Dr L. Siri (Argentina) Vice-Chairman, and Mr A. Saita (Japan) Rapporteur.

The Committee examined the credentials deposited by the delegations taking part in the Health Assembly.

1. The credentials presented by the delegations and representatives listed below were found to be in order, thus entitling these delegations and representatives 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 and representatives:

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

2. Notifications from Cambodia and Indonesia, 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.

3. The Committee also found the credentials presented by the representatives of Morocco, Sudan and Tunisia, which have made application for membership, and the Gold Coast and Federation of Nigeria, on whose behalf application for associate membership has been made, to be in order, and therefore proposes that the Health Assembly should recognize the validity of these credentials.

SECOND REPORT

The Committee on Credentials met on 9 May 1956, under the chairmanship of Dr L. Siri (Argentina).

1 Approved by the Health Assembly at its first plenary meeting
2 Approved by the Health Assembly at its third plenary meeting

The Committee accepted the formal credentials of the delegation of Israel and of the representative of the Federation of Rhodesia and Nyasaland, entitling their members to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.
THIRD REPORT

The Committee on Credentials met on 10 May 1956, under the chairmanship of Dr H. B. Turbott (New Zealand).

The Committee accepted the formal credentials of the delegation of Yemen and of the representative of Sierra Leone, entitling their members to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.

A telegraphic notification from Honduras giving the composition of its delegation, states that credentials are being forwarded, and the Committee therefore recommends to the Health Assembly that this delegation be recognized with full rights in the Health Assembly pending the arrival of its credentials.

FOURTH REPORT

The Committee on Credentials met on 14 May 1956, under the chairmanship of Dr H. B. Turbott (New Zealand).

The Committee accepted the formal credentials of the delegations of Cambodia, Paraguay, and the Philippines, entitling their members to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.

FIFTH REPORT

The Committee on Credentials met on 18 May 1956 under the chairmanship of Dr H. B. Turbott (New Zealand).

The Committee accepted the formal credentials of the delegation of Indonesia, entitling its members to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.

On the basis of a telegraphic notification from Uruguay giving the composition of its delegation, the Committee recommends to the Health Assembly that this delegation be recognized with full rights in the Health Assembly pending the arrival of its formal credentials.

COMMITTEE ON NOMINATIONS

FIRST REPORT

The Committee on Nominations, consisting of delegates of the following Member States: Australia, Brazil, Burma, Cuba, Egypt, France, Haiti, India, Laos, Netherlands, Nicaragua, Norway, Pakistan, Syria, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America, and Yugoslavia, met on 8 May 1956.

1 Approved by the Health Assembly at its sixth plenary meeting
2 Approved by the Health Assembly at its eighth plenary meeting
3 Approved by the Health Assembly at its tenth plenary meeting
4 Approved by the Health Assembly at its second plenary meeting
Dr Karl Evang (Norway) was elected Chairman, and Dr Oudom Souvannavong (Laos), Rapporteur. The Committee made the following nominations for the consideration of the Ninth World Health Assembly in accordance with Rule 24 of the Rules of Procedure of the Health Assembly:

President: Professor Jacques Parisot (France)

Vice-Presidents: Dr Nor-el-Din Tarraf (Egypt) Dr B. M. Clark (Union of South Africa) Dr E. Braga (Brazil)

These nominations are communicated to the Health Assembly for examination, in accordance with Rules 24 and 25 of its Rules of Procedure.

SECOND REPORT ¹

At its first meeting, held on 8 May 1956, the Committee on Nominations made the following nominations for the consideration of the Ninth World Health Assembly in accordance with Rule 24 of the Rules of Procedure of the Health Assembly:

Committee on Programme and Budget
Chairman: Dr M. Jafar (Pakistan)

Committee on Administration, Finance and Legal Matters
Chairman: Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland)

These nominations are communicated to the Health Assembly for examination, in accordance with Rules 24, 30 and 33 of its Rules of Procedure.

THIRD REPORT ²

At its first meeting, held on 8 May 1956, the Committee on Nominations made the following nominations for the consideration of the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters in accordance with Rule 24 of the Rules of Procedure of the Health Assembly:

Committee on Programme and Budget
Vice-Chairman: Dr H. B. Turbott (New Zealand)

Rapporteur: Dr S. Anwar (Indonesia)

Committee on Administration, Finance and Legal Matters
Vice-Chairman: Mr B. Sørensen (Denmark)
Rapporteur: Mr R. Pleić (Yugoslavia)

These nominations are communicated to the two main committees in accordance with Rule 35 of the Rules of Procedure of the Health Assembly.

GENERAL COMMITTEE REPORT ³

Election of Members entitled to designate a Person to serve on the Executive Board

At its meeting held on Tuesday, 15 May 1956, the General Committee, in accordance with Rule 94 of the Rules of Procedure of the Health Assembly, drew up the following list of nine Members, to be transmitted to the Health Assembly for the purpose of the annual election of six Members to be entitled

¹ Approved by the Health Assembly at its second plenary meeting
² See first meeting of the Committee on Programme and Budget, section 2, and first meeting of the Committee on Administration, Finance and Legal Matters, section 2.
³ Considered by the Health Assembly at its ninth plenary meeting
to designate a person to serve on the Executive Board: India, Canada, Ireland, Syria, Italy, Mexico, Yugoslavia, United Kingdom of Great Britain and Northern Ireland, Nicaragua.

The General Committee then recommended the following six Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole: India, Syria, Canada, Mexico, United Kingdom of Great Britain and Northern Ireland, Yugoslavia.

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REPORT OF THE SPECIAL COMMITTEE OF THE ASSEMBLY

1 Approved by the Health Assembly at its seventh plenary meeting

The Ninth World Health Assembly, at its third plenary meeting, established a Special Committee to be composed of eighteen members and comprising the members of the General Committee, together with the delegates of Belgium, Mexico and Saudi Arabia, to consider agenda item 7.13, and the recommendations of the Executive Board in resolution EB17.R27.

The Special Committee held three meetings. At its first meeting, the Committee elected Sir Arcot Mudaliar of India as Chairman and Mr Saita of Japan as Rapporteur. The Committee undertook the question referred to it, i.e., ways and means to facilitate the resumption by inactive Members of their rights and obligations, and in particular the matter of arrears of contributions of those Members.

The Committee, after a preliminary exchange of views, invited the representatives of Poland, who were present in Geneva, to consult with them. Following this consultation, the Committee then had additional discussion and decided to recommend that the Health Assembly adopt the following resolution:

The Ninth World Health Assembly,

Having studied the recommendations of the Executive Board in resolution EB17.R27;

Desiring to find ways and means of enabling those Members who have not been actively participating in the work of the Organization rapidly to resume the exercise of their rights and to fulfil their obligations;

Considering the provisions of the Constitution governing the financial obligations of Members, together with the provisions of the Financial Regulations;

Having considered the principles and policies which should apply to the settlement of the arrears of contributions of those Members;

DECIDES that contributions must be paid in full for the years during which the Members participated actively in the work of the Organization, the Members who were actively participating carried the financial burden of the Organization, bore the cost of acquiring assets which now belong to the Organization, and of providing to Members not actively participating certain services of the Organization,

1. DECIDES that contributions must be paid in full for the years during which the Members participated actively in the work of the Organization (including the year during which the intention of the Member concerned no longer to participate in the work of the Organization was communicated to the Organization);

2. DECIDES that, for those years during which the Members did not actively participate in the work of the Organization, a token payment of five per cent. of the amount assessed each year shall be required which shall, upon payment, be considered as discharging in full the financial obligations of those Members for the years concerned;

3. DECIDES that the payments required under paragraphs 1 and 2 above must be paid in US dollars or Swiss francs, and may be paid in equal annual instalments over a period not exceeding ten years beginning with the year in which active participation is resumed, if the Members concerned wish to take advantage of this provision of the resolution; and that payment of those annual amounts shall be construed as preventing the application of the provisions of Article 7 of the Constitution;

4. DECIDES that, in accordance with Financial Regulation 5.6, payments made by the Members concerned shall be credited first to the Working Capital Fund; and further

5. DECIDES that, notwithstanding the provisions of Financial Regulation 5.6, payments of contributions for the years beginning with that in which
the Members return to active participation shall be credited to the year concerned;
6. REQUESTS the Director-General, as the token payments established in paragraph 2 above are received, to so adjust the accounts of the Organization as is appropriate under the terms of this resolution in respect of those years;
7. REQUESTS the Director-General to inform the Members concerned of these decisions;
8. EXPRESSES the hope that this decision of the Health Assembly will facilitate the resumption by the Members concerned of active participation in the work of the Organization.

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COMMITTEE ON PROGRAMME AND BUDGET

FIRST REPORT

The Committee on Programme and Budget held its first six meetings on Thursday, 10 May, Monday, 14 May, Tuesday, 15 May and Wednesday, 16 May, under the chairmanship of Dr M. Jafar (Pakistan).

At the first meeting on 10 May, in accordance with the proposals of the Committee on Nominations, Dr H. B. Turbott (New Zealand) and Dr Saiful Anwar (Indonesia) were elected Vice-Chairman and Rapporteur respectively. At the same meeting the Committee established a Sub-Committee on International Quarantine, on which all delegations were invited to serve. Items 6.8.2 and 6.8.3 of the agenda were referred to the Sub-Committee, and its recommendations, as adopted by the Committee on Programme and Budget, will be embodied in the reports of the Committee.

In the course of these meetings, the Committee decided to recommend to the Ninth World Health Assembly the adoption of the following resolutions:

1. **Annual Report of the Director-General for 1955**

   The Ninth World Health Assembly,

   Having reviewed the Annual Report of the Director-General on the work of WHO in 1955,

   1. NOTES with satisfaction the manner in which the programme was planned and carried out during 1955, in accordance with the established policies of the Organization;
   2. NOTES with satisfaction that the administrative and financial affairs of the Organization, as described in the Annual Report of the Director-General, are sound; and

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3. COMMENDS the Director-General for the work accomplished.

2. **Reports on the World Health Situation**

   The Ninth World Health Assembly,

   Noting resolutions EB15.R51 and EB17.R67 of the Executive Board and the report prepared by the Director-General in pursuance of resolution WHA8.40 of the World Health Assembly on "Reports on the world health situation", as well as resolution 557 (XVIII) of the Economic and Social Council on the organization and operation of the Council;

   Recalling the obligation accepted by Member States in Article 61 of the Constitution of the World Health Organization;

   Recognizing the responsibility of the World Health Organization to study and report on the world health situation; and confirming that such studies and reports are essential to the fulfilment of the Organization's other functions;

   1. INVITES the Members of the World Health Organization to prepare, as a step toward the fulfilment of their obligations under Article 61 of the Constitution, a report covering as far as possible the period 1954 to the end of 1956;
   2. RECOMMENDS, as a basis for the preparation of reports from those Members of the World Health Organization that are also Members of the Pan American Sanitary Organization, the relevant portions of the questionnaire in use by the PASO; and, as a basis for the preparation of reports by

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1 The resolutions recommended in this report were adopted by the Health Assembly at its tenth plenary meeting.

2 Off. Rec. Wld Hlth Org. 67

3 See Annex 5.
Members in other regions, the list of headings reproduced in Annex B of document A9/P&B/9.¹ with necessary adjustments;

3. REQUESTS the Director-General through the regional organizations to give all suitable assistance to the Member States in preparing these reports;

4. REQUESTS the Director-General to prepare for the Eleventh World Health Assembly the first report on the world health situation summarizing the reports submitted by Members pursuant to Article 61 of the Constitution. [WHA9.27]

3. Special Report to celebrate the Tenth Anniversary of WHO

The Ninth World Health Assembly,

In view of the fact that in 1958 ten years will have elapsed since the foundation of the World Health Organization;

In view of the fact that the first report on the world health situation is being prepared for the Eleventh World Health Assembly;

Conscious that during the period that has elapsed, the World Health Organization has acquired considerable experience and developed various methods of work and that by reason of its prestige and its position in the United Nations family, its role has increased in importance;

Conscious that, despite the important results obtained by the World Health Organization, extensive health problems still exist whose rapid solution is essential if conditions of economic stability and social well-being are to be established,

Taking into account the fact that the favourable development of the international situation creates new possibilities and opens fresh perspectives for undertaking still more intensive activities to ensure the attainment by all peoples of the highest possible level of health;

In view of the decision of the Executive Board at its seventeenth session requesting the Director-General to issue a special publication to celebrate the tenth anniversary of the World Health Organization,

1. DECIDES to celebrate the tenth anniversary of the World Health Organization;

2. REQUESTS the Director-General to submit to the Eleventh World Health Assembly, for this purpose, a special report reviewing all the activities of the World Health Organization during past years, including the period of the Interim Commission; and

3. DECIDES, furthermore, that this special report shall be considered by the Eleventh World Health Assembly at the same time as the first report on the world health situation, with the aim of subsequently developing the activities and programmes of the World Health Organization on the basis of the experience acquired and taking into account the new possibilities for international co-operation. [WHA9.28]

4. Seventh Revision of the International Lists of Diseases and Causes of Death

The Ninth World Health Assembly

1. ADOPTS the Additional Regulations of ... May 1956 amending the Nomenclature Regulations 1948 together with:

   Annex A concerning the Detailed List of the International Classification;

   Annex B concerning the Rules for mortality classification; and

2. REQUESTS the Director-General to have the revised Categories and Tabular List of Inclusions as recommended by the Revision Conference (Annex 4 of its report) integrated with the 1948 Classification to constitute the revised 1955 International Classification of Diseases; and to issue new editions of both volumes of the Manual incorporating the Seventh Revision. [WHA9.29]

5. Future Organizational Studies by the Executive Board

The Ninth World Health Assembly,

Having considered resolution EB17.R48 of the Executive Board, on the organizational study, "Programme planning with particular reference to the integration of preventive and curative medicine in the public-health programme";

Considering that the continuation of this same study for another year would be desirable; and

Finding it desirable that the subject for organizational study should be selected at least a year in advance,

¹ Annex 5

² The date was inserted here when the resolution was adopted by the Health Assembly.

³ Annex 6
1. REQUESTS the Executive Board to undertake the following organizational studies:
   for 1957: to continue the study on programme planning with particular reference to the integration of preventive and curative medicine in the public-health programme;
   for 1958: further study on regionalization;
2. REQUESTS regional committees to consider, at their meetings in 1956, the study for 1958 and to submit such views as they wish to express for consideration by the Executive Board.

6. Cardiovascular Diseases and Hypertension

   The Ninth World Health Assembly,
   Noting the proposals submitted by the Government of India,
   REQUESTS the Director-General to give consideration to the proposals put forward by the Government of India, and to set up an expert committee on cardiovascular diseases and hypertension, subject to the availability of funds.

SECOND REPORT

During the course of its seventh, eighth and ninth meetings, held on Thursday 17 and Friday 18 May 1956, the Committee on Programme and Budget decided to recommend to the Ninth World Health Assembly the adoption of the following resolution:

Effective Working Budget and Budget Level for 1957

   The Ninth World Health Assembly,
   Having considered the main features of the programme as contained in the Director-General's proposed programme and budget estimates for 1957, and
   Having considered the recommendation of the Executive Board, together with its report, as required by Article 55 of the Constitution,
   1. DECIDES that the effective working budget for 1957 shall be established in two amounts as follows:
      (1) a basic effective working budget in the amount of US $10,700,000; and
      (2) a supplemental effective working budget in an amount not to exceed US $800,000;
   2. DECIDES that the budget level for 1957 shall be established in an amount equal to the effective working budget as provided in paragraph 1 (1) above, plus the assessments on inactive Members and China;
   3. DECIDES that the budget level for 1957 as established in paragraph 2 shall be financed by assessments on Members after deducting casual income available for 1957 in the amount of US $355,800; and, further,
   4. DECIDES that the supplemental effective working budget for 1957 established under paragraph 1 (2) above may be implemented only to the extent of the assessments of those inactive Members who have notified the Director-General by the time of the opening of the nineteenth session of the Executive Board, that they will resume active participation in the work of the Organization as from 1957 and that they will meet their respective financial obligations for that year.

[Amended, WHA9.32]
THIRD REPORT ¹

The Committee on Programme and Budget at its ninth and tenth meetings, held on 18 and 19 May 1956, approved the following resolutions for recommendation to the Ninth World Health Assembly:

1. **Fixation of Minimum Educational Standards on an International Basis for Doctors**

   The Ninth World Health Assembly
   1. **NOTES** the proposal of the Government of India concerning "Fixation of minimum educational standards on an international basis for doctors"; ²
   2. **REQUESTS** the Director-General to study the proposal and its possible implications; to consult with other appropriate international organizations; and
   3. **REQUESTS** him to submit his observations in a report to a future session of the Executive Board.

   [WHA9.33]

2. **Future Policy on Financial Support to CIOMS**

   The Ninth World Health Assembly,
   Having considered the report of the Director-General and the recommendations of the Executive Board on the future relationships with CIOMS; and
   Recalling the principles established in resolution WHA2.5,
   1. **DECIDES** that the World Health Organization should continue to provide support to CIOMS for activities approved by WHO to the extent of such financial provisions as may be included in the budget approved annually by the Health Assembly; and
   2. **REQUESTS** the Director-General to continue his consultations with the Director-General of UNESCO and with CIOMS, with the view of developing the most effective means of co-operation with CIOMS.

   [WHA9.34]

3. **Relations with UNICEF**

   The Ninth World Health Assembly,
   Having considered the reports by the Director-General on developments in relations with UNICEF submitted pursuant to the request of the Eighth World Health Assembly (resolution WHA8.12);
   Noting with appreciation the action taken by the UNICEF Executive Board at its September 1955 and March 1956 sessions concerning UNICEF/WHO relations and the allocation of funds to reimburse WHO for the costs of international health personnel in certain jointly assisted projects;
   Having noted the resolution adopted by the Executive Board at its seventeenth session on relations with UNICEF (resolution EB17.R50);
   1. **EXPRESSES** its appreciation of the continued effective co-operative relationship between UNICEF and WHO and its satisfaction with the arrangements now established in their financial relations;
   2. **CONSIDERS** that the financial relations between UNICEF and WHO will continue to be satisfactory as long as the relative level of activities and financial resources of the two organizations is maintained;
   3. **NOTES** with satisfaction UNICEF's recognition of the fact that, because of differences in the budgetary cycles of the two agencies, certain costs of international health personnel might need to be assumed by UNICEF when they had not been foreseen at the time of the preparation of the annual programme and budget of WHO.

   [WHA9.35]
The Committee on Programme and Budget, at its eleventh, twelfth and thirteenth meetings, held on Monday 21 May and Tuesday 22 May 1956, decided to recommend to the Ninth World Health Assembly the adoption of the following resolutions:

1. Inter-regional Conference on Leprosy Control, 1958

The Ninth World Health Assembly,

Having discussed the proposal advanced by the Government of Burma for convening a conference in South-East Asia regarding leprosy control; and

Considering the importance of leprosy problems and of national and international activities carried out in different parts of the world;

1. RECOGNIZES the advantage of convening a conference such as that proposed by the Government of Burma, for discussion of leprosy control in countries having similar epidemiological, social and administrative problems; and

2. REQUESTS the Director-General to study the feasibility of holding such a conference, as an inter-regional activity, in 1958.


The Ninth World Health Assembly,

Having considered the third report of the Committee on International Quarantine, including a report on the rejections and reservations to the Additional Regulations of 26 May 1955, amending the International Sanitary Regulations (World Health Organization Regulations No. 2) submitted by governments,

ADOPTS the third report of the Committee on International Quarantine, subject to the amendments made, and the recommendations by the present World Health Assembly.

3. Reservations to the International Sanitary Regulations

The Ninth World Health Assembly,

1. DECIDES that the reservations of Ceylon, Egypt, India, Pakistan, and those of the United Kingdom made on behalf of British Solomon Islands Protectorate, Fiji (with dependency), Gilbert and Ellice Islands Colony, Pitcairn Islands, St Lucia and Tonga Islands, accepted by the Fifth and Sixth World Health Assemblies for a period of five years and which remain in effect after the entry-into-force of the Additional Regulations of 26 May 1955, may continue in effect until these countries are satisfied that such reservations are no longer necessary and consequently withdraw them; and

2. DECIDES that for reservations accepted by the Fifth and Sixth World Health Assemblies and remaining in effect in respect of countries which will become bound by the Additional Regulations of 26 May 1955 amending the International Sanitary Regulations (World Health Organization Regulations No. 2) with or without reservations accepted by this Health Assembly, the words “yellow-fever endemic zone” shall be deleted and replaced by the words “area infected with yellow fever”.

4. Additional Regulations of . . . May 1956 amending the International Sanitary Regulations with respect to the Sanitary Control of Pilgrim Traffic

The Ninth World Health Assembly,

Considering that special measures for the sanitary control of pilgrim traffic approaching or leaving the Hedjaz during the season of the pilgrimage are no longer required and that consequently the relevant provisions of the International Sanitary Regulations and of Annexes A and B thereto may be abrogated;

Having regard to Articles 2 (k), 21 (a) and 22 of the Constitution of the World Health Organization,

ADOPTS this . . . day of May 1956, the following Additional Regulations:

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1 The resolutions recommended in this report were adopted by the Health Assembly at its twelfth plenary meeting.

2 See Off. Rec. Wld Hlth Org. 72, Part II.

3 See Off. Rec. Wld Hlth Org. 72, Part III.

4 The date was inserted when the resolution was adopted by the Health Assembly.
COMMITTEE ON PROGRAMME AND BUDGET : REPORTS

ARTICLE I

1. In Articles 1, 102 and 103, Appendix 2 and Annexes A and B of the International Sanitary Regulations, there shall be made the following amendments:

Article 1 — Definitions of "pilgrim", "pilgrim ship", "Pilgrimage", "sanitary station", "season of the Pilgrimage" and "ship's surgeon"

Delete these definitions in their entirety.

Article 102

Delete this Article in its entirety.

Article 103

In paragraph 1, delete the words "Migrants or seasonal workers" and replace by the words "Migrants, seasonal workers or persons taking part in periodic mass congregations".

Appendix 2 — International Certificate of Vaccination or Revaccination against Cholera

In the text of this Appendix, delete the second paragraph in the English text commencing with the words "Notwithstanding the above provisions" and ending with the words "second injection", and in the corresponding French text with the words "Nonobstant les dispositions ci-dessus" and "seconde injection".

Annex A — Sanitary Control of Pilgrim Traffic approaching or leaving the Hedjaz during the Season of the Pilgrimage

Delete this Annex in its entirety.

Annex B — Standards of Hygiene on Pilgrim Ships and on Aircraft carrying Pilgrims

Delete this Annex in its entirety.

2. Each State bound by these Additional Regulations undertakes to require adequate standards of hygiene and accommodation on ships and aircraft carrying persons taking part in periodic mass congregations, and such standards shall be no less effective than those in effect under the International Sanitary Regulations prior to the entry-into-force of these Additional Regulations.

ARTICLE II

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be six months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE III

These Additional Regulations shall come into force on the first day of January 1957.

ARTICLE IV

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1 and 2 and the first sentence of paragraph 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article III of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Geneva this ... day of May 1956.

President of the World Health Assembly

Director-General of the World Health Organization

[WHA9.48]

5. Additional Regulations of ... May 19561 amending the International Sanitary Regulations with respect to the Form of International Certificate of Vaccination or Revaccination against Smallpox

The Ninth World Health Assembly,

Considering the need for the amendment of certain of the provisions of the International Sanitary Regulations (World Health Organization Regulations No. 2) as adopted by the Fourth World Health Assembly on 25 May 1951, with respect to the form of the International Certificate of Vaccination or Revaccination against Smallpox;

Having regard to Articles 2 (k), 21 (a) and 22 of the Constitution of the World Health Organization,

ADOPTS, this ... day of May 1956, the following Additional Regulations:

ARTICLE I

In Appendix 4 of the International Sanitary Regulations (International Certificate of Vaccination or Revaccination against Smallpox), there shall be made the following amendments:

1 The date was inserted when the resolution was adopted by the Health Assembly
### Appendix 4 — International Certificate of Vaccination or Revaccination against Smallpox

Delete the "box" in this appendix and replace by:

<table>
<thead>
<tr>
<th>Date</th>
<th>Show by &quot;x&quot; whether:</th>
<th>Signature and professional status of vaccinator</th>
<th>Approved stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Primary vaccination performed</td>
<td>Signature et qualité professionnelle du vaccinateur</td>
<td>la</td>
</tr>
<tr>
<td>1b</td>
<td>Read as successful Prise</td>
<td></td>
<td>1b</td>
</tr>
<tr>
<td></td>
<td>Unsuccessful Pas de prise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Revaccination...</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Revaccination...</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Revaccination...</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Revaccination...</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Revaccination...</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Revaccination...</td>
<td></td>
<td>7</td>
</tr>
</tbody>
</table>

**ARTICLE II**

Upon the entry-into-force of these Additional Regulations, the form of Certificate of Vaccination or Revaccination against Smallpox set forth in Appendix 4 of the International Sanitary Regulations may continue to be issued until the first day of October 1957. A certificate of vaccination so issued shall thereafter continue to be valid for the period for which it was previously valid.

**ARTICLE III**

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be three months from the date of the notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

**ARTICLE IV**

These Additional Regulations shall come into force on the first day of October 1956.

**ARTICLE V**

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations: paragraph 3 of Article 106, paragraphs 1 and 2 and the first sentence of paragraph 5 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article IV of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

In faith whereof we have set our hands at Geneva this... day of May 1956.

President of the World Health Assembly

Director-General of the World Health Organization
6. **Technical Discussions at Future Health Assemblies**

   The Ninth World Health Assembly,

   Having reviewed the question of technical discussions at future Health Assemblies;

   1. **REAFFIRMS** the value of holding discussions on selected technical subjects during the sessions of the Assembly;

   2. **REQUESTS** the Executive Board at its eighteenth session to select the subjects for technical discussions at the Tenth and Eleventh World Health Assemblies respectively from among those suggested during the debates that took place at the Ninth World Health Assembly, and to instruct the Director-General to take the necessary steps for their preparation; and further

3. **REQUESTS** the Executive Board to review the matter of the organization and conduct of technical discussions in the light of the debates that took place at the Ninth World Health Assembly and to make recommendations thereon to the Tenth World Health Assembly.  

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**FIFTH REPORT**

The Committee on Programme and Budget, at its fourteenth and fifteenth meetings, held on Wednesday, 23 May 1956, decided to recommend to the Ninth World Health Assembly the adoption of the following resolutions:

1. **Peaceful Uses of Atomic Energy**

   The Ninth World Health Assembly,

   Having examined the reports of the Director-General to the seventeenth session of the Executive Board and to the Ninth World Health Assembly on the peaceful uses of atomic energy; and

   Having noted that WHO presently has under way a programme in this field which includes in particular:

   (a) conducting courses for the training of public health personnel;

   (b) carrying out consultation with other international agencies concerning the development of standards;

   (c) development of a monograph on the medical and health aspects of atomic radiations;

   (d) planning of seminars and meetings for public-health personnel concerned with this field;

   (e) the study of public-health problems related to somatic and genetic effects of radiations and to radioactive-waste disposal;

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1 The resolutions recommended in this report were adopted by the Health Assembly at its thirteenth plenary meeting.

2 Off. Rec. Wld Hith Org. 68, Annex 15

3 Annex 12

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1. **APPROVES** the measures taken by the Director-General, as described in his reports to the Board and to the Assembly;

2. **APPROVES** the provisional plan of action for the near future as described by the Director-General;

3. **REQUESTS** the Director-General to continue to collaborate with the Secretary-General of the United Nations and with the specialized agencies concerned, in particular by participating in the work of the sub-committee of the Administrative Committee on Co-ordination responsible for co-ordinating the activities of the United Nations and of the various specialized agencies concerning questions relating to the peaceful uses of atomic energy;

4. **REQUESTS** the Director-General, taking into account the constitutional responsibilities and financial possibilities of WHO, to collaborate with and provide all appropriate assistance in the field of health to the Advisory Committee on Atomic Energy and the Scientific Committee on the Effects of Atomic Radiation as well as to the governments sponsoring the establishment of an International Atomic Energy Agency;

5. **BELIEVES** that WHO should be represented at the meetings of these bodies, and especially at the Conference for the establishment of the International Atomic Energy Agency; and requests the Director-General to take appropriate steps towards that end;

6. **REQUESTS** the Director-General to communicate to the Governments of all Member States a statement that the Ninth World Health Assembly is of the opinion that, in every national, bilateral
or multilateral project concerned with the peaceful use of atomic energy, planning and implementation of such projects should be made in close contact with the responsible public-health authorities; and

7. **REQUESTS** the Director-General to report to the nineteenth session of the Executive Board and the Tenth World Health Assembly.

[WHA9.54]

2. **Decisions of United Nations Organs and Specialized Agencies**

The Ninth World Health Assembly

**NOTES** the report of the Director-General on decisions of United Nations organs and specialized agencies which relate to the activities of WHO.

[WHA9.22]

3. **Approved 1956 Technical Assistance Programme and the Financial Situation for 1956**

The Ninth World Health Assembly,

**Having considered the report of the Director-General on the Expanded Programme of Technical Assistance for the year 1956, including the financial situation for that year,**

Recalling the provisions of resolution WHA7.41,

1. **NOTES** with regret that the funds presently available for financing approved Category I projects in the field of health fall short by $247,280 of the amount of the project approval;

2. **EXPRESSES** the hope that ways will be found of alleviating this unsatisfactory financial situation.

[WHA9.55]

4. **Local Costs Arrangements : Expanded Programme of Technical Assistance**

The Ninth World Health Assembly,

**Having noted that in future the Technical Assistance Board intends not to grant project waivers of payment of local subsistence costs for international staff,**

1. **REITERATES** the opinion that the policy adopted by the World Health Assembly concerning the exemption of payment of local subsistence costs for international staff should be applicable to all projects in the health field;

2. **EXPRESSES** the hope that the Technical Assistance Committee will reconsider the decision on this matter with a view to relieving the governments of certain local costs, for projects for which they are making substantial local contributions.

[WHA9.56]

5. **Legislative Developments in the United Nations Expanded Programme of Technical Assistance**

The Ninth World Health Assembly,

**Having studied the report of the Director-General on legislative developments in the United Nations Expanded Programme of Technical Assistance,**

**Having considered resolution EB17.R54 of the Executive Board on this subject,**

1. **NOTES** with approval the developments which have so far occurred concerning the amendments by the Economic and Social Council and the United Nations General Assembly to the basic resolution 222 (IX) of the Economic and Social Council;

2. **EXPRESSES** the hope that future legislative developments in the Expanded Programme of Technical Assistance will result in simplification and improvement in the machinery and administration of the Programme, in order that it may assist as effectively as possible in raising the living standards of the peoples of the world;

3. **EXPRESSES** the hope that arrangements will be made for increasing the financial stability of the programme by longer-term planning and financing; and, further,

4. **AUTHORIZES** the Director-General to continue to take the action necessary for WHO to participate in the Programme.

[WHA9.57]

6. **Planning for the 1957 Technical Assistance Programme**

The Ninth World Health Assembly,

**Having considered the report of the Director-General on the Expanded Programme of Technical Assistance**

1 and resolution EB17.R56 of the Executive Board on the subject,

1. **ENDORSES** the conclusions of the Board as expressed in resolution EB17.R56;

2. **REITERATES** the importance which it attaches to inter-country projects developed at the request of governments, particularly those directed to the control or eradication of communicable diseases;
3. CALLS THE ATTENTION of Members to the need to give the necessary priority to health projects in planning their 1957 country programmes in view of the inseparability of social, including health, and economic factors in the economic development of countries; and

4. CALLS ATTENTION to the need for close collaboration in the planning of the overall country programmes between WHO staff and TAB Resident Representatives in all countries where TAB offices have been established.

[SWA9.58]

SIXTH REPORT ¹

At its sixteenth meeting, held on Thursday 24 May 1956, the Committee on Programme and Budget decided to recommend the following resolutions for adoption by the Ninth World Health Assembly:

1. Appropriation Resolution for the Financial Year 1957

The Ninth World Health Assembly

I. RESOLVES to appropriate for the financial year 1957 an amount of US $13 265 420 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>195 880</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>109 330</td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>51 780</td>
</tr>
<tr>
<td>Total — Part I</td>
<td></td>
<td>356 990</td>
</tr>
<tr>
<td>PART II: OPERATING PROGRAMME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
<td></td>
<td>1 718 812</td>
</tr>
<tr>
<td>5. Advisory Services</td>
<td></td>
<td>5 864 286</td>
</tr>
<tr>
<td>6. Regional Offices</td>
<td></td>
<td>1 497 388</td>
</tr>
<tr>
<td>7. Expert Committees and Conferences</td>
<td></td>
<td>131 900</td>
</tr>
<tr>
<td>Total — Part II</td>
<td></td>
<td>9 212 386</td>
</tr>
<tr>
<td>PART III: ADMINISTRATIVE SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Administrative Services</td>
<td></td>
<td>1 130 624</td>
</tr>
<tr>
<td>Total — Part III</td>
<td></td>
<td>1 130 624</td>
</tr>
<tr>
<td>Total — Parts I, II and III</td>
<td></td>
<td>10 700 000</td>
</tr>
<tr>
<td>PART IV: RESERVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Undistributed Reserve</td>
<td></td>
<td>2 565 420</td>
</tr>
<tr>
<td>Total — Part IV</td>
<td></td>
<td>2 565 420</td>
</tr>
<tr>
<td>TOTAL — ALL PARTS</td>
<td></td>
<td>13 265 420</td>
</tr>
</tbody>
</table>

1 The resolutions recommended in this report were adopted by the Health Assembly at its thirteenth plenary meeting.

II. The appropriation voted under paragraph I shall be financed by contributions from Members after deduction of:

(i) the amount of $ 2 330 representing assessments on new Members from previous years
(ii) the amount of $154 580 representing miscellaneous income available for the purpose
(iii) the amount of $161 890 available by transfer from the cash portion of the Assembly Suspense Account
(iv) the amount of $ 37 000 available by transfer from the Publications Revolving Fund

thus resulting in assessments against Members of $12 909 620

III. RESOLVES further, subject to the provisions of paragraph IV below, to appropriate for the financial year 1957 a supplemental amount not exceeding US $1 525 000 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>3 320</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>1 800</td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>400</td>
</tr>
<tr>
<td>Total — Part I</td>
<td></td>
<td>5 520</td>
</tr>
<tr>
<td>PART II: OPERATING PROGRAMME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Central Technical Services</td>
<td></td>
<td>21 700</td>
</tr>
<tr>
<td>5. Advisory Services</td>
<td></td>
<td>1 467 780</td>
</tr>
<tr>
<td>6. Regional Offices</td>
<td></td>
<td>30 000</td>
</tr>
<tr>
<td>Total — Part II</td>
<td></td>
<td>1 519 480</td>
</tr>
<tr>
<td>TOTAL — PARTS I AND II</td>
<td></td>
<td>1 525 000</td>
</tr>
</tbody>
</table>

² Including $617 representing the amount available from the transfer of the assets of the Office International d'Hygiène Publique
IV. Amounts not exceeding the appropriations voted under paragraphs I and III shall be available for the payment of obligations incurred during the period 1 January to 31 December 1957 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 period 1 January to 31 December 1957 to

(i) the effective working budget established by the World Health Assembly, i.e. Parts I, II and III of paragraph I; and

(ii) the supplemental effective working budget established by the World Health Assembly, i.e. Parts I and II of paragraph III.

Provided further that the appropriation voted under paragraph III shall be financed from the amount appropriated under Part IV, Appropriation Section 9 — "Undistributed Reserve" — of paragraph I and that the Director-General shall limit the obligations incurred during the period 1 January to 31 December 1957 to the amount of the assessments on those inactive Members which notify the Director-General that they will resume active participation in the work of the Organization as from 1957.

V. 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.

VI. When the Executive Board or any committee to which it may have delegated appropriate authority is not in session, the Director-General is authorized, with the prior written concurrence of the majority of the members of the Board or such committee, to transfer credits between sections. The Director-General shall report such transfers to the Executive Board at its next session.

VII. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1957 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1957.

VIII. 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 1957 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1957.

[WHA9.59]

2. Progress and Evaluation of Production of Typhoid, Smallpox and Triple Diphtheria-Pertussis-Tetanus Vaccines

The Ninth World Health Assembly,

Having noted the report of the Director-General on communicable-diseases control and in particular the studies made in the evaluation of typhoid, smallpox and diphtheria-pertussis vaccines and their further development,

REQUESTS the Director-General to submit to the Tenth World Health Assembly

(1) a report on progress in the evaluation and production of typhoid, smallpox and triple diphtheria-pertussis-tetanus vaccines; and

(2) a programme for further development in this field in 1958 and subsequent years.

[WHA9.60]

3. Malaria Eradication

The Ninth World Health Assembly,

Having considered the report of the Director-General on the implementation of resolution WHA8.30 on malaria eradication;

Noting that considerable progress has been made in some countries towards eradicating the disease;

Having noted with satisfaction the high priority which has been given by UNICEF to malaria eradication programmes and the increased allocations for malaria eradication which are expected to be made in 1956 and subsequent years;

Considering that anticipated requirements in funds, including such special types of needs as cannot be met from local or national or other sources, will call for increased resources in the Malaria Eradication Special Account;

Having noted the action taken by the Executive Board at its seventeenth session and by the Committee on Malaria Eradication established by the Board with respect to the acceptance of voluntary contributions and the authorization of the use of those contributions towards malaria eradication;

1. REQUESTS the Director-General again to draw to the attention of governments the need to intensify their malaria control programmes so that malaria eradication may be achieved as early as possible, by stages under certain circumstances,
with a view to ultimate economy in expenditure and to obviate the potential danger of development of resistance to insecticides in anopheline vector species;

2. Requests the Director-General again to invite contributions from governments, non-governmental organizations and private sources to the Malaria Eradication Special Account;

3. Recommends that UNICEF continue its full support to the continuance and expansion of the existing control programmes as a step towards transformation to eradication campaigns;

4. Expresses its satisfaction at the action of the Board, in establishing its Committee on Malaria Eradication which will enable the Organization to take such steps as may be required.

[WH9.61]

4. Fixing of Target Dates for Starting Inter-regional Co-ordinated Programmes for Malaria Control leading to Eradication

The Ninth World Health Assembly,

Being convinced that it is highly desirable to obtain malaria control simultaneously, in as large areas as possible, for increasing the efficiency of the campaigns and effecting economy; eventually leading to eradication of malaria in border areas between countries and regions,

Recommends that the World Health Organization offer, subject to availability of funds, appropriate assistance in the forms that may be required by governments.

[WH9.62]

1. COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST REPORT

The Committee on Administration, Finance and Legal Matters held its first three meetings on 10 and 14 May 1956, under the chairmanship of Mr W. H. Boucher (United Kingdom of Great Britain and Northern Ireland). On the proposal of the Committee on Nominations, Mr B. Sørensen (Denmark) was elected Vice-Chairman and Mr R. Pleić (Yugoslavia) Rapporteur.

The Committee established a Legal Sub-Committee, consisting of delegates of the following countries: Australia, Belgium, Canada, Chile, Denmark, Egypt, Federal Republic of Germany, France, Guatemala, Israel, Italy, Japan, Netherlands, Norway, Saudi Arabia, Spain, Sweden, Switzerland, Union of South Africa, United Kingdom of Great Britain and Northern Ireland, United States of America and Viet Nam.

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 Committee decided to recommend to the Ninth World Health Assembly the adoption of the following resolutions:


The Ninth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1955 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 70; and

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


[WH9.12]

2. Publications Revolving Fund

The Ninth World Health Assembly,

Having considered the report of the Executive Board and the Financial Report for 1955 on the status of the Publications Revolving Fund and the resolution adopted by the Board on this subject (resolution EB17.R46),

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1 The resolutions recommended in this report were adopted by the Health Assembly at its ninth plenary meeting.

2 Off. Rec. Wld Hlth Org. 69, 31-34

3 Off. Rec. Wld Hlth Org. 70, 22
1. DECIDES that the balance as at 31 December 1955 be left in the Fund;
2. NOTES that the Executive Board will consider the status of this Fund at its nineteenth session;
3. REQUESTS the Board to report to the Tenth World Health Assembly on this subject.

3. Scale of Assessment

3.1 Austria, Burma and Ceylon

The Ninth World Health Assembly,

Recalling that the Eighth World Health Assembly, in resolution WHA8.5, reaffirmed its decision that the United Nations scale of assessment should be used as the basis for the scale of assessment in WHO and that WHO should progress toward the full application of the necessary adjustments to be made in four annual stages beginning in 1956;

Recalling further that the special assessments of Austria, Burma and Ceylon were fixed for 1956 only, to be reviewed by the Ninth World Health Assembly;

Having studied the report by the Director-General 1 and the report of the Executive Board 2 on the scale of assessment with respect to Austria, Burma and Ceylon;

DECIDES that the assessments of Austria, Burma and Ceylon should remain unchanged for one single year more and that commencing with the assessment for 1958 they shall be assessed in accordance with the principles set forth in resolution WHA8.5 at the stages they would normally have been, provided that the adjustment with respect to Austria should be made starting from the basis of 22 units.

3.2 Korea

The Ninth World Health Assembly,

Having considered the assessment of Korea in the light of the special circumstances existing relating to war devastation,

DECIDES that the assessment of Korea should for the next five years continue to be fixed at the minimum assessment and that the situation concerning the assessment of Korea should be reviewed again in the year 1961.

3.3 New Members: Morocco, Sudan, and Tunisia; Associate Members: Gold Coast, Federation of Nigeria, and Sierra Leone

The Ninth World Health Assembly,

Considering the admission of certain Members and Associate Members to the Organization,

RESOLVES that the following additions be made to the scale of assessment:

<table>
<thead>
<tr>
<th>Member</th>
<th>Scale (units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morocco</td>
<td>16 units</td>
</tr>
<tr>
<td>Sudan</td>
<td>13 units</td>
</tr>
<tr>
<td>Tunisia</td>
<td>0.04 per cent.</td>
</tr>
<tr>
<td>Gold Coast</td>
<td>3 units</td>
</tr>
<tr>
<td>Federation of Nigeria</td>
<td>3 units</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>3 units</td>
</tr>
</tbody>
</table>

3.4 Scale of Assessment for 1957

The Ninth World Health Assembly,

Recalling that the Eighth World Health Assembly, in resolution WHA8.5, reaffirmed its decision that the United Nations scale of assessment should be used as the basis for the scale of assessment in WHO and that WHO should progress toward the full application of the necessary adjustments to be made in four annual stages beginning in 1956,

DECIDES that the scale of assessment for 1957 shall be as follows:

<table>
<thead>
<tr>
<th>Member</th>
<th>Scale (units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>6</td>
</tr>
<tr>
<td>Albania</td>
<td>5</td>
</tr>
<tr>
<td>Argentina</td>
<td>184</td>
</tr>
<tr>
<td>Australia</td>
<td>220</td>
</tr>
<tr>
<td>Austria</td>
<td>17</td>
</tr>
<tr>
<td>Belgium</td>
<td>158</td>
</tr>
<tr>
<td>Bolivia</td>
<td>7</td>
</tr>
<tr>
<td>Brazil</td>
<td>181</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>17</td>
</tr>
<tr>
<td>Burma</td>
<td>6</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>44</td>
</tr>
<tr>
<td>Cambodia</td>
<td>*</td>
</tr>
<tr>
<td>Canada</td>
<td>398</td>
</tr>
<tr>
<td>Ceylon</td>
<td>*</td>
</tr>
<tr>
<td>Chile</td>
<td>45</td>
</tr>
<tr>
<td>China</td>
<td>678</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>*</td>
</tr>
<tr>
<td>Cuba</td>
<td>34</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>106</td>
</tr>
<tr>
<td>Denmark</td>
<td>88</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>*</td>
</tr>
<tr>
<td>Ecuador</td>
<td>*</td>
</tr>
<tr>
<td>Egypt</td>
<td>70</td>
</tr>
<tr>
<td>El Salvador</td>
<td>6</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>12</td>
</tr>
<tr>
<td>Federal Republic of Germany</td>
<td>450</td>
</tr>
</tbody>
</table>

1 Off. Rec. Wld Hlth Org. 68, 71-73
2 Off. Rec. Wld Hlth Org. 68, 73-74

* Minimum assessment of 0.04 per cent

The Ninth World Health Assembly,

Having considered the report of the Director-General on the status of annual contributions and of advances to the Working Capital Fund,

I. NOTES with satisfaction the collections of contributions in respect of the current year's budget;

II. Considering paragraph 2 of resolution WHA8.13 of the Eighth World Health Assembly;

Noting that communications from those Members which would be subject to the provisions of the paragraph regarding payment of their arrears for 1953 and 1954 indicate that they will be paying those contributions in the immediate future,

1. DECIDES not to invoke Article 7 of the Constitution against those Members;

Noting that certain Members are in arrears for 1954 and 1955;

2. CALLS THE ATTENTION of Member governments to the importance of paying their contributions in good time, to make it unnecessary in future for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of such a Member should be suspended;

3. REQUESTS Member governments to provide in their national budgets for regular payment to the World Health Organization of their annual contributions in the year in which they are due; and

4. REQUESTS the Director-General to communicate this resolution to the Members concerned.

5. Working Capital Fund for 1957

The Ninth World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 30 April 1956 be established for 1957 in the amount of US $3 386 126, plus the assessments of Members joining after 30 April 1956:
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 1957 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 1957 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.

[WHAI.19]

* * *

The Committee, having taken cognizance of the communication submitted by the Government of Spain in document A9/14,¹ decided that, Morocco having been admitted to full membership in the Organization, agenda item 7.14, “Confirmation of resolution WHA6.37 and admission of the Spanish Protectorate Zone in Morocco as an Associate Member”, and agenda item 7.17, “Contribution of the Spanish Protectorate Zone in Morocco”, no longer had any substance and that it was therefore unnecessary to consider them.

SECOND REPORT ²

¹ Unpublished
² The resolutions recommended in this report were adopted by the Health Assembly at its tenth plenary meeting.

The Committee on Administration, Finance and Legal Matters at its fourth and fifth meetings, held on 16 May, adopted the following resolutions for recommendation to the Ninth World Health Assembly:

1. Sessions of Regional Committees away from Regional Headquarters

The Ninth World Health Assembly,

Having considered a report by the Executive Board ³ on the costs entailed in holding sessions of regional committees elsewhere than at the site of the regional office,

1. REMINDS regional committees of the provisions of resolution WHA7.26 of the Seventh World Health Assembly recommending 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”; and

2. INVITES the attention of the regional committees to the desirability of host governments participating in the increased cost resulting from holding regional committee meetings outside the regional headquarters, as has been done in some regions; and

3. REQUESTS that regional committees should plan the place of the regional committee meetings, together with its budgetary implications, two years in advance so that appropriate budgetary provisions may be made by the Health Assembly when it approves the programme and budget for each year.

[WHAI.20]


The Ninth World Health Assembly

1. NOTES the report of the Director-General on co-ordination with the United Nations and the specialized agencies on administrative and financial matters;

2. COMMENDS the Director-General for his efforts to continue the satisfactory progress in administrative and budgetary co-ordination and co-operation with the United Nations and with other specialized agencies.

[WHAI.21]
3. Correction of the French and Spanish Texts of Resolution WHA1.133

The Ninth World Health Assembly
1. DECIDES that the French text of resolution WHA1.133 adopted by the First World Health Assembly (and the Spanish translation thereof), dealing with the official seal and emblem, shall be corrected by the deletion in the second paragraph of the reference to the caduceus, the corrected paragraph consequently reading as follows:

(2) d'adopter, pour cet emblème, le symbole des Nations Unies, coupé verticalement par le bâton d'Esculape avec serpent en or, à la condition que le Directeur général obtienne du Secrétaire général des Nations Unies le consentement de celles-ci pour l'utilisation projetée de leur sceau;

paragraph (2) of the Spanish text consequently reading as follows:

(2) adoptar para este emblema el símbolo de las Naciones Unidas cargado de la vara y la serpiente de Esculapio en oro, a condición de que el Director General obtenga de las Naciones Unidas, por conducto del Secretario General, autorización para utilizar su sello;

and

2. REQUESTS the Director-General to notify this correction to all Member States.

[WH9.23]

4. Special Fund for improving National Health Services

The Ninth World Health Assembly,

Recalling resolution WHA8.21, concerning the proposed “Special fund for improving national health services”;

Considering the report of the Director-General on this subject;

Considering the terms of resolution 923 (X) adopted by the General Assembly of the United Nations at its tenth session; and

Considering that the ad hoc committee established by that resolution on the question of the establishment of a Special United Nations Fund for Economic Development is now in session and that it is expected to submit an interim report to the Economic and Social Council at its twenty-second session and to the General Assembly at its eleventh session,

1. RE-EMPHASIZES the opinions expressed in resolution WHA8.21 as to the scope and establishment of a Special United Nations Fund for Economic Development;

2. NOTES with satisfaction the action so far taken by the Director-General in compliance with resolution WHA8.21, including the statement made on his behalf to the Economic and Social Council in August 1955;

3. REQUESTS the Director-General to continue to keep the Economic and Social Council and the General Assembly of the United Nations informed of the interest the World Health Organization has in the establishment and scope of a Special United Nations Fund for Economic Development;

4. REQUESTS the Director-General to maintain close co-operation with the United Nations and any of its subsidiary organs given responsibility for the planning and the development of a Special United Nations Fund for Economic Development; and,

5. REQUESTS the Director-General to report to the Executive Board and to the World Health Assembly at its tenth session on any developments relating to the establishment of a Special United Nations Fund for Economic Development.

[WH9.24]

5. Use of Arabic in the Regional Committee for the Eastern Mediterranean

The Ninth World Health Assembly,

Noting that the Executive Board, at its seventeenth session, has supported in principle the suggestion concerning the use of the Arabic language in the Regional Committee for the Eastern Mediterranean;

Having considered a report of the Director-General on the use of languages in regional committees and in the United Nations and other specialized agencies, and on the budgetary implications of the use of Arabic in the Regional Committee for the Eastern Mediterranean;

Noting that the Director-General has included provision in the proposed programme and budget estimates for 1957 to cover the estimated expenditure entailed in using Arabic in the Regional Committee for the Eastern Mediterranean,

1. APPROVES the use, commencing in 1957, of the Arabic language in the Regional Committee for the Eastern Mediterranean;

2. AUTHORIZES the Director-General to include appropriate provision therefor in the annual programme and budget estimates of the Organization.

[WH9.25]
The Committee on Administration, Finance and Legal Matters at its sixth and seventh meetings, held on 18 and 19 May 1956, adopted the following resolutions for recommendation to the Ninth World Health Assembly:

1. **Place of Meeting of the Tenth World Health Assembly**
   
   The Ninth World Health Assembly,
   
   Considering the provision of Article 14 of the Constitution with regard to the selection of the country or region in which the next Health Assembly will be held,
   
   **DECIDES** that the Tenth World Health Assembly shall be held in Switzerland.

   [WHA9.36]

2. **Approval of Host Agreement with the Government of Denmark concerning the Regional Office for Europe**
   
   The Ninth World Health Assembly
   
   **APPROVES** the host agreement between the World Health Organization and the Government of Denmark defining the privileges and immunities of the Organization and of its Regional Office in Europe, signed on 29 June and 7 July 1955, and the exchange of notes relating thereto.

   [WHA9.37]

3. **Agreement defining the Relations between the International Bureau for the Protection of Industrial Property and the World Health Organization**
   
   The Ninth World Health Assembly
   
   **APPROVES** the exchange of letters establishing the relations between the two organizations.

   [WHA9.38]

4. **Spanish Text of the Rules of Procedure of the World Health Assembly**
   
   The Ninth World Health Assembly
   
   **ADOPTS** as the Spanish text of the revised Rules of Procedure of the Health Assembly the text annexed to this resolution together with the drafting corrections.

   [WHA9.39]

5. **Appointment of Representatives to the WHO Staff Pension Committee**
   
   The Ninth World Health Assembly
   
   **RESOLVES** that the member of the Executive Board designated by the Government of Canada be appointed as a member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Italy be appointed as alternate member, the appointments being for a period of three years.

   [WHA9.40]

   
   The Ninth World Health Assembly
   
   **NOTES** with satisfaction the status of the operation of the Joint Staff Pension Fund as indicated by the substance of the annual report for the year 1954 and the report of the third actuarial valuation, as reported by the Director-General.

   [WHA9.41]

7. **Assignment of Tunisia to the Eastern Mediterranean Region**
   
   The Ninth World Health Assembly
   
   **RESOLVES** that Tunisia shall form part of the Eastern Mediterranean Region.

   [WHA9.42]

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1 The resolutions recommended in this report were adopted by the Health Assembly at its twelfth plenary meeting, with the exception of that in section 9, which was amended as indicated.

2 See footnote to resolution WHA9.39, p. 32.
8. **Provisional Assignment of Morocco to the European Region**

The Ninth World Health Assembly,

Having considered the request from the Government of Morocco for the inclusion of that country provisionally in the European Region,

RESOLVES that Morocco shall provisionally form part of the European Region.

[WHHA9.43]

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9. **Procedural Problems relating to Constitutional Amendments**

The Ninth World Health Assembly

DECADES for the present to make no addition to the Rules of Procedure regarding the procedural problems related to the constitutional amendments.1

[Amended, WHA9.44]

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FOURTH REPORT 2

[A9/31 — 23 May 1956]

The Committee on Administration, Finance and Legal Matters at its eighth, ninth and tenth meetings, held on 21 and 22 May 1956, adopted the following resolutions for recommendation to the Ninth World Health Assembly:

1. **Proposed Amendment to the Constitution to increase the Number of Members entitled to designate a Person to serve on the Executive Board (Articles 24 and 25)**

The Ninth World Health Assembly,

Having considered the proposal by the Government of Belgium to increase the number of Members entitled to designate a person to serve on the Executive Board,3

DECIDES to preserve the existing text of Article 24 of the Constitution.

[WHHA9.51]

2. **Rights and Obligations of Associate Members and other Territories in the World Health Assembly and the Executive Board, and in the Regional Organizations**

The Ninth World Health Assembly,

Considering the proposal4 relating to the rights and obligations of Associate Members;

Considering the statements regarding their rights and obligations made by the representatives of Associate Members;

Considering that it is premature to adopt any changes in the existing rights and obligations of Associate Members,

1. DECIDES to defer to the Tenth Health Assembly re-examination of the rights and obligations of Associate Members;
2. REQUESTS regional committees to study the subject of the rights and obligations of Associate Members in the regional organizations and to report thereon;
3. REQUESTS the Executive Board to consider the subject together with the comments of the regional committees and to submit its recommendations to the Tenth World Health Assembly.

[WHHA9.52]

3. **Implementation of Resolution WHA7.33**

The Ninth World Health Assembly,

Noting the report of the Director-General on the implementation of resolution WHA7.33;

Recalling the provisions of resolution WHA8.23,
1. EXPRESSES the hope that resolution WHA7.33 can still be fully implemented; and
2. REQUESTS all concerned to continue their efforts with a view to giving the resolution full effect.

[WHHA9.53]

4. **Inequitable Geographical Representation on the Headquarters Staff of WHO**

The Committee, in view of the discussion that had taken place, and having noted the remarks of the Director-General, decided to proceed to the next item on the agenda.
LEGAL SUB-COMMITTEE

FIRST REPORT

The Legal Sub-Committee held its first meeting on 15 May 1956. It elected Mr M. I. Botha (Union of South Africa, as Chairman, Mr Nguyen Luong (Viet Nam) as Vice-Chairman, and Miss H. C. Hessling (Netherlands) as Rapporteur.

The Legal Sub-Committee considered the following items on its agenda:

1. Approval of Host Agreement with the Government of Denmark concerning the Regional Office for Europe

The Sub-Committee unanimously decided to propose to the Committee on Administration, Finance and Legal Matters to recommend to the Ninth World Health Assembly the adoption of the following resolution:

The Ninth World Health Assembly
APPROVES the host agreement between the World Health Organization and the Government of Denmark defining the privileges and immunities of the Organization and of its Regional Office in Europe, signed on 29 June and 7 July 1955, and the exchange of notes relating thereto.

2. Agreement defining the Relations between the International Bureau for the Protection of Industrial Property and the World Health Organization

The Sub-Committee, by eighteen votes for and one abstention, decided to propose to the Committee on Administration, Finance and Legal Matters that it recommend to the Ninth World Health Assembly the adoption of the following resolution:

The Ninth World Health Assembly
APPROVES the exchange of letters establishing the relations between the two organizations.

3. Spanish Text of the Rules of Procedure of the Health Assembly

In considering this item, the Sub-Committee was informed that in translating the French and the English texts of the above-mentioned Rules of Procedure into Spanish some discrepancies and omissions were noticed which should be considered in due course for eventual correction.

Further, the Sub-Committee observed that the consideration of the Spanish version of the Rules of Procedure concerned the linguistic problem only.

Various corrections to the text were suggested. These corrections are mentioned in the corrigendum to the document. This document itself has been amended, i.e., Article 83, where it was decided to replace the word "promulgarán" by the word "distribuirán" (instead of "redactarán"). The Sub-Committee finally decided to propose to the Committee on Administration, Finance and Legal Matters that it recommend to the Ninth World Health Assembly the adoption of the following resolution:

The Ninth World Health Assembly
ADOPTS as the Spanish text of the revised Rules of Procedure of the Health Assembly the text annexed to this resolution together with the drafting corrections.
The Legal Sub-Committee held its second meeting on 16 May 1956 under the chairmanship of Mr M. I. Botha (Union of South Africa).

1. Adoption of the First Report of the Legal Sub-Committee

The Legal Sub-Committee adopted its first report, with some drafting changes.

2. Procedural Problems relating to Constitutional Amendments

After an exchange of views between the delegations represented in the Legal Sub-Committee, it was decided to propose to the Committee on Administration, Finance and Legal Matters that it recommend to the Ninth World Health Assembly the adoption of the following resolution:

The Ninth World Health Assembly, considering that it is necessary, so as to define the mode of application of Article 73 of the Constitution, to establish the rules of procedure which should govern the consideration of proposed amendments to the Constitution,

decides to insert in the Rules of Procedure of the Health Assembly, in the appropriate place, a rule worded as follows:

The Health Assembly may, without being bound by the period of time provided for in Article 73 of the Constitution, adopt any changes in the texts referred to in Rule 113 which are purely matters of drafting, and any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Rule 113, provided, however, that such proposed changes shall have been communicated to delegates of Members and representatives of Associate Members not less than three days before the meeting at which the Assembly considers the texts of the proposed amendments to the Constitution already submitted to it.

In case of doubt, a proposed change to a draft amendment shall be deemed to be an amendment of substance unless the Health Assembly by a two-thirds majority decides otherwise.

1 See minutes of the seventh meeting of the Committee on Administration, Finance and Legal Matters, section 4.
PART III

ANNEXES
REPORT OF THE LÉON BERNARD FOUNDATION COMMITTEE

In conformity with the Statutes of the Léon Bernard Foundation, the Léon Bernard Foundation Committee met on 28 and 31 January 1956. After careful examination of the information provided in connexion with the financial status of the Fund by the Director-General of the World Health Organization as Administrator of the Léon Bernard Foundation, the Committee noted that the amount available, including the invested interest, at the dates of the meetings was not sufficient to cover the total cost of awarding the Prize in 1956. In these circumstances, the Committee decided:

1. not to propose the award of the Prize in 1956;
2. to postpone consideration of nominations submitted by governments in response to the Director-General’s circular letter of 1 September 1955 and by individuals competent to propose candidates (such candidates will not require further proposal or justification);
3. to keep the present list of candidates open until the next meeting of the Committee.

FINANCIAL REPORT OF THE WORLD HEALTH ORGANIZATION FOR 1955
AND REPORT OF THE EXTERNAL AUDITOR

1. At its seventeenth session the Executive Board established "... an ad hoc committee, consisting of: (1) Dr O. Vargas-Méndez, (2) Dr F. J. Brady, (3) Dr P. Vollenweider, to meet on 7 May 1956 to consider the report of the External Auditor on the accounts of the Organization for the year 1955 and to submit to the Ninth World Health Assembly, on behalf of the Board, such comments as it deems necessary" (resolution EB17.R53).

2. The Committee met on 7 May 1956 at the Palais des Nations, Geneva. The meeting was attended by the members listed above. Dr F. J. Brady was elected Chairman.

3. Mr Brunskog, the External Auditor, introduced his report with a few brief comments on the more important points, and the representative of the Director-General introduced the Director-General’s Financial Report for 1955. The Committee then reviewed the report of the External Auditor paragraph by paragraph and examined each of the Exhibits and Schedules in the Financial Report.

4. With regard to paragraph 3 of the report of the External Auditor relating to the scope of the audit, Mr Brunskog stated that, while it was not possible for him or his assistants to visit each regional office every year, he had made it a practice to arrange to visit one and occasionally two regional offices during the course of the year. In addition, each regional office was required to send to Headquarters the
vouchers and accounting records for one or more months of each year which were examined in detail by himself and his assistants. This, together with the examinations carried out by the internal auditors stationed at regional offices enabled him to carry out satisfactorily the responsibility of audit of all offices of the Organization as provided in his terms of reference.

5. In paragraph 4 of his report the External Auditor drew attention to the fact that theOrganization had utilized 97.64 per cent. of the appropriated effective working budget. The Committee considers this an excellent achievement indicating careful financial management.

6. In paragraph 5 of his report the External Auditor made a comparison of the budgetary expenditures for the years 1953, 1954 and 1955. He drew the attention of the Committee to the fact that while the volume of work had grown each year, the percentage of costs for administrative services showed a steady reduction, with a corresponding increase in the percentage of expenditures for the operating programme of the Organization.

7. In paragraph 6 of his report the External Auditor referred to the costs of the Eighth World Health Assembly and the sixteenth session of the Executive Board, which took place in Mexico City in 1955. Of the expenditures which were accounted for by the Organization, the share of WHO was $219,380 and the share of the Mexican Government was $211,242, making a total of $430,622. The attention of the Committee was invited to the fact that in addition to the expenditures indicated in the report the Mexican Government had further expenditures for services and arrangements, payment of which they handled directly under the terms of their agreement with WHO.

8. In paragraph 9 of his report the External Auditor commented on the collection of contributions from active Members, and stated that while the percentage of collections in 1955 was 91.91 per cent., or somewhat less than the percentage of collections for 1954, which was 94.36 per cent., this decrease was mainly due to the fact that the largest contributor, because of legislative procedures, was not able to pay its contribution in full before the year end. If this difficulty had not arisen, the percentages of contributions collected would have been 96 per cent. He also drew attention to the fact that, while on 1 January 1955 the uncollected arrears from active Member States amounted to $752,654, collections during 1955 had reduced this amount at the end of 1955 to $75,190, and that this was the smallest amount of outstanding arrears in the history of the Organization.

9. In paragraph 12 of his report the External Auditor drew attention to some changes in the presentation of the accounts as compared with previous years. The representative of the Director-General also made a statement regarding these changes and the Committee felt that the introduction of the new Schedule H was especially welcome since it gave an overall picture of the financial status of the Organization and made for easier understanding of the accounts.

10. In paragraph 16 of his report the External Auditor drew attention to the position in some regional offices regarding inventory records of equipment on field projects. The representative of the Director-General, in a statement regarding this matter, said that it was one which had been under review for some time by the Organization in an effort to find a satisfactory solution to the problem and at the same time try to avoid the introduction of control procedures which would add to the costs of operations. Medical and technical officers on field projects were busy doing their work of supplying technical assistance to the governments concerned and did not have sufficient time for keeping a detailed inventory record of the equipment supplied to their projects. A new system had been introduced in 1955 which it was believed would simplify record keeping and reporting by the technical officers in the field and at the same time allow the regional offices to keep a satisfactory record of the equipment on each project without the necessity of intricate and expensive arrangements. The efforts of the Organization would continue to be directed towards the maintenance of reasonable procedures in this respect.

11. The Committee noted the statement of the External Auditor, contained in paragraph 13 of his report, regarding contingent liabilities. After a full discussion of the various aspects of this problem the Committee was satisfied with the way in which these items were dealt with by the Organization.

12. In connexion with the report on the financial operations of the World Health Organization under the Expanded Programme of Technical Assistance for 1955, the representative of the Director-General made a brief statement inviting the attention of the Committee to the fact that the financial policies for these funds were not the same as those for the Organization's regular programme, and therefore Exhibit IV had been prepared in accordance with the requirements of the Technical Assistance Com-
mittee and the Technical Assistance Board. For example, under these policies supplies and equipment ordered during the financial year but not delivered by 31 December of that year were not considered as an obligation at the end of that financial year. The Organization was entitled to a reallocation in 1956, from the surplus funds of 1955, of a sum representing the costs of supplies and equipment ordered before 30 November 1955 but not delivered before 31 December 1955. During 1955 the Organization received allocations amounting to $4,868,661. It had incurred total expenditures amounting to $4,411,749, resulting in an apparent surplus of allocations of $456,912 as shown in Exhibit IV. However, the undelivered supplies and equipment at 31 December 1955 amounted to $379,718, so that the net surplus for 1955 was $77,194, and therefore the Organization had utilized 98.41 per cent. of its allocations from Technical Assistance funds in 1955.

13. The Committee noted that the combined operational services costs and administrative costs for 1955 represented 13.7 per cent. of the total obligations incurred, a decrease over the corresponding percentage for 1954 which was 14.8 per cent.

14. The Committee considered that paragraph 17 of the External Auditor’s report should be especially drawn to the attention of the Assembly. This paragraph reads as follows:

17. I am pleased to state that the financial operations of the Organization are carefully handled and I have therefore no specific detailed observations to make.

I am satisfied that the Office of Internal Audit and its auditors stationed in the regions have continued to carry out valuable and reliable work, which has also greatly facilitated my task.

15. The Committee recommends to the Ninth World Health Assembly the adoption of the following resolution:

The Ninth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1955 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 70; and

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


Annex 3

SPECIAL FUND FOR IMPROVING NATIONAL HEALTH SERVICES

The Eighth World Health Assembly, in resolution WHA8.21, “Special Fund for improving National Health Services”, requested the Director-General “to report to the Ninth World Health Assembly on developments related to the establishment of SUNFED”.

At the twentieth session of the Economic and Social Council in August 1955, the representative of the Director-General informed the Council of the action of the Eighth World Health Assembly, in the following statement:

1 See resolution WHA9.24 and minutes of the fourth and fifth meetings of the Committee on Administration, Finance and Legal Matters.

2 From the minutes of the 879th meeting of the Economic and Social Council, 18 July 1955, para 88
concerning the establishment of a capital investment fund to be administered by WHO and specially reserved for health activities. The Assembly had decided to defer consideration of the proposal until the Economic and Social Council and the General Assembly had completed their study of SUNFED.

The Economic and Social Council later reported on the Special United Nations Fund for Economic Development in paragraphs 142-177 of the report on its twentieth session, and adopted resolution 583 A (XX). The Director-General, in a letter dated 5 September 1955, transmitted the resolution of the Eighth World Health Assembly to the Secretary-General of the United Nations. The decisions of the General Assembly of the United Nations are recorded in its resolution 923 (X) and in the report of the Second Committee, “Economic Development of Under-Developed Countries: Question of the Establishment of a Special United Nations Fund for Economic Development”.

Annex 4

USE OF ARABIC IN THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

REPORT OF THE DIRECTOR-GENERAL

1. Introduction

1.1 At the fifth session of the Regional Committee for the Eastern Mediterranean, Sub-Committee A recommended the use of Arabic as a third language for Sub-Committee A of the Regional Committee “commencing not later than 1957”. The relevant resolutions adopted by Sub-Committee A on this matter are reproduced in Appendix 1.

1.2 In view of the recommendation of Sub-Committee A, the Director-General included in the estimates of expenditure for the Regional Committee for the Eastern Mediterranean in 1957, as contained in Official Records No. 66, an amount of $9600 to cover the estimated costs of providing interpretation of speeches into and from Arabic, précis-writing and translation services.

1.3 The Executive Board, at its seventeenth session, in resolution EB17.R10, supported “in principle the suggestion concerning the use of the Arabic language as third working language in the Regional Committee for the Eastern Mediterranean, subject to budgetary possibilities and the decision of the Health Assembly” and requested “the Director-General to submit a report on this matter to the Ninth World Health Assembly”. With regard to the amount of $9600 included in the programme and budget estimates for 1957, the Executive Board noted from the report of the Standing Committee on Administration and Finance that an amount of $2030 was to cover the purchase of equipment, which would be a non-recurring expense. Following the Standing Committee’s review of the detailed estimates of expenditure, the Board considered these estimates satisfactory.

1.4 To facilitate consideration of the matter, the Director-General submits the following information in regard to:

(a) the estimated expenditure in 1957 for the Regional Committee for the Eastern Mediterranean as contained in Official Records No. 66;
(b) the existing rules and practice in regional committees;
(c) the use of languages in the United Nations and other specialized agencies.

2. Estimated Expenditure provided for in the Proposed Programme and Budget Estimates for 1957

2.1 The schedule in Appendix 2 to this annex shows the amounts included in the estimates for the Regional Committee for the Eastern Mediterranean for 1957,
giving separately the estimates relating to the use of Arabic. These latter estimates have been arrived at on the assumption that three interpreters and one technician will have to be provided. Provision has also been made for the transportation and installation of additional interpretation equipment and the erection of interpreters' booths.

2.2 For the production of minutes in Arabic, provision has been made for two précis-writers, two stenographers and one duplicating-machine operator.

2.3 For the translation of documents, provision has been made for two temporary translators and two typists for three months each.

2.4 Provision has also been made for the acquisition of capital equipment, including one duplicating machine and four typewriters with Arabic symbols.

3. Existing Rules and Practice in Regional Committees

3.1 The Constitution does not specify the languages which shall be the official or working languages of the Organization. However, Article 74 states that the “Chinese, English, French, Russian and Spanish texts of this Constitution shall be regarded as equally authentic.”

3.2 In the absence of any specific provision in the Constitution governing the use of languages, the Health Assembly and the Executive Board (in pursuance of Articles 17 and 27 of the Constitution, which authorize these organs to adopt their own rules of procedure) have included provisions relating to the use of languages in their rules. The relevant provisions, which are identical for both the Health Assembly and the Board, read as follows:

Rule 78 (World Health Assembly) and Rule 22 (Executive Board)

Chinese, English, French, Russian and Spanish shall be the official languages, and English and French the working languages...

Rule 79 (World Health Assembly) and Rule 23 (Executive Board)

Speeches made in either of the working languages shall be interpreted into the other working language and Spanish. Speeches made in Spanish shall be interpreted into both working languages.

Rule 80 (World Health Assembly) and Rule 24 (Executive Board)

Speeches made in the official languages other than English, French and Spanish shall be interpreted into both working languages and into Spanish.

Regional committees have, similarly, in exercise of the powers conferred upon them by Article 49 of the Constitution, included provisions in their respective rules of procedure governing the use of languages. Appendix 3 indicates the relevant rules and the practices followed by the respective regional committees. The languages provided for in the existing rules of procedure of regional committees are as follows:

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6 5 2 1

4. Use of Languages in the United Nations and in Specialized Agencies

4.1 Appendix 4 reproduces the rules governing the use of languages in the United Nations and in specialized agencies other than WHO. In Official Records No. 53 (pages 44 and 45) are shown the languages used in organs of the United Nations and specialized agencies as official or working languages, as well as the specific languages from or into which interpretation is provided, and in which documents are required to be reproduced. In this connexion it should be noted that established practice may be wider than is provided for in the rules of procedure. Thus, in the United Nations, simultaneous interpretation into official languages other than the working languages is provided in accordance with the established practice, even though this is not expressly required in terms of Rule 52 of the Rules of Procedure of the General Assembly.

4.2 It may also be noted that the General Assembly of the United Nations decided, at its ninth session, (resolution 878 (IX)) that, pursuant to Rule 59 of its Rules of Procedure, “documents of the Assembly, its committees and sub-committees shall be published in the Arabic language, together with any other report of the other organs of the United Nations dealing with either specific or general problems of interest to the areas where Arabic is spoken, provided that the volume of publications issued within any twelve-month period shall not exceed a total of 4000 pages of English text”.
Appendix 1

RESOLUTIONS OF SUB-COMMITTEE A OF THE FIFTH SESSION OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN, SEPTEMBER 1955

Use of Arabic as an Official and Working Language

The Sub-Committee,

Considering the advisability of using Arabic as an official and working language in the Regional Committee for the Eastern Mediterranean,

RECOMMENDS the use of Arabic as a third language.

Resolution RCSA/EM/R.5

Regional Programme

The Sub-Committee,

Having considered the proposed programme and budget estimates... submitted by the Regional Director,

4. RECOMMENDS the use of the Arabic language as a third official and working language for Sub-Committee A of the Regional Committee for the Eastern Mediterranean, commencing not later than 1957;

Resolution RCSA/EM/R.12

Appendix 2

COST ESTIMATES FOR 1957 FOR THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

<table>
<thead>
<tr>
<th>Cost estimates</th>
<th>Total for 1957</th>
<th>Provision for use of Arabic</th>
<th>Excluding provision for use of Arabic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and wages (temporary staff)</td>
<td>2 650</td>
<td>1 050</td>
<td>1 600</td>
</tr>
<tr>
<td><strong>Travel and Transportation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duty travel</td>
<td>2 100</td>
<td></td>
<td>2 100</td>
</tr>
<tr>
<td>Travel and subsistence of temporary staff</td>
<td>7 190</td>
<td>3 160</td>
<td>4 030</td>
</tr>
<tr>
<td><strong>Space and Equipment Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental and maintenance of equipment</td>
<td>500</td>
<td></td>
<td>500</td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other contractual services</td>
<td>3 430</td>
<td>2 060</td>
<td>1 370</td>
</tr>
<tr>
<td><strong>Supplies and Materials</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td>1 600</td>
<td>800</td>
<td>800</td>
</tr>
<tr>
<td><strong>Acquisition of Capital Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>2 030*</td>
<td>2 030*</td>
<td>—</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>19 500</td>
<td>9 600</td>
<td>9 900</td>
</tr>
</tbody>
</table>

1 As contained in the Proposed Programme and Budget Estimates, Off. Rec. Wild Hlth Org. 66

* Non-recurring expense
Appendix 3

RULES AND PRACTICE GOVERNING THE USE OF LANGUAGES IN REGIONAL COMMITTEES

The Rules referred to are from the Rules of Procedure of the Regional Committee concerned.

1. Official and/or Working Languages

**Africa**

English and French shall be the working languages (Rule 22). Speeches made in either of the working languages shall be interpreted into the other working language and, if a Member or Associate Member so requests in sufficient time before a session of the committee, also into Spanish.

This rule applies similarly for interpretation into both working languages of speeches made in Spanish (Rule 23).

**The Americas**

The official languages shall be English, French, Portuguese and Spanish (Article 47).

**South-East Asia**

English shall be the working language of the committee (Rule 21).

**Europe**

English and French shall be the official languages and the working languages of the committee (Rule 17).

**Eastern Mediterranean**

English and French shall be the official and working languages (Rule 18).

**Western Pacific**

English and French shall be the working languages of the committee (Rule 21).

Speeches made in either of the working languages shall be interpreted into the other working language (Rule 22).

2. Other Languages

The rules of procedure of the Regional Committees for Africa (Rule 24), South-East Asia (Rule 22), Europe (Rule 18), Eastern Mediterranean (Rule 19) and Western Pacific (Rule 23), permit the use of languages other than those specified as the official or working languages but provide that, in that case, representatives shall themselves arrange for speeches made in such language to be interpreted into one of the working languages. No similar provision exists in the case of the Regional Committee for the Americas.

3. Documents and Minutes

In the Regional Committees for Africa, Europe, the Eastern Mediterranean and the Western Pacific, documents and minutes are prepared in both English and French. In the Regional Committee for the Americas, documents and minutes are prepared in English and Spanish. In the Regional Committee for South-East Asia they are prepared in English only.

Appendix 4

RULES GOVERNING THE USE OF LANGUAGES IN THE UNITED NATIONS AND OTHER SPECIALIZED AGENCIES

**United Nations**

The Charter of the United Nations, as in the case of the Constitution of the World Health Organization, contains no specific reference to languages other than the provision in Article 111 that "the Chinese, French, Russian, English and Spanish texts" of the Charter "are equally authentic". However, Chapter VIII of the Rules of Procedure of the General Assembly includes the following provisions relating to languages:

**Official and Working Languages**

**Rule 51**

Chinese, English, French, Russian and Spanish shall be the official languages of the General Assembly, its committees and sub-committees. English, French and Spanish shall be the working languages.

**Interpretation from a Working Language**

**Rule 52**

Speeches made in any of the working languages shall be interpreted into the other two working languages.

**Interpretation from Official Languages**

**Rule 53**

Speeches made in either of the other two official languages shall be interpreted into the three working languages.
Interpretation from Other Languages

Rule 54

Any representative may make a speech in a language other than the official languages. In this case, he shall himself provide for interpretation into one of the working languages. Interpretation into the other working languages by the interpreters of the Secretariat may be based on the interpretation given in the first working language.

Language of Verbatim Records

Rule 55

Verbatim records shall be drawn up in the working languages. A translation of the whole or part of any verbatim record into either of the other two official languages shall be furnished if requested by any delegation.

Language of Summary Records

Rule 56

Summary records shall be drawn up as soon as possible in the official languages.

Language of Journal

Rule 57

The Journal of the General Assembly shall be issued in the working languages.

Language of Resolutions and Important Documents

Rule 58

All resolutions and other important documents shall be made available in the official languages. Upon the request of any representative, any other document shall be made available in any or all of the official languages.

Publications in Languages other than the Official Languages

Rule 59

Documents of the General Assembly, its committees and sub-committees, shall, if the General Assembly so decides, be published in any languages other than the official languages.

International Labour Organisation

Whilst the Constitution of the International Labour Organisation as amended by the Constitution of the International Labour Organisation Instrument of Amendment does not include any provision relating to languages, Articles 24 and 58 of the Standing Orders of the International Labour Conference read as follows:

Languages

Article 24

1. The French and English languages shall be the official languages of the Conference.

2. Speeches in French shall be summarized in English and vice versa by an interpreter belonging to the Secretariat of the Conference.

3. Speeches made in Spanish shall be summarized by the official interpreters, who shall also give a summary in Spanish of speeches made in English or French.

4. A delegate may speak in another non-official language, but his delegation must provide for a summarized translation of his speech into one of the two official languages by an interpreter attached to the delegation, unless an interpreter of the Conference for the official languages can be placed at its disposal by the Secretariat of the Conference. This summarized translation shall then be rendered in the other official language by an interpreter belonging to the Secretariat.

5. The translation and circulation of documents shall be in the hands of the Secretariat and all such documents shall appear in English, French and Spanish.

Languages of Committees

Article 58

1. The French and English languages shall be the official languages of the committees.

2. Speeches in French shall be summarized in English and vice versa by an interpreter belonging to the Secretariat of the Conference.

3. Speeches made in Spanish shall be summarized by the official interpreters who shall also give a summary in Spanish of speeches made in English and French.

4. A delegate may speak in another non-official language, but his delegation must provide for a summarized translation of his speech into one of the two official languages by an interpreter attached to the delegation, unless an interpreter of the Conference for the official languages can be placed at its disposal by the Secretariat of the Conference. This summarized translation shall then be rendered in the other official language by an interpreter of the Secretariat.

5. In cases where at least one-fifth of the members of a committee taking an actual part in its work either as regular members or as substitutes declare individually and in writing that it is difficult for them to take part in the proceedings of the committee in either of the official languages or in Spanish and ask for an additional interpretation into another language with which they are conversant, the committee shall accede to that request provided that the Secretariat of the Conference is able to supply the necessary interpreters.

6. In cases where the number of members of a committee who ask for an additional interpretation into a non-official language in the conditions laid down in the above paragraph is less than one-fifth of the number of members, the committee shall decide whether it shall accede to the request as an exceptional measure and provided that the Secretariat of the Conference is able to furnish the necessary interpreters.

United Nations Food and Agriculture Organization

Whilst Article XXI of the Constitution of this organization provides that the "English, French and Spanish texts of this Constitution shall be equally authoritative", Article XXXIII of the Rules of Procedure states that "Chinese, English, French, and Spanish shall be the official languages of the Organization" and that "English, French, and Spanish shall be the working languages".

United Nations Educational, Scientific and Cultural Organization

Whilst Article XIV of the convention creating this organization provides, inter alia, that the "English and French texts of this Constitution shall be regarded as equally authoritative"; Chapter X of the Rules of Procedure of the General Con-
ference of the Organization includes the following provisions relating to languages:

**Working Languages**

**Rule 52**

English, French, Russian and Spanish are the working languages of the General Conference.

**Language of the Country where the General Conference is held**

**Rule 53**

When the Conference is held in a country where the national language is not one of the working languages, the Executive Board may make special arrangements for the use of the national language of the country concerned during the Conference.

**Official Languages**

**Rule 54**

1. Arabic, Chinese, English, French, Hindi, Italian, Russian and Spanish are the official languages of the General Conference.
2. Any other language may also be recognized as an official language of the General Conference on the request of the Member State or Member States concerned, provided that no Member State may request recognition of more than one language.

**Use of Working Languages**

**Rule 55**

All documents and records, as well as the Journal of the General Conference, shall be issued in English, French, Russian and Spanish.

**Use of Official Languages**

**Rule 56**

1. Any amendments to the text of the Constitution, and any decision of the Conference regarding the Constitution and the legal status of UNESCO, shall be translated into all the official languages.
2. At the request of any delegation, any other important document, including verbatim and summary records, may be translated into any other official language. The interested delegation shall provide the staff of translators and précis-writers if the occasion arises.

**Interpretation of other Languages**

**Rule 57**

Delegates may speak in other than the working languages, but they must themselves provide for interpretation of their speech into one of the working languages, according to their choice; the Secretariat shall provide interpretation into the other working languages.

**International Telecommunication Union**

Article 14 of the International Telecommunication Convention contains the following general provisions regarding languages:

**Languages**

1. (1) The official languages of the Union shall be Chinese, English, French, Russian and Spanish.
   
   (2) The working languages of the Union shall be English, French and Spanish.
   
   (3) In case of dispute, the French text shall be authentic.

2. (1) The final documents of the plenipotentiary and administrative conferences, as well as their final acts, protocols and resolutions shall be drawn up in the official languages of the Union in versions equivalent in form and content.
   
   (2) All other documents of these conferences shall be issued in the working languages of the Union.

3. (1) The official service documents of the Union as prescribed by the Administrative Regulations shall be published in the five official languages.
   
   (2) All other documents for general distribution prepared by the Secretary-General in the course of his duties shall be drawn up in the three working languages.

4. Any of the documents referred to in paragraphs 2 and 3 above may be published in languages other than those there specified, provided that the Members or Associate Members requesting such publication undertake to defray the whole of the cost of translation and publication involved.

5. At conferences of the Union and whenever it is necessary at meetings of its permanent organs, the debates shall be conducted with the aid of an efficient system of reciprocal interpretation between the three working languages.

6. (1) At conferences of the Union and at meetings of its permanent organs, languages other than the three working languages may be used:
   
   (a) if an application is made to the Secretary-General or to the head of the permanent organ concerned to provide for the use of an additional language or languages, oral or written, provided that the additional cost so incurred shall be borne by those Members or Associate Members which have made or supported the application;
   
   (b) if any delegation itself makes arrangements at its own expense for oral translation from its own language into any one of the three working languages.

   (2) In the case provided for in paragraph 6 (1) (a) above, the Secretary-General or the head of the permanent organ concerned shall comply to the extent practicable with the application, having first obtained from the Members or Associate Members concerned an undertaking that the cost incurred will be duly repaid by them to the Union.

   (3) In the case provided for in paragraph 6 (1) (b) above, the delegation concerned may, furthermore, if it wishes, arrange at its own expense for oral interpretation into its own language from one of the three working languages.

**World Meteorological Organization**

Whilst the Convention of the World Meteorological Organization provides that the texts in the English and French languages are equally authentic, the General Regulations of the Organization contain the following provisions relating to languages.

**Regulation 80**

The official languages of the Organization shall be English, French, Russian and Spanish.
Regulation 81
Except as provided for in the case of Associations in accordance with Regulation 82, English and French shall be the working languages of the constituent bodies of the Organization, its committees and working groups.

Regulation 82
In sessions of Associations two of the official languages shall be designated as working languages. At least one of the working languages shall be English or French.

Regulation 83
In plenary meetings of Congress, speeches in any of the official languages shall be interpreted into the other official languages of the Organization.

Regulation 84
In meetings of a constituent body other than plenary meetings of Congress, speeches made in either of the working languages shall be interpreted into the other working language of that constituent body.

Regulation 85
At sessions of Congress and its committees interpretation of speeches in languages other than the official languages of the Organization may be arranged by the delegates concerned, provided that no cost to the Organization is incurred.

Regulation 86
At meetings other than those of plenary meetings of Congress, the Secretariat should, in so far as practicable, make arrangements for interpretation of speeches made in official languages other than the working languages of the constituent body. In a case where such arrangements are impracticable, a delegation or member may make arrangements for such interpretation without involving additional expenditure for the Organization.

Regulation 87
If an Association so decides, one of the official languages in addition to the two working languages designated under Regulation 82 may be used with interpretation during the discussions.

Regulation 88
The Executive Committee may authorize the issue of any publication in the four official languages, but the Convention, the regulations of the Organization, and the resolutions shall be published in all four official languages.

Regulation 89
Documents prepared for or issued in the course of a session of a constituent body shall be issued in the two working languages of that body and the proceedings of the session shall be published in the same two working languages.

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Annex 5

REPORTS ON THE WORLD HEALTH SITUATION

Report by the Director-General

1. In pursuance of resolution WHA8.40, the Executive Board considered at its seventeenth session the report of the Director-General on the arrangements necessary for the preparation of reports on the world health situation, with special reference to the possibility that the Health Assembly study such reports periodically. Resolution EB17.R67 of the Board transmitted the Director-General’s report to the Ninth World Health Assembly, together with the Board’s recommendations.

2. In paragraph 2 of its resolution the Board suggested that the Health Assembly recommend, as a basis for the preparation of reports from those Members of the World Health Organization which are also Members of the Pan American Sanitary Organization (PASO), the relevant portions of the questionnaire in use by the PASO; and as a basis for the preparation of reports by Members in other regions, the list of headings reproduced in Annex 4 of document A8/P&B/9, with necessary adjustments. The relevant parts of the PASO questionnaire are reproduced in Annex A and the list of headings in Annex B below.

3. Neither the list of headings nor the PASO questionnaire should be considered a statistical return. For the purpose of the reports on the world health situation, the statistical sections of the questionnaire may be treated as optional and the information provided in narrative form. All available health statistics are presented in the statistical publications of WHO, including its contribution to the United Nations Statistical Yearbook. These publications will continue, and the reports on the world health situation would be focused on non-statistical matters i.e., general developments in medicine and public health and the relations among the factors that affect health.

4. The Board’s discussion brought out two points to which the Health Assembly may wish to give consideration.

---

1 See resolution WHA9.27 and minutes of the fifth meeting of the Committee on Programme and Budget.
2 Off. Rec. Wld Hlth Org. 68, Annex 19
5. The arrangements for collecting the information required for the reports on the world health situation should clearly be adapted to the conditions prevailing in the different countries. As these conditions vary widely, the regional committees might be invited at their 1956 sessions to establish the procedures necessary to implement the decision of the Health Assembly on this point. It is suggested that the regional committees should determine, on the basis of the list of headings and the PASO questionnaire, what information should be requested of governments in order that their reports under Article 61 may provide an adequate picture of health conditions in the regions. The regional committees might also determine what arrangements are required to obtain this information.

6. The tenth anniversary of the World Health Organization offers an excellent occasion for the World Health Assembly to undertake its first review of the health situation in the world. A four-yearly review is recommended by the Board in the first instance, and this interval seems most convenient at the beginning.

7. An interval of about three months is foreseen between the end of the reporting period (31 December 1957) and the publication of the first report on the world health situation (March 1958). In these circumstances, it may be difficult for governments to provide complete data for the last year of the reporting period. As these reports would be concerned with conditions that change relatively little from year to year, this difficulty is not insurmountable. Estimated data covering the last part of the reporting period would be acceptable where it can be provided. It may even be desirable for governments which cannot supply information for the full four-year period to base their reports on a period of three years, and to include the information on the fourth year in a subsequent report.

8. The Economic and Social Council bases its review of the world social situation on reports that are prepared every second year.\(^\text{1}\) In 1959 it will consider under this item of its agenda the second \textit{International Survey of Programmes of Social Development}. The information provided for the first WHO report on the world health situation will materially assist the Director-General in presenting a factual account of health conditions as his contribution to the Council’s discussion of this survey.

9. When the arrangements for reporting under Article 61 of the Constitution are well established, and when experience has been gained with the preparation of four-yearly reports on the world health situation, it may become desirable to consider whether this report can be issued at two-year intervals, like the reports to the Economic and Social Council on the world social situation. However, it is not suggested that any proposal to this effect should be considered at present.

Annex A

\textbf{XIV PAN AMERICAN SANITARY CONFERENCE, 1954:}
\textbf{SUGGESTED FORMS FOR THE PREPARATION OF THE REPORTS OF THE MEMBER STATES}

\textit{These forms, designed as a basis for the reports on public-health conditions and progress achieved in the respective countries during the period between the XIII and XIV Pan American Sanitary Conferences, are reproduced on pages 416 to 422.}

\textbf{Comments on Forms}

\textit{Table 1.} Data from the last two censuses are valuable for noting changes in the age distribution of the population. Spaces are provided in title and column headings for the exact dates of the last two censuses as April 1, 1940 and April 1, 1950.

\textit{Table 2.} This provides for the distribution of the population by race and sex according to the most recent census.

\textit{Table 3.} Since the definition of urban areas varies by countries, the definition is needed in discussing the distribution of population in urban and rural areas.

\textit{Table 4.} The estimated population for 1 July of each year is needed for calculation of rates in the following tables.

\textit{Table 5.} In this table foetal deaths refer to stillbirths.

The formula for the birth rate is as follows:
\[
\text{Birth rate} = \frac{\text{Number of live births in a year}}{\text{Estimated mid-year population}} \times 1000
\]

\(^{1}\) A report on the world social situation, which alternates with an international survey of programmes of social development.
The formula for the death rate is as follows:

\[
\frac{\text{Number of deaths in a year}}{\text{Estimated mid-year population}} \times 1000
\]

The infant death rate is as follows:

\[
\frac{\text{Number of infant deaths in a year}}{\text{Number of live births in a year}} \times 1000
\]

The foetal death rate is usually calculated as follows:

\[
\frac{\text{Number of foetal deaths in a year}}{\text{Number of live births in a year}} \times 1000
\]

The maternal death rate is usually calculated as follows:

\[
\frac{\text{Number of maternal deaths in a year}}{\text{Number of live births in a year}} \times 1000
\]

### Table 1

**Distribution of Population by Age from Census of . . . and of . . .**

<table>
<thead>
<tr>
<th>Age-group</th>
<th>Number</th>
<th>Per cent.</th>
<th>Number</th>
<th>Per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 1 year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-9 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-14 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-24 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-44 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-74 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 years and over</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 2

**Distribution of Population by Sex from Census of . . .**

<table>
<thead>
<tr>
<th>Area</th>
<th>Number</th>
<th>Per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3

**Distribution of Population in Urban and Rural Areas* from Census of . . .**

<table>
<thead>
<tr>
<th>Area</th>
<th>Number</th>
<th>Per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Urban area is defined.

### Table 4

**Estimated Population for July 1 of Each Year, 1950-1953**

<table>
<thead>
<tr>
<th>Date</th>
<th>Estimated Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 1950</td>
<td></td>
</tr>
<tr>
<td>July 1, 1951</td>
<td></td>
</tr>
<tr>
<td>July 1, 1952</td>
<td></td>
</tr>
<tr>
<td>July 1, 1953</td>
<td></td>
</tr>
</tbody>
</table>

### Table 5

**Summary Vital Statistics for 1950-1953**

<table>
<thead>
<tr>
<th>Event</th>
<th>1950</th>
<th>1951</th>
<th>1952</th>
<th>1953</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
</tr>
<tr>
<td>Live births (a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths (a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foetal deaths (b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant deaths (b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal deaths (b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) Rate per 1000 population  (b) Rate per 1000 live births
### Table 6
**Principal Causes of Death with Rates per 100,000 Population, 1950-1953**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>1950</th>
<th>1951</th>
<th>1952</th>
<th>1953</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
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</tbody>
</table>

### Table 7
**Number of Deaths with Rates per 100,000 Population from Certain Communicable Diseases, 1950-1953**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>1950</th>
<th>1951</th>
<th>1952</th>
<th>1953</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
</tr>
<tr>
<td>Tuberculosis (001-019)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Syphilis (020-029)</td>
<td></td>
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<tr>
<td>Typhoid fever (040)</td>
<td></td>
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<tr>
<td>Dysentery (045-048)</td>
<td></td>
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<tr>
<td>Diphtheria (055)</td>
<td></td>
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<tr>
<td>Whooping cough (056)</td>
<td></td>
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<tr>
<td>Meningococcal Infections (057)</td>
<td></td>
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<tr>
<td>Plague (058)</td>
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<tr>
<td>Leprosy (060)</td>
<td></td>
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<tr>
<td>Yaws (073)</td>
<td></td>
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<tr>
<td>Smallpox (084)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Measles (085)</td>
<td></td>
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<tr>
<td>Yellow fever (091)</td>
<td></td>
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<td></td>
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<tr>
<td>Typhus (100-107)</td>
<td></td>
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<td></td>
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<tr>
<td>Malaria (110-117)</td>
<td></td>
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</tbody>
</table>
Table 8
Number of Reported Cases with Rates per 100,000 Population of Certain Communicable Diseases, 1950-1953

<table>
<thead>
<tr>
<th>Diseases</th>
<th>1950</th>
<th>1951</th>
<th>1952</th>
<th>1953</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate</td>
<td>Number</td>
<td>Rate</td>
</tr>
<tr>
<td>Tuberculosis (001-019)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Syphilis (020-029)</td>
<td></td>
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<tr>
<td>Typhoid fever (040)</td>
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<tr>
<td>Dysentery (045-048)</td>
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<tr>
<td>Diphtheria (055)</td>
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<tr>
<td>Whooping cough (056)</td>
<td></td>
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<tr>
<td>Meningococcal Infections (057)</td>
<td></td>
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<tr>
<td>Plague (058)</td>
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<tr>
<td>Leprosy (060)</td>
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<td></td>
</tr>
<tr>
<td>Yaws (073)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Smallpox (084)</td>
<td></td>
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<tr>
<td>Measles (085)</td>
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<tr>
<td>Yellow fever (091)</td>
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<tr>
<td>Typhus (100-107)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Malaria (110-117)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Table 9
Progress of Control Programmes of Certain Communicable Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td></td>
</tr>
<tr>
<td>Leprosy</td>
<td></td>
</tr>
<tr>
<td>Plague</td>
<td></td>
</tr>
<tr>
<td>Typhus</td>
<td></td>
</tr>
<tr>
<td>Whooping cough</td>
<td></td>
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<tr>
<td>Malaria</td>
<td></td>
</tr>
<tr>
<td>Smallpox</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>Venereal diseases</td>
<td></td>
</tr>
<tr>
<td>Yaws</td>
<td></td>
</tr>
<tr>
<td>Yellow fever</td>
<td></td>
</tr>
<tr>
<td>Aëdes aegypti eradication</td>
<td></td>
</tr>
<tr>
<td>Viscerotony</td>
<td></td>
</tr>
<tr>
<td>Vaccination of rural population</td>
<td></td>
</tr>
</tbody>
</table>

Table 6. Spaces are provided for the principal causes of death in 1953. For clarification the code numbers of the *International Statistical Classification of Diseases, Injuries and Causes of Death*, 1948, may be added.

Tables 7 and 8. The title numbers of the *International Statistical Classification of Diseases, Injuries and Causes of Death*, 1948, are given after the names of diseases.

Table 9. Spaces are provided for reports of progress of control programmes of certain communicable diseases. A separate page may be needed for reports of surveys and special studies.

Table 10. Space is provided for budgets at three levels of service. If separate budgets and funds are not available this can be indicated.

Table 11. A total count of full-time personnel employed may be shown with the numbers according to service in local, provincial or national health programme. A brief description of the organization of health services with the administrative structure in the government is desirable. The number and type of local health units in urban and rural areas and population served by each, etc. Co-ordination between the health administration at the different governmental levels may be given. An additional page will need to be added.
GOVERNMENTAL PUBLIC-HEALTH SERVICES

Table 10
Budget for National, Provincial and Local Health Services, 1953

<table>
<thead>
<tr>
<th>Item</th>
<th>National</th>
<th>Provincial</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount per capita</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Percentage of total budget</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Table 11
Full-time Personnel employed in National, Provincial and Local Health Services, 1953

<table>
<thead>
<tr>
<th>Classification</th>
<th>National</th>
<th>Provincial</th>
<th>Local</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public-health nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other graduate nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other nursing personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate engineers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanitarians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other sanitation personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental hygienists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory (professional and technical)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health educators</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Social workers, public health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social workers, other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statisticians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritionists</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Clerical personnel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Brief description of national, provincial and local health services: . . . . . . .
Table 12.

The table provides limited space for indication of place of each type of service in the organization of the national health service. For clarification, additional information may be given on a separate page.
### TECHNICAL TRAINING FACILITIES

**Table 13**

**Educational Training Facilities of Health Personnel, 1953**

<table>
<thead>
<tr>
<th>Type</th>
<th>Number of schools</th>
<th>Years of education</th>
<th>Graduates per year</th>
<th>Entrance requirements</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Dental</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Midwifery</td>
<td></td>
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<tr>
<td>Sanitary Engineering</td>
<td></td>
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</tbody>
</table>

**Table 14**

**Undergraduate and Post-graduate Medical and Nursing Training in Public Health, 1953**

<table>
<thead>
<tr>
<th>Type</th>
<th>Undergraduate</th>
<th>Post-graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
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<tr>
<td>Nursing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other technical training facilities of health personnel including auxiliary personnel: . . . . . . . . . .

*Tables 13 and 14.* These provide space for information regarding the technical training facilities of health personnel.

*Table 15.* The population served by water supply systems and sewerage disposal systems is valuable information for environmental sanitation programmes.

### ENVIRONMENTAL SANITATION

**Table 15**

**Water Supply and Excreta Disposal Facilities with Population Served, 1953**

<table>
<thead>
<tr>
<th>Area</th>
<th>Water supply systems</th>
<th>Sewerage disposal systems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Population served</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td></td>
<td></td>
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</tbody>
</table>

Programme of Milk and Other Food Control: . . . . . . . . . . . . . . . . . . . . . .
Insect Vector Control Programme: . . . . . . . . . . . . . . . . . . . . . . . . . . .

Rural Sanitation: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
Garbage and Refuse Disposal: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
Housing: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .


Table 16

Type of Programmes and Effect of Collaboration with International Agencies, 1953

<table>
<thead>
<tr>
<th>Agency</th>
<th>Type of programme</th>
<th>Effect of collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pan American Sanitary Bureau</td>
<td></td>
<td></td>
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<tr>
<td>World Health Organization</td>
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<tr>
<td>United Nations</td>
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<tr>
<td>United Nations Children's Fund (UNICEF)</td>
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<tr>
<td>Organization of American States</td>
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<td></td>
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<tr>
<td>United States Agencies</td>
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<td></td>
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<tr>
<td>Rockefeller Foundation</td>
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</tbody>
</table>

Table 16. The various programmes being carried on through the collaboration of international agencies may be summarized briefly. Space is provided for other agencies to be listed.

Annex B

HEADINGS FOR INFORMATION REQUESTED FROM MEMBER STATES IN FULFILMENT OF ARTICLE 61 OF THE CONSTITUTION

Report covering calendar year ....

I. General Introduction

1. Main vital and population data
   Short statement on recent changes in the population distribution patterns: urban and rural, age and sex distribution. Trends in general and infant mortality; main causes of death and proportion of unknown and unspecified causes. Reference to a recent authoritative study on the subject for further details.

1.1 Area of the country
1.2 Population (estimate in (year))
1.3 General mortality rate in (year)
1.4 Infant mortality rate in (year)
1.5 Birth-rate in (year)

1.6 Progress in vital statistics registration; efforts to secure completeness of data and extension of medical certification of causes of death

2. Organization of public-health services
   A statement on the organization and, if available:
   2.1 General public-health statistics such as data on tuberculosis sanitoria, venereal disease dispensaries and health units
   2.2 Statistics on curative medicine, such as data on hospitals, including all types
   2.3 Statistics on public-health personnel such as data on doctors, dentists, nurses, midwives and pharmacists, medical and dental students

   Reference to the latest departmental, annual or special reports would be acceptable where relevant

3. Important economic or environmental factors bearing on the public health and public-health administration during the year (production of foodstuffs, nutrition,

---

1 As forwarded to Member States by the Director-General under cover of circular letter C.L.49.1950 of 28 July 1950
housing, unusual climatic conditions, national income and changes in budget)

3.1 Percentage of general government budget allotted to central health administration

3.2 If possible, percentage of budgetary appropriation for central health administration allotted for (a) administrative and public-health services, (b) medical care

3.3 If possible, estimates of per capita cost of (a) public-health administration and preventive medicine services, and (b) medical care based upon regional and local as well as central budgets

4. Important general measures taken by the government having a bearing on public health

5. Important government decisions affecting the status of non-metropolitan territories for which the Member State is responsible or having a bearing on the health of the population of these territories.

II. Outstanding Achievements in the Field of Public Health during the Year

[It was suggested that this part of the report should provide the material on highlights in the field of public health for the annual summary analysis which, according to the Rules of Procedure (as then in force) of the World Health Assembly, was to be included in the Annual Report of the Director-General on the work of the Organization.]

III. Action taken and Progress achieved during the Year

1. Changes in the scope of health responsibilities of the government. Policies

2. Changes in the organization of public-health services

2.1 Central health administration

2.2 Regional and local health administration

2.3 Additions to equipment (institutions, etc.) and staff

3. Legislation

3.1 Laws enacted and more important decrees and regulations adopted during the year

3.2 International agreements bearing on public health adopted

4. New projects initiated during the year (and progress on projects described in previous reports)

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1 Information under this heading refers to statements Member States may wish to make on decisions and measures having a bearing on the health of several or all non-metropolitan territories for which the Member State is responsible.

2 The former Rule 5 (a), subsequently deleted by the Fifth World Health Assembly in resolution WHA5.39

3 Items included under this heading are intended to serve as a framework for comprehensive and concise reports along uniform lines. It is appreciated that some questions listed in this section have already been dealt with in special reports in response to circular letters sent out by the Organization. Thus, information on legislation, for instance, would consist of a short list of important laws and decrees, the full texts being forwarded to WHO under previous arrangements.

IV. Main National Present-Day Health Problems. Planning

1. Long- and short-range planning activities

1.1 Development of important programmes

1.1.1 Proposed legislation submitted to governments

1.1.2 Implementation of approved programmes

---

4 If not covered under items 4.3 and 9.3
The Ninth World Health Assembly,

Having considered the report and recommendations of the International Conference for the Seventh Revision of the International Lists of Diseases and Causes of Death held in Paris from 21 to 26 February 1955;

Considering the need for the amendment of certain of the provisions of the Nomenclature Regulations, 1948 (World Health Organization Regulations No. 1 regarding nomenclature, including the compilation and publication of statistics with respect to diseases and causes of death) as adopted by the First World Health Assembly on 24 July 1948;

Having regard to Articles 2(s), 21(b), 22 and 64 of the Constitution of the World Health Organization;

ADOPTS, this twenty-first day of May of 1956, the following additional Regulations amending the Nomenclature Regulations, 1948; the said Nomenclature Regulations, 1948, as amended by these additional Regulations may be cited as the WHO Nomenclature Regulations.

ARTICLE I

The Detailed List (with four-digit sub-categories) and the Rules for Classification in the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the Sixth (1948) Revision of the International Lists of Diseases and Causes of Death, shall be amended as set forth respectively in Annexes A and B of these additional Regulations.

ARTICLE II

In Articles 1, 3, 5, 6, 7, 8 and 14 of the Nomenclature Regulations 1948 there shall be made the following amendments.

Article 1

Add at the end the following sentence: “The abovementioned Manual may be cited as the International Classification of Diseases.”

Article 3: Delete and replace by:

Article 3

Each Member shall publish statistics of causes of death in respect of:

(a) its territory as a whole;

Depending on the administrative structure of its territory and its national needs, each Member shall, in addition, publish statistics of causes of death in respect of one or more of the following areas:

(b) each major civil division;

(c) each town or conurbation of 1000 000 population and over, otherwise the largest town with population of at least 100 000;

(d) national aggregate of urban areas of 100 000 population and over;

(e) national aggregate of urban areas of less than 100 000 population;

(f) national aggregate of rural areas.

Each Member shall append to the statistics referred to under (d)-(f) the definition of “urban” and “rural” applied therein.

Members in whose territory coverage of medical certification of cause of death is incomplete or limited to certain areas shall, in publishing statistics of causes of death, indicate:

(i) areas in which medical certification is deemed adequately complete; and/or

(ii) areas with incomplete coverage of medical certification, tabulating medically certified deaths separately from other deaths.

For the purpose of this Article and of Articles 4, 6 and 16, “territory” designates the Metropolitan (home) territory of the Member, and not dependent territories, whether protectorates, colonies, other outlying possessions or territories under trusteeship.

Article 5

Delete the first paragraph to and including the words “rural areas (districts)” and replace by the words:

“Statistics of causes of death in respect of any geographic or other divisions of the territory enumerated in Article 3.”
Article 6: Delete and replace by:

Article 6

In publishing statistics of causes of death by age one of the following age groupings shall be used:

(a) for general purposes:
   (i) under 1 year, single years to 4 years inclusive, five-year groups from 5 to 84 years, 85 years and over;
   (ii) under 1 year, 1-4 years, 5-14 years, 15-24 years, 25-44 years, 45-64 years, 65-74 years, 75 years and over;
   (iii) under 1 year, 1-14 years, 15-44 years, 45-64 years, 65 years and over;

(b) for special statistics of infant mortality:
   (i) by single days for the first week of life (under 1 day, 1, 2, 3, 4, 5, 6 days), 7-13 days, 14-20 days, 21-27 days, 28 days up to but not including 2 months, by single month of life from 2 months to 1 year (2, 3, 4, ... 11 months);
   (ii) under 7 days, 7-27 days, 28 days up to but not including 3 months, 3-5 months, 6-11 months;
   (iii) under 28 days, 28 days to 11 months inclusive.

If age groupings are published in greater detail than in one of the groupings specified above, they shall be so arranged as to allow condensation into one of these groupings.

Article 7: Delete and replace by:

Article 7

(a) Statistics of causes of death for the whole territory of the Member shall be published, in so far as possible, by sex for the age groups specified in Article 6 (a) (i).

(b) If statistics of causes of death for any geographic or other divisions of the territory enumerated in Article 3 are published by age they shall be by sex for the age groups specified in Article 6 (a) (ii).

(c) If statistics of causes of death for administrative subdivisions are published by age they shall be for the age groups specified in Article 6 (a) (iii).

Article 8: Delete and replace by:

Article 8

If special statistics of infant mortality for the whole territory of the Member are published by age they shall be for the age groups specified in Article 6 (b) (i).

Article 14

Delete paragraph (c) and the final paragraph and replace by:

(c) such special list appropriate to the purposes of the statistics concerned as may have been recommended by the World Health Assembly.

If they are published in another form the categories selected shall be so arranged that by suitable grouping they can be related to one of the above lists.

If a special list as alluded to in (c) has not yet been recommended by the World Health Assembly, or if a Member is of opinion that such a list, though so recommended, is not appropriate in the circumstances, the Member may adopt its own special list, provided that a copy is forwarded to the Director-General of the Organization for information and study.

ARTICLE III

The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be nine months from the date of notification by the Director-General of the adoption of these Additional Regulations by the World Health Assembly.

ARTICLE IV

These Additional Regulations shall come into force on the first day of January 1958.

ARTICLE V

Each Member may withdraw its rejection or the whole or any part of its reservations at any time by notifying the Director-General of the Organization.

ARTICLE VI

The Director-General of the Organization shall notify all Members and Associate Members of any rejections, reservations or withdrawals of rejections or reservations made under Articles III and V of these Additional Regulations.

IN FAITH WHEREOF we have set our hands at Geneva this twenty-first day of May 1956.

(signed) J. PARISOT
President of the World Health Assembly

(signed) M. G. CANDAU
Director-General of the World Health Organization
Annex 7

FIXATION OF MINIMUM EDUCATIONAL STANDARDS
ON AN INTERNATIONAL BASIS FOR DOCTORS 1

PROPOSAL BY THE GOVERNMENT OF INDIA

The World Health Organization is acknowledged in its Constitution as “the directing and co-ordinating authority on international health work” and has, as one of its functions, the promotion of “improved standards of teaching and training in the health, medical and related professions”. In consonance with this, the World Health Organization appointed an Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel, and also closely collaborated with the World Medical Association in organizing a world conference on medical education in 1953.

The Expert Committee in its second report, published in June 1953, made the following suggestions 2 in respect of international collaboration:

(a) stimulation of national activities, such as studies of the problems of developing medical educational institutions;

(b) strengthening the organization or teaching in a medical school by the assignment of personnel, teaching equipment, or both;

(c) dispatch of visiting scientists, singly or in groups, to consult with medical teachers and to facilitate exchange of recent developments;

(d) award of travel grants and fellowships to permit medical teachers to observe medical education practices in other countries and study advanced scientific developments;

(e) organization and support of seminars, symposia, courses, and other forms of group educational activities in addition to international congresses, conventions, and conferences;

(f) dissemination of information as widely as possible, especially of epidemiological or health statistical data, so that the teaching of preventive and social medicine may have broader scope;

(g) exchange, on a regular basis, of teaching staff between two selected medical colleges in different parts of the world;

(h) special assistance to students from “underdeveloped” areas of the world, in an attempt to overcome deficiencies in general education;

(i) study and survey of educational trends, and publication of results;

(j) constant unrestricted flow of information on medical education on a world-wide basis.

The Expert Committee, however, felt that the formulation of international standards of medical education advocated in many quarters was not feasible at the present time. The Committee was of the opinion that owing to differences in social environments, as well as present needs and minimum aims, it would be difficult to recommend optimal standards with the expectation that they would be uniformly adopted. At the same time, they considered it desirable to emphasize that certain minimum essentials in undergraduate medical education should be universally adopted, in particular, “the extent of general education, including natural sciences and the humanities; teaching of the basic medical sciences; clinical practice in both curative and preventive aspects of medicine, including experience outside the hospital, clinic, and outpatient department.”

It will be seen, therefore, that the WHO Expert Committee has recognized the need for prescribing minimum essentials in undergraduate medical education and as such it is considered that “the fixation of minimum qualifications on an international basis for doctors” will be a fit subject for discussion at the Ninth World Health Assembly.

It is true that patterns of medical education in different countries are the result of accumulated developments, both incidental and planned. It is also true that medical education will have to be geared to the medical needs, ways of living and cultural development of a particular country. These considerations will no doubt necessitate the study of certain additional subjects, but will not in any way alter the quantum of knowledge of medical sciences which should be possessed by a practising doctor. It is desirable to secure the attainment of certain minimum standards by all countries in the world and the recognition of the qualifications granted in individual countries by others, not so

1 See resolution WHA9.33 and minutes of the sixth and ninth meetings of the Committee on Programme and Budget.
much for the purpose of medical practice as for enabling qualified doctors to pursue all forms of post-graduate studies, which require at least temporary registration in order to hold house-posts, to deal with patients in hospitals in an independent capacity or to carry out x-ray and radium therapy. Even for the purpose of post-graduate studies, authorities of more advanced countries are bound to ask that the visitors should have had a reasonably good background of medical education fulfilling certain requirements.

Even though there can and should be no rigidity in regard to the teaching programme because of the differing requirements of countries, the broad outlines of the study of health and disease remain fundamentally the same throughout the world, including such matters as the development of an integrated teaching of different subjects in the medical curriculum and an attempt to change over, as far as possible, from the present system of filling the student’s mind with facts into a process of enabling him to learn for himself to make observations intelligently and to draw valid conclusions from them. There is, therefore, a broad area of common ground wherever medical education may be promoted.

Minimum requirements in respect of accommodation and equipment in relation to the number of admissions, teacher-student ratio, and beds strength per student for clinical teaching in different subjects can undoubtedly be laid down and recommended by an international organization such as the World Health Organization.

Annex 8

RELATIONS WITH UNICEF

REPORT BY THE DIRECTOR-GENERAL

1. Introduction

1.1 In pursuance of the request of the Eighth World Health Assembly in resolution WHA8.12, the Director-General submitted to the Executive Board at its seventeenth session a report setting out the developments in the Organization’s relations with UNICEF up to the time of that session. The report is reproduced in full as Annex 11 of Official Records No. 68. The present report deals with developments since the Board’s seventeenth session.

1.2 The Executive Board adopted resolution EB17.R50 in which, inter alia, it “expresses its satisfaction with the arrangements now arrived at in the financial relations between UNICEF and WHO”. The attention of the Ninth World Health Assembly is also invited to paragraphs 2 and 3 of that resolution.

2. Inter-secretariat Understanding on Detailed Financial Arrangements

2.1 The Seventh World Health Assembly in resolution WHA7.41, inter alia, requested “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 in order that adjustments in one programme will not necessitate consequential adjustments in the other programme”.

2.2 In order to comply with this request, an exchange of correspondence between the Director-General and the Executive Director of UNICEF took place in the latter half of 1955 and the early part of 1956 with regard particularly to the arrangements for financing new jointly assisted UNICEF/WHO projects which would later be financed either from regular funds of the Organization or from Technical Assistance funds, depending upon requests of governments. As a result of that correspondence, it has been agreed between the two organizations that:

(a) Where a new jointly assisted project is to start before budgetary provision can be made by WHO and the continued financing of the project is expected to be provided under regular funds in the annual programme and budget estimates of WHO, UNICEF will reimburse the costs of the international health personnel, including the experts’ project service allowances and subsistence costs during travel within the country;

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1 See resolution WHA9.35 and minutes of the tenth meeting of the Committee on Programme and Budget.
with regard to these latter costs, this arrangement will allow for their uniform treatment throughout the duration of the project, since these costs are met by the Organization when the project is financed from regular funds.

(b) Where the continued financing of a new jointly assisted project is expected to be requested by the government from Technical Assistance funds, the initial financing being undertaken by UNICEF reimbursement, UNICEF will reimburse the costs of the international health personnel, except the experts’ project service allowances and subsistence costs during travel within the country; these latter costs, through an arrangement agreed with the secretariat of the Technical Assistance Board, will be met under the local costs plan applicable to projects financed from Technical Assistance funds. These arrangements will also provide for a uniform treatment of the project service allowances and subsistence costs of experts throughout the duration of the project.

3. Action taken by the UNICEF Executive Board at its March 1956 Session

3.1 Representatives of the Director-General attended the meetings of the March 1956 session of the UNICEF Executive Board to provide any information the UNICEF Board required. At that session there were no discussions on the principles of the financial relations between UNICEF and WHO. However, satisfaction was again expressed over the arrangements which had been established in those relations as a result of the actions taken by the Eighth World Health Assembly and by the UNICEF Executive Board at its September 1955 session. In the course of the meetings the principle was also reaffirmed that UNICEF would assume the costs of international health personnel in jointly assisted projects to be started before WHO was able to make budgetary provision therefor because of the difference in the budgetary cycles of the two organizations.

3.2 The UNICEF Board approved allocations of funds for the procurement of supplies and equipment for a number of jointly assisted UNICEF/WHO projects. Of these allocations an amount of approximately $3 250 000 was for malaria eradication, representing approximately 39 per cent. of the total allocations made at that session. It was also estimated that for this purpose a total of some $7 million would be allocated during 1956 and that an amount of $10 million would be required annually in succeeding years up to 1960. In the Programme Committee of the UNICEF Executive Board “some concern was expressed about the $10 million a year which malaria eradication would require. This would be more acceptable if total resources were in the neighbourhood of $25 million a year, rather than $20 million. Although unallocated resources would permit the $10 million allocation for malaria in 1957 without further disproportion, the problem would be more pressing in 1958 unless $25 million in contributions were forthcoming. Concern was expressed that commitments for malaria eradication ought not to go beyond $10 million a year. The Administration was requested to exercise caution in submitting any new project which would require continuing commitments.”

3.3 The UNICEF Executive Board also approved an allocation of funds in the amount of $11 000 to reimburse WHO for the costs of the international health personnel in 1956 in the case of one jointly assisted project. Provision has been made for the continued costs of this project by WHO under regular funds as from 1957 in the proposed programme and budget estimates for that year, in accordance with paragraphs 2 and 5 of resolution WHA8.12 of the Eighth World Health Assembly. In submitting his recommendation for this allocation, the Executive Director drew the UNICEF Board’s attention to the request of the World Health Assembly referred to in paragraph 2.1 above and to the consequent need in the case of this particular project to follow the detailed arrangements as outlined in paragraph 2.2(a) above.

3.4 With this allocation for the costs of international health personnel in the one project just referred to, the UNICEF Executive Board has approved allocations of funds for 1956 for such personnel in all projects shown under Other Extra-Budgetary Funds in the 1956 column of Official Records No. 66, except in the case of four of them, which, as reported in Official Records No. 68, Annex 11, page 86, have at the request of the governments concerned been approved for financing in 1956 under the Technical Assistance Programme.

1 UN document E/ICEF/L.913
RELATIONS BETWEEN THE INTERNATIONAL BUREAU FOR THE PROTECTION
OF INDUSTRIAL PROPERTY AND THE WORLD HEALTH ORGANIZATION

1. Letter, dated 13 February 1956, from the Director-General of the World Health Organization to
the Director of the International Bureau for the
Protection of Industrial Property

I have the honour to refer to the conversations held
between the representatives of the International
Bureau for the Protection of Industrial Property and
the World Health Organization concerning the
institution of formal relations between our two
organizations.

Pursuant to these conversations, I would therefore
propose that the following provisions should govern
the relations between the International Bureau for
the Protection of Industrial Property and the World
Health Organization:

Co-operation and Consultation

1. To facilitate the accomplishment of their
respective tasks as set forth in the Constitution of the
World Health Organization and in the Union Conven-
tion of Paris, 20 March 1883, for the Protection
of Industrial Property, revised at Brussels, 14 De-
cember 1900, at Washington, 2 June 1911, at The
Hague, 6 November 1925, and at London, 2 June
1934, the World Health Organization, hereinafter
referred to as “WHO”, and the International
Bureau for the Protection of Industrial Property,
hereinafter referred to as the “International Bu-
reau”, agree to act in close collaboration and to
consult each other regularly on all matters of common
interest.

2. To this end the International Bureau recognizes
WHO under its Constitution as the directing and
co-ordinating authority on international health work
with, in particular, the function to develop, establish
and promote international standards with respect to
food, biological, pharmaceutical and similar pro-
ducts, and WHO recognizes the International
Bureau as the competent international authority in
respect of the States parties to the Union conventions
and related arrangements for the regulation of
patents, utility models, industrial designs or models
and trade marks.

3. In case of doubt as to the division of responsi-
bility between the two organizations concerning any
projected activity or programme of work, the organi-
ization initiating such activity or programme shall
consult the other with a view to adjusting the matter
by mutual agreement, either by referring it to an
appropriate joint committee as provided in para-
graphs 8 and 9 or by other means.

Reciprocal Representation

4. Representatives of WHO shall be invited to
attend conferences convened for the purpose of
revising the Union Convention of Paris, the Consulta-
tive Committees of the Union and similar bodies of
the Limited Unions and Expert Committees con-
vened by the International Bureau and to participate
without vote in the deliberations of these bodies
with respect to items on their agenda in which WHO
has an interest.

5. Representatives of the International Bureau
shall be invited to attend the meetings of the Executive
Board of WHO and the World Health Assembly and
to participate without vote in the deliberations of
these bodies and of their commissions and com-
mittees with respect to items on their agenda in
which the International Bureau has an interest.

6. Appropriate arrangements shall be made by
agreement between the Director-General of WHO
and the Director of the International Bureau for the
reciprocal representation of WHO and of the Inter-
national Bureau at other meetings convened under
their respective auspices which consider matters in
which the other organization has an interest.

7. After such preliminary consultation as may be
necessary, each organization shall include in the
agenda of the meetings referred to in paragraphs 4,
5 and 6 any question which has been submitted to
it by the other organization.

Joint Committees

8. WHO and the International Bureau may refer
to a joint committee any question of common
interest which it may appear desirable to refer to
such a committee.
9. Any such joint committee shall consist of representatives appointed by each organization, the number to be appointed by each being decided by agreement between the two organizations.

Exchange of Information and Documents

10. The Secretariat of each organization agrees to keep the other fully informed concerning all projected activities and programmes of work on which there may be mutual interest.

11. Subject to such arrangements as may be necessary for the safeguarding of confidential material, the fullest and promptest exchange of documents shall be made between WHO and the International Bureau.

12. The Director-General of WHO and the Director of the International Bureau, or their representatives, shall upon the request of either party, consult each other regarding the provision by either organization of such special information as may be of interest to the other.

If these principles are acceptable to your Organization, I propose that this letter and your reply in similar terms be considered as establishing the basis for the relations between the International Bureau for the Protection of Industrial Property and the World Health Organization.

2. Letter, dated 9 March 1956, from the Director of the International Bureau for the Protection of Industrial Property to the Director-General of the World Health Organization

I have the honour to refer to the conversations held between the representatives of the World Health Organization and the International Bureau of the Union for the Protection of Industrial Property concerning the institution of formal relations between our two organizations, as to your letter dated 13 February 1956.

The International Bureau of the Union for the Protection of Industrial Property agrees, on its part, that the following provisions should govern the relations between the World Health Organization and itself:

Co-operation and Consultation

1. To facilitate the accomplishment of their respective tasks as set forth in the Constitution of the World Health Organization and in the Union Convention of Paris, March 20, 1883, for the Protection of Industrial Property, revised at Brussels, 14 December 1900, at Washington, 2 June 1911, at The Hague, 6 November 1925, and at London, 2 June 1934, the World Health Organization, hereinafter referred to as "WHO", and the International Bureau for the Protection of Industrial Property, hereinafter referred to as the "International Bureau", agree to act in close collaboration and to consult each other regularly on all matters of common interest.

2. To this end the International Bureau recognizes WHO under its Constitution as the directing and co-ordinating authority on international health work with, in particular, the function to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products, and WHO recognizes the International Bureau as the competent international authority in respect of the States parties to the Union conventions and related arrangements for the regulation of patents, utility models, industrial designs or models and trade marks.

3. In case of doubt as to the division of responsibility between the two organizations concerning any projected activity or programme of work, the organization initiating such activity or programme shall consult the other with a view to adjusting the matter by mutual agreement, either by referring it to an appropriate joint committee as provided in paragraphs 8 and 9 or by other means.

Reciprocal Representation

4. Representatives of WHO shall be invited to attend conferences convened for the purpose of revising the Union Convention of Paris, the Consultative Committees of the Union and similar bodies of the Limited Unions and Expert Committees convened by the International Bureau and to participate without vote in the deliberations of these bodies with respect to items on their agenda in which WHO has an interest.

5. Representatives of the International Bureau shall be invited to attend the meetings of the Executive Board of WHO and the World Health Assembly and to participate without vote in the deliberations of these bodies and of their commissions and committees with respect to items on their agenda in which the International Bureau has an interest.

6. Appropriate arrangements shall be made by agreement between the Director-General of WHO and the Director of the International Bureau for the reciprocal representation of WHO and of the International Bureau at other meetings convened under their respective auspices which consider matters in which the other organization has an interest.
7. After such preliminary consultation as may be necessary, each organization shall include in the agenda of the meetings referred to in paragraphs 4, 5 and 6 any question which has been submitted to it by the other organization.

**Joint Committees**

8. WHO and the International Bureau may refer to a joint committee any question of common interest which it may appear desirable to refer to such a committee.

9. Any such joint committee shall consist of representatives appointed by each organization, the number to be appointed by each being decided by agreement between the two organizations.

**Exchange of Information and Documents**

10. The Secretariat of each organization agrees to keep the other fully informed concerning all projected activities and programmes of work on which there may be mutual interest.

11. Subject to such arrangements as may be necessary for the safeguarding of confidential material, the fullest and promptest exchange of documents shall be made between WHO and the International Bureau.

12. The Director-General of WHO and the Director of the International Bureau, or their representatives, shall upon the request of either party, consult each other regarding the provision by either organization of such special information as may be of interest to the other.

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**Annex 10**

[A9/AFL/7 — 10 April 1956]

PROPOSED AMENDMENT TO THE CONSTITUTION TO INCREASE THE NUMBER OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD (ARTICLES 24 AND 25)

**Proposal by the Government of Belgium**

The Director-General has the honour to draw the attention of the Ninth World Health Assembly to the following communication from the Government of Belgium proposing amendments to the Constitution of the World Health Organization, with the aim of increasing the number of persons designated to serve on the Executive Board.

Letter from the Government of Belgium, dated 30 September 1955, received 3 October 1955 (translation from the French)

On the basis of the provisions of the rules in force, and particularly in order to enable you to comply with those of Article 73 of the Constitution, I should be glad if you would place the following amendment on the agenda of the next World Health Assembly.

The amendment proposed by my Government would read 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 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.

The text of the proposed amendments was communicated to Members and Associate Members of the Organization on 14 October 1955 in compliance with Article 73 of the Constitution.

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1 See resolution WHA9.51 and minutes of the seventh and eighth meetings of the Committee on Administration, Finance and Legal Matters.

2 By circular letter No. C.L.30, 1955
RIGHTS AND OBLIGATIONS OF ASSOCIATE MEMBERS AND OTHER TERRITORIES IN THE WORLD HEALTH ASSEMBLY, THE EXECUTIVE BOARD AND REGIONAL ORGANIZATIONS

PROPOSAL BY THE GOVERNMENT OF VIET NAM

The Director-General has the honour to submit to the Ninth World Health Assembly the following communication from the Government of Viet Nam:


In reply to your letter C.L.23.1955, W3/87/1(9), of 8 August 1955, I have the honour to inform you that the Government of Viet Nam requests you to be good enough to place the following item on the provisional agenda of the Ninth World Health Assembly:

Revision of the Rights and obligations of Associate Members and other territories, as established by the two following texts:

(1) text adopted by the First World Health Assembly (Off. Rec. Wld Hlth Org. 13, 100, 337);\(^2\)
(2) text adopted by the Second World Health Assembly (Off. Rec. Wld Hlth Org. 21, 55).\(^2\)

The amendment proposed by my Government to the first text is as follows:

Paragraph 1

(i) replace the words “without vote” by the words “with voting rights”;

(iii) delete the words “subject to the limitation on voting in paragraph (i) above”.

The amendment proposed with respect to the second text [resolution WHA2.103] is as follows:

Paragraph 3 (2) — delete and replace by:

“Associate Members shall have, in the regional organizations, all the rights and obligations of Member States in the region”;

Paragraph 3 (4) — delete and replace by:

“Territories and groups of territories which are not responsible for the conduct of their international relations and which are not Associate Members shall have, in the regional organizations, all rights and obligations with the exception of voting rights in plenary meetings of the regional committee or in any subdivision dealing with finance or constitutional matters. Nevertheless, the above-mentioned rights and obligations shall not be applicable until after consultation with the Member States of the region in question—as defined in paragraph 1 of this resolution—and with the Member States or other authority responsible for the conduct of the international relations of such territories”.

Paragraph 5 — replace the words “submit to the Fifth World Health Assembly at the latest” by “submit to the next World Health Assembly”.

My Government’s desire in proposing to the Assembly the above-mentioned amendments is to obtain the revision of the rights and obligations of Associate Members—a wish already expressed by certain Member States and Associate Members during recent Assembly sessions.

If the above-mentioned amendments were approved by the Ninth World Health Assembly, Associate Members would have all the rights and obligations of Member States with the sole exception of the right to participate in the Executive Board, which is reserved to Member States.

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1 See resolution WHA9.52 and minutes of the seventh and ninth meetings of the Committee on Administration, Finance and Legal Matters.

2 Also published in the Handbook of Resolutions and Decisions, 3rd ed., p. 181 (resolution [WHA1.80]) and p. 182 (resolution WHA2.103)
PEACEFUL USES OF ATOMIC ENERGY

REPORT BY THE DIRECTOR-GENERAL

1. General

1.1 The developments in regard to the peaceful uses of atomic energy, between the Director-General's report to the Eighth World Health Assembly and the seventeenth session of the Executive Board, in January and February 1956, are set out in Annex 15 to the report of that session of the Board and its appendices.

1.2 Before reviewing the present position, it may be useful to set out the various bodies which have been or are being set up to deal with this subject, and to give a rough indication of their several responsibilities.

1.3 In December 1954, the General Assembly of the United Nations, in its resolution 810 (IX), expressed the hope that an International Atomic Energy Agency would be established without delay.

1.4 In the same resolution, the General Assembly decided that an international technical conference of governments should be held and that the preparations for it should be entrusted to an advisory committee composed of representatives of seven governments. The International Conference on the Peaceful Uses of Atomic Energy was held at Geneva in August 1955.

1.5 The subjects of resolution 810 (IX) concerned the United Nations and several specialized agencies. The co-ordination of their work is normally the function of the Administrative Committee on Co-ordination (ACC) but, as much of the work in connexion with the peaceful uses of atomic energy requires specialized and technical knowledge, its co-ordination was entrusted to a sub-committee of the ACC, established in October 1955 for that purpose and known as the Atomic Energy Sub-

Committee of the Administrative Committee on Co-ordination. The Secretary-General of the United Nations is Chairman both of this Sub-Committee and of the Advisory Committee mentioned in paragraph 1.4, and so provides a link between the two bodies.

1.6 In December 1955, the General Assembly of the United Nations discussed in its First Committee (political and security matters) what had been done and what further action should be taken in pursuance of resolution 810 (IX). WHO and other specialized agencies attended these discussions, it being the first time that WHO has taken part in the work of the First Committee. The General Assembly at that session adopted resolution 912 (X), in which it recommended that a second international conference of the same kind should be held in two or three years' time and that the Advisory Committee on Atomic Energy, mentioned in paragraph 1.4 above, should be continued, with rather wider terms of reference, to assist the Secretary-General.

1.7 The General Assembly at the same session, in its resolution 913 (X), established the United Nations Scientific Committee on the Effects of Atomic Radiation, to receive, collate and disseminate recommendations, reports and other information about the effects of ionizing radiation on man and his environment.

1.8 In this paper, these four bodies will be referred to as, respectively, the International Atomic Energy Agency, the ACC Atomic Energy Sub-Committee, the Advisory Committee and the Scientific Committee on the Effects of Atomic Radiation.

2. The International Atomic Energy Agency

2.1 Some of the questions that have to be considered in framing the constitution of a new international agency are set out in Appendix 6 to Annex 15 to the
Report of the seventeenth session of the Executive Board and the annex itself contains extracts from a non-official draft of the constitution of the International Atomic Energy Agency. The governments sponsoring the new agency held a meeting in Washington in February 1956 to consider this draft. The specialized agencies were not represented at the meeting, but the Secretary-General sent to the Director-General in January a preliminary draft of a study on the relationship of the International Atomic Energy Agency to the United Nations, and asked for comments. The Director-General's comments were addressed principally to the necessity of making explicit mandatory provision in the constitution of the new agency as to its relations with the specialized agencies as well as with the United Nations; and he suggested that the provisions for this purpose in the Charter of the United Nations and in the constitutions of the specialized agencies provided a relevant and useful parallel. Detailed working arrangements could then be agreed on at a later stage and embodied in agreements between the new agency and the specialized agencies, on the lines of the agreements that had been made between the specialized agencies and the United Nations and between specialized agencies.

2.2 A revised draft statute is now available from semi-official sources; the articles of this new draft, quoted in Appendix 1 to this annex, are of particular interest in so far as they concern the terms of reference of the new agency and its possible relationship with WHO. It will be noted that among the functions of the new agency, as there stated, are the interchange of scientific information and the protection of health in relation to atomic energy projects; also that agreements may be made with "any other organizations the work of which is related to that of the Agency". It is understood that this draft constitution will be considered at a general conference of Member States of the United Nations and its specialized agencies at New York in September 1956. It is hoped that the specialized agencies themselves will also be invited to this conference.

3. The Atomic Energy Sub-Committee of the Administrative Committee on Co-ordination

3.1 This sub-committee has held one preliminary meeting in December 1955, which was convened by the Secretary-General primarily to discuss the functions, procedures and general scope of work of the Sub-Committee. Some of the specialized agencies were not yet in a position to discuss other questions, but points of substance were raised by some representatives. The more important of these points related to the several responsibilities of the agencies and their relation to the proposed International Atomic Energy Agency. The representatives of some of the specialized agencies put before the Sub-Committee the relevant work on which they were engaged or which they proposed to undertake, and the statement presented by WHO is reproduced in Appendix 5 to Annex 15 to the report of the seventeenth session of the Executive Board.

3.2 Representatives of some other specialized agencies mentioned fields of work in some of which WHO is concerned. UNESCO proposes to undertake in 1957 and 1958 a study of the effects of all kinds of radiation on the life, growth and reproduction of cells, and hoped that FAO and WHO would take part in the study. It will be important to the basic study of cancer. UNESCO also proposes a study of the effects of radioactive substances on life, and to organize a series of symposia. This is a very broad subject which will call for co-ordination between agencies. FAO has for some time been interested in the possible effects of ionizing radiation on agriculture and food supplies, and ILO, UNESCO, WHO, ICAO and the Transport and Communications Division of the United Nations are concerned with problems of the transport of radio-isotopes. WHO's investigation of the effects of radiation on man will be of interest to ICAO in this connexion and of more general interest to ILO.

3.3 The second meeting of the ACC Atomic Energy Sub-Committee, which will consider more fully the work that should be undertaken by the United Nations and the several specialized agencies, was expected to take place in March 1956; but the meeting has been twice postponed and will probably be held in July.

4. The United Nations Scientific Committee on the Effects of Atomic Radiation

4.1 The Scientific Committee on Radiation held its first session at New York in March 1956 and at its first meeting agreed that the specialized agencies might be represented by observers. WHO was so represented and submitted to the Committee the paper reproduced as Appendix 2 to this annex. The Committee considered the following particular subjects: (i) genetics; (ii) the effects of radiation by internally absorbed isotopes; (iii) the effects of external radiation; (iv) natural radiation back-
ground; (v) exposures during medical procedures; (vi) occupational exposure, and (vii) environmental contamination.

4.2 It will be noted from the General Assembly resolution 913 (X), mentioned in paragraph 1.7 above, that the main function of the Scientific Committee on Radiation is "to receive and assemble in an appropriate and useful form... information furnished by States Members of the United Nations or members of the specialized agencies" on problems relating to the effects of ionizing radiation on man and his environment, and that the resolution "requests the specialized agencies to concert with the Committee concerning any work they may be doing or contemplating within the sphere of the Committee's terms of reference to assure proper coordination." Paragraph 2 (a) (ii) of the resolution, for example, refers to "reports on scientific observations and experiments relevant to the effects of ionizing radiation upon man and his environment", which will include or touch on several questions in which WHO is interested. But these terms of reference cover a very wide field and in fact there was at this first session no indication that the Committee proposed itself to undertake investigations that fell within the competence of the specialized agencies; it appeared that it would rather seek cooperation and assistance.

4.3 The Committee's terms of reference limit its direct sources of information to Member States of the United Nations and of the specialized agencies, and provide for consultation with the specialized agencies, but it was said that the Committee should use all the information available to it, whatever its source. (It is understood that, for example, the International Commission on Radiological Protection and the International Commission on Radiological Units could submit to WHO any information that they thought should be brought to the notice of the Committee.)

4.4 The following are some extracts from the report of the Committee on the scope of its work, of more particular medical interest:

Genetics

This year the human geneticists will meet at a congress on human genetics. This opportunity should be used, with the assistance of the World Health Organization, to seek advice about the possibility of setting up a standard of recognition for one or more clearly recognizable medical conditions thought to be largely or solely genetic in origin.

The effects of irradiation by internally absorbed isotopes and the effects of external radiation

The Committee considers that information should be collected on the physiological and pathological changes caused by the retention of known amounts of radioactive substances in the body and by external irradiation. The information should be obtained by examining:

(a) patients who are under radiation therapy or radio-isotope treatment or have undergone repeated radiological examinations;
(b) workers exposed to external irradiation hazards or internal radioactive contamination.

In both cases, attention is drawn to the need to maintain proper medical and health records.

In carrying out observations, attention should be given in particular, but not limited, to the following conditions:

(a) leukaemia and cancer observed in adults (cutaneous epitheliomas, lung cancer, cancer of the thyroid, sarcomas, etc.), malignancies observed in children (cancer of the thyroid, etc.);
(b) physiopathological changes in the blood and marrow, and in the electro-encephalogram; biochemical changes (urinary elimination of amino-acids, plasmatic and urinary enzymes).

The Committee considers further that the results of work already done should be collected and studied and that new research should be encouraged, in particular in the following fields:

(a) Fundamental research on

(iii) modifications of immunological phenomena and pathogenic action of infectious agents after irradiation of the host;

Exposures during medical procedures and occupational exposure

The Committee should establish means of speedy collection and dissemination of information on any accidental over-exposure of human beings.

The Committee seeks information as to the amount of irradiation, particularly to the gonads, resulting from medical procedures such as diagnostic radiological examinations.

The Committee recommends that continuing personal files be maintained for all individuals whose occupation exposes them to ionizing
radiations. These files should include the results of relevant periodic medical examinations.

The Committee recommends that the personal files for all whose occupation exposes them to ionizing radiations include histories of intercurrent infections.

4.5 Since its first session, the Committee has issued to Member States of the United Nations or of specialized agencies questionnaires asking for information on some matters within its terms of reference.

5. The United Nations Advisory Committee on Atomic Energy

5.1 The Advisory Committee met in March 1956. The specialized agencies were not invited to attend this session. It should be noted that the Director-General had cabled to the Secretary-General, calling attention to paragraph B 6 of General Assembly resolution 810 (IX) (referred to in paragraph 1.3 above), which suggests consultation between the Advisory Committee and the competent specialized agencies, including WHO, on plans for an international conference on the peaceful uses of atomic energy.

6. Action Taken by some other Specialized Agencies

6.1 Before the further action taken and contemplated by WHO is described, it may be useful at this point to mention shortly the proposals of some other specialized agencies. ILO's participation in work relating to the peaceful uses of atomic energy was considered by its Governing Body in November 1955. It authorized the Director-General to submit proposals for a small technical committee to review the safety and health aspects of the problem, to meet requests for technical assistance in this field and to submit from time to time reports on training problems and labour-management relations arising out of the use of atomic energy.

The Conference of FAO at its eighth session approved FAO's co-operation in the international atomic energy programme. It considered that FAO has a responsibility for assisting in the exchange of information, especially concerning the progress and applications of research in its field of competence, and authorized a post for a professional officer in this field.

The Executive Board of UNESCO, in November 1955, requested the Director-General to include in the draft programme for 1957 and 1958 proposals for co-operation in the inter-agency programme for the peaceful utilization of atomic energy through basic research in this and related scientific fields, training of specialists and diffusion of scientific knowledge. In April 1956 at its forty-third session, it approved an agreement between UNESCO and the European Organization for Nuclear Research (CERN). At the same session the UNESCO Executive Board also authorized the Director-General to make available to the United Nations Scientific Committee on the effects of atomic radiation any information he might be able to obtain, particularly from the International Council of Scientific Unions; to foster the use of radio-isotopes in scientific research, especially by facilitating their rapid transit to laboratories in the territories of Member States; to continue the promotion of basic research on cell biology, animal and plant genetics and radio-biology, and to take preliminary steps with a view to convening as soon as possible an international conference on the training of specialists in peaceful uses of atomic energy.¹

7. Further Action Taken and Contemplated by WHO

7.1 The course for health physicists, held in Stockholm in 1955, and organized jointly by the Government of Sweden, the Atomic Energy Commission of the United States of America, and WHO, is mentioned in Annex 15 to the report of the seventeenth session of the Executive Board.²

8. Admission to Official Relationship of ICRP and ICRU

8.1 Two important non-governmental organizations were admitted to official relations with WHO by resolution EB17.R66 of the seventeenth session of the Executive Board: the International Commission on Radiological Protection (ICRP) and the International Commission on Radiological Units (ICRU).

8.2 In April 1956, those commissions held a joint conference, at which WHO was represented by an observer, to consider and revise their recommendations. The two commissions invited members of the WHO secretariat to take part in a joint informal seminar; and they had previously assisted WHO to select appropriate members for the WHO study

¹ For text of the resolution see UNESCO document 43 EX/Decisions, section 7.4.2.
² Off. Rec. Wld Hlth Org. 68, 126
group on radiological units and radiological protection, and gave advice on the agenda for the study group mentioned below.

9. Study Group on Radiological Units and Radiological Protection

This study group, convened by the Director-General, met later in April and considered the general work of WHO on protection against radiation and on the disposal of radioactive waste, how WHO could help in establishing adequate x-ray and radio-isotope standards for medical use, and how such standards could be distributed; the training of technical workers; the desirable modifications in medical education; and the disposal of radioactive waste, with proper regard to public health. The final report of the study group will be presented by the Director-General to the Executive Board at a coming session.

10. Study Group on the Effect of Radiation on Human Genetics (in preparation)

In August 1956 the Director-General will convene in Copenhagen another study group, on the effect of radiation on human genetics, immediately after the meeting there of the International Congress on Human Genetics. The convening of this study group will give effect to the views expressed by the Executive Board, in its resolution EB17.R49, after it had considered the proposal submitted by the Government of Denmark to the seventeenth session, and is within the programme of work of the United Nations Scientific Committee on the Effects of Radiation. The main points of the agenda are: consideration of the more clearly recognizable medical conditions thought to be largely or solely genetic in origin; the general practicability of human genetic surveys in areas of high natural background and of the collection of genetic data from the offspring of radiologically exposed cases; an attempt to assess how far animal data are applicable to human genetics.

11. WHO and Future International Conferences on the Peaceful Uses of Atomic Energy

The contribution of WHO to the 1955 International Conference at Geneva is reported in Annex 15 to the report of the seventeenth session of the Executive Board. As already stated in paragraph 1.6 above, resolution 912 (X) of the General Assembly recommended that a second international conference on the same subject should be held in two or three years' time. In the Atomic Energy Sub-Committee of the ACC, the representatives of WHO expressed the view, in which they were supported by the representatives of FAO, that it might be preferable to convene a number of smaller conferences, attended by experts in particular branches of the subject.

12. Financial Implications

Attention is called to the statement in the Proposed Programme and Budget Estimates for 1957, to the effect that the budgetary provision so far made for work by WHO in connexion with the peaceful uses of atomic energy is on a modest scale, because the definite proposals submitted are mainly concerned with preliminary investigations and co-ordination, and that the work may well develop beyond these initial limits and require the Organization to assume greater financial obligations.

Appendix 1

EXcerPTS FROM THE DRAFT STATUTE OF THE INTERNATIONAL ATOMIC ENERGY AGENCY

**Article II — Objectives**

The Agency shall seek to accelerate and enlarge the contribution of atomic energy to the peace, health, and prosperity of the world. It shall ensure, so far as it is able, that assistance provided by it or at its request or under its supervision or control is not used in such a way as to further any military purpose.

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1 See OfR. Rec. Wld Hlth Org. 68, 146.
2 OfR. Rec. Wld Hlth Org. 66, XV
3 United Nations Communication to the Press No. 1285 of 24 April 1956

**Article III — Functions**

A. The Agency shall be authorized:

1. to encourage and assist research on, and development and practical application of, atomic energy for peaceful uses throughout the world; and, if requested to do so, to act as an intermediary for the purposes of securing the performance of services or the supplying of materials, equipment, or facilities by one Member of the Agency for another; and to perform any operation or service useful in the practical application of atomic energy for peaceful purposes;

2. to make provision, in accordance with this statute, for materials, services, equipment, and facilities to meet the
needs of research on, and development and practical application of, atomic energy for peaceful purposes, including the production of electric power, with due consideration for the needs of the under-developed areas of the world; 
3. to foster the exchange of scientific and technical information on peaceful uses of atomic energy; 
4. to encourage the exchange of scientists and experts in the field of peaceful uses of atomic energy; 

B. In carrying out its functions, the Agency shall:

4. submit reports on its activities to the General Assembly of the United Nations and, when appropriate, to the Security Council: if, in connexion with the activities of the Agency, there should arise questions that are within the competence of the Security Council, the Agency shall notify the Security Council, as the organ bearing the main responsibility for the maintenance of international peace and security, and may also take the measures open to it under this statute, including those provided in paragraph C of Article XII; 
5. submit reports to the Economic and Social Council and other organs of the United Nations on matters within the competence of these organs.

Article VIII — Exchange of Information

A. Each Member should make available such information as would, in the judgement of the Member, be helpful to the Agency.

B. Each Member shall make available to the Agency all scientific information developed as a result of assistance extended by the Agency pursuant to Article XI.

C. The Agency shall assemble and make available in an accessible form the information made available to it under paragraphs A and B of this article. It shall take positive steps to encourage the exchange among its Members of information relating to the nature and peaceful uses of atomic energy and shall serve as an intermediary among its Members for this purpose.

Article IX — Supplying of Materials

I. The Agency shall as soon as practicable establish or acquire such of the following as may be necessary:

3. adequate health and safety measures; 

Article XI — Agency Projects

E. Before approving a project under this Article, the Board of Governors shall give due consideration to:

3. the adequacy of proposed health and safety standards for handling and storing materials and for operating facilities; 

F. Upon approving a project, the Agency shall enter into an agreement with the Members or group of Members submitting the project, which agreement shall:

2. provide for transfer of special fissionable materials from their then place of custody, whether the materials be in the custody of the Agency or of the Member making them available for use in Agency projects, to the Member or group of Members submitting the project, under conditions which ensure the safety of any shipment required and meet applicable health and safety standards;

Article XII — Agency Safeguards

A. With respect to any Agency project or other arrangement where the Agency is requested by the parties concerned to apply safeguards, the Agency shall have the following rights and responsibilities to the extent relevant to the project or arrangement:

2. to require the observance of any health and safety measures prescribed by the Agency;

B. The Agency shall, as necessary, establish a staff of inspectors. The staff of inspectors shall have the responsibility of examining all operations conducted by the Agency itself to determine whether the Agency is complying with the health and safety measures prescribed by it for application to projects subject to its approval, supervision or control.

Article XVI — Relationship with Other Organizations

A. The Board of Governors, with the approval of the General Conference, is authorized to enter into an agreement or agreements establishing an appropriate relationship between the Agency and the United Nations and any other organizations the work of which is related to that of the Agency.

B. The agreement or agreements establishing the relationship of the Agency and the United Nations shall provide for:

1. submission by the Agency of reports as provided for in sub-paragraphs B.4 and B.5 of Article III; 
2. consideration by the Agency of resolutions relating to it adopted by the General Assembly or any of the Councils of the United Nations and the submission of reports, when requested, to the appropriate organ of the United Nations on the action taken by the Agency or by its Members in accordance with this Statute as a result of such consideration.
Appendix 2

STATEMENT PRESENTED BY WHO TO THE UNITED NATIONS SCIENTIFIC COMMITTEE ON RADIATION

At its First Session in March 1956

The general policy of WHO on the health aspects of the peaceful uses of atomic energy is very shortly as follows:

(1) To help in the training of health personnel in atomic energy work by means of fellowships and courses. This includes the training of physicians and health physicists working at atomic energy installations and also public-health administrators. Aid in training medical users of radio-isotopes is also being given.

(2) To collect and distribute information on the health problems of atomic energy and on the use of radio-isotopes in medicine and public health. In this activity WHO is ready to co-operate with this committee as required.

(3) To take a particular interest in the health problems involved in the location of reactors and in radioactive waste disposal. These are in fact the problems of particular interest to public-health administrators.

(4) To encourage standardization of methods where this would be beneficial, in close collaboration with competent bodies, such as for instance the International Commission on Radiological Units.

(5) To encourage and co-ordinate research on the health aspects of radiation.

Under the last heading WHO has considered including work on the collection of information on radiation accidents with health implications, if this could be obtained. No doubt WHO would be the appropriate organization as a clearing-house and repository of this sort of information on a worldwide basis.

As mentioned in the report of the Working Group on Genetics, WHO is interested also in the effects of radiation on human genetics and is convening a study group at Copenhagen immediately after the meeting of the International Congress on Human Genetics this summer. Among the points to be discussed would be consideration of the more clearly recognizable medical conditions thought to be largely or solely genetic in origin. There would also be discussion on the general practicability of human genetic surveys in areas of high natural background, and of the collection of genetic data from the offspring of radiologically exposed cases. Also an attempt would be made to assess the degree of applicability of animal data to human genetics.

It may be considered that WHO might be able to help in co-ordinating the approach to certain investigations recommended by this committee. I am able to say that WHO would give the most favourable consideration to assisting in this sort of way those investigations of more direct relevance to health. For instance, informal meetings of representatives of national research institutions willing to participate in the surveys recommended by the Committee might be desirable to reach agreement on standardized procedures. This would be one example of the co-ordinating activity which WHO would be able to perform. Furthermore WHO might appoint a consultant to travel round institutions in different countries collecting the same information so as to follow up the work and ensure comparable results.

Annex 13

WHO PARTICIPATION IN THE UNITED NATIONS EXPANDED PROGRAMME OF TECHNICAL ASSISTANCE ¹

1. Report by the Director-General

1. Introduction

The Director-General made a comprehensive report on the developments in the United Nations Expanded Programme of Technical Assistance to the seventeenth session of the Executive Board.² The present report describes developments in the programme since January 1956.

The Executive Board, after reviewing the report of

¹ See resolutions WHA9.55, WHA9.56, WHA9.57 and WHA9.58 and minutes of the fourteenth and fifteenth meetings of the Committee on Programme and Budget.

² Off. Rec. Wld Hith Org. 68, Annex 14
2. Technical Assistance Programme for 1955

2.1 Report on Programme Operations

In addition to the information given in the Director-General's report to the seventeenth session of the Executive Board, statistics relating to field staff and fellowships give some indication of the increase in activities in the Programme in 1955, as compared with previous years. In all, 386 field personnel of 39 nationalities were engaged on WHO Technical Assistance projects in 1955, as compared with 344 in 1954 and 355 in 1953. In the year under review 545 fellowships were awarded, including provision for 81 participants in regional training courses and seminars, as compared with 278 fellowships awarded in 1954 and 238 in 1953. The projects carried out in 1955 are described in the Annual Report of the Director-General (Official Records No. 67, Part IV); the cost of the projects is shown in the Financial Report for 1955 (Official Records No. 70, pages 29 to 51).

2.2 Financing in 1955

The Director-General reported to the seventeenth session of the Executive Board that the Technical Assistance Board had earmarked for WHO a total of $4,907,641—that is, an earmarking equal to the total programme approved for implementation by WHO during 1955. However, an adjustment was later made in respect of certain services that WHO had been unable to utilize, so that the final earmarking was $4,868,661. The obligation of these funds is reported in the Financial Report, Official Records No. 70, Exhibit IV, page 13. Of the carry-over balance of $542,310, $379,718 represented supplies and equipment ordered before 30 November, but not delivered during 1955. This amount, in accordance with the financial regulations of the Technical Assistance Board, has been reallocated to WHO to meet the cost of these supplies and equipment in 1956.

3. Programme for 1956

3.1 The Director-General calls the attention of the World Health Assembly to the section, in his report to the Executive Board, on the implementation of the country programming procedure (Official Records No. 68, Annex 14, page 98). Since that time, the Executive Chairman of the Technical Assistance Board has approved the financing of the following additional projects from the Contingency Fund:

<table>
<thead>
<tr>
<th>Project Description</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordan (tuberculosis)</td>
<td>15,281</td>
</tr>
<tr>
<td>WHO participation in appraisal of fundamental education centres</td>
<td>700</td>
</tr>
</tbody>
</table>

3.3 Review of the 1956 Financial Situation

3.3.1 The Technical Assistance Board reviewed the 1956 financial situation at its March 1956 session. It noted that on the basis of the latest estimates the total income for 1956 shows a shortfall of approximately $2 million, compared with the total requirements for the 1956 approved Category I programme, which include a transfer of the final instalment of $3 million to the Working Capital and Reserve Fund. This situation resulted from two main factors:

(i) The unobligated balances in the hands of the participating organizations at the end of 1955 were considerably less than anticipated in October of that year, as a result of a greater implementation of the 1955 programme than estimated by the participating organizations at that time.

(ii) Because of a revision in exchange rates, one pledged contribution has a much smaller US dollar value than expected.

3.3.2 However, the Board decided to maintain the initial earmarking and to postpone action on supplementary earmarkings until the resumed session of the Board in May 1956. In the meanwhile the Board authorized the Executive Chairman to examine ways and means of bridging the estimated gap of approximately $2 million and to report the results to its May session.

4. Programme Planning for 1957

4.1 Procedure established by the Technical Assistance Board

The simplified procedure adopted by the Technical Assistance Board for planning the 1957 programme is reported in Official Records No. 68, Annex 14, pages 98 and 99.

4.2 Estimated Financial Position and Target Figures for Planning the 1957 Programme

Official Records No. 68, Annex 14, page 99, gives the estimated 1957 financial position, as established by the Technical Assistance Board in October 1955. The Board at its March 1956 session reviewed the
latest estimates for the 1957 financial availabilities and considered whether they justified the planning target of $23 million for the 1957 Category I field programme decided upon by the Board at its 34th session. The Board agreed that the information currently available on the financial prospects for 1957 would indicate a figure lower than $23 million as the planning target for the 1957 field programme. After taking into account all the relevant factors, the Board decided, however, to maintain its previous decision to fix the planning target for field operations for 1957 at $23 million. The representatives of WHO and ILO recorded their reservations on this decision. In their view, the planning target for field operations for 1957 should be established at a level not higher than $22 million, so as to avoid the necessity of a reduction of the programme activities later in the year through the device of earmarking of funds.

The Board also approved Category I and Category II country target figures and regional project figures, which have been communicated to the countries through established channels for the purpose of country programming.

5. **Summaries of Estimated Expenditure for Activities proposed under Technical Assistance**

The Proposed Programme and Budget Estimates for 1957, *Official Records* No. 66, includes in Annex 4, pages 386 to 388, summaries by purpose-of-expenditure code of the Technical Assistance Programme for 1955, 1956 and 1957, including Category I and Category II projects. Since that volume was published, it has become quite clear that Category II projects can be implemented in 1956 and 1957 only to the extent that operational savings accrue in the Category I projects, i.e., Category II projects are for substitution purposes. Therefore, in order that the Health Assembly may have a clear picture of the present situation, revisions of the two summary tables are given as Appendices 1 and 2.

6. **Policy on Regional Projects**

As a result of the decision of the Technical Assistance Committee that for planning purposes the amount to be devoted to regional projects should be limited to ten per cent., as reported to the Executive Board it became necessary in presenting the WHO planning figures for the 1957 programme to break down four inter-country programmes and incorporate them into the programmes of the participating countries, so as to remain within the ceiling.

No particular problems are now foreseen as a result of this decision.

The Executive Board in resolution EB17.R56, *inter alia,*

5. **CALLS ATTENTION** to the fact that certain activities in the field of health, particularly those directed to the control or eradication of communicable diseases, can best be carried out on the basis of inter-country co-operation;

As a result of requests from various regions for projects of an inter-country or regional nature, the Director-General proposes to submit to the Technical Assistance Board and the Technical Assistance Committee certain inter-country projects over the ten per cent. ceiling for special consideration and approval, as visualized by the Technical Assistance Committee at its meeting in November and December 1955 (*Official Records* No. 68, page 122).

7. **Country and Project Waivers of Local Subsistence Costs for International Staff**

The attention of the Health Assembly is called to the report of the Executive Board on this subject (*Official Records* No. 68, pages 100 and 101).

8. **Evaluation**

8.1 **Introduction**

In view of the interest of the Health Assembly in programme analysis and evaluation, the work of the Technical Assistance Committee on the evaluation of the Expanded Programme is reported in some detail.

The Technical Assistance Committee Working Group on the Evaluation of the Expanded Programme met from 4 to 6 April 1956 and submitted its report. The TAC Working Group had before it the following documents:

1. Review of technical assistance activities in six selected countries and of the Fellowship Programme, 1951-1954 : report of the Technical Assistance Board.

2. Replies of governments to the questionnaire of the TAC Working Group on the evaluation of technical assistance activities : report of the Technical Assistance Board.

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3. UN document E/TAC/SC.1/R.1

4. UN document E/TAC/SC.1/R.2 and add.1
3. General summary of the replies of governments to the questionnaire of the TAC Working Group on the evaluation of technical assistance activities: report of the Technical Assistance Board.¹

8.2 General Conclusions

The Working Group noted that the countries which had replied to the questionnaire represented approximately 50 per cent. of the annual field operations and therefore agreed that the information in the replies provided a representative cross-section of the views of the recipient countries on the value and accomplishments of the programme over the past five and a half years, and served as a useful basis for its discussion. The Group noted with satisfaction that the countries had testified that the Expanded Programme activities were beneficial and useful to their economic development.

On the objectives of evaluation, the Group noted that advances in economic and social fields, to which the Expanded Programme activities made a vital yet small contribution, did not lend themselves to a statistical measurement; it therefore reiterated the view that an academic or scientific approach to the evaluation of programme activities would be impractical. The Group, however, agreed that the evaluation might serve as a broad guide for determining (i) whether the activities were capable of promoting the basic objectives of the programme, (ii) the extent to which the goals of the programme were being progressively realized, and (iii) whether the experience indicated ways and means of further raising the effectiveness as well as the impact of the programme activities on the economic development of the assisted countries.

On the effectiveness of the programme activities, the Group noted with gratification that significant results had been achieved in a large proportion of the Technical Assistance activities undertaken in the past five years.

8.3 Specific Recommendations

The Group made the following recommendations:

(1) Planning and co-ordination machinery

Experience indicates that the recipient countries would derive greater benefits from the programme activities if they established sound and effective overall planning and co-ordination machinery where it did not exist or strengthened such machinery where it exists, and formulated effective co-ordination procedures.

(2) Channels of communication

The Group emphasized that the TAB resident representatives should act as co-ordinators of the negotiations between the United Nations and participating organizations, on the one hand, and the co-ordination unit designated by the recipient countries for country programming negotiations, on the other. It stressed that TAB resident representatives should always be treated as the principal channel of communications between the Technical Assistance Board and the recipient countries on general programming matters. The Group recommended that the Technical Assistance Committee should request the Technical Assistance Board to prepare a suggested minimum of good co-ordination practices and to bring them to the attention of all recipient countries.

(3) Employment of fellowship and scholarship holders on return to their countries

Regarding international fellowships and scholarships, the Group was gratified to note that about 80 per cent. of the fellows were employed on their return home in positions where their knowledge and experience were of greater advantage to their country. The Group considered that it would be very helpful if the recipient countries could make provision for a systematic collection of information on an annual basis, showing (i) the number of fellows who returned to the country, (ii) the number employed in positions of higher responsibility, (iii) the number who returned to the positions which they held before, or were transferred to some other positions not directly connected with their training, (iv) the number engaged in training their compatriots, (v) the number engaged in national development activities, and (vi) the number who replaced international experts. The Group recommended that the Technical Assistance Committee should request the Technical Assistance Board to obtain this information from the recipient countries for submission to the Technical Assistance Committee as a part of the annual report of the Technical Assistance Board to the Technical Assistance Committee.

(4) Development of training institutes within the recipient countries

The Group decided to request the Technical Assistance Committee to draw particular attention to the desirability of establishing national training institutions as an important development of the programme activities in the future.

¹ UN document E/TAC/SC.1/R.3
(5) **Basic framework of institutions**

The Group endorsed the view that the establishment of the basic institutional framework, with the provision of experts and equipment, should receive priority attention in the future.

(6) **Provision of equipment and supplies**

The Group agreed to request the Technical Assistance Committee to invite the attention of the recipient countries and the participating organizations to the importance of the most careful preparation of each project activity so as to take into account all the basic elements, including equipment and supplies, and also to draw the attention of all contributing countries to the increasing need for providing adequate amounts of equipment, particularly of the type of laboratory equipment, workshops or pilot plants, for demonstration and teaching purposes, as part of field activities.

(7) **Provision of counterpart personnel**

The Group decided to request the Technical Assistance Committee to draw the attention of the recipient countries and the participating organizations to the need to assure themselves that necessary preparations, such as the provision of (i) counterpart personnel, (ii) administrative facilities, (iii) local supplies, had been made by the requesting governments before field experts were assigned to their tasks.

(8) **Selection and briefing of experts**

The Group felt that the greatest possible care should be taken in the selection of experts, both from the standpoint of their technical competence and their ability to adapt themselves to local conditions, and that in briefing experts, emphasis should be placed on the need both for social adaptability and for concentrating on practical demonstration and teaching work.

(9) **Evaluation machinery**

The Group noted that few of the recipient countries had established a special evaluation machinery. It felt that some governments might wish to obtain advice in setting up practical evaluation procedures for the assessment of the progress of their development plans.

(10) **Continuity of operations and assured rate of expansion from year to year**

The Group noted that the assurance of a steady expansion in the level of programme activities from year to year was another prerequisite for its success.

(11) **Role of technical assistance in the process of economic growth and development**

The Group decided that the Technical Assistance Committee should request the Technical Assistance Board and the participating organizations (a) to examine carefully the reports submitted by experts on completion of their assignments, (b) to consider the factors which limit the implementation by recipient countries of the experts’ recommendations, and (c) to make an estimate of the amount of supplies and equipment, such as laboratories, workshops and pilot plants, which might be required in connexion with projects where the initial phases of surveys and recommendations had been completed. The Group further decided to invite the attention of the sponsors of the programme to the increasing need for expanding the concept of the programme so as to make possible a more generous provision of equipment, as a logical development of activities.

In so far as these considerations might imply continuing commitments for contributions, or the expansion of the programme substantially beyond its present dimensions, or the furnishing of equipment substantially beyond what is required for demonstration purposes, some members of the Group wished to enter reservations.

(12) **Future programme evaluation**

Regarding the future of the evaluation work, the Group concluded that the evaluation of the programme by way of reviews on the nature and accomplishments of the activities should be made a part of the annual report of the Technical Assistance Board to the Technical Assistance Committee and the Council and for this purpose the Group laid down a detailed procedure.

The Group also suggested that as a number of the participating organizations were themselves undertaking evaluation of their technical assistance activities, the Council should request them to cover information on these detailed points in their annual reports to the Council.

9. **Definition of Operational Services Costs and Administrative Costs**

The Director-General’s report on this subject appears in *Official Records* No. 68, page 101.

10. **Legislative Developments**

It will be recalled that the basic resolution 222 (IX) of the Economic and Social Council which the World Health Assembly in resolution WHA3.116 noted “with interest and approval” was amended by resolution 433 A of the fourteenth session of the
Economic and Social Council. Under this amendment the Technical Assistance Board was reorganized under an Executive Chairman, to whom certain special functions were assigned. Further amendments were introduced under resolution 542 B II of the eighteenth session of the Economic and Social Council, which resulted in a change in the management of the Programme and the system of allocation of funds. The final consideration of these amendments has been deferred by the Executive Board and by the Health Assembly. The Executive Board at its seventeenth session, after reviewing this situation, in resolution EB17 R54, inter alia

4. RECOMMENDS to the Ninth World Health Assembly that it note with approval the developments which have so far occurred concerning the amendments to the basic resolution 222 (IX) of the Economic and Social Council;

5. EXPRESSES the hope that the review by ACC and TAB and other future legislative developments in the Expanded Programme of Technical Assistance will result in simplification and improvement in the machinery and administration of the programme, in order that it may assist as effectively as possible in raising the living standards of the people in the countries concerned and that arrangements will be made for increasing the financial stability of the programme by longer-term planning and financing.

In this connexion, attention is called to the report on the legislative developments and the study relating to future development of the programme, Official Records No. 68, page 101 (sections 9 and 10).

11. Study relating to Future Development of the Programme

The Director-General reported to the Executive Board on the review of the Expanded Programme in the light of experience in the first five years, 1951 to 1955, and on a study of its future development which the Executive Chairman of the Technical Assistance Board was preparing with the assistance of the participating organizations.1

At the 35th session of the Technical Assistance Board in March 1956, an outline for the report was agreed upon and further information has subsequently been supplied by the participating organizations for this study. The draft report will be considered by the Technical Assistance Board at its resumed session early in May and the paper will then be submitted to the Administrative Committee on Co-ordination at its next meeting. As the report is to be submitted to the Economic and Social Council at its twenty-second session in the summer of 1956, the Director-General will report on this subject to the Executive Board at its nineteenth session.

Appendix 1

TECHNICAL ASSISTANCE PROGRAMME, 1956 AND 1957

Summary by Purpose-of-Expenditure Code

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<th>Advisory Services</th>
<th>1956 Estimated Expenditure</th>
<th>1957 Estimated Expenditure</th>
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<tr>
<td>01 Salaries and wages</td>
<td>2 701 198</td>
<td>214 181</td>
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<tr>
<td>02 Short-term consultants' fees</td>
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<td>64 900</td>
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<td>Chapter 10 Personal Allowances</td>
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<tr>
<td>11 Lodging, subsistence and special monthly allowances</td>
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<td>117 491</td>
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<td>Total — Chapter 10</td>
<td>310 558</td>
<td>12 064</td>
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</table>


² To be implemented only to the extent that operational savings accrue in Category I projects
## Chapter 20 Travel and Transportation

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<thead>
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<th>Category</th>
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<th>1957 Estimated expenditure</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>Category I</td>
<td>Category II (^1) (for substitution purposes)</td>
</tr>
<tr>
<td></td>
<td>US $</td>
<td>US $</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>21 Duty travel</td>
<td>92,523</td>
<td>2,050</td>
</tr>
<tr>
<td>22 Travel of short-term consultants</td>
<td>76,878</td>
<td>46,475</td>
</tr>
<tr>
<td>23 Travel on initial recruitment and repatriation</td>
<td>185,480</td>
<td>51,147</td>
</tr>
<tr>
<td>24 Travel on home leave</td>
<td>186,846</td>
<td>1,500</td>
</tr>
<tr>
<td>27 Transportation of personal effects</td>
<td>5,058</td>
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<tr>
<td>Total — Chapter 20</td>
<td>546,785</td>
<td>101,172</td>
</tr>
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</table>

## Chapter 30 Space and Equipment Services

<table>
<thead>
<tr>
<th>Category</th>
<th>1956 Estimated expenditure</th>
<th>1957 Estimated expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Category I</td>
<td>Category II (^1) (for substitution purposes)</td>
</tr>
<tr>
<td></td>
<td>US $</td>
<td>US $</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>31 Rental and maintenance of premises</td>
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<td></td>
</tr>
<tr>
<td>32 Rental and maintenance of equipment</td>
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## Chapter 40 Other Services

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<tr>
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</tr>
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<td>US $</td>
<td>US $</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
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</tr>
<tr>
<td>41 Communications</td>
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<td>43 Other contractual services</td>
<td>2,553</td>
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<td>44 Freight and other transportation costs</td>
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<td>Total — Chapter 40</td>
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## Chapter 50 Supplies and Materials

<table>
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</thead>
<tbody>
<tr>
<td></td>
<td>Category I</td>
<td>Category II (^1) (for substitution purposes)</td>
</tr>
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<td>US $</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>51 Printing</td>
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<td>53 Supplies</td>
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## Chapter 60 Fixed Charges and Claims

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<tbody>
<tr>
<td></td>
<td>Category I</td>
<td>Category II (^1) (for substitution purposes)</td>
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<td>US $</td>
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<tr>
<td>61 Reimbursement of income tax</td>
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<td>62 Insurance</td>
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## Chapter 70 Grants and Contractual Technical Services

<table>
<thead>
<tr>
<th>Category</th>
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<th>1957 Estimated expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
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<td>US $</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
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<tr>
<td>71 Fellowships</td>
<td>611,301</td>
<td>283,510</td>
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<td>72 Contractual technical services</td>
<td>15,000</td>
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<tr>
<td>73 Participants in seminars and other educational meetings</td>
<td>27,310</td>
<td>55,785</td>
</tr>
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## Chapter 80 Acquisition of Capital Assets

<table>
<thead>
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<th>1957 Estimated expenditure</th>
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<td>---</td>
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<tr>
<td>82 Equipment</td>
<td>326,575</td>
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**Total — Advisory Services**

<table>
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<tr>
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<th>1957 Estimated expenditure</th>
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</thead>
<tbody>
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<td>US $</td>
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<tr>
<td>5184655</td>
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**Regional Offices \(^2\)**

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<th>1957 Estimated expenditure</th>
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</thead>
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<tr>
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</tr>
<tr>
<td>276581</td>
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<td>289149</td>
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**Administrative Services \(^2\)**

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<th>1957 Estimated expenditure</th>
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</thead>
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<tr>
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<td>Category I</td>
<td>Category II (^1) (for substitution purposes)</td>
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</tr>
<tr>
<td>228044</td>
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**Grand Total**

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</thead>
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<tr>
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<td>Category I</td>
<td>Category II (^1) (for substitution purposes)</td>
</tr>
<tr>
<td></td>
<td>US $</td>
<td>US $</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>5689280</td>
<td>861898</td>
<td>5320615</td>
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</tbody>
</table>

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1 To be implemented only to the extent that operational savings accrue in Category I projects

2 Category I only (as shown in Off. Rec. Wld Hlth Org. 66)
### Appendix 2

**SUMMARY BY PURPOSE-OF-EXPENDITURE CODE, INDICATING PERCENTAGES OF TOTAL ESTIMATED EXPENDITURE UNDER TECHNICAL ASSISTANCE (CATEGORY I ONLY)**

*(Expressed in thousands of US dollars)*

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Operating Programme 1956</th>
<th>Administrative Services 1956</th>
<th>Total 1956</th>
<th>Percentage of estimated expenditure 1956</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>3038 3180</td>
<td>137 138</td>
<td>3175 3318</td>
<td>55.81 62.36</td>
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<tr>
<td>10</td>
<td>344 323</td>
<td>27 27</td>
<td>371 350</td>
<td>6.52 6.58</td>
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<tr>
<td>21</td>
<td>99 72</td>
<td>19 21</td>
<td>118 93</td>
<td>2.07 1.75</td>
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<tr>
<td>22</td>
<td>76 60</td>
<td></td>
<td>76 60</td>
<td>1.33 1.13</td>
</tr>
<tr>
<td>23</td>
<td>188 92</td>
<td>2 2</td>
<td>190 94</td>
<td>3.34 1.77</td>
</tr>
<tr>
<td>24</td>
<td>190 303</td>
<td>4 9</td>
<td>194 312</td>
<td>3.41 5.86</td>
</tr>
<tr>
<td>27</td>
<td>5 2</td>
<td>1 1</td>
<td>6 3</td>
<td>0.11 0.06</td>
</tr>
<tr>
<td>30</td>
<td>15 15</td>
<td>15 16</td>
<td>30 31</td>
<td>0.53 0.58</td>
</tr>
<tr>
<td>40</td>
<td>20 20</td>
<td>17 17</td>
<td>37 37</td>
<td>0.65 0.69</td>
</tr>
<tr>
<td>50</td>
<td>499 119</td>
<td>5 5</td>
<td>504 124</td>
<td>8.86 2.33</td>
</tr>
<tr>
<td>60</td>
<td>6 5</td>
<td>1 1</td>
<td>7 6</td>
<td>0.12 0.11</td>
</tr>
<tr>
<td>70</td>
<td>654 819</td>
<td></td>
<td>654 819</td>
<td>11.50 15.39</td>
</tr>
<tr>
<td>80</td>
<td>327 74</td>
<td></td>
<td>327 74</td>
<td>5.75 1.39</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5 461 5 084</strong></td>
<td><strong>228 237</strong></td>
<td><strong>5 689 5 321</strong></td>
<td><strong>100.00 100.00</strong></td>
</tr>
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</table>

### 2. Supplementary Report by the Director-General

Since the report on WHO Participation in the United Nations Expanded Programme of Technical Assistance (part 1 of this annex) was prepared, the Technical Assistance Board held a short meeting in Geneva and discussed the financial situation of the Programme in 1956. There is no change in the situation as already reported to the Health Assembly.

The Board decided to maintain the initial earmarking of funds for 1956 at the present approved level of $27.5 million for all participating organizations and to examine again the financial situation of the Programme in July 1956, immediately after the meeting of the Technical Assistance Committee.

The Board also agreed that the Executive Chairman should explore with the members of the Technical Assistance Committee the possibility of the Committee’s authorizing the Technical Assistance Board and the participating organizations to take advantage in 1956 of certain provisions in the proposed revision of the Working Capital and Reserve Fund which, if adopted, would considerably alleviate the financial situation in 1956. The Board also agreed that meanwhile the Executive Chairman should continue to examine other possibilities of bridging the gap estimated to exist at present between resources and the programme approved.

The representative of the Director-General recorded that the World Health Organization did not agree with the decision taken by the Board to defer action until July on the final determination of the level of the 1956 programme. It was not safe to assume that the financial difficulties would be overcome and a realistic estimate of 1956 financial resources would require that the programme be adjusted immediately to the present earmarkings so as to permit modification of the programme in an orderly way.

The Director-General calls the attention of the Health Assembly to the fact that there is at present a shortfall of $247 280 between the programme approved by the Technical Assistance Committee for assistance from WHO and the earmarkings which have been made to this agency for the purpose of carrying out the 1956 Technical Assistance programme.
### Annex 14

**SUMMARY OF BUDGET ESTIMATES**
**FOR THE FINANCIAL YEAR 1 JANUARY-31 DECEMBER 1957**

As approved by the Ninth World Health Assembly

<table>
<thead>
<tr>
<th>PART I — ORGANIZATIONAL MEETINGS</th>
<th>1957 Estimated expenditure</th>
<th>1957 Estimated expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without Supplement US$</td>
<td>Supplement US$</td>
</tr>
<tr>
<td><strong>SECTION 1 WORLD HEALTH ASSEMBLY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>00 Personal Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01 Salaries and wages (temporary staff)</td>
<td>35,070</td>
<td>1,320</td>
</tr>
<tr>
<td><strong>Total — Chapter 00</strong></td>
<td>35,070</td>
<td>1,320</td>
</tr>
<tr>
<td><strong>20 Travel and Transportation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Duty travel</td>
<td>9,000</td>
<td></td>
</tr>
<tr>
<td>25 Travel of delegates</td>
<td>52,000</td>
<td>2,000</td>
</tr>
<tr>
<td>26 Travel and subsistence of temporary staff</td>
<td>5,700</td>
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<tr>
<td><strong>Total — Chapter 20</strong></td>
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<tr>
<td><strong>30 Space and Equipment Services</strong></td>
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<td></td>
</tr>
<tr>
<td>31 Rental and maintenance of premises</td>
<td>5,500</td>
<td></td>
</tr>
<tr>
<td>32 Rental and maintenance of equipment</td>
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<td></td>
</tr>
<tr>
<td><strong>Total — Chapter 30</strong></td>
<td>8,500</td>
<td></td>
</tr>
<tr>
<td><strong>40 Other Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other contractual services</td>
<td>7,000</td>
<td></td>
</tr>
<tr>
<td>44 Freight and other transportation costs</td>
<td>3,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total — Chapter 40</strong></td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td><strong>50 Supplies and Materials</strong></td>
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<td></td>
</tr>
<tr>
<td>51 Printing</td>
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<td>52 Visual material</td>
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<td>53 Supplies</td>
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<td><strong>Total — Chapter 50</strong></td>
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<td><strong>80 Acquisition of Capital Assets</strong></td>
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<td>82 Equipment</td>
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<th>1957 Estimated expenditure</th>
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<td><strong>Chapter</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>00 Personal Services</strong></td>
<td></td>
<td></td>
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<tr>
<td>01 Salaries and wages (temporary staff)</td>
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<td><strong>20 Travel and Transportation</strong></td>
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<td>21 Duty travel</td>
<td>7,740</td>
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<tr>
<td>25 Travel and subsistence of members</td>
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<td>32 Rental and maintenance of equipment</td>
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<td><strong>TOTAL — SECTION 2</strong></td>
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1 See resolution WHA9.59.
### NINTH WORLD HEALTH ASSEMBLY

**Section 3: Regional Committees**

**Chapter 00: Personal Services**

<table>
<thead>
<tr>
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<th>1957 Estimated expenditure</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td><strong>Salaries and wages (temporary staff)</strong></td>
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<td>Total — Chapter 00</td>
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**Chapter 20: Travel and Transportation**

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<tr>
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<tr>
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<td><strong>Travel and subsistence of temporary staff</strong></td>
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**Chapter 30: Space and Equipment Services**

<table>
<thead>
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<th>Description</th>
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</tr>
</thead>
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<tr>
<td><strong>Rental and maintenance of equipment</strong></td>
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**Chapter 40: Other Services**

<table>
<thead>
<tr>
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</tr>
</thead>
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**Chapter 50: Supplies and Materials**

<table>
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<th>Description</th>
<th>1957 Estimated expenditure</th>
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<tr>
<td></td>
<td>Without Supplement</td>
<td>US $</td>
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<tr>
<td><strong>Supplies</strong></td>
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**Chapter 80: Acquisition of Capital Assets**

<table>
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<tr>
<td><strong>Equipment</strong></td>
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**Total — Section 3**

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### Part II — Operating Programme

**Section 4: Central Technical Services**

**Chapter 00: Personal Services**

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<td><strong>Salaries and wages</strong></td>
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**Chapter 10: Personal Allowances**

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<td><strong>Repatriation</strong></td>
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<td><strong>Pension Fund</strong></td>
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<td><strong>Staff insurance</strong></td>
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**Chapter 80: Acquisition of Capital Assets**

<table>
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<td><strong>Equipment</strong></td>
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**Total — Section 4**

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**Section 5: Advisory Services**

**Chapter 00: Personal Services**

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<tr>
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<td>Without Supplement</td>
<td>US $</td>
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<td><strong>Short-term consultants’ fees</strong></td>
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<td>343 540</td>
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**Note:** The table provides a breakdown of estimated expenditures for various categories under different chapters, such as personal services, travel and transportation, space and equipment services, other services, supplies and materials, acquisition of capital assets, and advisory services.
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<thead>
<tr>
<th>Chapter</th>
<th>1957 Estimated expenditure</th>
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<tbody>
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<td></td>
<td>Without Supplement US$</td>
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<td>10</td>
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<td>Personal Allowances</td>
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<td>11 Lodging, subsistence and special monthly allowances</td>
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<td>12 Dependents</td>
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<td>Travel and Transportation</td>
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<td>21 Duty travel</td>
<td>271 344</td>
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<tr>
<td>23 Travel on initial recruitment and repatriation</td>
<td>120 919</td>
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<td>24 Travel on home leave</td>
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<td>26 Travel and subsistence of temporary staff</td>
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<td>27 Transportation of personal effects</td>
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<td>2 667</td>
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<td>42 Hospitality</td>
<td>21 708</td>
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<td>Fixed Charges and Claims</td>
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<td>Regional Offices</td>
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<td>13 Repatriation</td>
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</thead>
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<td>Without Supplement US$</td>
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<td>21 Duty travel</td>
<td>28 418</td>
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<tr>
<td>30 Space and Equipment Services</td>
<td>4 433</td>
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<td>31 Rental and maintenance of premises</td>
<td>29 296</td>
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<td>40 Other Services</td>
<td>45 713</td>
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<tr>
<td>41 Communications</td>
<td>6 000</td>
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<td>43 Other contractual services</td>
<td>3 095</td>
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<tr>
<td>50 Supplies and Materials</td>
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<tr>
<td>53 Supplies</td>
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### PART III — ADMINISTRATIVE SERVICES

#### SECTION 8: ADMINISTRATIVE SERVICES

**Chapter 00 Personal Services**

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**Chapter 10 Personal Allowances**

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<td>14 Pension Fund</td>
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<td>16 Representation</td>
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**Chapter 20 Travel and Transportation**

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<td>Supplement US $</td>
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<td>21 Duty travel</td>
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<td>22 Travel of short-term consultants</td>
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<td>23 Travel on initial recruitment and repatriation</td>
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<td>39 540</td>
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**Chapter 30 Space and Equipment Services**

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**Chapter 40 Other Services**

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<td>42 Hospitality</td>
<td>2 987</td>
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<tr>
<td>43 Other contractual services</td>
<td>17 099</td>
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<tr>
<td>44 Freight and other transportation costs</td>
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**Chapter 50 Supplies and Materials**

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<td>Supplement US $</td>
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<td>51 Printing</td>
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<td>52 Visual material</td>
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<td>12 325</td>
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**Chapter 60 Fixed Charges and Claims**

<table>
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<tbody>
<tr>
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<td>Supplement US $</td>
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<tr>
<td>61 Reimbursement of income tax</td>
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<td>62 Insurance</td>
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<tbody>
<tr>
<td></td>
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<tr>
<td>80 Acquisition of Capital Assets</td>
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<td>82 Equipment</td>
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<td>Total — Parts I, II and III</td>
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Less

- Assessments on new Members from previous years: 2 330
- Miscellaneous income: 154 580**
- Available by transfer from cash portion of Assembly Suspense Account: 161 890
- Available by transfer from Publications Revolving Fund: 37 000

Total — Casual Income: 355 800

Total — Assessments on Members: 12 909 620

** Including $617, the amount available from the transfer of the Office International d'Hygiène Publique

PART IV — RESERVE

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<tr>
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The basic effective working budget proposed by the Director-General and reflected in Off. Rec. Wld Huth Org. 66 was reduced by $741 600 by the Ninth World Health Assembly. This reduction has been applied on a pro rata basis to field activities in Appropriation Section 5—Advisory Services.
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<tr>
<th>Name</th>
<th>Country/Region</th>
<th>Page Numbers</th>
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<td>Administrative Finance and Legal Matters</td>
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<td>54</td>
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