

**OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION
No. 102**



**THIRTEENTH
WORLD HEALTH ASSEMBLY**

GENEVA, 3 - 20 MAY 1960

**PART I
RESOLUTIONS AND DECISIONS
ANNEXES**

**WORLD HEALTH ORGANIZATION
PALAIS DES NATIONS
GENEVA
August 1960**

ABBREVIATIONS

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

ACABQ	— Advisory Committee on Administrative and Budgetary Questions
ACC	— Administrative Committee on Co-ordination
BTAO	— Bureau of Technical Assistance Operations
CCTA	— Commission for Technical Co-operation in Africa South of the Sahara
CIOMS	— Council for International Organizations of Medical Sciences
ECA	— Economic Commission for Africa
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
IAEA	— International Atomic Energy Agency
ICAO	— International Civil Aviation Organization
ILO	— International Labour Organisation (Office)
ITU	— International Telecommunication Union
MESA	— Malaria Eradication Special Account
OIHP	— Office International d'Hygiène Publique
PAHO	— Pan American Health Organization
PASB	— Pan American Sanitary Bureau
TAB	— Technical Assistance Board
TAC	— Technical Assistance Committee
UNESCO	— United Nations Educational, Scientific and Cultural Organization
UNICEF	— United Nations Children's Fund
UNRWA	— United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSCEAR	— United Nations Scientific Committee on the Effects of Atomic Radiation
WFUNA	— World Federation of United Nations Associations
WMO	— World Meteorological Organization

PRINTED IN SWITZERLAND

The Thirteenth World Health Assembly, held at the Palais des Nations, Geneva, from 3 to 20 May 1960, was convened in accordance with resolution WHA12.45 of the Twelfth World Health Assembly and resolution EB24.R23 of the Executive Board (twenty-fourth session).

The proceedings of the Thirteenth World Health Assembly are being published in two parts. The resolutions, with annexes, are contained in this volume. The records of plenary and committee meetings will be printed, along with the list of participants, agenda and other material, in Official Records No. 103.

EXPLANATORY NOTE

In this volume the resolutions are reproduced in the serial order in which they were adopted. 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*. There has also been added, beneath each resolution, a reference to the section of the *Handbook* containing previous resolutions on the same subject. The fifth edition of the *Handbook*—which is indexed both by subject and by resolution symbol—contains most of the resolutions adopted up to and including the Twelfth World Health Assembly and the twenty-fourth session of the Executive Board.

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.

	<i>Held</i>	<i>Resolution symbol</i>	<i>Official Records No.</i>
First World Health Assembly	24 June - 24 July 1948	—	13
Executive Board, First Session	16-28 July 1948	—	14
Executive Board, Second Session	25 October - 11 November 1948	—	14
Executive Board, Third Session	21 February - 9 March 1949	—	17
Second World Health Assembly	13 June - 2 July 1949	WHA2.-	21
Executive Board, Fourth Session	8-19 July 1949	—	22
Executive Board, Fifth Session	16 January - 2 February 1950	—	25
Third World Health Assembly	8-27 May 1950	WHA3.-	28
Executive Board, Sixth Session	1-9 June 1950	EB6.R-	29
Executive Board, Seventh Session	22 January - 5 February 1951	EB7.R-	32
Fourth World Health Assembly	7-25 May 1951	WHA4.-	35
Executive Board, Eighth Session	1-8 June 1951	EB8.R-	36
Executive Board, Ninth Session	21 January - 4 February 1952	EB9.R-	40
Fifth World Health Assembly	5-22 May 1952	WHA5.-	42
Executive Board, Tenth Session	29 May - 3 June 1952	EB10.R-	43
Executive Board, Eleventh Session	12 January - 4 February 1953	EB11.R-	46
Sixth World Health Assembly	5-22 May 1953	WHA6.-	48
Executive Board, Twelfth Session	28-30 May 1953	EB12.R-	49
Executive Board, Thirteenth Session	12 January - 2 February 1954	EB13.R-	52
Seventh World Health Assembly	4-21 May 1954	WHA7.-	55
Executive Board, Fourteenth Session	27-28 May 1954	EB14.R-	57
Executive Board, Fifteenth Session	18 January - 4 February 1955	EB15.R-	60
Eighth World Health Assembly	10-27 May 1955	WHA8.-	63
Executive Board, Sixteenth Session	30 May 1955	EB16.R-	65
Executive Board, Seventeenth Session	17 January - 2 February 1956	EB17.R-	68
Ninth World Health Assembly	8-25 May 1956	WHA9.-	71
Executive Board, Eighteenth Session	28-30 May 1956	EB18.R-	73
Executive Board, Nineteenth Session	15-30 January 1957	EB19.R-	76
Tenth World Health Assembly	7-24 May 1957	WHA10.-	79
Executive Board, Twentieth Session	27-28 May 1957	EB20.R-	80
Executive Board, Twenty-first Session	14-28 January 1958	EB21.R-	83
Eleventh World Health Assembly	28 May - 13 June 1958	WHA11.-	87
Executive Board, Twenty-second Session	16-17 June 1958	EB22.R-	88
Executive Board, Twenty-third Session	20 January - 3 February 1959	EB23.R-	91
Twelfth World Health Assembly	12-29 May 1959	WHA12.-	95
Executive Board, Twenty-fourth Session	1-2 June 1959	EB24.R-	96
Executive Board, Twenty-fifth Session	19 January - 1 February 1960	EB25.R-	99
Thirteenth World Health Assembly	3-20 May 1960	WHA13.-	102

CONTENTS

RESOLUTIONS AND DECISIONS

Resolutions on Programme

GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD Page

WHA13.57	Third General Programme of Work covering a Specific Period: 1962-1965 inclusive	26
----------	---	----

BIOLOGY AND PHARMACOLOGY

Radiation and Isotopes

WHA13.56	Radiation Health, including Protection of Mankind from Ionizing Radiation Hazards, whatever their Source	25
----------	--	----

Addiction-producing Drugs

WHA13.50	Action in respect of International Conventions on Narcotic Drugs: The Single Convention on Narcotic Drugs (Third Draft)	22
----------	---	----

MALARIA

Malaria Eradication

WHA13.54	Vector-borne Diseases and Malaria Eradication	24
WHA13.55	Malaria Eradication Programme	24

COMMUNICABLE DISEASES

Venereal Infections and Non-venereal Treponematoses

WHA13.51	Study of the Nature and Extent of Health Problems of Seafarers and of the Health Services available to them	23
WHA13.52	Venereal Disease Treatment of Seafarers (Brussels Agreement of 1924)	23

Virus and Rickettsial Diseases

WHA13.53	Smallpox Eradication	23
----------	--------------------------------	----

International Quarantine

WHA13.59	Additional Regulations of 19 May 1960 amending the International Sanitary Regulations with respect to the Health Part of the Aircraft General Declaration	27
WHA13.58	Committee on International Quarantine: Seventh Report	26

PUBLIC HEALTH SERVICES

WHA13.36	Establishment of National Public Health Cadres	12
----------	--	----

PUBLICATIONS AND REFERENCE SERVICES

Publications Programme

WHA13.15	Publications in Russian	4
WHA13.60	Organizational Study on Publications	28

RESEARCH

WHA13.64	Intensified Programme of Medical Research	29
----------	---	----

EXPERT ADVISORY PANELS AND COMMITTEES

Regulations and Rules of Procedure

WHA13.49	Procedure for the Review by the Executive Board of Reports of Expert Committees	22
----------	---	----

REPORTS AND EVALUATION

Annual Report of the Director-General

WHA13.37	Annual Report of the Director-General for 1959	12
----------	--	----

Resolutions on Programme and Budget

CONSIDERATION AND APPROVAL OF PROGRAMME AND BUDGET ESTIMATES

WHA13.28	Effective Working Budget and Budget Level for 1961	9
WHA13.29	Assistance to New Members and Associate Members in 1961	10
WHA13.38	Appropriation Resolution for the Financial Year 1961	12

PROCEDURE FOR EXAMINATION OF THE PROGRAMME AND BUDGET ESTIMATES

WHA13.35	Assembly Procedures for examining the Programme, Budget and Ancillary Administrative, Financial and Personnel Matters	11
----------	--	----

Resolutions concerning the World Health Assembly and Executive Board

WORLD HEALTH ASSEMBLY

Time and Place

WHA13.14	Place of Meeting of the Fourteenth World Health Assembly	4
----------	--	---

Duration of Sessions

WHA13.40	Possibilities of reducing the Length of World Health Assemblies	14
----------	---	----

Rules of Procedure

WHA13.43	Amendments to the Rules of Procedure of the Health Assembly, and Adoption of Transitional Provisions connected with the Increase in the Membership of the Executive Board	16
----------	---	----

Method of Work

WHA13.1	Terms of Reference of the Main Committees	1
---------	---	---

EXECUTIVE BOARD

Membership of the Board

WHA13.27	Election of Members entitled to designate a Person to serve on the Executive Board	9
----------	--	---

Minutes, Resolutions and Reports

WHA13.69	Reports of the Executive Board on its Twenty-fourth and Twenty-fifth Sessions	31
----------	---	----

Resolutions on Regional Matters

INDIVIDUAL REGIONS

South-East Asia

WHA13.25	Accommodation for the Regional Office for South-East Asia	9
----------	---	---

Resolutions on Constitutional and Legal Matters

AMENDMENTS TO THE CONSTITUTION

WHA13.32	Amendments to the Constitution: Increase in the Membership of the Executive Board	11
----------	---	----

MEMBERSHIP

Decisions Concerning Individual States and Territories

WHA13.2	Admission of New Members: Cameroun	2
WHA13.3	Admission of New Members: Republic of Togo	2
WHA13.11	Admission of New Members: Kuwait	3
WHA13.4	Admission of New Associate Members: Cyprus	2
WHA13.5	Admission of New Associate Members: Central African Republic	2
WHA13.6	Admission of New Associate Members: Republic of the Congo	2
WHA13.7	Admission of New Associate Members: Republic of the Ivory Coast	3
WHA13.8	Admission of New Associate Members: Gabon Republic	3
WHA13.9	Admission of New Associate Members: Republic of the Upper Volta	3
WHA13.10	Admission of New Associate Members: Republic of the Niger	3
WHA13.12	Admission of New Associate Members: Mali Federation	3

Resolutions on Financial and Administrative Matters

FINANCIAL MATTERS

Financial Regulations and Rules

WHA13.19	Amendments to the Financial Regulations	6
WHA13.20	Amendments to the Financial Rules	6

Assessments and Contributions

WHA13.18	Scale of Assessment for 1961	5
WHA13.16	Assessment for 1960 and 1961 of New Members (Cameroun, Kuwait, the Republic of Togo) and Associate Members	5
WHA13.17	Assessment of the Republic of Guinea for 1960	5
WHA13.47	Status of Collection of Annual Contributions and of Advances to the Working Capital Fund	21

	Page
<i>Working Capital Fund</i>	
WHA13.41 Scale of Assessment for and Amount of the Working Capital Fund	15
WHA13.47 Status of Collection of Annual Contributions and of Advances to the Working Capital Fund	21
<i>Special Accounts for Programme Purposes</i>	
WHA13.24 Amalgamation of Special Accounts into a Single Fund	7
WHA13.45 Malaria Eradication Special Account	19
WHA13.23 Special Account for Smallpox Eradication	7
WHA13.22 Special Account for Medical Research; Special Account for Community Water Supply Programme	7
<i>Accounts and External Audit</i>	
WHA13.30 Appointment of the External Auditor	10
WHA13.13 Financial Report of WHO for 1959 and Report of the External Auditor	4
UNITED NATIONS SPECIAL FUND	
WHA13.31 Special Fund of the United Nations	10
STAFF MATTERS	
<i>Staff Regulations and Rules</i>	
WHA13.21 Amendments to the Staff Rules	7
<i>Pension Fund</i>	
WHA13.33 Annual Report of the United Nations Joint Staff Pension Board for 1958	11
WHA13.34 Appointment of Representatives to the WHO Staff Pension Committee	11
<i>Director-General</i>	
WHA13.39 Renewal of the Contract of the Director-General	14
WHO HEADQUARTERS	
WHA13.42 Headquarters Accommodation: Reimbursement by the United Nations	16
WHA13.46 Headquarters Accommodation	20
ORGANIZATIONAL STUDIES	
WHA13.61 Future Organizational Study to be made by the Executive Board	28
Resolutions on Co-ordination and External Relations	
UNITED NATIONS AND ITS AGENCIES	
<i>General</i>	
WHA13.44 Decisions of the United Nations, Specialized Agencies and the International Atomic Energy Agency affecting WHO's Activities on Administrative and Financial Questions	18
WHA13.66 Decisions of the United Nations, Specialized Agencies and the International Atomic Energy Agency affecting WHO's Activities	30

	Page
WHA13.67 WHO Activities in Promotion of Health in connexion with the Resolution concerning General and Complete Disarmament adopted by the United Nations General Assembly at its Fourteenth Session	30
WHA13.68 International Encouragement of Scientific Research into the Control of Cancerous Diseases (Resolution 1398 (XIV) of the United Nations General Assembly)	31
<i>Health of Children — Co-operation with UNICEF</i>	
WHA13.63 UNICEF/WHO Jointly Assisted Activities	29
<i>Co-operation with the United Nations on Other Subjects</i>	
WHA13.62 Extension of the Agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East	28
INTERGOVERNMENTAL ORGANIZATIONS AND OTHER BODIES	
WHA13.48 Relations with the League of Arab States	21
Miscellaneous	
WHA13.26 Adoption of a WHO Flag	9
WHA13.65 World Health Year	30
Procedural Decisions	
(i) Composition of the Committee on Credentials	31
(ii) Composition of the Committee on Nominations	31
(iii) Verification of Credentials	31
(iv) Election of Officers of the Thirteenth World Health Assembly	32
(v) Election of Officers of the Main Committees	32
(vi) Establishment of the General Committee	32
(vii) Adoption of the Agenda and of Supplementary Items	32
ANNEXES	
1. Seventh Report of the Committee on International Quarantine	35
2. Third General Programme of Work Covering a Specific Period: 1962-1965 inclusive	54
3. Financial Report on the Accounts of WHO for 1959 and Report of the External Auditor: Report of the Ad Hoc Committee of the Executive Board	59
4. Publications in Russian	61
5. Special Accounts	62
6. Accommodation for the Regional Office for South-East Asia	63
7. Agreement between the United Nations Special Fund and the World Health Organization concerning the Execution of Special Fund Projects	63
8. Summary of Budget Estimates for the Financial Year 1 January - 31 December 1961	66
9. Agreement renewing the Agreement on the Terms of Employment of the Director-General	70
10. Decisions of the United Nations, Specialized Agencies and the International Atomic Energy Agency affecting WHO's Activities on Administrative and Financial Questions	71
11. Malaria Eradication Special Account	72
12. Headquarters Accommodation	77
13. Developments in Activities assisted jointly with UNICEF	85
14. International Encouragement of Scientific Research into the Control of Cancerous Diseases (Resolution 1398 (XIV) of the United Nations General Assembly)	97
<i>Index to Resolutions and Decisions</i>	103

RESOLUTIONS AND DECISIONS

WHA13.1 Terms of Reference of the Main Committees

The Thirteenth World Health Assembly,

Considering Rule 33 of the Rules of Procedure of the World Health Assembly which provides, *inter alia*, that “ the main committees of the Health Assembly shall be: (a) the Committee on Programme and Budget; (b) the Committee on Administration, Finance and Legal Matters ”,

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 a specific period;
 - (c) recommend the budgetary ceiling after examination of the main features of the programme;
 - (d) review and recommend the programme;
 - (e) recommend the completed Appropriation Resolution 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 previous financial year;
 - (ii) the status of contributions, and advances to the Working Capital Fund;
 - (iii) the status of the Assembly Suspense Account and any other funds which have a bearing on the financial position of the Organization;
 - (b) recommend the scale of assessment;
 - (c) recommend the Working Capital Fund resolution, when necessary, including the amount in which it shall be established;
 - (d) review the parts of the budget 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,

- (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 the work on items (a) (iii) and (b) of paragraph (2).

Handb. Res., 5th ed., 4.1.7

Third plenary meeting, 4 May 1960

WHA13.2 Admission of New Members: Cameroun

The Thirteenth World Health Assembly

ADMITS Cameroun 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.

Handb. Res., 5th ed., 6.2.1.1

Third plenary meeting, 4 May 1960

WHA13.3 Admission of New Members: Republic of Togo

The Thirteenth World Health Assembly

ADMITS the Republic of Togo 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.

Handb. Res., 5th ed., 6.2.1.1

Third plenary meeting, 4 May 1960

WHA13.4 Admission of New Associate Members: Cyprus

The Thirteenth World Health Assembly

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

Handb. Res., 5th ed., 6.2.1.2

Third plenary meeting, 4 May 1960

WHA13.5 Admission of New Associate Members: Central African Republic

The Thirteenth World Health Assembly

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

Handb. Res., 5th ed., 6.2.1.2

Third plenary meeting, 4 May 1960

WHA13.6 Admission of New Associate Members: Republic of the Congo

The Thirteenth World Health Assembly

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

Handb. Res., 5th ed., 6.2.1.2

Third plenary meeting, 4 May 1960

WHA13.7 Admission of New Associate Members: Republic of the Ivory Coast

The Thirteenth World Health Assembly

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

Handb. Res., 5th ed., 6.2.1.2

Third plenary meeting, 4 May 1960

WHA13.8 Admission of New Associate Members: Gabon Republic

The Thirteenth World Health Assembly

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

Handb. Res., 5th ed., 6.2.1.2

Third plenary meeting, 4 May 1960

WHA13.9 Admission of New Associate Members: Republic of the Upper Volta

The Thirteenth World Health Assembly

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

Handb. Res., 5th ed., 6.2.1.2

Third plenary meeting, 4 May 1960

WHA13.10 Admission of New Associate Members: Republic of the Niger

The Thirteenth World Health Assembly

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

Handb. Res., 5th ed., 6.2.1.2

Third plenary meeting, 4 May 1960

WHA13.11 Admission of New Members: Kuwait

The Thirteenth World Health Assembly

ADMITS Kuwait 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.

Handb. Res., 5th ed., 6.2.1.1

Seventh plenary meeting, 9 May 1960 (first report of the Committee on Administration, Finance and Legal Matters)

WHA13.12 Admission of New Associate Members: Mali Federation

The Thirteenth World Health Assembly

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

Handb. Res., 5th ed., 6.2.1.2

Seventh plenary meeting, 9 May 1960

WHA13.13 Financial Report of WHO for 1959 and Report of the External Auditor

The Thirteenth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1959 and the Report of the External Auditor for the same financial period, as contained in *Official Records* No. 101; and

Having considered the report of the Ad Hoc Committee of the Executive Board on its examination of these reports,¹

ACCEPTS the Director-General's Financial Report and the Report of the External Auditor for the financial year 1959.

Handb. Res., 5th ed., 7.1.10.2

Eighth plenary meeting, 11 May 1960 (section 1 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.14 Place of Meeting of the Fourteenth World Health Assembly

The Thirteenth World Health Assembly,

Having noted resolution EB25.R38 of the Executive Board on the invitation to hold the Fourteenth World Health Assembly outside headquarters,

I

1. EXPRESSES its appreciation of the invitation extended by the Government of India, and for the offer of the Government of India to meet \$250 000 of the extra costs resulting from the holding of the Fourteenth World Health Assembly in New Delhi and the consequential changes in arrangements for sessions of the Board;

2. DECIDES that the Fourteenth World Health Assembly shall be held in India in 1961;

3. REQUESTS the Director-General to enter into an appropriate agreement with the Government of India with regard to the holding of the Fourteenth World Health Assembly and a session of the Board in New Delhi.

II

DECIDES to suspend the provisions of Rules 5(c) and 89(c) of the Rules of Procedure of the World Health Assembly, as they relate to the report on the accounts and the report of the external auditor for the year 1960.

Handb. Res., 5th ed., 4.1.1.2

Eighth plenary meeting, 11 May 1960 (section 2 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.15 Publications in Russian

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on publications in Russian² submitted in response to the request of the Executive Board (resolution EB25.R44),

DECIDES to extend the use of the Russian language in certain publications of the World Health Organization, the extension to take place gradually and in an orderly way over a period of three years, beginning in 1961.

Handb. Res., 5th ed., 1.11.1

Eighth plenary meeting, 11 May 1960 (section 3 of the second report of the Committee on Administration, Finance and Legal Matters)

¹ See Annex 3.

² See Annex 4.

WHA13.16 Assessment for 1960 and 1961 of New Members (Cameroun, Kuwait, the Republic of Togo) and Associate Members

The Thirteenth World Health Assembly,

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

1. DECIDES that these new Members shall be assessed for 1960 and 1961 as follows:

Cameroun	0.04 per cent.
Kuwait	0.04 per cent.
Republic of Togo	0.04 per cent.

2. CONFIRMS that the assessment of Associate Members shall be 0.02 per cent.

Handb. Res., 5th ed., 7.1.2.2; 7.1.2.3

Eighth plenary meeting, 11 May 1960 (section 4 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.17 Assessment of the Republic of Guinea for 1960

The Thirteenth World Health Assembly,

Having considered operative paragraph (2) of resolution WHA12.13; and

Noting that the assessment of the Republic of Guinea in the United Nations scale of assessment for 1960 is 0.04 per cent.,

CONFIRMS the 1960 assessment of the Republic of Guinea at 0.04 per cent.

Handb. Res., 5th ed., 7.1.2.2

Eighth plenary meeting, 11 May 1960 (section 5 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.18 Scale of Assessment for 1961

The Thirteenth World Health Assembly

DECIDES that the scale of assessment for 1961 shall be as follows:

Member	Scale (Percentage)	Member	Scale (Percentage)
Afghanistan	0.06	Cyprus	0.02
Albania	0.04	Czechoslovakia	0.80
Argentina	1.02	Denmark	0.55
Australia	1.64	Dominican Republic	0.05
Austria	0.39	Ecuador	0.06
Belgium	1.19	El Salvador	0.05
Bolivia	0.04	Ethiopia	0.06
Brazil	0.93	Federation of Rhodesia and Nyasaland	0.02
Bulgaria	0.15	Finland	0.33
Burma	0.07	France	5.86
Byelorussian SSR	0.43	Gabon Republic	0.02
Cambodia	0.04	Germany, Federal Republic of	4.88
Cameroun	0.04	Ghana	0.06
Canada	2.85	Greece	0.21
Central African Republic	0.02	Guatemala	0.05
Ceylon	0.09	Guinea, Republic of	0.04
Chile	0.25	Haiti	0.04
China	4.59	Honduras	0.04
Colombia	0.28	Hungary	0.38
Congo, Republic of the	0.02	Iceland	0.04
Costa Rica	0.04	India	2.25
Cuba	0.23	Indonesia	0.43

Member	Scale (Percentage)	Member	Scale (Percentage)
Iran	0.19	Philippines	0.39
Iraq	0.08	Poland	1.25
Ireland	0.15	Portugal	0.18
Israel	0.13	Romania	0.31
Italy	2.06	Saudi Arabia	0.06
Ivory Coast, Republic of the	0.02	Sierra Leone	0.02
Japan	2.01	Spain	0.85
Jordan	0.04	Sudan	0.06
Korea, Republic of	0.04	Sweden	1.27
Kuwait	0.04	Switzerland	0.89
Laos	0.04	Thailand	0.15
Lebanon	0.05	Togo, Republic of	0.04
Liberia	0.04	Tunisia	0.05
Libya	0.04	Turkey	0.54
Luxembourg	0.06	Ukrainian SSR	1.65
Malaya, Federation of	0.15	Union of South Africa	0.51
Mali Federation	0.02	Union of Soviet Socialist Republics	12.48
Mexico	0.65	United Arab Republic	0.29
Monaco	0.04	United Kingdom of Great Britain and Northern Ireland	7.13
Morocco	0.13	United States of America	31.71
Nepal	0.04	Upper Volta, Republic of the	0.02
Netherlands	0.92	Uruguay	0.11
New Zealand	0.38	Venezuela	0.46
Nicaragua	0.04	Viet-Nam, Republic of	0.18
Niger, Republic of the	0.02	Yemen	0.04
Nigeria, Federation of	0.02	Yugoslavia	0.32
Norway	0.45		
Pakistan	0.36		
Panama	0.04		100.00
Paraguay	0.04		
Peru	0.10		

Handb. Res., 5th ed., 7.1.2.1

Eighth plenary meeting, 11 May 1960 (section 6 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.19 Amendments to the Financial Regulations

The Thirteenth World Health Assembly

ADOPTS the amendments to Financial Regulations 3.2, 3.3, 3.4, 3.5, 3.6, 3.8, 3.9, 3.10, 4.2, 4.3, 4.5, 5.1, 5.2, 5.3, 5.6, 6.1, 6.2 and 7.4 as proposed by the Director-General and recommended by the Executive Board.¹

Handb. Res., 5th ed., 7.1.1.1

Eighth plenary meeting, 11 May 1960 (section 7 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.20 Amendments to the Financial Rules

The Thirteenth World Health Assembly

NOTES the amendments to the Financial Rules made by the Director-General and confirmed by the Executive Board.²

Handb. Res., 5th ed., 7.1.1.2

Eighth plenary meeting, 11 May 1960 (section 8 of the second report of the Committee on Administration, Finance and Legal Matters)

¹ *Off. Rec. Wld Hlth Org.* 99, resolution EB25.R54 and Annex 19

² *Off. Rec. Wld Hlth Org.* 99, resolution EB25.R24 and Annex 9

WHA13.21 Amendments to the Staff Rules

The Thirteenth World Health Assembly

NOTES the amendments to the Staff Rules made by the Director-General and confirmed by the Executive Board. ¹

Handb. Res., 5th ed., 7.3.1.2

Eighth plenary meeting, 11 May 1960 (section 9 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.22 Special Account for Medical Research; Special Account for Community Water Supply Programme

The Thirteenth World Health Assembly,

Having considered a report by the Director-General on the contributions to the Special Account for Medical Research and the Special Account for the Community Water Supply Programme, ²

NOTES the report.

Handb. Res., 5th ed., 7.1.8.3; 7.1.8.4

Eighth plenary meeting, 11 May 1960 (section 10 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.23 Special Account for Smallpox Eradication

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on the contributions pledged or accepted for the Special Account for Smallpox Eradication; ² and

Noting the gifts of smallpox vaccine offered by the Governments of the Netherlands and Jordan,

1. ACCEPTS these gifts in accordance with Article 57 of the Constitution, and expresses appreciation to the Governments of the Netherlands and Jordan; and
2. REQUESTS the Director-General to ensure, in accordance with the normal practice of the Organization, that any vaccines accepted for the antismallpox programme are of acceptable quality.

Handb. Res., 5th ed., 7.1.8.2

Eighth plenary meeting, 11 May 1960 (section 11 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.24 Amalgamation of Special Accounts into a Single Fund

The Thirteenth World Health Assembly,

Having considered the report of the Director-General and the recommendations of the Executive Board on the amalgamation of special accounts into a single fund, ³

1. DECIDES:

(1) to establish a Voluntary Fund for Health Promotion;

¹ *Off. Rec. Wld Hlth Org.* 99, resolution EB25.R25 and Annex 10

² See Annex 5.

³ *Off. Rec. Wld Hlth Org.* 99, resolution EB25.R22 and Annex 8

- (2) that this fund shall include the following sub-accounts:
 - (a) General Account for undesignated contributions
 - (b) Special Account for Smallpox Eradication
 - (c) Special Account for Medical Research
 - (d) Special Account for Community Water Supply
 - (e) any other special accounts which may be placed in the Fund by the Executive Board or the Health Assembly;
 - (3) that any of the above sub-accounts of the Fund shall be credited with:
 - (a) voluntary contributions received in any usable currency;
 - (b) the value of contributions in kind, whether in the form of services or supplies and equipment;
 - (c) interest earned on investments on moneys in the Fund;
 - (4) that any undesignated gifts to the Organization shall be credited to sub-account 2 (a)—General Account for undesignated contributions;
 - (5) that resources shall not be transferred between sub-accounts, except that resources which accrue in the General Account established in paragraph (2) (a) shall be utilized for purposes to be decided by the World Health Assembly from time to time;
 - (6) that the resources in the Fund shall be available for incurring obligations for the purposes set out in (7) below and that the unexpended balance(s) of the Fund shall be carried forward from one financial year to the next;
 - (7) that the Fund shall be used for such purposes as are necessary for the implementation of the programmes, approved by the World Health Assembly, to be financed from the Fund;
 - (8) that the operations planned to be financed from the Fund shall be presented separately in the annual programme and budget estimates; and
 - (9) that in accordance with Financial Regulation 11.3, the Fund shall be maintained as a separate account, and its operations shall be presented separately in the Director-General's annual financial report;
2. AUTHORIZES the Executive Board to accept contributions to any of the sub-accounts of the Fund as provided under Article 57 of the Constitution, and to delegate this authority to the Chairman of the Executive Board between sessions of the Board, provided the Director-General has determined that the contribution can be utilized in the programme;
 3. REQUESTS the Director-General to report to each session of the Board the contributions to the Fund accepted between sessions of the Board under such authority as the Board may have delegated under the provisions of paragraph 2 above;
 4. DECIDES that this resolution supersedes those earlier decisions of the World Health Assembly and of the Executive Board concerning the establishment of a Special Account for Smallpox Eradication, a Special Account for Medical Research and a Special Account for the Community Water Supply Programme; and
 5. DECIDES further that assets in the special accounts concerned shall be transferred to the appropriate sub-account, as defined in paragraph 1 (2) of this resolution.

WHA13.25 Accommodation for the Regional Office for South-East Asia

The Thirteenth World Health Assembly,

Having considered the reports of the Executive Board and the Director-General on developments with regard to the accommodation for the Regional Office for South-East Asia,¹

1. NOTES the progress made to date toward the construction of the new building; and
2. REQUESTS the Director-General to report developments to the next session of the Executive Board.

Handb. Res., 5th ed., 5.2.3.2

Eighth plenary meeting, 11 May 1960 (section 13 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.26 Adoption of a WHO Flag

The Thirteenth World Health Assembly,

Considering that the consultations envisaged in resolution EB25.R71 on the adoption of an official flag of the World Health Organization are still in process,

NOTES that the Director-General will report on the question to the Fourteenth World Health Assembly.

Handb. Res., 5th ed., 9.7

Eighth plenary meeting, 11 May 1960 (section 14 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA13.27 Election of Members entitled to designate a Person to serve on the Executive Board

The Thirteenth World Health Assembly,

After consideration of the nominations of the General Committee,²

ELECTS the following Member States as Members entitled to designate a person to serve on the Executive Board: Argentina, Ghana, Hashemite Kingdom of Jordan, Republic of Korea, Thailand and United Kingdom of Great Britain and Northern Ireland.

Handb. Res., 5th ed., 4.2.1

Eighth plenary meeting, 11 May 1960

WHA13.28 Effective Working Budget and Budget Level for 1961

The Thirteenth World Health Assembly

DECIDES that:

- (1) the effective working budget for 1961 shall be US \$18 975 354;
- (2) the budget level for 1961 shall be established in an amount equal to the effective working budget as provided in paragraph (1) above, plus the assessments represented by the Undistributed Reserve; and
- (3) the budget for 1961 shall be financed by assessments on Members after deducting:
 - (i) the amount of US \$683 000 available by reimbursement from the Special Account of the Expanded Programme of Technical Assistance, and
 - (ii) the amount of US \$705 734 available as casual income for 1961.

Handb. Res., 5th ed., 2.1

Ninth plenary meeting, 13 May 1960 (section 1 of the first report of the Committee on Programme and Budget)

¹ See Annex 6, and *Off. Rec. Wld Hlth Org.* 99, resolution EB25.R27 and Annex 12.

² See report of the General Committee (in *Off. Rec. Wld Hlth Org.* 103)

WHA13.29 Assistance to New Members and Associate Members in 1961

The Thirteenth World Health Assembly,

Welcoming the Members and Associate Members which have joined the World Health Organization during the course of this Assembly;

Anticipating other new Members and Associate Members;

Recognizing that the new Members and Associate Members have many and difficult problems in attaining the highest levels of health;

Considering it desirable that the Organization be able to furnish expanded services to such countries and territories during 1961;

Taking note of resolutions 1414 (XIV) and 1415 (XIV) of the United Nations General Assembly and 752 (XXIX) of the Economic and Social Council, all of which direct attention to the desirability of providing technical assistance to countries attaining independence;

Bearing in mind the fact that the Director-General could not make adequate provision for them when he prepared his proposed programme and budget estimates for 1961,

1. DECIDES to provide in the effective working budget for 1961 the amount of \$200 000 to finance additional assistance in programmes and services based upon requests from new Members and Associate Members and newly independent or emerging States; and
2. REQUESTS the Director-General to submit for approval by the Executive Board at its next session the 1961 programme planned to be financed therefrom.

Handb. Res., 5th ed., 2.1

Ninth plenary meeting, 13 May 1960 (section 2 of the first report of the Committee on Programme and Budget)

WHA13.30 Appointment of the External Auditor

The Thirteenth World Health Assembly

RESOLVES that Mr Uno Brunskog be appointed External Auditor of the accounts of the World Health Organization for the three financial years 1961 to 1963 inclusive, to make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that, should the necessity arise, he may designate a representative to act in his absence.

Handb. Res., 5th ed., 7.1.10.1

Tenth plenary meeting, 17 May 1960 (section 1 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA13.31 Special Fund of the United Nations

The Thirteenth World Health Assembly

1. NOTES the agreement to be concluded between the United Nations Special Fund and the World Health Organization concerning the execution of Special Fund projects;¹ and
2. EXPRESSES the hope that, in view of the inseparability of health and economic and social development, the Special Fund will give favourable consideration to such projects in the field of health as meet the criteria established by the Special Fund.

Handb. Res., 5th ed., 7.2

Tenth plenary meeting, 17 May 1960 (section 2 of the third report of the Committee on Administration, Finance and Legal Matters)

¹ See Annex 7.

WHA13.32 Amendments to the Constitution: Increase in the Membership of the Executive Board

The Thirteenth World Health Assembly,

Recalling resolution WHA12.43 of the Health Assembly amending Articles 24 and 25 of the Constitution in order to increase the membership of the Executive Board from eighteen to twenty-four;

Noting that forty-four Members have deposited their instrument of ratification of the amendments to the Constitution in the form and manner provided by the Constitution; and

Considering that it is desirable that the amendments to the Constitution be ratified at the earliest possible time in order to permit their implementation if possible by the time of the Fourteenth World Health Assembly,

1. URGES Members to take the necessary steps to accept the amendments; and
2. REQUESTS the Director-General to report to the Executive Board at its twenty-sixth session on the situation at that time.

Handb. Res., 5th ed., 6.1

Tenth plenary meeting, 17 May 1960 (section 3 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA13.33 Annual Report of the United Nations Joint Staff Pension Board for 1958

The Thirteenth World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the substance of the annual report for the year 1958 and as reported by the Director-General.

Handb. Res., 5th ed., 7.3.7.2

Tenth plenary meeting, 17 May 1960 (section 4 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA13.34 Appointment of Representatives to the WHO Staff Pension Committee

The Thirteenth World Health Assembly

RESOLVES that the member of the Executive Board designated by the Government of the United Kingdom of Great Britain and Northern Ireland be appointed as member of the WHO Staff Pension Committee, and that the member of the Board designated by the Government of Thailand be appointed as alternate member, the appointment being for a period of three years.

Handb. Res., 5th ed., 7.3.7.3

Tenth plenary meeting, 17 May 1960 (section 5 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA13.35 Assembly Procedures for examining the Programme, Budget and Ancillary Administrative, Financial and Personnel Matters

The Thirteenth World Health Assembly,

Having considered resolution EB25.R67, adopted by the Executive Board at its twenty-fifth session, and its report on Assembly procedures for examining the programme, budget and ancillary administrative, financial and personnel matters,¹

¹ *Off. Rec. Wld Hlth Org.* 99, Annex 21

1. CONCURS in the recommendations and conclusions of the Executive Board; and
2. ENDORSES the expression of appreciation of the Executive Board to the Advisory Committee on Administrative and Budgetary Questions of the United Nations for the comments and suggestions it has made in the past on the administrative budget of the World Health Organization, and the Board's expectation that the work of the Advisory Committee will continue to be of value to the World Health Organization.

Handb. Res., 5th ed., 2.4

Tenth plenary meeting, 17 May 1960 (section 6 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA13.36 Establishment of National Public Health Cadres

The Thirteenth World Health Assembly,

Considering that WHO is under an obligation to achieve its fundamental aims; and that, to this end, national personnel, well trained in the field of health, are needed in all countries; and

Considering that in order to have personnel of this standard at the national level it is considered essential to organize a health career service in such a way as to ensure interest and permanency of employment so as to bring about a physical and mental attitude devoted entirely to public health,

1. DECIDES to recommend that the governments concerned organize their public health services on the basis of career appointments for health personnel; and
2. DECIDES to make available to governments requesting it whatever assistance WHO can give in this connexion.

Handb. Res., 5th ed., 1.6

Tenth plenary meeting, 17 May 1960 (section 1 of the second report of the Committee on Programme and Budget)

WHA13.37 Annual Report of the Director-General for 1959

The Thirteenth World Health Assembly,

Having reviewed the Report of the Director-General on the work during 1959,¹

1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1959 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.

Handb. Res., 5th ed., 1.15.1

Tenth plenary meeting, 17 May 1960 (section 2 of the second report of the Committee on Programme and budget)

WHA13.38 Appropriation Resolution for the Financial Year 1961 ²

The Thirteenth World Health Assembly

RESOLVES to appropriate for the financial year 1961 an amount of US \$20 309 254 as follows:

¹ *Off. Rec. Wld Hlth Org.* 98

² For analysis of these appropriations under chapters, see Annex 8.

I.	Appropriation Section	Purpose of Appropriation	Amount US \$
PART I: ORGANIZATIONAL MEETINGS			
	1.	World Health Assembly	294 370
	2.	Executive Board and its Committees	145 620
	3.	Regional Committees	73 100
		Total — Part I	<u>513 090</u>
PART II: OPERATING PROGRAMME			
	4.	Programme Activities	10 721 911
	5.	Regional Offices	1 865 148
	6.	Expert Committees	219 300
	7.	Other Statutory Staff Costs	3 466 402
		Total — Part II	<u>16 272 761</u>
PART III: ADMINISTRATIVE SERVICES			
	8.	Administrative Services	1 310 437
	9.	Other Statutory Staff Costs	379 066
		Total — Part III	<u>1 689 503</u>
PART IV: OTHER PURPOSES			
	10.	Headquarters Building Fund	500 000
		Total — Part IV	<u>500 000</u>
		SUB-TOTAL — PARTS I, II, III AND IV	<u>18 975 354</u>
PART V: RESERVE			
	11.	Undistributed Reserve	1 333 900
		Total — Part V	<u>1 333 900</u>
		TOTAL — ALL PARTS	<u>20 309 254</u>

II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1961 in accordance with the provisions of the Financial Regulations.

Notwithstanding the provisions of this paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1961 to the effective working budget established by the World Health Assembly, i.e., Parts I, II, III and IV.

III. The appropriations voted under paragraph I shall be financed by contributions from Members after deduction of:

- (i) the amount of \$ 683 000 available by reimbursement from the Special Account of the Expanded Programme of Technical Assistance
- (ii) the amount of \$ 56 110 representing assessments on new Members from previous years
- (iii) the amount of \$ 559 538 representing miscellaneous income available for the purpose
- (iv) the amount of \$ 90 086 available by transfer from the cash portion of the Assembly Suspense Account

Total	\$1 388 734
-------	-------------

thus resulting in assessments against Members of \$18 920 520.

Handb. Res., 5th ed., 2.1

Tenth plenary meeting, 17 May 1960 (third report of the Committee on Programme and Budget)

WHA13.39 Renewal of the Contract of the Director-General

The Thirteenth World Health Assembly,

Considering the decision of the Twelfth World Health Assembly concerning the renewal of the contract of the Director-General, as reflected in resolution WHA12.47;

Having taken cognizance of the letters exchanged between the Director-General and the President of the Twelfth World Health Assembly by which the Director-General has expressed his willingness to accept the renewal of his contract,

1. EXPRESSES its appreciation of the decision taken by the Director-General to continue to devote his services to the successful operation of the World Health Organization; and
2. NOTES that the renewal of the agreement on the terms of employment of the Director-General has been signed by the President of the Twelfth World Health Assembly and the Director-General. ¹

Handb. Res., 5th ed., 7.3.10.2

Tenth plenary meeting, 17 May 1960

WHA13.40 Possibilities of reducing the Length of World Health Assemblies

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on his study of the possibilities of reducing the length of World Health Assemblies;

Having considered the minutes of the discussion on this subject in the Executive Board, and the Board's resolution EB25.R56;

Bearing in mind the Organization's increasing membership; and

Being of the opinion that continuous efforts should be made to reduce the length of Assemblies in so far as may be consistent with the requirements and work of each Assembly,

1. REQUESTS the Executive Board and the Director-General to give consideration to the various suggestions made during discussion of this subject at the Thirteenth World Health Assembly, and to present to the Fourteenth World Health Assembly concrete proposals for reducing as far as possible the length of Assemblies, without reducing the total amount of time to be devoted to technical discussions; and further

¹ See Annex 9.

2. REQUESTS the Director-General and the Executive Board in preparing the proposed agenda for the Health Assembly to bear in mind the possibility of combining items with a view to avoiding duplicate discussion.

Handb. Res., 5th ed., 4.1.3

Eleventh plenary meeting, 19 May 1960 (section 1 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA13.41 Scale of Assessment for and Amount of the Working Capital Fund

The Thirteenth World Health Assembly,

Having studied the report of the Executive Board on the Working Capital Fund,¹

I

1. DECIDES that:

- (1) the Working Capital Fund shall be established as from 1 January 1961 in the amount of US \$4 000 000 to which shall be added the assessments of any Members joining the Organization after 30 April 1960;
 - (2) the advances to the Working Capital Fund shall be assessed on the basis of the 1961 scale of assessment;
 - (3) the additional advances shall be due and payable prior to 31 December 1963;
 - (4) the credits due to Members shall be refunded on 1 January 1964 by applying these credits to any contributions outstanding on that date, or to the 1964 assessments;
2. REQUESTS the Member States concerned to provide in their national budgets for the payment of additional advances before 31 December 1963; and
 3. AUTHORIZES the Director-General to credit the annual contributions to the budgets for the years 1961 through 1963 to the budgetary income for those years notwithstanding Financial Regulation 5.6;

II

1. AUTHORIZES the Director-General:

- (1) to advance from the Working Capital Fund such funds as may be necessary to finance the annual appropriations pending receipt of contributions from Members; sums so advanced shall be reimbursed to the Working Capital Fund as contributions shall become available;
 - (2) to advance such sums as may be necessary to meet unforeseen or extraordinary expenses and to increase the relevant appropriation sections 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 used; and
 - (3) to advance such sums as may be necessary for the provision of emergency supplies to Member States on a reimbursable basis; sums so advanced shall be reimbursed to the Working Capital Fund when payments are received from the Member States; provided that the total amount so withdrawn shall not exceed US \$100 000 at any one time; and provided further that the credit extended to any one Member shall not exceed US \$25 000 at any one time;
2. REQUESTS the Director-General to report annually to the Health Assembly:
 - (1) 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 the reimbursement of the Working Capital Fund except when such advances are recoverable from other sources; and
 - (2) all advances made under the authority of paragraph II.1 (3) for the provision of emergency supplies to Member States, together with the status of reimbursement by Members;

¹ *Off. Rec. Wld Hlth Org.* 99, resolution EB25.R20 and Annex 7

III

1. DECIDES that the assessments of advances to the Working Capital Fund should be reviewed every five years; and
2. REQUESTS the Executive Board to review the assessment of advances to the Working Capital Fund at its first session in 1965 and to submit a report to the Health Assembly.

Handb. Res., 5th ed., 7.1.3.1; 7.1.3.2

Eleventh plenary meeting, 19 May 1960 (section 2 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA13.42 Headquarters Accommodation: Reimbursement by the United Nations

The Thirteenth World Health Assembly,

Considering that at such time as the headquarters of the World Health Organization is transferred to its new premises, the space which it now occupies in the Palais des Nations will no longer be required for the accommodation of WHO;

Considering that, should the World Health Organization release these premises to the United Nations prior to the expiration date of the 99-years' lease held by WHO, the United Nations will receive valuable rights;

Considering that the major share in the financing of the cost of the extension of the Palais des Nations (Sw. fr. 4 425 763) was met by the generous gift to WHO by the Swiss Confederation of a sum of Sw. fr. 3 000 000;

Recalling that the sums expended by WHO in the extension of the Palais des Nations were set aside for the express purpose of providing accommodation for WHO and that it is reasonable to expect that these sums will be reimbursed to WHO, in order to cover a part of the costs of the construction of the new premises and to maintain the purposes for which the grant from the Swiss Government was given; and

Considering that the increase in building costs and other factors that have arisen since the extension of the Palais des Nations was built have enhanced the present value of these premises over and above the original costs of construction,

1. REQUESTS the United Nations to give full consideration to the reimbursement to WHO, in consideration of its relinquishing the premises now occupied in the Palais des Nations, of a sum representing an equitable valuation of the rights so relinquished; and
2. REQUESTS the Director-General to transmit this resolution to the Secretary-General of the United Nations for submission to the United Nations General Assembly.

Handb. Res., 5th ed., 7.4

Eleventh plenary meeting, 19 May 1960 (section 3 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA13.43 Amendments to the Rules of Procedure of the Health Assembly, and Adoption of Transitional Provisions connected with the Increase in the Membership of the Executive Board

The Thirteenth World Health Assembly,

I

Considering that it is desirable to adopt the necessary transitional provisions in order to provide for the first election of Members entitled to designate persons to serve on the Executive Board, at such time as the amendments to Articles 24 and 25 of the Constitution enter into force,

DECIDES as follows:

1. At the first election of Members entitled to designate persons to serve on the Executive Board held after the entry-into-force of the amendments to Articles 24 and 25 of the Constitution, increasing the size of the Executive Board from eighteen to twenty-four, the transitional arrangements below shall apply:
 - (1) The Health Assembly shall elect a total of twelve Members entitled to designate persons to serve on the Board. Of those Members elected, eight shall serve for a period of three years, two for a period of two years and two for a period of one year, as determined by lot by the President of the Health Assembly immediately after the election has been completed.
 - (2) The election of the twelve Members shall be governed by Rules 92 to 97 of the Rules of Procedure of the Health Assembly, substituting in the first paragraph of Rule 94 the word " eighteen " for the word " nine " and the word " twelve " for the word " six "; in the second paragraph substituting the word " twelve " for the word " six "; and in the first paragraph of Rule 95 substituting the word " twelve " for the word " six ";
2. Provided that if the amendments enter into force during the course of a Health Assembly, but after the annual election of six Members entitled to designate persons to serve on the Executive Board, then the following transitional arrangements shall apply in respect of the election of the six Members required to increase the size of the Executive Board from eighteen to twenty-four:
 - (1) The Health Assembly shall elect six further Members entitled to designate persons to serve on the Board. Of those Members elected, two shall serve for a period of three years, two for a period of two years and two for a period of one year, as determined by lot by the President of the Health Assembly immediately after the election has been completed.
 - (2) The election of the six Members shall be governed, *mutatis mutandis*, by Rules 92 to 97 of the Rules of Procedure of the Health Assembly;

II

Considering further that it is desirable to adopt in advance the appropriate rules of procedure to govern future elections of Members entitled to designate persons to serve on the Executive Board,

ADOPTS the following amendments to Rules 92 to 101 of the Rules of Procedure of the Health Assembly, which amendments shall enter into force after the first elections held on the basis of the transitional provisions set forth in part I of this resolution:

Rule 92

No change

Rule 93

No change

Rule 94

Amend as follows:¹

The General Committee, having regard to the provisions of Chapter VI of the Constitution, to Rule 92 and to the suggestions placed before it by Members, shall nominate, and draw up a list of, [nine] *twelve* Members, and this list shall be transmitted to the Health Assembly at least twenty-four hours before the Health Assembly convenes for the purpose of the annual election of [six] *eight* Members to be entitled to designate a person to serve on the Board.

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

¹ Words deleted are enclosed in square brackets; those added are in italics.

Rule 95

Amend the first sentence of this rule as follows: ¹

The Health Assembly shall elect by secret ballot from among the Members nominated in accordance with the provisions of Rule 94 the [six] *eight* Members to be entitled to designate persons to serve on the Board.

Rule 96

No change

Rule 97

No change

Rule 98

Amend the last sentence of this rule as follows: ¹

Such election shall, *mutatis mutandis*, be subject to Rules 93 to 97, provided that not more than twice the number of candidates for the number of seats vacant shall be nominated and provided that such elections shall precede the annual election of the [six] *eight* Members entitled to designate a person to serve on the Board in accordance with Rule 92.

Rule 99

No change

Rule 100

No change

Rule 101

No change

Handb. Res., 5th ed., 4.1.4.5; 4.2.1

Eleventh plenary meeting, 19 May 1960 (section 4 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA13.44 Decisions of the United Nations, Specialized Agencies and the International Atomic Energy Agency affecting WHO's Activities on Administrative and Financial Questions

The Thirteenth World Health Assembly

1. NOTES the report of the Director-General ² on decisions of the United Nations, specialized agencies and the International Atomic Energy Agency affecting WHO's activities on administrative and financial questions; and
2. RECORDS its satisfaction at the prospect of an early and acceptable resolution of the issue regarding the date from which movements in the cost of living in Geneva and New York are to be calculated.

Handb. Res., 5th ed., 8.1.1.5; 7.3.4.1

Eleventh plenary meeting, 19 May 1960 (section 5 of the fourth report of the Committee on Administration, Finance and Legal Matters)

¹ Words deleted are enclosed in square brackets; those added are in italics.

² See Annex 10.

WHA13.45 Malaria Eradication Special Account

The Thirteenth World Health Assembly,

Having reviewed the report of the Director-General on the Malaria Eradication Special Account;¹

Having considered resolution EB25.R19 of the Executive Board;

Having noted that up to the present time voluntary contributions to the Special Account have not been forthcoming in sufficient amounts to ensure the continued financing of the programme in the way envisaged by the decision of the Eighth World Health Assembly;²

Bearing in mind that malaria eradication is an urgent programme limited in time, which will probably require assistance from the Special Account for several years, after which time the problem should be so reduced that completion of the task could be financed by the governments concerned, with some assistance, if necessary, from the regular budget of the Organization;

Aware of the ever-growing understanding that the eradication of malaria is of paramount importance for the general health, social and economic advancement of the malarious countries and the prosperity of the world community as a whole,

1. THANKS those donors whose contributions to the Malaria Eradication Special Account have made it possible to finance the programme to date;
2. ENDORSES the action taken by the Executive Board and the Director-General as described in the Director-General's report;
3. COMMENDS the Director-General, his special representatives and his staff for the energetic efforts which they have made to secure additional contributions to the Special Account, as requested by the World Health Assembly;
4. CONSIDERS that a stage has definitely been reached when the financing of the Organization's eradication operations through the Malaria Eradication Special Account on a voluntary basis will no longer be possible without the full support of all the economically more privileged countries of the world;
5. NOTES with gratification that important initiative has been taken recently by a number of countries with a view to contributing substantially to the Special Account and encouraging other countries to support it;
6. EXPRESSES the hope that other economically more advanced countries will soon join in this endeavour and will, in the light of the detailed programme plans and related costs and considering the results achieved to date, make substantial contributions in order to provide resources to enable the World Health Organization to give the assistance needed by the less developed countries, which are already investing considerable sums for their malaria eradication programmes;
7. CALLS THE ATTENTION of Member States to the need for support from individual governments in the effort to obtain contributions from industry or the general public;
8. CONSIDERS that continuing efforts should be made to finance the malaria eradication programme on a voluntary basis and reiterates its appeal to Member States, and to foundations, industry, labour organizations, institutions and individuals to contribute to the Malaria Eradication Special Account;
9. REQUESTS the Director-General to report to the Fourteenth World Health Assembly on the situation; and
10. DECIDES to reappraise the financial situation of the Malaria Eradication Special Account at the Fourteenth World Health Assembly and, should sufficient contributions not be forthcoming, to consider appropriate measures to ensure the financing of the programme.

Handb. Res., 5th ed., 7.1.8.1

Eleventh plenary meeting, 19 May 1960, (fifth report of the Committee on Administration, Finance and Legal Matters)

¹ See Annex 11.

² Resolution WHA8.30

WHA13.46 Headquarters Accommodation

The Thirteenth World Health Assembly,

Noting with satisfaction the actions taken by the Executive Board and the Director-General with regard to headquarters accommodation since the Twelfth World Health Assembly, including the arrangements for and the completion of the architectural competition;¹

Having examined the Director-General's estimates of the cost of constructing a new building and the arrangements foreseen for its financing and noting that these are consistent with the provisional authorization established by the Twelfth World Health Assembly; and

Noting with appreciation the action of the Swiss Federal Assembly in approving the interest-free loan of Sw. fr. 20 000 000 and the initiation by the Council of State of the Republic and Canton of Geneva of action to acquire the building site which it has offered in addition to a loan of Sw. fr. 10 000 000 at interest of 1 ⁵/₈ per cent.,

1. AUTHORIZES the construction of the building at a cost not exceeding Sw. fr. 40 000 000;
2. AUTHORIZES the Executive Board to exercise the following functions in addition to those delegated by resolution WHA12.12, and to redelegate this authority to a standing committee of three members of the Board or their alternates and in addition, *ex officio*, the Chairman of the Executive Board:
 - (a) to approve the procedures for the inviting of tenders for the prime contracts;
 - (b) to approve the specifications which form the basis of the invitation of such tenders;
 - (c) to approve the criteria for the award of such contracts;
 - (d) to make decisions as necessary on any other aspects of the building project on the basis of reports to be submitted by the Director-General;
 - (e) to review periodically the progress of the work and report thereon;
 - (f) to review periodically the general financial position of the building project and in particular the rate of expenditure in relation to the estimates;
 - (g) to inquire into and to inform themselves on any matter relating to the headquarters building which they consider necessary;

The members of the standing committee of the Board shall, after appointment, hold office until the completion of the building project except with regard to the Chairman of the Executive Board; provided that in the event that any of the members of the committee or their alternates are unable to attend, the Executive Board shall provide for replacements;

3. AUTHORIZES the Director-General, subject to the provisions of paragraphs 1 and 2 above, to take all necessary measures to ensure the successful conclusion of the building project and in particular to execute on behalf of the Organization:
 - (a) agreements with the Swiss Confederation and the Republic and Canton of Geneva regarding the credits offered;
 - (b) the contract with the architect chosen as a result of the architectural competition;
 - (c) any necessary construction and supply contracts in connexion with this building project;
4. INVITES the attention of Member governments, as well as foundations, institutions and other agencies and individuals to the possibility of furthering the provision of suitable headquarters accommodation for WHO to supplement the authorization provided in paragraph 1, by voluntary contributions to the Building Fund and by gifts of furnishings, decorations and equipment which the Director-General indicates to be needed; and REQUESTS the Director-General to inform all Member governments of WHO as to the nature of contributions in kind which would be acceptable for the new building;

¹ See Annex 12.

5. REQUESTS the Director-General to convey once again to the authorities of the Swiss Confederation and the Republic and Canton of Geneva the Organization's gratitude for the assistance which they are providing in the realization of adequate headquarters accommodation; and
6. REQUESTS the Director-General and the Executive Board to make a further progress report to the Fourteenth World Health Assembly regarding headquarters accommodation.

Handb. Res., 5th ed., 7.4

Eleventh plenary meeting, 19 May 1960, (fifth report of the Committee on Administration, Finance and Legal Matters)

WHA13.47 Status of Collection of Annual Contributions and of Advances to the Working Capital Fund

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on the status of collection of contributions and of advances to the Working Capital Fund as at 30 April 1960;

Noting that the collection of contributions was slightly less satisfactory than at the corresponding date in 1959; and

Noting that five Members, Bolivia, Cuba, Paraguay, Uruguay and Yemen, were in arrears for amounts which equal or exceed their contributions for the preceding two full years; and

Noting that the four of the Members concerned which are represented at the Thirteenth World Health Assembly had reported that they were making or had made arrangements to pay all or a portion of their arrears;

Having carefully considered the provisions of Article 7 of the Constitution and the provisions of paragraph 2 of resolution WHA8.13 relating to the suspension of voting privileges,

1. CALLS THE ATTENTION of Member governments to the importance of paying their contributions as early as possible in the Organization's financial year;
2. REQUESTS Member governments that have not done so to provide in their national budgets for regular payment to the World Health Organization of their annual contributions; and
3. REQUESTS the Director-General to communicate with the five Members in arrears for two years or more and advise them that the Health Assembly hopes they will be able to pay their contributions as soon as possible and in any case by the time of the next World Health Assembly, in order to avoid the question of suspension of voting rights as provided in Article 7 of the Constitution.

Handb. Res., 5th ed., 7.1.2.4; 7.1.3.3

Eleventh plenary meeting, 19 May 1960 (section 1 of the sixth report of the Committee on Administration, Finance and Legal Matters)

WHA13.48 Relations with the League of Arab States

The Thirteenth World Health Assembly,

Having considered resolution EB25.R66 and relevant documents on the subject of an agreement between WHO and the League of Arab States;

Considering that provisions contained in Article 70 of the Constitution allow the conclusion of such an agreement,

1. APPROVES the principle of concluding such an agreement;
2. REQUESTS the Director-General to take the necessary action with a view to concluding an agreement on behalf of WHO with the League of Arab States, such agreement to define the sphere of co-operation in health fields; and

3. REQUESTS the Director-General to report on this matter to the Fourteenth World Health Assembly.

Handb. Res., 5th ed., 8.3.2

Eleventh plenary meeting, 19 May 1960 (section 2 of the sixth report of the Committee on Administration, Finance and Legal Matters)

WHA13.49 Procedure for the Review by the Executive Board of Reports of Expert Committees

The Thirteenth World Health Assembly

DECIDES to amend the regulations for Expert Advisory Panels and Committees as follows:

- (1) The present regulation 10.4 is to be *deleted* and *replaced* by the following:
“ 10.4 The Director-General shall be responsible for authorizing the publication of reports of expert committees.”
- (2) Regulation 10.5 remains as it is.
- (3) The present regulation 10.6 is to be *deleted* and *replaced* by the following:
“ 10.6 The Director-General shall submit to each session of the Board a document on the action to be taken with reference to meetings of expert committees held since the previous session of the Board and annex to this document the texts of the reports of such expert committees.”
- (4) The present regulation 10.7 is to be *deleted* and *replaced* by the following:
“ 10.7 The Executive Board shall consider the report of the Director-General and shall take appropriate action in this respect.”
- (5) The present regulation 10.7.2 is to be *deleted* and *replaced* by the following:
“ 10.7.2 The Director-General may direct to the attention of the chairman of an expert committee any statement of opinion in its report that might be considered prejudicial to the best interests of the Organization or any Member State. The chairman of the committee may, at his discretion, delete such statement from the report, with or without communicating with members of the expert committee or, after obtaining their written approval, may modify the statement. Any difficulty arising out of a divergence of views between the Director-General and the chairman of the committee shall be referred to the Board.”

Handb. Res., 5th ed., 1.14.1.2; 1.14.3

Eleventh plenary meeting, 19 May 1960 (section 1 of the fourth report of the Committee on Programme and Budget)

WHA13.50 Action in respect of International Conventions on Narcotic Drugs: The Single Convention on Narcotic Drugs (Third Draft)

The Thirteenth World Health Assembly,

Considering resolution EB25.R5,

NOTES the action taken by the Executive Board under that resolution.

Handb. Res., 5th ed., 1.3.4.3

Eleventh plenary meeting, 19 May 1960 (section 2 of the fourth report of the Committee on Programme and Budget)

WHA13.51 Study of the Nature and Extent of Health Problems of Seafarers and of the Health Services available to them

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on the study of the nature and extent of health problems of seafarers and of the health services available to them,

1. NOTES the report of the Director-General; and
2. REQUESTS the Director-General to submit a final report to the Executive Board at its first session in 1962, and to the Fifteenth World Health Assembly.

Handb. Res., 5th ed., 1.5.2.3

Eleventh plenary meeting, 19 May 1960 (section 3 of the fourth report of the Committee on Programme and Budget)

WHA13.52 Venereal Disease Treatment of Seafarers (Brussels Agreement of 1924)

The Thirteenth World Health Assembly,

Considering that, in accordance with Article 2 of the Protocol concerning the Office International d'Hygiène Publique, the World Health Organization has assumed the duties and functions arising out of the administration of the International Agreement Relating to Facilities to be Accorded to Merchant Seamen in the Treatment of Venereal Diseases, signed at Brussels on 1 December 1924;

Considering that the Executive Board has recommended ¹ that the technical definitions, the minimum standards and the appraisal scheme outlined in that part of the fifth report of the Expert Committee on Venereal Infections and Treponematoses dealing with the Brussels Agreement of 1924 ² be recommended to the States concerned as the basis for the application of that agreement and for venereal disease control practice in seafarers; and

Considering Article 23 of the Constitution,

1. RECOMMENDS to the States Parties to the Brussels Agreement of 1924 and to the States which, as a matter of practice, apply its provisions, the acceptance of the technical definitions, the minimum standards and the appraisal scheme outlined in the fifth report of the Expert Committee on Venereal Infections and Treponematoses; and
2. RESOLVES that these technical definitions and standards shall be periodically reviewed in the light of technical progress, on the advice of the Expert Committee.

Handb. Res., 5th ed., 1.5.2.3

Eleventh plenary meeting, 19 May 1960 (section 4 of the fourth report of the Committee on Programme and Budget)

WHA13.53 Smallpox Eradication

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on the progress of smallpox eradication programmes in the countries where the disease is still present,

Noting

- (1) that progress is being made towards smallpox eradication in certain countries where effective steps have been taken;

¹ Resolution EB25.R32

² *Wld Hlth Org. techn. Rep. Ser.*, 1960, 190, 4-20

- (2) that eradication campaigns have, however, not yet started in other countries with endemic foci of the disease, owing to local administrative and financial difficulties; and
 - (3) that technical assistance for the planning and organization of eradication campaigns is being offered by the Organization to all countries concerned,
1. EMPHASIZES the urgency of achieving world-wide eradication;
 2. URGES the health administrations of those countries which have not yet started eradication campaigns to make all efforts necessary to surmount the administrative and financial difficulties that may exist and to give the smallpox eradication programme the high priority it deserves;
 3. REQUESTS the Director-General:
 - (1) to continue to provide under the programme and budget of future years for the assistance requested by national health administrations in organizing and developing smallpox eradication programmes and for all necessary activities to further this end;
 - (2) to report to the Fourteenth World Health Assembly on the progress of eradication programmes in all countries concerned.

Handb. Res., 5th ed., 1.5.4

Eleventh plenary meeting, 19 May 1960 (section 5 of the fourth report of the Committee on Programme and Budget)

WHA13.54 Vector-borne Diseases and Malaria Eradication

The Thirteenth World Health Assembly,

Recognizing that there are many instances where malaria eradication operations have produced, or are producing, collateral benefits in reducing the incidence of other vector-borne diseases;

Believing that by advance planning it may be possible for governments to take the maximum advantage of the favourable situation thus produced but without interfering with the normal development of their programme of malaria eradication,

1. INVITES all governments concerned to study the effects that their malaria eradication operations may be having on the incidence of other vector-borne diseases of local importance and to consider the introduction of appropriate supplementary measures with a view to consolidating the advantages gained against such diseases so that positive and lasting achievements may result; and
2. RECOMMENDS to the Director-General to provide specialized staff and consultants to advise governments on this matter.

Handb. Res., 5th ed., 1.5; 1.4.2

Eleventh plenary meeting, 19 May 1960 (fifth report of the Committee on Programme and Budget)

WHA13.55 Malaria Eradication Programme

The Thirteenth World Health Assembly,

Having considered the report of the Director-General on the development of the malaria eradication programme;

Noting the satisfactory progress that has been made in the world-wide campaign for malaria eradication;

Recognizing that the operational supervision and epidemiological assessment which are essential for the continuing success of the campaign can only be ensured by the adequate staffing of national malaria eradication services with fully-trained personnel;

Noting the steps that have been taken by the Director-General to provide increased facilities for the training of the required national personnel as well as to meet the request for technical advisory services needed by the governments;

Believing that it is important to keep constantly in mind the essential element of urgency in malaria eradication programmes, which must be time-limited programmes, and that adequate organizational and financial support is indispensable; and

Recognizing that co-ordination between neighbouring countries is of special importance to countries reaching an advanced stage in their eradication programmes and that a fundamental element for such co-ordination is the regular reporting of the progress of operations and more particularly of epidemiological assessment,

1. URGES governments concerned to intensify their efforts for the training and provision of adequate technical and administrative personnel required to strengthen the supervisory and epidemiological assessment activities of their malaria eradication services, taking full advantage of the facilities provided by the Organization;
2. URGES governments concerned to accord to their national malaria eradication programmes the priority needed for the successful completion of the campaign within the shortest period of time;
3. REQUESTS governments concerned to continue to keep the Organization regularly informed of the progress of their malaria eradication programmes and, in particular, of their epidemiological assessment activities;
4. REQUESTS the Director-General to keep under constant review the progress of the world-wide programme, to make available to governments such technical advisory services as may be required, and to continue to take all the necessary steps to ensure the proper co-ordination of programmes throughout the world; and
5. REQUESTS the Director-General to establish an official register listing areas where malaria eradication has been achieved, after inspection and certification by a WHO evaluation team.

Handb. Res., 5th ed., 1.4.2

Eleventh plenary meeting, 19 May 1960 (fifth report of the Committee on Programme and Budget)

WHA13.56 Radiation Health, including Protection of Mankind from Ionizing Radiation Hazards, whatever their Source

The Thirteenth World Health Assembly,

Recalling resolution WHA11.50 concerning the study of health problems connected with the uses of atomic energy;

Noting resolution 1347 (XIII) of the thirteenth session of the General Assembly of the United Nations concerning the report of the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR), in which resolution the General Assembly calls upon all concerned to assist the Committee by making available to it reports and studies relating to the short-term and long-term effects of ionizing radiation upon man and his environment and radiological data collected by them, and by pursuing investigations to broaden world scientific knowledge in this sphere and by transmitting their results to the Committee;

Noting that this appeal was reaffirmed by the fourteenth session of the General Assembly of the United Nations in its resolution 1376 (XIV) and that UNSCEAR has been requested by the United Nations General Assembly to continue its work and is preparing a second comprehensive report for publication in 1962;

Noting that resolutions have been adopted by previous Health Assemblies, more specifically WHA11.50, emphasizing the important role of WHO in the health aspects of radiation from all sources;

Noting that, broadly, WHO's responsibilities include protection from radiation hazards and development of the medical uses of radiation and radioactive isotopes;

Considering that in WHO's programme of research provision is made for studies concerning radiation sickness and human heredity;

Noting with satisfaction from the report of the Director-General the increase in training and technical assistance in radiation health;

Noting that health authorities have a responsibility for the prevention and control of health hazards associated with radiation from all sources;

Believing that WHO's activities in the field of radiation health will be of continuous and increasing benefit to national health authorities and to the work of the International Atomic Energy Agency, UNSCEAR, the other specialized agencies and interested intergovernmental and non-governmental organizations,

1. REQUESTS the Director-General to continue constructive co-operation of WHO with IAEA and other appropriate agencies; and
2. REQUESTS the Director-General to assist Member States in extending and developing health laboratory competence to deal with radiation and radioactivity, and in the meantime to provide assistance to States without these facilities in the collection of representative samples to facilitate their own work and that of UNSCEAR;
3. REQUESTS the Director-General that, in the activities of WHO in radiation health, he place special emphasis upon the teaching and training of technical personnel within the Member countries and on encouraging and assisting the health authorities in these countries to accept their major role and accelerate their activities in the public health aspects of radiation from all sources; and
4. REQUESTS the Director-General to report to the Fourteenth World Health Assembly on the progress being made by Member countries in developing and staffing radiation control programmes, with particular reference to the responsibility of national health authorities and of WHO in this field.

Handb. Res., 5th ed., 1.3.1

Eleventh plenary meeting, 19 May 1960 (section 1 of the sixth report of the Committee on Programme and Budget)

WHA13.57 Third General Programme of Work covering a Specific Period: 1962-1965 inclusive

The Thirteenth World Health Assembly,

Considering Article 28 (g) of the Constitution;

Having considered the General Programme of Work for the Specific Period 1962-1965 inclusive, as submitted by the Executive Board at its twenty-fifth session;

Believing that the Programme of Work, as submitted, provides a broad general policy that could guide the development of the annual programmes,

APPROVES the General Programme of Work for the Specific Period 1962-1965 inclusive, as submitted by the Executive Board at its twenty-fifth session and as amended.¹

Handb. Res., 5th ed., 1.1.2

Eleventh plenary meeting, 19 May 1960 (section 2 of the sixth report of the Committee on Programme and Budget)

WHA13.58 Committee on International Quarantine: Seventh Report

The Thirteenth World Health Assembly,

Having considered the seventh report of the Committee on International Quarantine,²

1. THANKS the members of the Committee for their work; and
2. ADOPTS the seventh report of the Committee on International Quarantine.

Handb. Res., 5th ed., 1.5.7.6

Eleventh plenary meeting, 19 May 1960 (section 1 of the seventh report of the Committee on Programme and Budget)

¹ See Annex 2.

² See Annex 1.

WHA13.59 Additional Regulations of 19 May 1960 amending the International Sanitary Regulations with respect to the Health Part of the Aircraft General Declaration

The Thirteenth World Health Assembly,

Considering the need for the amendment of certain of the provisions of the International Sanitary Regulations, as adopted by the Fourth World Health Assembly on 25 May 1951, with respect to the health part of the Aircraft General Declaration;

Having regard to Articles 2 (*k*), 21 (*a*) and 22 of the Constitution of the World Health Organization, ADOPTS, this 19th day of May 1960, the following additional regulations:

ARTICLE I

In Article 97 and Appendix 6 of the International Sanitary Regulations (health part of the Aircraft General Declaration), there shall be made the following amendments:

Article 97

In the first paragraph, *delete* the words “ a copy of that part of the Aircraft General Declaration which contains the health information specified in Appendix 6 ” and *insert* the words: “ the health part of the Aircraft General Declaration which shall conform with the model specified in Appendix 6 ”.

Appendix 6 — Health Part of the Aircraft General Declaration

Delete the text and replace by:

“ Declaration of Health

Persons on board known to be suffering from illness other than airsickness or the effects of accidents, as well as those cases of illness disembarked during the flight.....

Any other condition on board which may lead to the spread of disease

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight give details of most recent disinsecting

SGD., if required,

.....
Crew member concerned ”

ARTICLE II

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 III

These Additional Regulations shall come into force on the first day of January 1961.

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 19th day of May 1960.

H. B. TURBOTT

President of the Thirteenth World Health Assembly

M. G. CANDAU

Director-General of the World Health Organization

WHA13.60 Organizational Study on Publications

The Thirteenth World Health Assembly,

Having considered resolution EB25.R42 of the Executive Board, and a summary of the Executive Board's discussion of this subject at its twenty-fifth session together with a report on WHO publications prepared by the Director-General;¹ and

Noting that the Executive Board has now concluded its organizational study on publications,

1. THANKS the Executive Board for the study made;
2. NOTES the preliminary study made by the Director-General on the possible measures to reduce the length of the *Official Records* volumes; and
3. REQUESTS the Director-General to continue to keep this matter under constant review.

Handb. Res., 5th ed., 1.11.1; 7.5.6

Eleventh plenary meeting, 19 May 1960 (section 3 of the seventh report of the Committee on Programme and Budget)

WHA13.61 Future Organizational Study to be made by the Executive Board

The Thirteenth World Health Assembly,

Having considered the recommendation of the Executive Board on the subject of its next organizational study,

1. DECIDES that the next subject of study shall be Co-ordination with the United Nations and the Specialized Agencies; and
2. REQUESTS the Executive Board to report on this study to the Fifteenth World Health Assembly.

Handb. Res., 5th ed., 7.5; 8.1.1.4

Eleventh plenary meeting, 19 May 1960 (section 4 of the seventh report of the Committee on Programme and Budget)

WHA13.62 Extension of the Agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East

The Thirteenth World Health Assembly,

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

Considering that the Eighth World Health Assembly, in resolution WHA8.46, extended the duration of this agreement until 30 June 1960;

Considering that, subsequently, the General Assembly of the United Nations, at its fourteenth session (resolution 1456 (XIV)), extended the mandate of UNRWA for a period of three years with a review at the end of two years;

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

AUTHORIZES the Director-General to extend the duration of the agreement with UNRWA until 30 June 1963, or until the dissolution of this agency if it should take place before that date.

Handb. Res., 5th ed., 8.1.5.1

Eleventh plenary meeting, 19 May 1960 (section 5 of the seventh report of the Committee on Programme and Budget)

¹ *Off. Rec. Wld Hlth Org.* 99, Annex 17

WHA13.63 UNICEF/WHO Jointly Assisted Activities

The Thirteenth World Health Assembly,

Having considered the report of the Director-General¹ on the actions of direct interest to WHO taken by the UNICEF Executive Board at its September 1959 and March 1960 sessions;

Bearing in mind that WHO has amongst its constitutional functions those "to act as the directing and co-ordinating authority on international health work" and "to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment";

Recalling the United Nations Declaration of the Rights of the Child,¹

1. NOTES the report of the Director-General;²
2. NOTES with appreciation that, despite the expansion of its role in meeting the needs of children, UNICEF continues to give maximum assistance to health programmes affecting mothers and children, and that the long-standing collaboration between WHO and UNICEF in giving assistance to national health programmes continues to be a source of satisfaction to Member States;
3. EXPRESSES its appreciation for the action taken by the UNICEF Executive Board at its September 1959 session, to continue UNICEF's invaluable support for the programme of malaria eradication up to a ceiling of \$ 10 million a year, and to broaden its criteria for assistance to this programme;
4. CONSIDERS that the health and welfare needs of mothers and children are inseparable from those of the family and of the community as a whole; and
5. ENDORSES the policy of the Organization to collaborate, within the United Nations family, in activities which, taken as a whole, lead towards the fulfilment of the objectives expressed in the United Nations Declaration of the Rights of the Child.

Handb. Res., 5th ed., 8.1.4.1

Eleventh plenary meeting, 19 May 1960 (section 6 of the seventh report of the Committee on Programme and Budget)

WHA13.64 Intensified Programme of Medical Research

The Thirteenth World Health Assembly,

Having considered the Director-General's report on the intensified programme of medical research;

Considering the importance of training in the basic medical sciences, which are also fundamental to the development of scientific research,

1. NOTES the report of the Director-General;
2. ENDORSES the action taken by the Director-General;
3. RECOMMENDS to governments to give due attention to the development of the sciences basic to medical research and to the training of professionals in these basic medical sciences; and
4. REQUESTS the Director-General to give due emphasis in the research programme to the training of specialists in the sciences basic to medical research.

Handb. Res., 5th ed., 1.12.2

Twelfth plenary meeting, 20 May 1960 (section 1 of the eighth report of the Committee on Programme and Budget)

¹ Resolution 1386 (XIV) of the United Nations General Assembly

² See Annex 13.

WHA13.65 World Health Year

The Thirteenth World Health Assembly,

Considering that the number and importance of health projects currently undertaken or planned require the use of all resources available if they are to be brought to a successful conclusion;

Considering that the efforts and expenditure involved in the holding of a World Health Year are unlikely to be commensurate with the benefit which the people would derive from this year;

Believing that these efforts would be better applied to a critical review and evaluation of programme and projects,

RECOMMENDS that the holding of a World Health Year be postponed.

Handb. Res., 5th ed., 9.11

Twelfth plenary meeting, 20 May 1960 (section 2 of the eighth report of the Committee on Programme and Budget)

WHA13.66 Decisions of the United Nations, Specialized Agencies and the International Atomic Energy Agency affecting WHO's Activities

The Thirteenth World Health Assembly

NOTES with appreciation the report of the Director-General on decisions of the United Nations General Assembly at its fourteenth session, the Economic and Social Council at its twenty-eighth and twenty-ninth sessions, the specialized agencies, and IAEA, which relate to the work of the Organization.

Handb. Res., 5th ed., 8.1.1.6

Twelfth plenary meeting, 20 May 1960 (section 3 of the eighth report of the Committee on Programme and Budget)

WHA13.67 WHO Activities in Promotion of Health in connexion with the Resolution concerning General and Complete Disarmament adopted by the United Nations General Assembly at its Fourteenth Session

The Thirteenth World Health Assembly,

Having examined resolution EB25.R62 adopted by the twenty-fifth session of the Executive Board of the World Health Organization;

Recalling the invitation, in General Assembly resolutions 1148 (XII) and 1252 (XIII), to States "to consider the possibility of devoting, out of the funds made available as a result of disarmament, as and when sufficient progress is made, additional resources to the improvement of living conditions throughout the world and especially in the less developed countries";

Expressing the hope that as a result of the work of the ten-nation disarmament committee which is currently considering, *inter alia*, the proposals on disarmament transmitted to it in accordance with General Assembly resolution 1378 (XIV), greater progress may be made towards the attainment of disarmament under effective international control so that its economic and social aspects may become the subject of fruitful international co-operation,

1. CONSIDERS that until sufficient actual progress towards agreed disarmament under effective international control has been made it would be premature to study the question of the utilization of any resources released thereby; and
2. AFFIRMS its belief that international co-operation in the furtherance of the objectives of the World Health Organization should not pause in its efforts while waiting for such disarmament.

Handb. Res., 5th ed., 8.1.1.6

Twelfth plenary meeting, 20 May 1960 (section 4 of the eighth report of the Committee on Programme and Budget)

WHA13.68 International Encouragement of Scientific Research into the Control of Cancerous Diseases (Resolution 1398 (XIV) of the United Nations General Assembly)

The Thirteenth World Health Assembly,

Having considered resolution EB25.R68 adopted by the Executive Board on the subject;

Having considered the report of the Director-General on the action of the General Assembly of the United Nations relating to the international encouragement of scientific research into the control of cancerous diseases,¹ together with the suggestion made by the Director-General after consultation with the Secretary-General of the United Nations,²

1. ENDORSES the views expressed by the Executive Board in its resolution EB25.R68;
2. CONCURS in the suggestion made by the Director-General² and requests him to forward this resolution to the Secretary-General of the United Nations.

Handb. Res., 5th ed., 8.1.1.6; 1.7.6

Twelfth plenary meeting, 20 May 1960 (section 5 of the eighth report of the Committee on Programme and Budget)

WHA13.69 Reports of the Executive Board on its Twenty-fourth and Twenty-fifth Sessions

The Thirteenth World Health Assembly

1. NOTES the reports of the Executive Board on its twenty-fourth³ and twenty-fifth⁴ sessions; and
2. COMMENDS the Board on the work it has performed.

Handb. Res., 5th ed., 4.2.5.2

Twelfth plenary meeting, 20 May 1960

PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

The Thirteenth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following twelve Members: Canada, Ceylon, Czechoslovakia, Ecuador, Iraq, Italy, Liberia, Nicaragua, Pakistan, Philippines, Spain and Sweden.

First plenary meeting, 3 May 1960

(ii) Composition of the Committee on Nominations

The Thirteenth World Health Assembly appointed a Committee on Nominations consisting of delegates of the following eighteen Members: Australia, Bulgaria, Burma, Chile, Colombia, El Salvador, Ethiopia, Ghana, India, Japan, Lebanon, Mexico, Portugal, Switzerland, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, and United States of America.

First plenary meeting, 3 May 1960

(iii) Verification of Credentials

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

¹ Resolution 1398 (XIV) of the United Nations General Assembly

² See Annex 14.

³ *Off. Rec. Wld Hlth Org.* 96

⁴ *Off. Rec. Wld Hlth Org.* 99; 100

Members

Afghanistan, Albania, Argentina, Australia, Austria, Belgium, Brazil, Bulgaria, Burma, Cambodia, Cameroun, Canada, Ceylon, Chile, China, Colombia, Costa Rica, Cuba,¹ Czechoslovakia, Denmark, Ecuador, El Salvador, Ethiopia, Finland, France, Federal Republic of Germany, Federation of Malaya, Ghana, Greece, Guatemala, Guinea,¹ Haiti, Honduras, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Japan, Jordan, Kuwait, Laos,¹ Lebanon, Liberia, Libya, Luxembourg, Mexico, Monaco, Morocco, Nepal, Netherlands, New Zealand,¹ Nicaragua, Norway, Pakistan, Panama,¹ Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Togo,¹ Republic of Viet-Nam, Romania, Saudi Arabia, Spain, Sudan, Sweden, Switzerland, Thailand, Tunisia, Turkey, Union of South Africa, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay,¹ Venezuela, Yemen, Yugoslavia.

Associate Members

Central African Republic,¹ Cyprus, Federation of Nigeria, Federation of Rhodesia and Nyasaland, Republic of the Congo, Republic of the Ivory Coast,¹ Republic of the Niger, Republic of the Upper Volta, Sierra Leone.

*First, fourth, eighth and eleventh plenary meetings,
3, 4, 11 and 19 May 1960*

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

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

President: Dr H. B. Turbott (New Zealand);

Vice-Presidents: Dr Y. Ben Abbès (Morocco), Professor R. Baranski (Poland), Dr J. M. Baena (Colombia).

Second plenary meeting, 3 May 1960

(v) Election of Officers of the Main Committees

The Thirteenth 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. K. Afridi (Pakistan);

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS: *Chairman*, Dr M. E. Bustamante (Mexico).

Second plenary meeting, 3 May 1960

The main committees subsequently elected the following officers:

COMMITTEE ON PROGRAMME AND BUDGET: *Vice-Chairman*, Dr J. D. Hourihane (Ireland); *Rapporteur*, Dr R. Vera Lamperein (Chile);

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS: *Vice-Chairman*, Mr Y. Saito (Japan); *Rapporteur*, Mr J. H. Zeuthen (Denmark).

(vi) Establishment of the General Committee

The Thirteenth 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: Australia, Canada, El Salvador, France, Guinea, India, Iraq, Union of Soviet Socialist Republics and United Kingdom of Great Britain and Northern Ireland.

Second plenary meeting, 3 May 1960

(vii) Adoption of the Agenda and of Supplementary Items

The Thirteenth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its twenty-fifth session and approved the inclusion of three supplementary items.

Third plenary meeting, 4 May 1960

¹ Credentials provisionally accepted

ANNEXES

Annex 1

SEVENTH REPORT OF THE COMMITTEE ON INTERNATIONAL QUARANTINE ¹

[WHO/IQ/91 — 5 Nov. 1959]

Composition of the Committee

The Committee on International Quarantine held its seventh meeting in the Palais des Nations, Geneva, from 26 to 30 October 1959.

The following attended:

Members

- Dr T. E. Boldyrev, Professor of Epidemiology, Central Post-graduate Institute of Medicine; Chief, Division of Epidemiology, Gamaleya Institute of Epidemiology and Microbiology, Moscow, Union of Soviet Socialist Republics
- Dr J. Lembrez, Director of Sanitary Control at Frontiers, Marseilles, France
- Dr L. H. Murray, Principal Medical Officer, Ministry of Health, London, United Kingdom of Great Britain and Northern Ireland
- Dr A. P. Sackett, Medical Director, Division of Foreign Quarantine, Department of Health, Education and Welfare, Washington, D.C., United States of America
- Dr P. H. Teng, Assistant Director of Medical Services, Hong Kong
- Dr O. Vargas-Méndez, Director-General of Health, San José, Costa Rica

Representative of the International Civil Aviation Organization

- Mr F. X. Byrne, Facilitation and Joint Financing Branch, ICAO, Montreal, Canada

Secretariat

- Dr W. M. Bonne, Director, Division of Communicable Diseases

- Dr M. Freyche, International Quarantine, Division of Communicable Diseases
- Mr F. Gutteridge, Legal Office
- Mr W. Haerry, Documentation and Facilitation of Swissair (*WHO temporary adviser*)
- Dr R. I. Hood, Chief Medical Officer, International Quarantine, Division of Communicable Diseases (*Secretary*)
- Dr W. Omar, Chief, Section of Epidemiology and Statistics, WHO Regional Office for the Eastern Mediterranean, Alexandria
- Dr W. W. Yung, WHO Epidemiological Intelligence Station, Singapore

The following members of the Secretariat attended certain meetings of the Committee:

- Mr J. W. Wright, Pesticides and Vector Control, Division of Environmental Sanitation
- Dr P. Yekutieli, Division of Malaria Eradication

Dr A. Abdel Aziz, Director-General of the Quarantine Administration, Alexandria, had been invited but notified his inability to attend too late to be replaced.

The Committee met on the morning of 26 October 1959. Dr L. H. Murray was unanimously elected Chairman and Dr P. H. Teng, Vice-Chairman. The Chairman was requested to act as Rapporteur.

The draft agenda was approved.

The Committee considered the seventh annual report by the Director-General on the functioning of the International Sanitary Regulations. This report is reproduced below, the various sections being followed, where appropriate, by the comments and recommendations of the Committee (in italics).

INTRODUCTION

1. This report is prepared in accordance with the provisions of Article 13, paragraph 2, of the International Sanitary Regulations. It is the seventh annual report on the functioning of the Regulations and their effect on international traffic.

2. Six previous reports ² covered the period since the entry-into-force of the Regulations (1 October 1952).

3. This report, covering the period 1 July 1958 to 30 June 1959, follows the same general lines as its

¹ See resolutions WHA13.58 and WHA13.59.

² *Off. Rec. Wld Hlth Org.* 56, 3; 64, 1; 72, 3; 79, 493; 87, 397; 95, 471

predecessors and considers the application of the Regulations from three aspects: as seen by the Organization in its administrative role of applying the Regulations; as reported by Member States in accordance with Article 62 of the Constitution of the Organization and Article 13, paragraph 1, of the Regulations; and as reported by other organizations or administrations directly concerned with the application of the Regulations. For ease of reference the three aspects are consolidated and presented in the numerical order of the articles of the Regulations.

4. By reason either of their importance or of the procedure leading to their study, other questions

have necessitated the preparation of special documents, independently of this report. They are nevertheless briefly mentioned in it.

5. A special sub-committee was established by the Committee on Programme and Budget of the Twelfth World Health Assembly for the study of quarantine matters. The sixth report of the Committee on International Quarantine was adopted by the World Health Assembly on 26 May 1959 (resolution WHA12.21). The proceedings and reports relating to international quarantine were published in *Official Records* No. 95. An offprint of the reports is available.

GENERAL ASPECTS

Position of States and Territories

6. *United Kingdom of Great Britain and Northern Ireland.* During the period under review the United Kingdom notified the withdrawal of the reservation to paragraph 1 of Article 17 of the International Sanitary Regulations, made on behalf of the Falkland Islands (22 October 1958), and the withdrawal of the reservation to Article I of the Additional Regulations of 1955 made on behalf of the Seychelles Islands (26 March 1959).

Denmark. The Government of Denmark having withdrawn the rejection of the Regulations made on behalf of the Faroe Islands, these islands became bound on 2 February 1959.

Colombia. On 14 May 1959 the Government of Colombia became a Member of the Organization. The Regulations entered into force for this State three months later—on 14 August 1959.

A statement showing the position of States and territories on 26 February 1959 was submitted to the Twelfth World Health Assembly.

The Committee was informed of plans to publish in the Weekly Epidemiological Record early in each calendar year an up-to-date list of the position of States and territories under the Regulations. The Committee agrees that this is a suitable means to keep States informed.

7. *Burma.* The Government reports that, although not bound by the Regulations, its health administration applies most of their provisions.

8. Several countries whose national laws were not in agreement with the Regulations informed the Organization that a revision of these laws has been or will be undertaken.

Bulgaria. In this connexion the Government of Bulgaria reports that its revised Regulations on

sanitary control at frontiers will probably enter into force at the beginning of 1960.¹

9. The annotated edition in Spanish of the International Sanitary Regulations, prepared by the Pan American Sanitary Bureau/WHO Regional Office for the Americas, was distributed in June 1959.

Disinsectization of Aircraft

10. In accordance with the request of the Committee in its sixth report² a separate document³ gives information supplied by States following the Director-General's circular letter 15, 1958, on disinsectization of aircraft.

The Committee notes the replies of States to circular letter 15, 1958, giving information on formulations and procedures used for disinsectization of aircraft, and that the Organization is advising those States which do not now follow the recommended formulations and procedures of the Expert Committee on Insecticides to adopt them, so that disinsectization carried out by their health authorities may be recognized by other States.

The Committee notes that an expert committee on aircraft disinsectization will be held in 1960 before the next regular meeting of the Quarantine Committee and that it will have available to it the report of a consultant at present working on various aspects of this subject; and it hopes that in view of the urgency of this problem technical recommendations will emerge to provide for satisfactory disinsectization in flight.

¹ See *Off. Rec. Wld Hlth Org.* 95, 472 (section 8), 474 (section 16).

² *Off. Rec. Wld Hlth Org.* 95, 473, section 12

³ Unpublished

The Committee requests the Director-General to ensure that the expert committee has available to it advice which will enable it to take account, in its recommendations, of the viewpoint of health administrations and airport health authorities.

International Protection against Malaria

11. Information supplied by States following the Director-General's circular letter 19, 1958, on international protection against malaria is reported in a separate document.¹ It is to be noted that relatively few States at this time are of the opinion that additional regulations are necessary in respect of malaria.

The Committee carefully considered the replies of governments to circular letter 19, 1958 and, in the light of the information supplied, is in agreement that:

- (a) no additional regulations or amendments to the Regulations in respect of malaria are required at present;*
- (b) essential information of value for purposes of international control of malaria should be published in the Weekly Epidemiological Record.*

The Committee further:

- (a) stresses that the strongest defence against the carriage of malaria is the rigid protection of ports and airports by antimosquito measures, and that health administrations should take all reasonable steps to this end;*
- (b) urges health administrations to carry out disinsectization of aircraft before departure from areas where malaria vectors exist, particularly those where there are resistant or dangerous vector anophelines;*
- (c) recognizes the part that bilateral agreements between countries can play in controlling the spread of malaria across frontiers.*

The Committee requests the Director-General to keep it informed of the situation.

Expert Committee on Hygiene and Sanitation in Aviation, First Report

12. The Executive Board (in resolution EB23.R14) noted the opinions and recommendations expressed by the Committee on International Quarantine in its sixth report and transmitted the first report of the Expert Committee on Hygiene and Sanitation in Aviation to the Twelfth World Health Assembly for consideration, together with the comments of the Committee on International Quarantine. The Twelfth World Health Assembly (in resolution WHA12.18) approved the comments of the Committee on International Quarantine. The report of the Expert Committee, including the comments and recommendations of the Committee on International Quarantine, is published in the WHO *Technical Report Series*.²

The Committee notes that there is a need to have the Guide on Hygiene and Sanitation in Aviation available in the Spanish language and in certain other languages besides English and French. It was informed that the normal policy of the Organization is to approve requests for local publication of such material in other languages. The Committee again stresses the importance of the Guide on Hygiene and Sanitation in Aviation for all persons involved in the operations described therein.

Periodicity of Meetings of the Committee on International Quarantine

13. The Twelfth World Health Assembly (resolution WHA12.19) endorsed the opinions of the Committee contained in its sixth report³ and requested the Director-General to submit for review to the Committee in 1961 the question of periodicity of its meetings and to present the report and recommendations of the Committee to the Fifteenth World Health Assembly.

THE INTERNATIONAL SANITARY REGULATIONS

PART I. DEFINITIONS

Article 1 (Local Area; Infected Local Area)

14. *United Arab Republic.* The Government recalls the difficulties⁴ mentioned in its previous report. In some cases it is not possible to locate the infected local area in any geographical atlas, nor to find out the administrative section to which it belongs. In others, the notification does not specify the local area involved. Amendments and new delineations of

local areas are made by countries but are not always notified to the Organization. In this connexion a new edition of the CODEPID Map Supplement,

¹ Unpublished

² *Wld Hlth Org. techn. Rep. Ser.*, 1959, 174

³ *Off. Rec. Wld Hlth Org.* 95, 473, section 15 (a)

⁴ Of limiting quarantine measures to persons arriving from small infected local areas. See *Off. Rec. Wld Hlth Org.* 95, 476, sections 25 and 27.

or at least a comprehensive list of changes introduced by countries since 1954, with revised maps, would be desirable.

15. *United States of America.* The Government reports that the *Directory of Full-Time Local Health Units, 1957* was sent to the Organization as a provisional list of local areas, with the understanding that, when an outbreak of quarantinable disease occurs in the United States, the Organization will immediately be notified of the local areas involved. These might or might not coincide with the local health units contained in the list, since the list

does not remain completely current. It is revised annually, and the revised copy is to be sent each year to WHO. The United States Government is of the opinion that consideration should be given to changing the definition of the term "infected local area".

The Committee requests the Director-General to approach the Government concerned with a view to obtaining a detailed proposal for the amendment of the term "infected local area".

16. *Trinidad.* See comments from the Government of Trinidad in section 55.

PART II. NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

17. No epidemiological information has been received from China (excluding Taiwan) since 1951, from North Viet-Nam since 1955, from North Korea since 1956. Efforts to establish liaison with the respective health administrations in the past year were unsuccessful. Copies of the *Geneva Weekly Epidemiological Record* and the *Weekly Epidemiological Report* of the Epidemiological Intelligence Station, Singapore are sent regularly and presumably received.

Articles 3 to 6

18. As reported in the sixth annual report of the Director-General no notifications are received from Romania. The Union of Soviet Socialist Republics made one notification of smallpox in an area adjoining Afghanistan. Some improvement was noted in regular notifications by States on the presence or absence of quarantinable diseases.

19. *United Arab Republic.* The Government reports that measures against arrivals from certain infected local areas are not always efficacious in view of the delay in the receipt of notifications from the governments concerned.

20. *Argentina.* The Government reports that difficulties arise from delay or absence of notifications under Article 6. For example, the quarantine measures taken against Trinidad in view of the occurrence of yellow fever have had to be maintained as no notification had been received under Article 6. A considerable period has however elapsed since, according to reliable unofficial information, the area has ceased to be infected.

The Committee was informed that instances still occur when notifications and information on the occurrence of quarantinable diseases are withheld by health administrations.

The Committee emphasizes that to ensure the mutual confidence which is necessary for the effective application of the Regulations it is essential that health administrations fulfil their responsibilities for notifications under Articles 3 to 9 and in particular under Article 3, paragraph 1.

The Committee was informed that the Director-General makes a continuing effort to have States indicate what areas they consider as local areas. Information received will be incorporated in revisions of the Geographical Index section of the CODEPID.

The Committee urges States to notify the Organization of new delineations of local areas and administrative areas within their territories and requests the Director-General to keep other health administrations advised in an appropriate manner.

21. *United Arab Republic.* The Government recalls the difficulties mentioned previously,¹ caused by the shortness of the time after which an infected local area may be declared free from infection (Article 6, paragraph 2, subparagraphs (a) and (c)).

Article 8

22. *Iran.* The Government reports that arrivals who are not in possession of the required vaccination certificates complain that they were not informed of such requirements. It asks for clarification as to who should inform travellers to other countries of the vaccination requirements.²

23. It has been noted that some air companies before issuing a ticket have required travellers to be in possession of certificates of vaccination although these were not required by the country of arrival,

¹ *Off. Rec. Wld Hlth Org.* 95, 477, section 34

² See comments of the Committee in section 23.

and in some instances have required certificates of inoculation (e.g., TAB, typhus and poliomyelitis) for which no provision exists in the Regulations.

The Committee recalls that in its previous reports it called the attention of health administrations to the need for close co-operation with travel agencies, airlines and shipping companies to enable them to be advised of the vaccination certificate requirements of other countries.

24. *Trinidad, Iran and Bulgaria.* See comments from these Governments in sections 55, 59 (e) and 61.

25. Some States imposed sanitary measures in respect of cholera against arrivals from West Pakistan after persistent news reports in November 1958 that cholera was present in that area. The Organization was first informed officially by telegram on 12 December of two outbreaks in West Pakistan during the period 1-26 November, with no new cases reported between that time and the date of the telegram. On 16 January 1959 a further telegram identified four areas where cases had occurred and on 5 March the number of cases (321) and deaths (64) were given by area and dates of occurrence. Sanitary measures of States were then generally withdrawn.

Article 11

26. In fulfilling its obligations under Article 11, the Organization continued its epidemiological intelligence reporting system and its network of weekly reports from its four quarantine offices in Geneva, Alexandria, Singapore and Washington, its daily epidemiological radio bulletins from Geneva, and its twice-weekly radio bulletins from Alexandria and Singapore. Twelve radio stations in Asia rebroadcast free of charge the WHO radiotelegraphic epidemiological bulletins, the majority on a weekly basis. Additional use of Section 3 of the Geneva radio bulletin was made to report disease in areas, other than ports or airports, where a quarantinable disease was reported for the first time after an absence of several months or longer. Other important communications not scheduled for the radio bulletin and received between issues of weekly reports were sent to the health administrations concerned by airmail or by telegram, according to the urgency of the information.

The Committee notes that, owing to the co-operation of States, the Organization was able to provide rapid world-wide epidemiological intelligence on the quarantinable diseases. The Committee congratulates the Director-General on the Organization's epidemiological reporting service and pays tribute to the part it plays in the efficient working of the Regulations. It

notes with pleasure the expansion in the use of Section 3 of the Geneva radio bulletin. It stresses the importance to health administrations of the Geneva radio bulletin and urges them to have arrangements to receive it.

27. The Geneva *Weekly Epidemiological Record* in the section "Epidemiological Notes" presented a summary, including maps, of the reported occurrence of plague,¹ cholera,² and yellow fever³ during 1958. A list of yellow-fever receptive areas notified to the Organization under Article 70 was published in January 1959.⁴

28. The criteria used in compiling and maintaining the list of infected areas in each issue of the *Weekly Epidemiological Record*⁵ were published in the *Record* No. 24, of 12 June 1959.

29. Information on confirmed cases of resistance of natural vectors of malaria to chlorinated hydrocarbon insecticides was published in the *Weekly Epidemiological Record*.⁶

30. *Vaccination Certificate Requirements for International Travel* was issued on 6 February 1959 as a separate publication. Amendments were published as usual in the *Weekly Epidemiological Record* and lists of amendments were sent periodically to those receiving only the publication.

The following information was issued in the form of supplements to the *Weekly Epidemiological Record*:

Ports Approved and Designated for the Issue of Deratting Certificates and Deratting Exemption Certificates

Arrangements for Vaccination against Yellow Fever.

Amendments were published as usual in the *Weekly Epidemiological Record*.

The Committee is of the opinion that periodic issue of such summaries, supplements and separate publications is valuable and should be continued.

Article 13

31. In accordance with Article 13, paragraph 1, of the Regulations, sixty-nine States have submitted information concerning the occurrence of cases of quarantinable diseases due to or carried by international traffic, and on the functioning of the Regulations and difficulties encountered in their application.

¹ *Wkly epidem. Rec.*, 1959, 3, 36-37; 24, 258

² *Wkly epidem. Rec.*, 1959, 5, 57-59

³ *Wkly epidem. Rec.*, 1959, 7, 80

⁴ *Wkly epidem. Rec.*, 1959, 2, 22-25

⁵ *Off. Rec. Wld Hlth Org.* 95, 478, section 44

⁶ *Wkly epidem. Rec.*, 1958, 39, 487; 49, 598

The Committee requests the Director-General to continue his efforts to obtain annual reports on the functioning of the Regulations from all States and territories.

32. The Governments of the following countries stated in their reports that no cases of quarantinable diseases due to or carried by international traffic occurred in their territory:

Argentina	Morocco
Austria	Netherlands and its overseas territories
Belgium	New Zealand and its territories
Bulgaria	Nigeria, Federation of (except Western Region)
Cambodia	Norway
Canada	Paraguay
Costa Rica	Poland
Cuba	Portugal
Czechoslovakia	Rhodesia and Nyasaland, Federation of
Denmark and its overseas territories	Romania
Dominican Republic	Sierra Leone
El Salvador	Sudan
Finland	Sweden
France (except Algeria), other States of the Community and French overseas territories	Switzerland
Greece	Thailand
Guatemala	Tunisia
Honduras	Turkey
Hungary	Uruguay
Iceland	Union of South Africa and South West Africa
India	Union of Soviet Socialist Republics
Indonesia	United Kingdom territories: Bahamas, Barbados, Bermuda, British Guiana, Brunei, Cyprus, Dominica, Falkland Islands, Fiji, Gambia, Gibraltar, Hong Kong,
Ireland	
Israel	
Italy and Somalia	
Japan	
Korea, Republic of	
Lebanon	
Luxembourg	
Mexico	

Jamaica, Kenya, Mauritius, Montserrat, North Borneo, Sarawak, Seychelles, Somaliland Protectorate, St Kitts-Nevis-Anguilla, St Lucia, St Vincent, Tanganyika, Trinidad, Uganda, Zanzibar
United States of America
Venezuela
Viet-Nam, Republic of
Yugoslavia

33. The Governments of the following countries stated in their reports that they encountered no difficulties in the application of the Regulations and/or had no comments to submit:

Belgium	Romania
Cambodia	Sierra Leone
Ceylon	Spain
Chile ¹	Sudan
Denmark and its overseas territories	Sweden
Dominican Republic	Thailand
El Salvador	Turkey
Finland	Union of South Africa and South West Africa
French overseas territories; States of the Community except France	Union of Soviet Socialist Republics
Greece	United Kingdom and the following of its territories: Aden Colony and Protectorate, Barbados, Bermuda, Brunei, British Guiana, British Honduras, British Solomon Islands Protectorate, Cyprus, Dominica, Falkland Islands, Fiji, Gibraltar, Jamaica, Mauritius, North Borneo, Somaliland Protectorate, St Helena, St Kitts-Nevis-Anguilla, St Lucia, St Vincent, Tanganyika
Iceland	Uruguay
Ireland	Venezuela
Israel	Viet-Nam, Republic of
Italy	Yugoslavia
Jordan	
Lebanon	
Luxembourg	
Malaya, Federation of	
Mexico	
Monaco	
Morocco	
New Zealand	
Nigeria, Federation of (except Western Region)	
Pakistan	
Paraguay	
Poland	
Rhodesia and Nyasaland, Federation of	

PART III. SANITARY ORGANIZATION

Article 14

34. Paragraph 2 of Article 14 states: "Every port and airport shall be provided with a supply of pure drinking-water." The World Health Assembly adopted the opinion of the Committee in its sixth report ² that "pure drinking-water" should be of a quality not less than that described in the WHO publication *International Standards for Drinking-Water*, especially as concerns bacteriological requirements (section 2) and chemical and physical requirements (sections 3.1, 3.2.1 and 3.2.2).

¹ Not bound by the Regulations

² *Off. Rec. Wld Hlth Org.* 95, 480, section 50

Article 20

35. *India.* The Government suggests that the following information, which would facilitate the application of quarantine measures on account of yellow fever, be published by the Organization (in the annual report on the working of the Regulations or in any other publication):

(a) the list of airport health authorities in yellow fever infected and receptive areas which enforce the provisions of Article 20; and

(b) the *Aedes aegypti* index in international ports and airports situated in a yellow-fever receptive area.

In the absence of such information, the Government of India has to resort to routine disinsectization of aircraft arriving from the west, even if they do not come from an infected area, with a view to destroying any *Aedes aegypti* which may have entered the aircraft at a previous airport and bitten a person exposed to yellow fever. Prior information about the presence on board the aircraft of a person at risk is not available at the Indian airport of entry.

The Committee recalls that under the provisions of Article 20, States have the obligation to keep all ports and airports free from A. aegypti mosquitos. The Committee notes that in normal operations to keep ports and airports free from A. aegypti no index is established, and that under the Regulations the Organization does not have the authority to require the information suggested by the Government of India in paragraphs (a) and (b) above. The Committee requests that the Director-General discuss further with the Government of India its requirement that all aircraft arriving from the west be subjected to routine disinsectization and report to a subsequent session of the Committee.

Article 20

36. *United States of America.* The Government reports that the yellow-fever mosquito control programme was extended to cover international traffic areas of Puerto Rico and the Virgin Islands where the *A. aegypti* index was high. The programme has been successful in greatly reducing the *aegypti* population in many of these international airports and docks. Also, in the yellow-fever receptive area of the southern states, *A. aegypti* breeding has been greatly reduced in international traffic areas.

PART IV. SANITARY MEASURES AND PROCEDURE

Article 23

39. During the outbreak of cholera in India and East Pakistan, international travellers from India and Pakistan (including West Pakistan, where no cases had yet been reported) were subjected to restrictions considered in excess of those provided by the Regulations. Those excessive measures included the banning of entry of travellers from the two countries, and the requirement that the traveller should be in possession of a certificate of vaccination showing two doses of cholera vaccine (with a one-week interval between doses), failing which he would be isolated

Article 21

37. Health administrations in 100 States and territories have notified the Organization that 620 ports have been approved under Article 17 for the issue of Deratting and/or Deratting Exemption Certificates; of those, 131 have been approved for the issue of Deratting Exemption Certificates only.¹

In accordance with the request contained in section 51 of the sixth report of the Committee on International Quarantine, the Director-General sought to clarify the situation in four States which have approved ports for the issue of Deratting Certificates only:

(a) *Australia*, not bound by the Regulations, continued to approve fifteen ports for the issue of Deratting Certificates only;

(b) *Lebanon*, which had approved one port for the issue of Deratting Certificates only, decided to designate this port also for the issue of Deratting Exemption Certificates;

(c) *Turkey* decided to discontinue its approval of six ports for the issue of Deratting Certificates only;

(d) *The People's Republic of China* did not answer correspondence concerning nine ports previously approved for the issue of Deratting Certificates only. In the *Weekly Epidemiological Record* Supplement on this subject a footnote in regard to these nine ports indicated that they had been notified in 1948 under the International Sanitary Convention of 1926/1944 and that no further information had been received.

38. Notifications of 203 sanitary airports have been received from ninety health administrations (the same number as in the sixth annual report). Airports with direct transit areas number thirty-one in twenty States and territories.²

until five days had elapsed since his departure from the infected country and given one or two injections of cholera vaccine.

Other countries considered the whole of India, Pakistan and Thailand, instead of only the local areas actually infected, as cholera infected areas and

¹ *Wkly epidem. Rec.*, 1959, 16, Suppl. 1: *Ports approved and designated for the issue of Deratting Certificates and Deratting Exemption Certificates*—as brought up to date on 25 September 1959

² *Wkly epidem. Rec.*, 1957, 10, Suppl. 2: *Airports designated in application of the International Sanitary Regulations*—as brought up to date on 25 September 1959

required a vaccination certificate showing two doses from all arrivals from these countries.

Some of these excessive measures were withdrawn, but certain countries continued to maintain their restrictions against the whole of India, Pakistan and Thailand.

When cholera extended later to West Pakistan, measures in excess of the Regulations were enforced anew by certain countries; they included the banning of trains and the requiring of a vaccination certificate showing two injections.

The Committee notes the numerous instances in which States have taken measures which exceed the provisions of the Regulations. It desires to remind States of their obligations under the Regulations, and especially of the provisions of Article 23, that the sanitary measures permitted by these Regulations are the maximum measures applicable to international traffic which a State may require for the protection of its territory against the quarantinable diseases.

40. Although there is no provision in the Regulations for a health administration to declare a local area outside of its own territory as an infected local area, many health administrations within the area served by the Epidemiological Intelligence Station, Singapore, persisted in doing so. During the year, in that area, twelve health administrations declared thirty-three local areas in fifteen countries outside of their own territories as infected on ninety-one occasions, and twenty-nine local areas in eleven countries as free from infection on eighty-nine occasions.

The Committee notes that the Director-General is having some success in getting countries to stop the practice referred to above and requests him to continue his endeavours.

41. *India* has designated Dum Dum Airport as a local area for the purpose of epidemiological notification. When Calcutta became infected with cholera or smallpox while Dum Dum Airport remained free from infection, air passengers who had stopped at Dum Dum Airport in transit were still regarded by the health administrations of some countries as having passed through an infected local area and subjected to quarantine restrictions on arrival. The health administrations concerned maintained that since Dum Dum Airport was not provided with a direct transit area under the supervision of its health authority, the passengers in transit might have come into contact with infected persons from Calcutta at the airport.

The Committee is of the opinion that on the facts recorded health authorities of arrival should not have taken sanitary measures. The Committee would,

however, point out to the Government of India the benefit of establishing a direct transit area at Dum Dum Airport, and making a notification to the Organization under Article 21, paragraph 1 (c).

Article 27

42. *Canada.* The Government recalls that it is impossible, in its territory, to keep certain travellers under surveillance without placing restrictions on their movements.¹

*The Committee endorses its previous statement on this matter.*²

43. *Ghana.* The Government reports that inability to maintain a twenty-four-hour vigil at frontier posts has aided land immigrants without sufficient protection to filter into the country. Intensification of case-finding and mass vaccination is being pursued to minimize the risks.

Article 30

44. *Philippines.* The Government reports that inspection of aircraft on arrival has revealed insect infestation. It is therefore of the opinion that present methods of disinsectization are still unsatisfactory.³

Article 40

45. *India.* The Government states that, in the absence of a list of airport authorities carrying out disinsectization of aircraft in accordance with WHO recommendations, India recognizes only disinsectization certificates issued by a limited number of health authorities. This recognition is based on details obtained from the health authorities concerned regarding the procedures and formulations used. The Government expressed the opinion that the periodical publication by the Organization of a list of countries and airports in which the procedure and formulations recommended by WHO are followed would be desirable.

In view of the progress being made in disinsectization of aircraft as outlined in section 10, the Committee is of the opinion that it is premature to publish the formulations and procedures for disinsecting used by health administrations.

¹ *Off. Rec. Wld Hlth Org.* 79, 502, section 44; 87, 403, section 38; 95, 481, section 54

² *Off. Rec. Wld Hlth Org.* 95, 481, section 54

³ See comments of the Committee in section 10.

PART V. SPECIAL PROVISIONS RELATING TO EACH OF THE QUARANTINABLE DISEASES

Plague**Article 52**

46. *France.* The Government emphasizes the excellent results obtained by systematic disinsectization and by the permanent deratting of ships by means of anticoagulants. As this method is now widely applied, Deratting Exemption Certificates are more and more frequently issued; Deratting Certificates are delivered only after the use of gas.¹

47. *United States of America.* The Government reports the occurrence of three cases of bubonic plague in isolated areas of the country where rodent plague is endemic. None of the cases was significant to international traffic. The first two cases occurred in the State of California within one hundred miles of each other; neither was related epidemiologically to the other. The first case occurred during the week ended 25 July in an eleven-year-old boy who was infected while on a camping trip in Mono County; he gave a history of flea bites while at camp. Diagnosis was confirmed by tests at the California State Laboratories. The second case was in a veterinarian residing in Tuolumne County; the date of onset was 8 July. The diagnosis of bubonic plague was confirmed in a hospital laboratory and later in the laboratory of the State Health Department. These two cases recovered. There was no evidence of an epizootic occurring in the area. The third was a fatal case of bubonic plague in a twelve-year-old girl who lived approximately twenty-five miles north of Albuquerque in Bernalillo County, New Mexico. Date of onset was 7 July and date of death was 13 July. The final diagnosis was confirmed by the Public Health Service plague laboratory in San Francisco. The most probable source of infection was a jack rabbit. The individual county is considered the infected local area, except that in Bernalillo County, New Mexico, the city of Albuquerque would be excluded.

48. *United States of America.* Regarding plague control, the Government submits the following comments:

“The world-wide situation in regard to plague has changed dramatically in the last eight years. In 1950 about 44 000 human cases of plague were reported; in 1958 only 271 cases were reported. Plague still exists as sylvatic plague and the human

cases are restricted to interior areas among populations that have close contacts with wild rodents. Since June of 1958, no plague positive or suspect ports have been listed in the world.

“It would seem possible in the light of this changed situation to relax some of the present requirements and take into account the decrease in urgency in regard to rat control on vessels, newer rodenticides, and the higher level of sanitation now existing on vessels. A separate report on the problem is being submitted for consideration by the Committee on International Quarantine.”²

The Committee considered the proposal of the Government of the United States of America to revise certain articles relating to plague. The Committee decided not to make any recommendations for formal amendments at this stage, and on the basis of available information indicating a downward trend of plague incidence, suggests that Member States consider the possibility of concluding bilateral agreements to waive or relax provisions of the Regulations, for example, in relation to the production on arrival of a Deratting Certificate or Deratting Exemption Certificate. The terms of any such agreements must, of course, pay due regard to the provisions of Articles 24 and 104.

Cholera

49. The attention of the Committee is invited to resolution WHA12.48 of the Twelfth World Health Assembly (on environmental sanitation) concerning the provision of adequate and safe supplies of water.

Yellow Fever

50. *International Air Transport Association.* IATA is of the general opinion that the working of the Regulations as they stand today would be satisfactory if they were being implemented. Some difficulty to airlines and passengers is caused, not by the Regulations, but by the reservations to them. The comments of IATA are given in paragraphs (a) to (e) below:

(a) “The most serious difficulties arise in India and Pakistan, in relation to yellow-fever requirements . . . Both Governments have filed reservations against Article 100 which permit them to require information from passengers arriving in their territory on their movements during the nine days prior to disembarkation. These reservations refer to passen-

¹ See also *Off. Rec. Wld Hlth Org.*, 95, 482, section 60

² Unpublished

gers coming from an infected local area who are unable to produce valid vaccination certificates. However, in practice the reservation is being applied to all passengers arriving from the west even if they have valid vaccination certificates and have not been to an infected local area. A specific form has been developed by India and Pakistan which passengers are required to complete. Obviously many passengers are having to complete this form although there is no official requirement for it. (It is understood that in Pakistan something may have been done to remedy this situation but it is believed that some passengers will still be completing these forms needlessly.)"

The Committee recalls that the reservation of India and Pakistan to Article 100 permits health authorities of the two countries to require information of all persons on an international voyage by air concerning their movements during the last nine days prior to disembarkation. The reservation applies to all disembarking passengers.

(b) "The second big problem in connexion with yellow-fever requirements is aircraft disinsecting. Although under the Regulations States may accept aircraft disinsecting when performed in flight, this procedure is not acceptable in India or Pakistan (and in some other countries). Instead, aircraft are required to be sprayed upon arrival. This means that in practice passengers are required to remain in their seats until the aircraft cabin has been disinsected and until the insecticide has had time to take effect. This involves a wait of five to ten minutes during which time of course the aircraft engines are switched off and the temperature in the cabin rises rapidly. This makes things quite uncomfortable for the passengers who are normally anxious to disembark as soon as possible."

The Committee notes that, while under Article 73 of the Regulations States "may accept the disinsecting in flight of the parts of the aircraft which can be so disinsected", the opinion of the Expert Committee on Insecticides is that disinsectization during flight should not at present be recognized for technical reasons and since adequate disinsectization will cause more than a minimum of discomfort to passengers.

The Committee notes that no new disinsectization procedures have yet been developed to change this opinion.

The Committee invites the attention of IATA to its comments in section 10.

(c) "It is understood that, in India at least, an experiment may be tried whereby aircraft will still be sprayed on the ground but passengers will be permitted to disembark right away. It is not known whether this will be a satisfactory procedure although

it may be less inconvenient for the passengers than the existing procedure."

(d) "There is another problem which, in a sense, is a combination of the two foregoing problems. In India (and this may well apply in Pakistan also) if a passenger arrives from the west without a valid yellow-fever certificate and the airline cannot present proper proof that the craft has been disinsected prior to arrival in India, the passenger may either be refused entry or detained in isolation. This can happen even if the passenger has not been near a yellow-fever infected area. India accepts disinsectization certificates issued by certain countries only.¹ The last country on the route whose certificate is acceptable may be considerably removed in time and distance from India and it occasionally happens that the disinsectization certificate is mislaid and cannot be presented to the authorities on the arrival of the aircraft. In these circumstances travellers may be faced with one of the above unattractive situations."

The Committee notes that the Director-General is in communication with the governments concerned on this matter and expresses the hope that he will be successful in resolving the problem mentioned.

*The Committee points out the benefits to health administrations of yellow-fever receptive areas of eradicating *A. aegypti* mosquitos from their ports and airports in accordance with the provisions of Article 20, paragraph 1.*

(e) "It is pleasant to be able to record some alleviation of difficulties. We were very happy to learn recently that the yellow-fever requirements of the South African Government have been relaxed in respect of passengers destined to South Africa who pass in transit through the African yellow-fever endemic area. This will be much appreciated by the passengers travelling to South Africa."

51. *Seychelles.* The Government reports that difficulty is still being encountered through the decision taken by countries such as India, Pakistan and the Union of South Africa to the effect that East African territories are considered by them to be infected areas for yellow fever, whereas according to the 1957 annotated edition of the International Sanitary Regulations, Annex IV, they are to be regarded as yellow-fever receptive areas. The health authorities in the above-mentioned countries insist on yellow-fever certificates being carried by passengers from Seychelles although these passengers, in the case of those to India and Pakistan, have not disembarked at any East African port, even if the boat may have called at such ports. The Government

¹ The same practice exists in Pakistan.

states that no *Aedes* mosquitos are or can be carried on such ships, and the possibility of persons travelling from Seychelles to India in such circumstances becoming infected or carriers of the disease is so small as to be negligible. The position regarding travellers from Seychelles to Durban is the same.¹

Articles 72 and 73

52. *India.* The Government reports that, in spite of the provision of Article 72, paragraph 1, some travellers coming from a yellow-fever infected area arrive in India without yellow-fever vaccination certificates. They have therefore to be isolated under mosquito-proof conditions. The Government considers that it would be useful if information concerning health administrations of yellow-fever infected areas which prevent the departure of persons not in possession of a certificate could be made available and requests that defaulting health administrations should be reminded of their obligations under Article 72, paragraph 1.²

53. *India.* The Government is of the opinion that the publication, by the Organization, of information on health administrations which apply the provision of Article 73, paragraph 2, would be useful, and considers that defaulting health administrations should be reminded of their obligation under this paragraph.

The Committee recalls that the provisions of Article 72, paragraph 1, are concerned with arrivals from yellow-fever infected local areas which may not coincide with the territories considered as infected by the Government of India. Consequently it may be incorrect in certain instances to refer to "defaulting health administrations". Moreover, the requirements of Article 72, paragraph 1, are mandatory and the Government of India should take up with the health administration concerned any instances where it appears this duty is not being fulfilled.

Article 74

54. *India.* The Government reports that infants and small children who nine days or less before arrival in India have been in a yellow-fever infected area³ are often not vaccinated against yellow-fever. Such infants and small children, not possessing a valid yellow-fever vaccination certificate, are kept in isolation for a period of nine days "reckoned from the date of last possible exposure to infection",

¹ See comments of the Committee in section 50 (d).

² See comments of the Committee in section 53.

³ The list of countries regarded as infected by India is given in *World Health Organization (1959) Vaccination certificate requirements for international travel*, Geneva, p. 15.

i.e., nine days since they left a country or territory considered by India as infected with yellow fever.

It should be noted that in accordance with India's reservation to Appendix 3, a yellow-fever vaccination certificate does not become valid until twelve days after vaccination in the case of persons who enter a yellow-fever infected area within ten days of vaccination or who are vaccinated in a yellow-fever infected area.

The Committee notes that a number of States have granted to infants exemption from the requirement to be in possession of a yellow-fever vaccination certificate (and other certificates of vaccination). It requests the Director-General to continue his inquiries to determine whether other States are prepared to grant similar exemptions.

55. *Trinidad.* The Government states that, in the early part of 1959, the territory suffered considerable inconvenience because certain States failed to interpret the Regulations correctly. The Organization was advised by the Quarantine Authority of Trinidad and Tobago of the existence of one case of jungle yellow fever occurring in the "local infected area of Nariva-Mayaro". Certain States applied measures to the whole of Trinidad and not merely to the local infected area of Nariva-Mayaro. The position was eventually clarified after prompt action by the Ministry of Health.

Smallpox

56. The attention of the Committee is invited to resolution WHA12.54 of the Twelfth World Health Assembly (on smallpox eradication) which emphasizes the urgency of achieving world-wide smallpox eradication and recommends to health administrations of those countries where the disease is still present that they organize and conduct as soon as possible eradication programmes, making provision for the availability of a potent stable vaccine.

The Committee requests the Director-General to keep it informed of the progress of eradication programmes.

57. According to the reports received by the Singapore Epidemiological Intelligence Station, of the seventeen smallpox cases imported by ship and aircraft,⁴ thirteen were in possession of international certificates of vaccination or revaccination against smallpox, two (pilgrims) were presumed to have been vaccinated (one pilgrim died and was buried at sea and the other lost his travel documents), and one was not in possession of a vaccination certificate; whether

⁴ See Appendix.

or not the remaining one had a vaccination certificate was not mentioned in the relevant report. There were two other imported cases, which were discovered long after their arrival, and these were also in possession of international certificates of revaccination against smallpox. These are disturbing facts which have been cited by some health authorities in support of the requirement that deck passengers arriving from certain countries should be detained at the quarantine station for observation even though they may be in possession of vaccination certificates.

It is clear that under the provisions of the Regulations, apart from those who come under the provisions of Article 103, a health administration may not detain international travellers in possession of an international vaccination certificate longer than is necessary to complete sanitary formalities, and the Committee recalls the provisions of Article 24 that sanitary measures and health formalities shall be initiated forthwith and completed without delay.

58. *Indonesia.* The Government reports that a suspected case of smallpox was found on board M. V. ORANJE on arrival at Djakarta from Amsterdam via Colombo on 30 September 1958. In accordance with the shipping company's instructions crew members have to be vaccinated every two years. The crew member in question was revaccinated on 24 September. Two days later he complained of fever and on the ship's arrival he had developed a generalized papulo-vesicular eruption. He was hospitalized under observation and contacts were revaccinated. The laboratory reported as follows: "1 October—direct smear—positive (?); 4 October—culture on eggs negative—C.F.T. negative."

In June 1959 a case of smallpox was transported from Sulawesi to Djakarta. As soon as it was discovered measures were applied and the outbreak in Djakarta was limited to four mild cases only.¹

59. Smallpox cases due to, or carried by, international traffic, were reported as follows:

(a) *Aden.* The Government reports that ten cases occurred in the Colony and 122 cases (thirty-three deaths) in the Protectorate. The infection was introduced from Yemen (land traffic).

(b) *Ceylon.* The Government reports that an outbreak of twenty-seven cases (two deaths) occurred in Naranthanai in Leydon Island. (This island is connected to the Island of Ceylon by two ferries and a road; the village of Naranthanai is two miles from the port of Kayts where occasionally boats come from India and unload cargoes.) The first traceable case was taken ill on 8 July with

high fever and constitutional symptoms. He was given outdoor treatment at Kayts Hospital on 13 July and was admitted to the hospital on the next day with a history of high fever, coughing of blood and blood in the urine. On the same day he insisted on being discharged from hospital; he was subsequently admitted to a hospital at Manipay. At this stage his condition was serious and he was removed to his home where he died on 16 July. This case, which was later diagnosed as haemorrhagic smallpox, was the source of infection. The twenty-seven cases of the outbreak occurred amongst the residents of sixteen houses (houses of the first case and of his friends and relatives). Four cases were diagnosed as confluent smallpox, nine as moderate and twelve as mild cases. The outbreak was detected only after the sixteenth case died of suspected smallpox on 8 August. Since then, from twelve cases, various material from skin lesions was sent for virus isolation but the virus was isolated from eight cases only. Since smallpox is not endemic in Ceylon the source of infection was probably South India.

(c) *Federal Republic of Germany.* The Government reports that between 4 December 1958 and 21 January 1959 eighteen cases of smallpox occurred at Heidelberg and one case at Kaiserslautern, the latter having been infected in Heidelberg. The outbreak started with the return from India of a German doctor who fell ill before his departure from India. He travelled by air to Zurich, via Colombo and Geneva, and from Zurich to Heidelberg by train. Among the secondary cases were six physicians, two nurses and other members of the hospital staff, two female patients, the charwoman of the first case and a bar-keeper at Kaiserslautern. Two patients died. The advisability of requiring a smallpox vaccination certificate from arrivals from certain countries is under consideration. In connexion with this outbreak, it was noted that in some cases the incubation period was sixteen days. Further investigations will be made and, if necessary, the question will be referred to the Organization.

(d) *Ghana.* The Government reports the following three cases:

(1) A native of Liberia, who arrived at Accra by ship on 22 November, developed smallpox two days after arrival in Accra.²

(2) and (3) A woman arrived by road at Hohoe (Ghana) from Aflao (Togo) on 21 December while her rash from smallpox, which she developed on 25 November, was not fully healed. Her husband contracted the disease on 4 January 1959. Both cases were isolated on 30 December.

¹ See comments of the Committee in section 59.

² See Appendix.

(e) *Iran.* The Government reports that persons from neighbouring countries entering Iran at places other than official border-crossing points have imported smallpox. During the period covered by this report three such importations are known to have occurred; others have been suspected but not confirmed. Control measures included the vaccination of persons living in the area.

(f) *Federation of Malaya.* The Government reports four imported cases of smallpox: an Indian woman, aged 52, disembarked at Penang on 8 April from the STATE OF MADRAS; a two-year old Indian girl and two Indian male passengers (aged 16 and 25 years) disembarked at Penang on 8 May from the RAJULA.¹

(g) *Federation of Nigeria (Western Region).* The Government reports that eight persons were suspected of having contracted smallpox in Dahomey. These cases were reported by the Medical Officer of Health, Ilaro (near the Dahomey border). It is impossible to enforce measures in respect of persons going on foot or by canoe from one territory to the other. During the period under review, 68.26 per cent. of the smallpox cases in Western Nigeria occurred in Abeokuta Province (adjoining Dahomey). Abeokuta Province has a population of 629 830; the total population of the Western Region is 6 087 000 (1952 census). From July 1958 to June 1959, 1 186 139 persons were vaccinated (300 922 in Abeokuta Province). Helpful discussions concerning joint antismallpox measures along the border were held on 13 August 1958 with the Director of Medical Services of Dahomey.

(h) *Pakistan.* The Government reports that one case of smallpox landed at Karachi airport.¹

(i) *Philippines.* The Government reports one imported case of smallpox disembarked at Manila on 9 March 1959 from the KUNGSHOLM.¹

(j) *United Arab Republic.* The Government reports one imported case of smallpox disembarked at Suez on 6 April 1959 from the BRITISH CAUTION.¹

(k) *United Kingdom.* The Government reports that one case of smallpox occurred in Liverpool. The patient, a medical student from Liverpool County Borough, was admitted to hospital on 7 March 1959, and the diagnosis of smallpox was confirmed. No source of infection was determined and no secondary case occurred.

The Committee notes the numerous instances of the importation of smallpox and the subsequent epidemics caused in some of the countries mentioned.

The Committee stresses the need for the use of potent vaccines, correct vaccination procedures, and the importance for medical and other personnel who come in contact with travellers to maintain a high level of immunity against smallpox by repeated vaccination. It especially draws attention to the advantages of dried smallpox vaccine and to arrangements made in several regions of the Organization to this end.

Article 83

60. *Switzerland.* In view of the smallpox outbreak in Germany,² the Government of Switzerland realizes the risk of smallpox being introduced into its territory by air traffic. The question of requiring a smallpox vaccination certificate from arrivals from infected areas is under consideration, especially in view of the fact that, since vaccination in Switzerland is not compulsory, the population is not sufficiently protected.

61. *Bulgaria.* The Government states that land travellers in transit through Bulgaria and coming from smallpox infected areas are not always in possession of a vaccination certificate. If necessary, the provisions of the Regulations are applied. This was done in respect of three travellers who had been in contact with a case of smallpox on an aircraft from Calcutta, who arrived in East Berlin in April 1959,¹ and entered Bulgaria during the incubation period.

Typhus

62. *Spain.* The Government reports the occurrence of one fatal case of typhus in Madrid. The disease was presumably contracted in France.

63. *France.* The Government gives the following information on a case of typhus in a Moroccan pilgrim returning from Jeddah. The patient was examined at Maison-Blanche (Algiers) on 10 July. He was hospitalized in Algiers where typhus was diagnosed (Weil-Felix reaction with Proteus OX19, positive at 1:1250; presence of lice). After recovery the patient was repatriated and the Moroccan authorities were informed by cable, in accordance with Article 104 of the Regulations.

64. *Jordan.* The Government reports the occurrence of one case of typhus in Jerash.

¹ See Appendix.

² See section 59 (c).

PART VI. SANITARY DOCUMENTS

Article 97

65. *France.* The Government reports that difficulties are still encountered in connexion with the application of this article.¹ The health part of the Aircraft General Declaration is not always completed or there is delay in delivering the document.²

66. *Philippines.* The Government states that the health part of the Aircraft General Declaration is often not properly completed.²

Article 98

67. *Indonesia.* The Government reports that vaccination certificates are not always printed and completed in the prescribed languages, and it is often difficult to find out whether they are valid or not.

The Committee recalls that a certificate not printed on the proper form or not completed in one of the prescribed languages is not a valid certificate under the Regulations.

PART VII. VARIOUS PROVISIONS

Article 103

68. *Saudi Arabia.* The Saudi Arabian health authorities, basing themselves on the provisions of Article 103, and with a view to assuring the safety of their territory, imposed the following measures in respect of cholera:

(a) All arrivals from cholera-infected areas must produce a vaccination certificate against cholera showing two injections at an interval of one week.

(b) Such passengers arriving from cholera-infected areas shall be isolated if five days have not elapsed since their leaving the said areas before their arrival in Saudi Arabia.

These measures are taken in respect of all arrivals throughout the year as it is considered that mass congregations occur permanently in Saudi Arabia.

(c) During the annual Mecca Pilgrimage season all travellers coming from any area, whether cholera-infected or not, must produce a cholera vaccination certificate showing two injections given at an interval of one week. (The period covered by the Pilgrimage season is defined as two months before the day of the Haj and two months thereafter.)³

69. *Kenya.* The Government reports that during the Mecca Pilgrimage some inconvenience was caused to the health authorities at Nairobi Airport. It appears that one airline company was informed by the Saudi Arabian health authorities that:

(a) smallpox vaccination certificates for pilgrims would be considered valid only for the period between eight days and one year of vaccination;

(b) certificates of vaccination against cholera should show two injections at an interval not exceeding seven days.

Correspondence with the Organization clarified the position. The Government would appreciate it, however, if WHO would relay as early as possible information regarding alterations in requirements for vaccination certificates for pilgrims, even though the provisions of Article 103 do not require the Organization to publish such information.

The Committee appreciates the difficulties in the sanitary control of the Mecca Pilgrimage, notes that the Government of Saudi Arabia applies additional measures, as provided for in Article 103 of the Regulations, to pilgrims to Mecca, and expresses again⁴ the hope that early notice of the measures to be taken each year will be given to the Organization so that other health administrations may be informed in good time.

Additional measures applied to travellers other than pilgrims arriving in Saudi Arabia throughout the year would seem to exceed the provisions of the Regulations, as such travellers do not appear to fall within the groups mentioned in Article 103.

The Committee requests the Director-General to examine with the Government of Saudi Arabia any possible assistance the Organization might be able to give.

APPENDICES

Appendices 2, 3 and 4

70. The following comments were received in connexion with the protection of young children against smallpox and yellow fever:⁵

(a) *India.* The Government states that infants and small children who nine days or less before arrival in India were in a yellow-fever infected area (that is,

an area regarded as infected by the Government of India) are often not vaccinated against yellow fever.

¹ See *Off. Rec. Wld Hlth Org.* 95, 488, section 94.

² See comments of the Committee in section 78.

³ See comments of the Committee in section 69.

⁴ *Off. Rec. Wld Hlth Org.* 95, 488, section 95

⁵ See comments of the Committee in section 54.

Such infants and small children, not in possession of a yellow-fever vaccination certificate, are kept in isolation for a period of nine days "reckoned from the date of last possible exposure to infection", i.e. nine days after their departure from a country or territory considered by India as infected with yellow fever.

For those who enter a yellow-fever infected area within ten days of vaccination, or who are vaccinated in a yellow-fever infected area, the yellow-fever vaccination certificate is not regarded as valid until twelve days after vaccination.

(b) *Kenya*. The Government states that in the report from Uganda comments were made concerning yellow-fever vaccination requirements for infants under one year of age travelling to India and Pakistan. The Government considers that it would simplify matters if all countries adopted the policy of excluding from their yellow-fever vaccination requirements all children under one year of age and mentions in this connexion that Kenya has excepted children under one year of age from yellow fever and cholera vaccination requirements on arrival in Kenya.

(c) *Uganda*. The Government reports as follows: Some uncertainty has arisen over the application of the Regulations concerning the protection of young infants against smallpox and yellow fever. There is a considerable movement of persons between Uganda and India and Pakistan, and the Governments of these countries insist on all persons coming from Uganda being protected against both yellow fever and smallpox. Two main difficulties present themselves:

(i) expert medical opinion in the United Kingdom and in East Africa advises that primary yellow-fever vaccination should be postponed at least until the age of six months, and preferably until one year, owing to the risk of encephalitis;

(ii) parents travelling to India or Pakistan often wish to take with them an infant only a few days old. Even if the vaccinator is prepared to take the risk of giving a yellow-fever vaccination, he may still wish to follow the advice that an interval of at least twenty-one days should be left between smallpox vaccination and yellow-fever vaccination in the case of infants.

Note has, of course, been taken of the footnote on page 55 of the annotated edition of the International Sanitary Regulations which states that it is for each country to decide whether to require a certificate for infants, after taking account of the relative risk of the importation of yellow fever by unvaccinated infants, and the risk to the infant itself from encephalitis or other complications. A letter

has been addressed to the Commissioners for India and Pakistan in East Africa which they, in turn, have referred to their respective Governments, to find out whether, under specified circumstances, the health authorities at the airports and seaports would accept a certificate to the effect that inoculation had been withheld from an infant on medical grounds, and that the child had not visited any district in which a case of human yellow fever had occurred for a defined period. The decision of the two Governments is awaited.

(d) *Zanzibar*. The Government reports that with regard to the protection of young infants against smallpox and yellow fever it has felt uncertainty similar to that explained in the report from the Government of Uganda.

71. A national health administration inquired whether a foreign embassy had the authority to issue international vaccination certificates. In reply, reference was made to the rule laid down in Appendices 2, 3 and 4 of the Regulations whereby the approved stamp to be affixed on a smallpox or cholera vaccination certificate "must be in a form prescribed by the health administration of the territory in which the vaccination is performed", and a yellow-fever vaccination certificate can only be issued by a vaccinating centre "designated by the health administration for the territory in which that centre is situated".

The Committee endorses the opinion given by the Director-General. The Committee was informed that in several instances embassies and consulates issue international certificates of vaccination to their staff after agreement with the national health administration concerned.

72. *Hong Kong*. The Government is of the opinion that travellers arriving from infected ports without the appropriate vaccination certificates, or with certificates without an "approved stamp", or certificates with only an indecipherable signature which may or may not be that of a competent authority, can justifiably be regarded as "suspect".

The Committee recalls that a traveller coming from an infected local area without a valid vaccination certificate may in certain circumstances, and subject to the definition in Article 1, be regarded as a suspect, in which case appropriate measures may be taken against him.

73. *Philippines*. The Government mentions that many passengers still use vaccination certificates not issued on the international form.¹

¹ See comments of the Committee in section 75.

74. *Costa Rica.* The Government reports that an increasing number of travellers are in possession of vaccination certificates issued on prescription paper of private doctors instead of on international forms.¹

75. *United States of America.* In its sixth report² the Committee requested the Director-General to obtain further information on the general problem raised by the Government of the United States of America, in connexion with the international certificates of vaccination, for consideration by the Committee at a subsequent meeting. The comments and suggestions received from the United States of America are submitted to the Committee in a separate document.³

The Committee notes that health administrations and health authorities still experience difficulties with the international certificates of vaccination.

The Committee recommends to health administrations that all reasonable steps be taken to ensure that the certificates issued in their territories are in conformity with the provisions of the Regulations and the interpretations thereon of the Health Assembly⁴ and to ensure, in particular, that certificates are fully completed and that all entries on them are legible.

It appears that in international traffic additional confidence is placed in the validity of the certificates when they are issued by a health administration or a health authority and when the "approved stamp" is readily identifiable as a stamp prescribed by the health administration. The Committee commends this practice to Member States.

Where certificates are issued in booklet form, information relating to the various requirements regarding validity and other relevant information and advice might with advantage be printed on the back or inside the cover.

The Committee is of the opinion that it would be preferable for covers of booklets of international vaccination certificates not to contain any commercial advertisements.

Appendix 3

76. An international airline inquired whether it could supply printed instructions to travellers by affixing a stamp on the form of the international certificate of vaccination against yellow fever (Appendix 3 of the Regulations) in order to inform them of the reservations made by India, Pakistan and Ceylon regarding the period of validity of the certificates held by persons who had been vaccinated in an area infected with yellow fever or who had visited such an area within ten days of the vaccination. The advice given was that the information might be printed on a slip to be attached to the booklet of

vaccination certificates or rubber-stamped on the back cover of the booklet. To add printed instructions on the certificate itself could be considered as an amendment and might render the certificate invalid.

The Committee endorses the opinion given by the Director-General as being in accordance with the provisions of the Regulations and with the recommendations of the World Health Assembly thereon.

Appendix 6

77. *Australia.* The Government recalls the difficulty, mentioned in its previous report,⁵ of distinguishing passengers from infected areas from other passengers.

The Committee recalls its previous discussions. It was informed that the Passenger-Manifest may be abolished. Information from passengers necessary for the application of the Regulations can then be obtained from their passports or by questioning travellers.

78. *International Civil Aviation Organization.* ICAO proposes a change in the health part of the Aircraft General Declaration. Details are given in a separate document.³

The Committee discussed the proposal put forward by ICAO for amendment to Appendix 6 of the Regulations. The Committee decides to amend this proposal and recommends that Appendix 6 read as follows:

Declaration of Health

Persons on board known to be suffering from illness other than airsickness or the effects of accidents, as well as those cases of illness disembarked during the flight

Any other condition on board which may lead to the spread of disease

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight give details of most recent disinsecting

SGD., if required,
Crew member concerned

¹ See comments of the Committee in section 75.

² *Off. Rec. Wld Hlth Org.* 95, 487, section 91

³ Unpublished

⁴ World Health Organization (1957) *International Sanitary Regulations: annotated edition*, Geneva, pp. 42, 43, 54, 55, 56

⁵ *Off. Rec. Wld Hlth Org.* 95, 488, section 93

The object of the amendments would be to bring the wording of the health part of the General Declaration into line with the interpretation recommended by the Committee regarding the reporting of illnesses in flight, and its comments in its fourth report ¹ adopted by the Tenth Health Assembly (resolution WHA10.16) regarding the provision of the required information by crew members.

The Committee points out that if the proposed amendments are adopted, the first would ensure that

illness which was known to be present at the start of the flight and those cases which have been disembarked during the flight, as well as those who were ill on board, would be reported.

Where a health authority requires the health part of the Aircraft General Declaration to be signed, the second amendment would provide for it to be signed either by the pilot in command or by a member of the crew designated by him for this purpose.

OTHER ASPECTS

Mecca Pilgrimage

79. No complaints and no difficulties were reported as concerns the standards of hygiene on pilgrim ships and on aircraft carrying pilgrims.

Standardization of Cholera Vaccines

80. In accordance with the request of the Committee in its sixth report ² the Director-General reports in a separate document ³ the status of studies on cholera vaccine, including standardization of the vaccine. It will be noted that little progress has occurred in the past year.

In view of the importance to international trade and travel of the research work on cholera vaccine which is being undertaken by the Indian Council of Medical Research as described in Control of Smallpox and Cholera in India ⁴ and by other countries, the Committee requests the Director-General to ask the health administration of India and other health administrations concerned to keep the Organization currently informed of progress of work on cholera vaccine, in particular with regard to the relative value of one

injection and two injections for adequate immunization against cholera and the possible use of phage for prophylactic purposes.

International Quarantine Directory

81. *The Committee does not feel able to recommend, at this stage, that the Organization should prepare an international quarantine directory and requests the Director-General to continue his study of this subject in the light of the discussion of the Committee, to consider whether existing publications of the Organization could be expanded to supply some of the desired information, and to report to a subsequent meeting of the Committee.*

Yellow-fever Neutralizing Antibody Seventeen Years after Vaccination with 17D Vaccine

82. *The Committee thanks the authors for the information contained in the unpublished paper Yellow-fever neutralizing antibody seventeen years after vaccination with 17D vaccine and notes the results obtained.*

Development of Health Services in World Ports and Airports

83. *The Committee had before it two documents prepared by a member of the Committee on the development of health services in world ports and airports and the role they should play in years to come.*

The Committee discussed various aspects of the development of these services and requests the Director-General to refer the documents before it to the appropriate bodies of the Organization.

¹ Off. Rec. Wld Hlth Org. 79, 506-7, section 67

² Off. Rec. Wld Hlth Org. 95, 489, section 97

³ Unpublished

⁴ Government of India, Ministry of Health (1959) *Control of smallpox and cholera in India: report on the deliberations of the Central Expert Committee of the Indian Council of Medical Research on Smallpox and Cholera, held jointly with the representatives of the State Expert Committees on Smallpox and Cholera, in New Delhi, on 16th, 17th, 18th and 19th February 1959, New Delhi*

Appendix

CASES OF QUARANTINABLE DISEASES (SMALLPOX) ON BOARD SHIPS AND AIRCRAFT

from 1 July 1958 to 30 June 1959

Ship or aircraft	Date of arrival	Port of arrival	From	Number of cases and probable source of infection	Remarks
1958					
MOZAFFARI	8 Aug.	Chittagong	Jeddah	8 cases	Pilgrims from Pakistan, embarked at Jeddah 26 July; onset of disease: first case (fatal) 27 July; 2 cases 5 Aug.; 5 cases 6 Aug.; vaccination certificates (six) dated 15 April 1958.
LUGANO	22 Nov.	Accra	Lagos	1 case	Male aged 26; onset of disease 24 Nov.
SAFINA-E-JAMHOORIYAT	23 Dec.	Bassein	Chittagong	1 case; probable source of infection, Chittagong	Member of crew; onset of disease 27 Dec.; vaccinated in Karachi (date not reported).
1959					
KUNGSHOLM	9 March	Manila	New York	1 case (varioid)	Member of crew; onset of disease 20 Feb.; vaccination certificate dated Dec. 1958.
STATE OF MADRAS	15 March	Penang	Madras	1 case	Passenger, disembarked at Penang and continued his journey by train to Singapore. Had fever on the ship but case remained undetected until four weeks later when secondary cases were discovered.
STATE OF MADRAS	8 April	Penang	India	1 case	Passenger, disembarked 8 April; case detected 14 April; discharged from hospital 10 May; was in possession of a valid vaccination certificate. No secondary cases.
DARESSA	31 March	Um Said	Bombay	1 case (modified)	Passenger, embarked at Bombay 24 March.
BRITISH CAUTION (tanker)	6 April	Suez	Mena-el-Ahmadi	1 case (modified); probable source of infection, Bombay	Member of crew; onset of disease 31 March; discharged from Moses Wells Quarantine Station 28 April; vaccination certificate dated 11 March 1959 (unsuccessful).
RAJULA	8 May	Penang	Madras	1 case (modified); 2 secondary cases (modified)	Second-class passenger embarked at Madras; onset of disease 3 May; secondary cases (deck passengers) discovered 12 May; all three discharged from hospital on 28 May; vaccination certificates (three) dated 5 Dec. 1958 and 2 March 1959.
LONDON PRIDE	28 May	Bandar Shahpour (Iran)	Port Said	1 case	

Ship or aircraft	Date of arrival	Port of arrival	From	Number of cases and probable source of infection	Remarks
1959					
BRANTAS	9 June	Djakarta	Makassar	1 case	Seven-year-old deck passenger, embarked at Makassar 4 June; case discovered four days after arrival in Tandjung Priok; not vaccinated.
1958					
Aircraft	5 Dec.	Zurich	India	1 case; probable source of infection, India	Onset of disease 6 Dec.; travelled by plane from India, via Ceylon to Switzerland, thence by train to Heidelberg.
1959					
Aircraft GA-NBO Britannia BOAC	26 March	Karachi	Rangoon	1 case; probable source of infection, Rangoon	Twelve-year-old passenger; onset of disease 24 March; vaccination certificate issued Feb. 1959.
Aircraft	4 April	Berlin (East)	Calcutta	1 case	Onset of disease 5 April.

Annex 2

THIRD GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD¹

1962 - 1965 inclusive

[A13/P&B/2 and A13/P&B/39 — 3 March and 16 May 1960]

1. Introduction

1.1 Article 28 (g) of the Constitution requires the Executive Board "to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period". At its fourth session the Executive Board decided that five years was the maximum period for which such a programme should be considered.

1.2 The first general programme of work, submitted by the Board for the specific period 1952-1955, was approved in general by the Third World Health Assembly (resolution WHA3.1). A more detailed programme along the same lines was endorsed by the Fourth World Health Assembly as a broad general policy for the same period (resolution WHA4.2), and was subsequently endorsed by the Fifth and Seventh World Health Assemblies for the periods 1953-1956 and 1956-1957 (resolutions WHA5.25 and WHA7.9).

1.3 The second general programme of work—for the years 1957-1960—was approved by the Board at its fifteenth session (resolution EB15.R24) and adopted in its final form by the Eighth World Health Assembly (resolution WHA8.10). The Executive Board, at its twenty-third session, recommended that the second general programme of work should be extended until 1961 (resolution EB23.R76). The Twelfth World Health Assembly approved this resolution (in its resolution WHA12.27).

1.4 The Executive Board is now submitting to the Health Assembly, for consideration and approval, a general programme of work for the period 1962-1965 inclusive (resolution EB25.R51). This programme has been so formulated as to maintain continuity with the previous two general programmes of the Organization, taking into consideration the policies determined by its governing bodies and the knowledge and experience gained by the World Health Organization as a whole.

2. Principles and Criteria

2.1 The principles and criteria, where the range of functions constitutionally prescribed for the Organi-

zation is so vast and comprehensive, have been established in accordance with the criteria for priorities established by the Economic and Social Council at its eleventh session and with due attention to the statement of priorities drawn up by the Council at its fourteenth session.

2.2 In projects of assistance to governments it should be recalled that such projects are government projects and that the role of WHO is that of assistance only until such time as the government is able to carry on without external aid. This implies that only such projects as are sufficiently well founded upon government support for the present and upon equally well founded planning for the future should be selected for assistance in implementation.

2.3 The Executive Board, when reviewing and recommending the second general programme of work, called the attention of the Health Assembly to "the disparity between the resources which have so far been available to the Organization and the increasingly expressed needs of governments for assistance in strengthening their health services" (resolution EB15.R78). The limitation of resources which still exists makes it necessary to discriminate between proposed activities, indicating those which should preferably be undertaken by the Organization. A choice may be made of: those activities which are technically and economically sound and that are best carried out with international aid; those that appear to warrant the most urgent action; and those which are as far as possible capable of yielding demonstrable results. Their capacity to benefit the largest number of countries and people should be taken into consideration, but also a selection should be made of activities the implementation of which will provide the optimum utilization of funds available.

2.4 In planning country programmes, account should be taken of resources available within the country as well as of all relevant assistance already provided by WHO or to be given by other national or international organizations.

2.5 The programme of work is drawn up in the light of the following general principles.

¹ See resolution WHA13.57.

2.5.1 All countries, including trust and non-self-governing territories, should participate and co-operate in the work of the Organization.

2.5.2 Services must continue to be available to all Members and Associate Members, without discrimination.¹ They should also be available to special groups under the provisions of Article 2 (e) of the Constitution.

2.5.3 Assistance to governments to strengthen their health services should be given only on their specific request.

2.5.4 Services should foster national self-reliance and initiative in health activities, which should not normally be implemented directly by the Organization.

2.5.5 The work of the Organization should be so planned and implemented as to attain the utmost degree of integration and co-ordination with the related activities conducted by the United Nations, the specialized agencies, the International Atomic Energy Agency, and other agencies operating in appropriate international fields.

2.6 In the rapid evolution of medicine new problems constantly arise and new techniques, methods and practices are developed. Questions which today do not appear to call for action on the international plane may suggest or even demand such action before the end of the specific period. Consequently, the general programme of work must be flexible and open to periodic review.

3. Programme for 1962-1965

3.1 General Remarks

For historical and traditional reasons the first and second programmes of work for specific periods have emphasized the distinction between services of general international interest and the strengthening of national health services. Experience has shown that this distinction has become more and more artificial. For instance, assistance is required to strengthen national services for international quarantine, the control of addiction-producing drugs, and for the examination of pharmaceutical preparations. On the other hand, advisory services for action against diseases such as malaria, smallpox, and many others, now comprehend a research component and a synchronized or co-ordinated action, both of world-wide character.

It must be realized also that the success of international health activities such as the collection and

compilation of epidemiological intelligence and statistical information, and the application of international standards and regulations, etc., depends directly on the efficiency of local health administrations. Such international services will become fully utilizable only when the local health services are sufficiently developed to contribute effectively to international requirements.

Obsolescent also is the distinction between the decentralized activities carried out at regional or country level and those conducted at headquarters. For instance, in virus diseases—influenza being a striking example—the work is decentralized, as the primary isolation and identification of the virus is carried out at the country level by more than one hundred national laboratories; but, because of the complexity of the problems involved, the precise identification—essential for epidemiological purposes—must be made by international reference laboratories. Further, work at the national level requires standardized reagents which can only be produced locally, by comparison with reagents produced by the international reference laboratories. The designation of such laboratories and the co-ordination of their work is a major function of headquarters. The activities on vector resistance to insecticides are conducted along similar lines.

3.2 Subjects of General International Interest

3.2.1 Among the subjects of potential world-wide interest are international epidemiology and quarantine, the compilation and analysis of statistical material from all countries, the establishment of international standards, and the publishing and keeping up to date of texts such as the International Pharmacopoeia and the International Classification of Diseases, Injuries, and Causes of Death. These activities provide essential services to governments, to educational and research institutions and to industry, trade and communications. In most of these functions WHO is either the only source of such services or is generally recognized as especially fitted to discharge the world-wide responsibilities involved.

3.2.2 The Organization is gradually accumulating an enormous store of information on health conditions and actual or potential facilities for health work in all parts of the world. More and more the Organization is being called on to serve as a clearing-house and to disseminate this information among health workers.

It is expected that an increased number of these activities will be carried out at the regional level in

¹ In exceptional circumstances the Assembly may, in the case of Members, apply Article 7 of the Constitution.

the period covered by the third programme of work.

3.2.3 The WHO approach to radiation and health should continue on a wide basis, encompassing both the use of radiation and isotopes in health care (including research) and the health problems associated with the increasingly widespread use of radiation and radioactive material and the development of atomic energy for peaceful purposes. This field is developing rapidly and requires careful attention at the international and national levels. The Organization should stimulate and co-ordinate appropriate international activities, especially in relation to the larger health problems involved, and continue assistance to countries in evolving balanced programmes in radiation health, including protection of mankind from ionizing radiation hazards from all existing sources; associated with such programmes there is need for continued help in the specialized training of various types of personnel necessary for this type of work. An important aspect of the WHO programme will continue to be assistance in the development of basic data on the effects of radiation and the behaviour of radionuclides, necessary for sound international recommendations for health protection.

3.3 Strengthening of National Health Services

Under the heading of strengthening of national health services there could be listed a great variety of subjects covering almost all medical and health practices, in any or all stages of planning, implementation, or evaluation. Projects of this kind may be narrowly localized, or may cover one or more countries in one or more regions, and include countries in different stages of development.

Governments may request assistance from WHO to create, reorganize or improve curative or rehabilitation services, or services for prevention of disease or promotion of health. In any event, the Organization should render its assistance in such a way as to ensure that the country is taking appropriate steps towards the ultimate goal of establishing and maintaining balanced and integrated national health services.

In this connexion it should be understood that balanced and integrated health services cannot be considered in a vacuum; they are closely related to a number of social and economic services and depend on local and international factors beyond the control of the Organization. Nevertheless, when giving assistance to governments, WHO should aim at helping the country to obtain by simultaneous or synchronized efforts:

(a) integration of national health services;

(b) national co-ordination with other economic and social activities;

(c) well-balanced development of WHO programmes in the country;

(d) co-ordination with other international agencies working in the health, economic and social fields;

(e) protection of health covering the control of every potential harmful factor (including radiation) of human ecology, with particular reference to WHO's interest in and endorsement of the promotion of adequate and safe community water supplies;

(f) promotion of health by positive measures aimed at the improvement of all factors of the physical, biological and social environment which affect the life of the individual and of the community.

It is acknowledged that to achieve integration and co-ordination is one of the most difficult tasks in public administration. It must be recalled also that on instructions from the Health Assembly WHO has sponsored campaigns against specific diseases and has promoted specialized services. It is probable that within the next five years governments will seek the assistance of WHO in converting these campaigns and services into more integrated programmes and the Organization should be ready to provide this assistance.

3.4 Measures against Disease

3.4.1 Communicable Disease

WHO should continue to promote the eradication of communicable disease on a world-wide or regional basis when technically and economically sound programmes are feasible. It is vital not to relax the drive towards malaria eradication, for at this critical stage any remission of work might lead to irretrievable loss. More and more evidence of mosquito resistance is an established threat to the success of the programme. It is necessary to find in good time answers to the problems which it is known will arise as a result of the application of insecticides.

It is also expected that governments will require assistance in the eradication of smallpox, which has now become a responsibility of WHO. WHO will give particular attention to the problem of tuberculosis, with special emphasis on the possibilities of the control of the disease in developing countries and on the feasibility of preliminary steps towards programmes of eradication of tuberculosis in highly developed countries.

WHO must be prepared not only to help in the successful operation of these world-wide activities, but at the same time to assist in establishing the appropriate national and international machinery to consolidate and maintain the results obtained, as well as to profit fully from the social and economic changes which will occur as a consequence of the campaigns.

3.4.2 *Non-communicable Disease*

From the world-wide interest which is being aroused in the attempt to control certain non-communicable diseases, especially degenerative disease of the heart and circulation, and malignant tumours, it may be expected that requests will be received for assistance in their fields, and WHO should be technically prepared for their inclusion in programmes.

3.5 **Education and Training of Professional and Auxiliary Personnel**

Activities related to the education and training of professional and auxiliary personnel will remain for a long time one of the most important functions of the Organization; in many countries the shortage of adequately trained staff still impedes the development of health programmes. Since the professional and technical education of personnel is of fundamental importance to the strengthening of national health services, these two objectives must be closely connected in the policy of the Organization.

The problem is both quantitative and qualitative. With the necessary differences in approach from one country to another, the common purpose is: (a) to reduce the shortage of trained staff by increasing the opportunities for teacher training and encouraging the entrance of suitable persons into the medical teaching profession; and (b) to provide the highest possible technical efficiency among undergraduates and trainees by improving the type and raising the quality of education.

In developing countries more attention to the study of local circumstances of health and disease is called for. This includes the development of departments of preventive and social medicine and of paediatrics in medical schools and post-graduate courses. Governments are also becoming more interested in problems of mental health and in the need for increasing their personnel in this field; assistance in improving the knowledge of the undergraduate and the general physician will be useful.

Much emphasis has been laid until now upon education and training of health personnel as a whole, but, in the light of ten years' experience, more specific needs are apparent. It is realized, for instance, that parti-

cular attention should be given to the education of persons who are to assume, within the health services of their countries, high technical or administrative responsibilities, or who are to become senior teachers. This is a notable example of the close link between the two objectives referred to above.

Specific efforts towards the education of auxiliary personnel of all categories appear as a more and more pressing need, not only in countries where the availability of such personnel represents a remedy for the lack of fully qualified staff, but also in well developed countries where auxiliaries are considered no less indispensable.

The most urgent need is the instruction of those who are selected to teach auxiliaries in their own countries. The next step would be to promote the creation of local schools for auxiliaries on a broad basis prior to specialized training.

It will be the responsibility of WHO to continue during this specific period to develop its fellowships programmes, consultant services, assistance to educational institutions and exchange of scientific information, in order to help countries to realize what their needs are and to promote such measures as are required by national and local conditions.

3.6 **Medical Research**

For the period 1962-1965 the Organization will develop its programme of more extensive and intensive international co-operation in stimulating, co-ordinating, promoting and, where appropriate, supporting medical research.

3.6.1 The following types of research are most suitable for international co-operation:

- (i) problems for which only world-wide experience is adequate, such as demographic and genetic studies of populations, measurement of incidence and prevalence of disease, characterization of environmental factors which influence health;
- (ii) communicable diseases which are either world-wide or which occur in large geographical areas;
- (iii) unexplained variations in the incidence and prevalence of disease and the comparison of health and illness in contrasting environments;
- (iv) investigation of certain rare conditions about which adequate information can be collected only by pooling wide experience and which may have practical applications in fields far beyond its immediate purpose;
- (v) provision of research services to participants in broad programmes particularly well suited to an international framework.

3.6.2 In its research programmes WHO will keep the appropriate governmental authorities informed of its activities, and utilize existing organizations and institutions by supplementing, and not by supplanting or duplicating, national research activities. WHO also will assist the advance of research in countries where this is in the early stages of development.

WHO will carry out these objectives by:

- (i) the training of research workers;
- (ii) assisting in the planning of research programmes and institutions;
- (iii) improving communication between scientific workers;
- (iv) developing methods of research particularly applicable to world health problems;
- (v) subsidizing medical research in the form of personnel, equipment or grants.

3.7 Co-ordination of Health with other Social and Economic Activities

Co-ordination of health work means the concentration of all efforts from whatever source, so that they can be fully effective for achieving the stated objectives. Effective co-ordination, national or international, depends less on formal agreements than on mutual understanding, goodwill and respect.

3.7.1 Co-ordination is not a simple task. WHO, for the better realization of the objectives to which it is dedicated, has established working relations that fall into four main groups: (a) with the United Nations, the specialized agencies and the International Atomic Energy Agency; (b) with other inter-governmental or governmental agencies engaged in international health work; (c) with non-governmental organizations interested in health problems; (d) with a large number of other organizations and institutions, official and private, and individuals in many parts of the world. Some of these are concerned principally with health; for others, health is incidental to some other primary objective. The number (more than 1500) and the different types of agencies in these four groups indicate the size and complexity of the problem of co-ordination, but the development of such a system of relationship since the establishment of WHO testifies to the growing general recognition of its co-ordinating responsibilities and of the results that such co-operation can secure. In this specific period WHO will continue to expand the basis of this system and to increase its effectiveness. This will necessarily involve consultations, reciprocal representation at formal and other meetings, contacts at secretariat level and, when

called for, joint planning and organization of common undertakings.

3.7.2 As part of its co-ordinating role, WHO should endeavour to stimulate appropriate, effectively co-ordinated health activities by other agencies; in its working relations with the four groups mentioned in 3.7.1 above, WHO will, therefore:

- (i) seek co-ordination of health elements in plans and programmes—world-wide, regional, inter-country and national;
- (ii) co-operate at all levels with undertakings that contribute to health, by making available the benefit of WHO's technical resources and experience.

3.7.3 Notwithstanding that co-ordination of international health work is dependent on co-ordination of national plans for social and economic development, of which health is an integral part, there has been and there will be more and more room for WHO to play its role in collaboration with the Economic and Social Council and the other agencies concerned, so as to ensure from the health point of view a proper balance within the socio-economic development as a whole. It should not be forgotten that, in the WHO Constitution, social well-being is placed on the same level as physical and mental well-being.

3.7.4 Among the programmes of concerted action in the economic and social fields WHO should continue to promote further expansion of the health role in overall programmes of community development. Similarly, the Organization will maintain its interest in other broad programmes of concerted action, such as water resources, industrialization and productivity, utilization of all sources of energy, urbanization and housing, nutrition.

3.7.5 The breadth of the field of radiation in relation to health and the wide interest which it is raising will require close working contact with other organizations giving attention to these questions, including the United Nations Scientific Committee on the Effects of Atomic Radiation, the specialized agencies, the International Atomic Energy Agency, and the International Commissions on Radiological Protection and on Radiological Units and Measurements.

4. Conclusion

The objectives described in this programme and the fields of work mentioned are all related to the ultimate purposes of the Constitution. They are not intended to limit with any strictness the activities of WHO. The criteria and lines of work of previous

general programmes have been adapted to take account of accumulated experience. Such adjustment to new knowledge and new problems is of vital importance to the strength of WHO and to its influence in the improvement of world health.

Continued progress will depend on adequate and stable financial support for the Organization and

on the continuance of the moral support that has hitherto been generously given. Such support, together with the intelligent and zealous application of the principles outlined in this third general programme, will make possible the achievement, during the period of time encompassed, of a reasonable part of the objectives of the WHO Constitution.

Annex 3

FINANCIAL REPORT ON THE ACCOUNTS OF WHO FOR 1959 AND REPORT OF THE EXTERNAL AUDITOR ¹

[A13/AFL/18 — 3 May 1960]

REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. At its twenty-fifth session, the Executive Board (in resolution EB25.R60) established an Ad Hoc Committee consisting of Professor E. J. Y. Aujaleu, Dr J. D. Hourihane and Dr A. J. Metcalfe "to meet on 2 May 1960 to consider the Report of the External Auditor on the accounts of the Organization for the year 1959, and to submit to the Thirteenth World Health Assembly, on behalf of the Board, such comments as it deems necessary".

2. The Committee met on 2 May 1960 in the Palais des Nations, Geneva, and was attended by Professor Aujaleu, Dr Metcalfe and Mr T. J. Brady (alternate to Dr Hourihane). Mr Brady was elected Chairman.

3. Mr Brunskog, the External Auditor, introduced his report and commented on the more important matters raised therein and in the Financial Report of the Director-General.²

4. The Committee then reviewed the Report of the External Auditor in detail and received, either from the External Auditor or from representatives of the Director-General, explanations on various points raised by the members of the Committee.

5. On the basis of its review, the Committee desires to bring the following items to the attention of the Assembly:

5.1 In paragraph 1 of his report, the External Auditor comments on the scope and character of his audit and states: "I have also examined the reports of the internal auditors and have been able

to review their work, which has given me complete satisfaction."³

5.2 In paragraph 3 of his report, the External Auditor states:

(1) to my knowledge, there have been no cases of fraud or presumptive fraud;

(2) the checking of the payroll, including all the various allowances such as post adjustments, assignment allowances and dependants' allowances, did not give rise to any audit objections;

(3) disbursements relating to travel, to which I am drawing special attention in view of the importance of this item, have been properly made in accordance with established controls and procedures;

(4) the management of the different funds of the Organization has been good;

(5) the financial situation of the Organization is sound.

5.3 In paragraph 5 of his report, the External Auditor makes a comparison of the amounts obligated for Administrative Services in 1958 and 1959, which were 9.4 and 8.9 per cent. respectively and makes the following comment:

The trend of a diminishing percentage cost of Administrative Services, to which I have drawn attention for some years, has thus continued in 1959.

5.4 In paragraph 6 of his report, the External Auditor notes that in 1959 the contributions collected from active Members amounted to 95.6 per cent. The corresponding figures for 1958 and 1957 were

¹ See resolution WHA13.13.

² *Off. Rec. Wld Hlth Org.* 101

³ *Off. Rec. Wld Hlth Org.* 101, 61

96.2 and 97.1 per cent. respectively. The Committee, noting that there had been a small decrease in the percentage collection of contributions in 1959, considered nevertheless that the collections in that year were satisfactory.

5.5 In paragraph 9 of his report, the External Auditor makes certain comments on the Working Capital Fund and, as the scale of assessment for and the level of this Fund will be considered by the Thirteenth World Health Assembly, it is appropriate that these comments should be brought to the attention of the Assembly. The observations of the External Auditor are as follows:

In this connexion I have noted that the Director-General, in accordance with the request of the Executive Board at its twenty-third session, communicated with Member States in 1959 to explore whether the annual contributions to the budget could be obtained at an earlier date in the year in which they are due. According to the report of the Director-General on this matter to the twenty-fifth session of the Board (*Official Records* No. 99, Annex 7), the replies received so far were not encouraging. The proposals submitted by the Director-General concerning the scale of assessment for and amount of the Working Capital Fund are in my opinion financially prudent.

5.6 The External Auditor invited the attention of the Committee to his remarks on the Special Account for Research Planning contained in paragraphs 11 and 12 of his report. He advised the Committee that, because of the special importance of this item, he had made a detailed examination of the expenditures incurred from the grant of \$300 000 made by the United States of America. He noted that the actual expenditures incurred for the special study authorized by the Eleventh World Health Assembly in its resolution WHA11.35 exceeded the amount of the grant by \$ 6528 and that this excess had been charged to the regular budget. The Committee, recognizing that the regular budget contained provisions for similar purposes and noting that the small amount involved was met from savings, considered that in the circumstances the action taken was acceptable.

5.7 In paragraph 14, the External Auditor gives some information relating to the fellowships programme. In view of the importance of this programme, the Committee requested some additional information, which was furnished by the representatives of the Director-General. The following is a summary of the amounts available for fellowships in 1959, the expenditures during 1959 and the balance carried forward to 1960 to complete fellowships

where the fellows had not finished their studies by 31 December 1959:

	Regular	Technical Assistance funds	Total
Unexpended balance of fellowship awards at 1 January 1959 brought forward from 1958	1 210 878	528 851	1 739 729
Fellowships awarded during 1959	1 927 846	642 791	2 570 637
Total amount available to be spent on fellowships during 1959	3 138 724	1 171 642	4 310 366
Amounts expended during 1959 against these fellowship awards	1 923 731	642 423	2 566 154
Balances carried forward to 1960, being amounts necessary to complete fellowships where fellows had not finished their studies at 31 December 1959	1 214 993	529 219	1 744 212

5.8 The Committee noted an ex-gratia payment reported by the External Auditor in paragraph 15 of his report. The Committee noted that, whilst the staff member had been working on a Technical Assistance project at the time the accident occurred in 1956, the payment made in 1959 was charged to the regular budget as the project concerned had been completed in 1958. The Committee, after hearing the explanation given by the representatives of the Director-General, was satisfied that the decision made in this case was a reasonable one.

6. The Committee wishes to commend the External Auditor on his report and to express its appreciation of the explanations given by him and by the representatives of the Director-General during the review of the report.

7. The Committee recommends to the Thirteenth World Health Assembly the adoption of the following resolution:

The Thirteenth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1959 and the Report of the External Auditor for the same financial period, as contained in *Official Records* No. 101; and

Having considered the report of the Ad Hoc Committee of the Executive Board on its examination of these reports,

ACCEPTS the Director-General's Financial Report and the Report of the External Auditor for the financial year 1959.

Annex 4

PUBLICATIONS IN RUSSIAN ¹

[A13/AFL/10 — 4 March 1960]

REPORT BY THE DIRECTOR-GENERAL

In the course of its organizational study of publications, the Executive Board at its twenty-fifth session considered the desirability of extending the use of the Russian language in publications of the World Health Organization and adopted resolution EB25.R44, reading as follows:

The Executive Board

1. AGREES in principle that steps should be taken, starting in 1961, to extend the use of the Russian language in publications of the World Health Organization;
2. BELIEVES that such extension should take place gradually and selectively having regard to the technical difficulties as well as the cost implications; and
3. RECOMMENDS that the Thirteenth World Health Assembly should consider this matter in the light of a further report to be submitted to the Assembly by the Director-General.

Pursuant to the above resolution the Director-General has studied the technical and administrative possibilities of gradually and selectively extending the use of the Russian language in WHO publications. In the light of his study the Director-General believes that it would be technically and administratively possible for the following publications to be produced in Russian over a period of two years (alternative I) or over a period of three years (alternative II), beginning in 1961.

Alternative I

	1961	1962
<i>Technical Report Series</i>	x	x
<i>Monograph Series</i>	x	x
<i>Handbook of Resolutions and Decisions</i>	x	—
<i>Basic Documents</i>	x	x

Official Records series:

Proposed Programme and Budget Estimates ²	x	x
Annual Report of the Director-General ³ including the Financial Report	—	x

	1961	1962
World Health Assembly	—	x
Executive Board	—	x
World Health Situation (Second Report)	—	x

Alternative II

	1961	1962	1963
<i>Technical Report Series</i>	x	x	x
<i>Monograph Series</i>	—	x	x
<i>Handbook of Resolutions and Decisions</i>	x	—	x
<i>Basic Documents</i>	x	x	x

Official Records series:

Proposed Programme and Budget Estimates ²	x	x	x
Annual Report of the Director-General, ³ including the Financial Report	—	x	x
World Health Assembly	—	—	x
Executive Board	—	x	x
World Health Situation (Second Report)	—	x	x

It will be noted that, although the Second Report on the World Health Situation will not appear until 1963, it will be necessary to start work on it towards the end of 1962.

No provision has been made in respect of the eighth revision of the International Statistical Classification of Diseases, Injuries, and Causes of Death, which will not appear until 1966; therefore no preparatory work could usefully start before 1964.

The cost estimates for these two alternatives are given in the appendix.

The printing estimates have tentatively been based on impressions of 500 copies of the *Official Records* volumes and 1000 of all other publications. It is only in the light of experience that more accurate indications on the probable scale of distribution of WHO publications in Russian will become available.

¹ See resolution WHA13.15.

² Beginning with the Programme and Budget Estimates for 1963

³ Beginning with the Report for 1961

Appendix

PUBLICATIONS IN RUSSIAN : SUMMARY OF COST ESTIMATES

Alternative I			Alternative II			
Appropriation Section	Estimated expenditure 1961 US\$	1962 US\$	Appropriation Section	Estimated expenditure 1961 US\$	1962 US\$	1963 US\$
PART I: ORGANIZATIONAL MEETINGS			PART I: ORGANIZATIONAL MEETINGS			
1. World Health Assembly	20 100	36 300	1. World Health Assembly . .	20 100	18 900	40 300
2. Executive Board and its Committees	—	13 800	2. Executive Board and its Com- mittees	—	13 800	13 800
TOTAL — PART I	20 100	50 100	TOTAL — PART I	20 100	32 700	54 100
PART II: OPERATING PROGRAMME			PART II: OPERATING PROGRAMME			
4. Programme Activities	200 031	236 600	4. Programme Activities . . .	120 206	241 669	244 126
6. Expert Committees	10 500	10 500	6. Expert Committees	10 500	10 500	10 500
7. Other Statutory Staff Costs . . .	76 127	61 182	7. Other Statutory Staff Costs	54 928	65 528	52 917
TOTAL — PART II	286 658	308 282	TOTAL — PART II	185 634	317 697	307 543
TOTAL	306 758	358 382	TOTAL	205 734	350 397	361 643

Annex 5

SPECIAL ACCOUNTS ¹

[A13/AFL/13 — 4 May 1960]

REPORT BY THE DIRECTOR-GENERAL

1. Special Account for Medical Research

The Special Account for Medical Research was established by decision of the Twelfth World Health Assembly in resolution WHA12.17, "Intensified WHO medical research programme". This account is credited with voluntary contributions and will be used to supplement the provision under the regular budget for the Organization's assistance to medical research programmes. A contribution of US \$500 000 has been received from the United States of America and accepted by the Executive Board at its twenty-fifth session in resolution EB25.R23.

2. Special Account for Community Water Supply Programme

The Special Account for Community Water Supply Programme was established at the request of the Twelfth World Health Assembly in resolution WHA12.48. The account is credited with voluntary contributions and will be used to supplement provisions in the regular budget for community water supply programmes. A contribution of US \$300 000 has been received from the United States of America and accepted by the Executive Board at its twenty-fifth session in resolution EB25.R65.

3. Special Account for Smallpox Eradication

The Special Account for Smallpox Eradication was established by the Director-General pursuant to the provisions of Financial Regulations 6.6 and 6.7, as noted by the Executive Board at its twenty-second session (resolution EB22.R12) and arising out of resolution WHA11.54 on smallpox eradication adopted by the Eleventh World Health Assembly.

The following contributions of vaccine were accepted by the Executive Board at its twenty-second session in resolution EB22.R12:

Union of Soviet Socialist Republics — 25 000 000 doses of vaccine valued by the Government at \$285 000;

Cuba — 2 000 000 doses of vaccine annually, valued by the Government at approximately \$7500 per million doses.

Offers of the following contributions have been received by the Director-General:

Netherlands — 2 000 000 doses of vaccine. (The value of this gift has not as yet been established by the Government.)

Jordan — 3 000 000 doses of vaccine, valued by the Government at \$84 000.

The Director-General recommends that the Thirteenth World Health Assembly accept these gifts.

¹ See resolutions WHA13.22 and WHA13.23.

Annex 6

ACCOMMODATION FOR THE REGIONAL OFFICE FOR SOUTH-EAST ASIA

[A13/AFL/14 — 2 May 1960]

REPORT BY THE DIRECTOR-GENERAL

1. In accordance with the request contained in resolution WHA12.34, the Director-General submits the following further report on accommodation for the Regional Office for South-East Asia.

2. Work on the foundations of the buildings was started on 28 January 1960. Quotations have been received for the construction, which will start on 1 June 1960.

3. The Government of India is making every effort to push ahead as quickly as possible with the construction and it is still hoped that the conference block

will be ready by February 1961 and the ground and first floors of the main building completed.

4. Approaches have been made to all Member States of the South-East Asia Region to donate furniture, fittings, equipment and artistic contributions which are typical of the national background, industry and culture of the donor country. It is hoped to have murals, frescoes and other decorative art from Member countries in the conference hall, public rooms and library. Some countries of the Region have already promised their enthusiastic support.

Annex 7

AGREEMENT BETWEEN THE UNITED NATIONS SPECIAL FUND AND THE WORLD HEALTH ORGANIZATION CONCERNING THE EXECUTION OF SPECIAL FUND PROJECTS ¹

WHEREAS the United Nations Special Fund, on the basis of resolution 1240 (XIII) of the General Assembly, has agreed to provide certain governments with assistance in carrying out projects for the purpose of promoting social progress and better standards of life and advancing the economic, social and technical development of peoples;

WHEREAS the World Health Assembly has by its resolution WHA12.51, requested the Director-General to co-operate with the Special Fund;

WHEREAS the Managing Director of the Special Fund desires to obtain the services of the World Health Organization (hereinafter referred to as the Executing Agency) to execute certain projects; and

WHEREAS resolution 1240 (XIII) of the General Assembly provides that the Managing Director of the Special Fund shall establish and maintain close and continuing working relationships with the specialized agencies concerned with those fields of activity in which the Special Fund will operate and that projects shall be executed, whenever possible, by the specialized agencies concerned;

NOW THEREFORE the Managing Director of the Special Fund and the Director-General of the Executing Agency have agreed as follows:

Article I

Performance of Work by Executing Agency

1. The Executing Agency agrees to carry out each project for which it accepts responsibility to serve in this capacity, in accordance with a Plan of Operation which shall be agreed to by the Special Fund, the Government and the Executing Agency.

2. The basis for the relationships between the Parties shall be the Agreement between the Special Fund and the Executing Agency and the applicable agreement between the Special Fund and the Government, and the provisions of the Plan of Operation shall be interpreted and applied in the light of these agreements.

3. The Executing Agency shall commence execution of each project upon receipt of written authorization to do so from the Managing Director. If the Managing Director, after consultation with the Executing Agency, considers it to be necessary to suspend the execution of the project, he shall so notify the Executing Agency which shall thereupon suspend forthwith all further operations, after which discussion will be entered into as to future action.

¹ See resolution WHA13.31.

Article II

Conclusion of Agreement with Governments

1. The Special Fund will enter into an agreement with each Government at whose request a project is undertaken by the Executing Agency in terms substantially similar to those set forth in the Appendix to this Agreement. Any substantial variation of these terms directly affecting the Executing Agency will be applicable to it only with its concurrence.
2. The Executing Agency may enter into an agreement with a Government consistent with the terms hereof concerning the execution of a project. Any such agreement shall be subject to provisions of the agreement referred to in the preceding paragraph and shall require the prior concurrence of the Managing Director.

Article III

Executing Agency's Status in carrying out Projects

The Executing Agency shall have the status vis-à-vis the Special Fund of an independent contractor, and its personnel shall not be considered as staff members or agents of the Special Fund. Without restricting the generality of the preceding sentence, the Special Fund shall not be liable for the acts or omissions of the Executing Agency or of persons performing services on behalf of the Executing Agency. The Executing Agency shall not be liable for the acts or omissions of the Special Fund or of persons performing services on behalf of the Special Fund.

Article IV

Information regarding Projects

1. The Managing Director of the Special Fund and the Government shall have the right to observe at any time the progress of any operations carried out by the Executing Agency under this Agreement, and the Executing Agency shall afford full facilities to the Managing Director and the Government for this purpose.
2. The Managing Director of the Special Fund shall have the right to be furnished with such written information on any project as he may require, including supporting documentation of the kind mentioned in Article VII below.
3. The Managing Director of the Special Fund shall supply to the Executing Agency all appropriate information becoming available to him in connexion with any operations carried out by the Executing Agency under this Agreement.

Article V

Costs of Projects

1. The Executing Agency agrees to perform, without charge to the Special Fund, such part of each project as it may be in a position to undertake without any clearly identifiable additional expense to itself. The Special Fund agrees to provide funds for clearly identifiable additional costs on the basis of estimates determined in advance by mutual agreement.
2. Each Plan of Operation shall include:
 - (a) a project budget in which operations shall be shown chronologically in stages, with estimated obligations shown separately for each stage;
 - (b) if required, a budget of other expenses necessarily and reasonably estimated to be incurred by the Executing Agency in the executing of projects in an amount to be mutually agreed by the Special Fund and the Executing Agency after taking account of such facilities as the Executing Agency may be in a position to provide without charge.
3. The estimates to be included in the budgets referred to in paragraph 2 above shall cover all the cash expenditures to be made by the Executing Agency.

Article VI

Manner of Payment

1. The Managing Director of the Special Fund shall notify to the Executing Agency earmarkings within the budgetary authorizations included in the Plan of Operation. Such earmarkings shall constitute the financial authority for the Executing Agency to incur obligations and expenditure in respect of a project in accordance with the Plan of Operation and the budgetary provisions contained therein.
2. In making the earmarkings, the Managing Director shall take account of the operational stages specified in the Plan of Operation and the extent to which the Plan of Operation requires the incurring of obligations going beyond any particular operational stage.
3. The earmarkings made by the Managing Director shall, so far as the Executing Agency is concerned, not be related to any particular category of income received by the Special Fund.
4. On the basis of plans of expenditure agreed between the Managing Director and the Executing Agency, the Managing Director shall arrange for cash remittances to the Executing Agency as required by the Executing Agency, for the purpose of covering cash disbursements arising out of obligations incurred

within the limit of earmarkings notified by the Managing Director.

5. The accounts of a project shall be closed as soon as practicable, but normally within twelve months after the completion of the programme of work set out in the Plan of Operation, and earmarkings not utilized shall then lapse. Provision shall be made for unliquidated obligations certified by the External Auditor of the Executing Agency as being valid at the closing of the accounts.

Article VII

Records, Accounts, Vouchers

1. The Executing Agency shall maintain accounts, records and supporting documentation relating to operations under this Agreement in accordance with its financial regulations and rules in so far as applicable.

2. The Executing Agency shall furnish to the Special Fund annual reports on the financial situation of the operations under this Agreement, including the reports thereon of the Executing Agency's External Auditor, in accordance with the normal practice of the Executing Agency.

3. The Executing Agency shall also furnish to the Special Fund any additional reports at such times and in such form as may be agreed by the Managing Director and the Director-General.

4. Without restricting the generality of paragraph 3 above, the Executing Agency shall submit to the Managing Director of the Special Fund audited statements of accounts as soon as possible after the close of each financial period and as soon as practical after the completion of a project together with the External Auditor's reports thereon.

Article VIII

Expenses of Preparation of Projects

1. The Managing Director will defray to the Executing Agency clearly identifiable additional expenses incurred by the Executing Agency with the prior consent of the Managing Director during the examination of requests from governments and the preparation of projects.

2. The Managing Director may authorize the incurring of expenses in respect of a project approved by the Governing Council but for which a Plan of Operation has not yet been agreed.

Article IX

Currency and Rates of Exchange

1. The Managing Director and the Executing Agency shall consult each other regarding the use of

currencies available to the Special Fund, with a view to the effective utilization of such currencies.

2. Operational rates of exchange for transactions between the Special Fund and the Executing Agency may be established and revised from time to time, on the advice of the United Nations Controller, by the Managing Director in consultation with the Executing Agency.

Article X

Revision of Financial Arrangements

Without prejudice to obligations already incurred by the Executing Agency, the Managing Director of the Special Fund may, in agreement with the Government and the Executing Agency, adjust the main categories of expenditure within a Project Budget (viz. experts, fellowships, equipment) within the total approved therefor by the Governing Council of the Special Fund and may otherwise revise the financial arrangements for a project. Within the total budget approved for each project by the Governing Council, the Executing Agency may in accordance with operational necessity adjust any main category of expenditure by a percentage to be agreed upon by exchange of letters. Subject to the foregoing limitation, the Executing Agency may make any necessary detailed adjustments.

Article XI

Immunities of Subcontractor

In the event that the Executing Agency retains the services of any firm or organization to assist it in the execution of any project, the privileges and immunities to which such firm or organization and its personnel may be entitled under any agreement between the Special Fund and a Government may be waived by the Director-General of the Executing Agency where in his opinion the immunity would impede the course of justice and can be waived without prejudice to the successful completion of the project concerned or to the interests of the Special Fund or the Executing Agency; the Executive Head of the Executing Agency will waive such immunity in any case in which the Managing Director of the Special Fund so requests. Before requesting the Executing Agency to waive immunity, the Managing Director shall give sympathetic consideration to any views which the Executing Agency may have with respect to the desirability of such a waiver.

Article XII

General Provisions

1. This Agreement shall enter into force upon signature, and shall continue in force until terminated under paragraph 3 below.

2. This Agreement may be modified by written agreement between the Parties hereto. Any relevant matter for which no provision is made in this Agreement shall be settled by the Parties in keeping with the relevant resolutions and decisions of the appropriate organs of the United Nations and of the Executing Agency. Each Party shall give full and sympathetic consideration to any proposal advanced by the other Party under this paragraph.

3. This Agreement may be terminated by either Party by written notice to the other and shall terminate sixty days after receipt of such notice.

4. The provisions of Articles IV through VII inclusive and of Articles IX through XI inclusive, of this Agreement shall survive its expiration or termination to the extent necessary to permit an

orderly settlement of accounts between the Parties and, if appropriate, with the Government.

IN WITNESS WHEREOF the undersigned, duly appointed representatives of the Special Fund and of the Executing Agency, respectively, have on behalf of the Parties signed the present Agreement on the dates and at the places indicated below their respective signatures.

For the Special Fund: For the Executing Agency:

(signed) Paul G. HOFFMAN (signed) M. G. CANDAU

Managing Director Director-General
Special Fund World Health Organization

New York, 25 May 1960 Geneva, 24 May 1960

Annex 8

SUMMARY OF BUDGET ESTIMATES FOR THE FINANCIAL YEAR 1 JANUARY - 31 DECEMBER 1961

As approved by the Thirteenth World Health Assembly ¹

	1961 Estimated expenditure US \$		1961 Estimated expenditure US \$
PART I — ORGANIZATIONAL MEETINGS		Chapter 30	<i>Space and Equipment Services</i>
SECTION 1: WORLD HEALTH ASSEMBLY		31	Rental and maintenance of pre- mises 5 600
Chapter 00 <i>Personal Services</i>		32	Rental and maintenance of equip- ment 1 800
01 Salaries and wages (temporary staff)	45 920	Total — Chapter 30	7 400
02 Short-term consultants' fees . .	900		
Total — Chapter 00	46 820	Chapter 40	<i>Other Services</i>
Chapter 20 <i>Travel and Transportation</i>		43	Other contractual services . . . 15 400
21 Duty travel	12 500	44	Freight and other transportation costs 2 100
22 Travel of short-term consultants	1 050	Total — Chapter 40	17 500
25 Travel of delegates	86 300		
26 Travel and subsistence of tempo- rary staff	15 500	Chapter 50	<i>Supplies and Materials</i>
Total — Chapter 20	115 350	51	Printing 77 220
		52	Visual material 1 500
		53	Supplies 2 400
		Total — Chapter 50	81 120

¹ See resolution WHA13.38.

	1961 Estimated expenditure US \$		1961 Estimated expenditure US \$
Chapter 60 <i>Fixed Charges and Claims</i>		SECTION 3: REGIONAL COMMITTEES	
62 Insurance	60	Chapter 00 <i>Personal Services</i>	
Total — Chapter 60	60	01 Salaries and wages (temporary staff)	21 300
Chapter 80 <i>Acquisition of Capital Assets</i>		Total — Chapter 00	21 300
82 Equipment	1 500	Chapter 20 <i>Travel and Transportation</i>	
Total — Chapter 80	1 500	21 Duty travel	21 250
Provision for additional costs of holding the Fourteenth World Health Assembly in New Delhi, not covered by contribution of Government of India	24 620	26 Travel and subsistence of temporary staff	20 330
TOTAL — SECTION 1	294 370	Total — Chapter 20	41 580
SECTION 2: EXECUTIVE BOARD AND ITS COMMITTEES		Chapter 30 <i>Space and Equipment Services</i>	
Chapter 00 <i>Personal Services</i>		32 Rental and maintenance of equipment	900
01 Salaries and wages (temporary staff)	39 150	Total — Chapter 30	900
Total — Chapter 00	39 150	Chapter 40 <i>Other Services</i>	
Chapter 20 <i>Travel and Transportation</i>		43 Other contractual services . . .	3 410
21 Duty travel	13 300	Total — Chapter 40	3 410
25 Travel and subsistence of members	43 600	Chapter 50 <i>Supplies and Materials</i>	
26 Travel and subsistence of temporary staff	12 300	53 Supplies	5 910
Total — Chapter 20	69 200	Total — Chapter 50	5 910
Chapter 30 <i>Space and Equipment Services</i>		TOTAL — SECTION 3	73 100
31 Rental and maintenance of premises	2 180	TOTAL — PART I	513 090
32 Rental and maintenance of equipment	570		
Total — Chapter 30	2 750	PART II — OPERATING PROGRAMME	
Chapter 40 <i>Other Services</i>		SECTION 4: PROGRAMME ACTIVITIES	
43 Other contractual services . . .	15 400	Chapter 00 <i>Personal Services</i>	
44 Freight and other transportation costs	800	01 Salaries and wages	5 546 724
Total — Chapter 40	16 200	02 Short-term consultants' fees . .	353 450
Chapter 50 <i>Supplies and Materials</i>		Total — Chapter 00	5 900 174
51 Printing.	17 000	Chapter 20 <i>Travel and Transportation</i>	
53 Supplies	800	21 Duty travel	613 898
Total — Chapter 50	17 800	22 Travel of short-term consultants	434 725
Chapter 60 <i>Fixed Charges and Claims</i>		25 Travel of temporary advisers . .	82 394
62 Insurance	520	26 Travel of temporary staff. . . .	37 953
Total — Chapter 60	520	Total — Chapter 20	1 168 970
TOTAL — SECTION 2	145 620	Chapter 30 <i>Space and Equipment Services</i>	
		31 Rental and maintenance of premises	139 524
		32 Rental and maintenance of equipment	16 451
		Total — Chapter 30	155 975

	1961 Estimated expenditure US \$		1961 Estimated expenditure US \$
Chapter 40 <i>Other Services</i>		Chapter 30 <i>Space and Equipment Services</i>	
41 Communications	127 046	31 Rental and maintenance of pre- mises	61 520
42 Hospitality	10 580	32 Rental and maintenance of equip- ment	9 359
43 Other contractual services . . .	120 005	Total — Chapter 30	70 879
44 Freight and other transportation costs	65 307		
Total — Chapter 40	322 938	Chapter 40 <i>Other Services</i>	
Chapter 50 <i>Supplies and Materials</i>		41 Communications	74 173
51 Printing.	193 824	42 Hospitality	9 000
53 Supplies	181 216	43 Other contractual services . . .	31 320
Total — Chapter 50	375 040	44 Freight and other transportation costs	15 673
		Total — Chapter 40	130 166
Chapter 60 <i>Fixed Charges and Claims</i>		Chapter 50 <i>Supplies and Materials</i>	
62 Insurance	11 388	51 Printing.	11 860
63 Indemnities, awards and special claims	30 000	52 Visual material	84 408
Total — Chapter 60	41 388	53 Supplies	44 184
		Total — Chapter 50	140 452
Chapter 70 <i>Grants and Contractual Technical Services</i>		Chapter 60 <i>Fixed Charges and Claims</i>	
71 Fellowships	1 236 380	62 Insurance	7 413
72 Contractual technical services . .	854 463	Total — Chapter 60	7 413
73 Participants in seminars and other educational meetings	288 426	Chapter 80 <i>Acquisition of Capital Assets</i>	
Total — Chapter 70	2 379 269	81 Library books	3 329
		82 Equipment	37 502
Chapter 80 <i>Acquisition of Capital Assets</i>		Total — Chapter 80	40 831
81 Library books	26 481	TOTAL — SECTION 5	1 865 148
82 Equipment	149 676		
Total — Chapter 80	176 157		
Contingency provision, European Region	42 000	SECTION 6: EXPERT COMMITTEES	
Provision for additional advisory services to new Members and Associate Members	160 000	Chapter 00 <i>Personal Services</i>	
TOTAL — SECTION 4	10 721 911	01 Salaries and wages (temporary staff)	34 760
		Total — Chapter 00	34 760
SECTION 5: REGIONAL OFFICES		Chapter 20 <i>Travel and Transportation</i>	
Chapter 00 <i>Personal Services</i>		25 Travel and subsistence of members	129 600
01 Salaries and wages	1 389 462	Total — Chapter 20	129 600
Total — Chapter 00	1 389 462	Chapter 40 <i>Other Services</i>	
Chapter 20 <i>Travel and Transportation</i>		43 Other contractual services . . .	19 800
21 Duty travel	85 945	Total — Chapter 40	19 800
Total — Chapter 20	85 945	Chapter 50 <i>Supplies and Materials</i>	
		51 Printing.	32 500
		Total — Chapter 50	32 500

	1961 Estimated expenditure US \$		1961 Estimated expenditure US \$
Chapter 60 <i>Fixed Charges and Claims</i>		Chapter 30 <i>Space and Equipment Services</i>	
62 Insurance	2 640	31 Rental and maintenance of pre- mises	53 280
Total — Chapter 60	2 640	32 Rental and maintenance of equip- ment	7 067
TOTAL — SECTION 6	219 300	Total — Chapter 30	60 347
SECTION 7: OTHER STATUTORY STAFF COSTS		Chapter 40 <i>Other Services</i>	
Chapter 10 <i>Personal Allowances</i>		41 Communications	39 946
11 Repatriation grant	41 200	42 Hospitality	4 420
12 Pension fund	652 999	43 Other contractual services . . .	36 380
13 Staff insurance	154 181	44 Freight and other transportation costs	13 670
15 Other allowances	1 754 463	Total — Chapter 40	94 416
Total — Chapter 10	2 602 843	Chapter 50 <i>Supplies and Materials</i>	
Chapter 20 <i>Travel and Transportation</i>		51 Printing.	658
23 Travel on initial recruitment and repatriation	255 687	52 Visual material	83 900
24 Travel on home leave	466 659	53 Supplies	15 498
27 Transportation of personal effects	41 346	Total — Chapter 50	100 056
Total — Chapter 20	763 692	Chapter 60 <i>Fixed Charges and Claims</i>	
Chapter 60 <i>Fixed Charges and Claims</i>		62 Insurance	3 067
61 Reimbursement of income tax .	59 867	Total — Chapter 60	3 067
Total — Chapter 60	59 867	Chapter 80 <i>Acquisition of Capital Assets</i>	
Provision for additional advisory services to new Members and Associate Members	40 000	82 Equipment	12 674
TOTAL — SECTION 7	3 466 402	Total — Chapter 80	12 674
TOTAL — PART II	16 272 761	TOTAL — SECTION 8	1 310 437
PART III — ADMINISTRATIVE SERVICES		SECTION 9: OTHER STATUTORY STAFF COSTS	
SECTION 8: ADMINISTRATIVE SERVICES		Chapter 10 <i>Personal Allowances</i>	
Chapter 00 <i>Personal Services</i>		11 Repatriation grant	9 700
01 Salaries and wages	953 877	12 Pension fund	119 158
02 Short-term consultants' fees . .	1 200	13 Staff insurance	21 465
Total — Chapter 00	955 077	14 Representation allowance	6 500
Chapter 20 <i>Travel and Transportation</i>		15 Other allowances	140 696
21 Duty travel	83 400	Total — Chapter 10	297 519
22 Travel of short-term consultants	1 400	Chapter 20 <i>Travel and Transportation</i>	
Total — Chapter 20	84 800	23 Travel on initial recruitment and repatriation	14 911
		24 Travel on home leave	49 805
		27 Transportation of personal effects	3 764
		Total — Chapter 20	68 480

	1961 Estimated expenditure US \$		1961 Estimated expenditure US \$
Chapter 60 <i>Fixed Charges and Claims</i>		TOTAL — ALL PARTS	20 309 254
61 Reimbursement of income tax .	13 067		
		<i>Less:</i>	
Total — Chapter 60	13 067	Reimbursement from the Special Account of the Expanded Programme of Technical Assistance	683 000
TOTAL — SECTION 9	379 066		
TOTAL — PART III	1 689 503	<i>Less: Casual Income</i>	
		Assessments on new Members from previous years	56 110
PART IV — OTHER PURPOSES		Miscellaneous income	559 538
SECTION 10: Headquarters Building Fund . .	500 000	Available by transfer from the cash portion of the Assembly Suspense Account . . .	90 086
TOTAL — PART IV	500 000		
SUB-TOTAL — PARTS I, II, III and IV	18 975 354	TOTAL — CASUAL INCOME	705 734
PART V — RESERVE		TOTAL — DEDUCTIONS	1 388 734
SECTION 11: Undistributed Reserve	1 333 900		
TOTAL — PART V	1 333 900	TOTAL — ASSESSMENTS ON MEMBERS	18 920 520

Annex 9

AGREEMENT RENEWING THE AGREEMENT ON THE TERMS OF EMPLOYMENT OF THE DIRECTOR-GENERAL ¹

THIS AGREEMENT is made this Sixteenth day of December One Thousand Nine Hundred and Fifty-nine between the World Health Organization (hereinafter called "the Organization") of the one part and Dr Marcolino G. CANDAU (hereinafter called "the Director-General") of the other part

WHEREAS

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

2. The Director-General was appointed by the Sixth World Health Assembly for a period of five years as from the Twenty-first day of July One Thousand Nine Hundred and Fifty-three, paragraph I (1) of the Agreement between the Organization and the Director-General providing that "this Agreement may be renewed by decision of the World Health Assembly on such terms as the Health Assembly may decide"; and

3. The Tenth World Health Assembly, in its resolution WHA10.31, believing it desirable that the

Director-General continue to serve for a period beyond the expiration date of the five-year period provided in the said Agreement of the Fourteenth day of May One Thousand Nine Hundred and Fifty-three, decided that the Agreement on the terms of employment of the Director-General should be renewed for a period not to exceed five years from the Twenty-first day of July One Thousand Nine Hundred and Fifty-eight; and

4. The President of the Tenth World Health Assembly and the Director-General executed on the Twenty-second day of November One Thousand Nine Hundred and Fifty-seven an Agreement renewing the Director-General's contract for a period of two years from the Twenty-first day of July One Thousand Nine Hundred and Fifty-eight until the Twentieth day of July One Thousand Nine Hundred and Sixty; and

5. The Twelfth World Health Assembly, in its resolution WHA12.47, believing it desirable that the Director-General continue to serve to the completion of the period foreseen in resolution WHA10.31, decided that the Agreement on the terms of employment of the Director-General should be renewed for a period of three years from the Twenty-first day of July One Thousand Nine Hundred and Sixty; and

¹ See resolution WHA13.39.

6. The Health Assembly, recognizing that the Director-General would wish to give consideration to this decision before deciding whether he was willing to accept, further requested him to communicate his decision to the President of the Twelfth World Health Assembly on or before the First day of November One Thousand Nine Hundred and Fifty-nine, and authorized the President of the Twelfth World Health Assembly to sign the renewal of the Agreement on the terms of employment of the Director-General on behalf of the Organization; and

7. The Director-General, pursuant to the terms of the said resolution WHA12.47, on the Twenty-seventh day of October One Thousand Nine Hundred and Fifty-nine communicated to the President of the Twelfth World Health Assembly his decision to accept the renewal of his contract for a period of three years.

NOW THIS AGREEMENT WITNESSETH and it is hereby agreed as follows:

1. The Agreement of the Fourteenth day of May One Thousand Nine Hundred and Fifty-three

between the Organization and the Director-General, as renewed by the Agreement of the Twenty-second day of November One Thousand Nine Hundred and Fifty-seven, is hereby renewed for a further period of three years from the date of its expiry and in consequence the Director-General shall continue to serve from the Twenty-first day of July One Thousand Nine Hundred and Sixty until the Twentieth day of July One Thousand Nine Hundred and Sixty-three, on which date his appointment and this Agreement shall terminate.

2. Subject to the provisions of paragraph 1 above, the terms and conditions of appointment under this renewal shall be those set forth in the Articles of the Agreement of the Fourteenth day of May One Thousand Nine Hundred and Fifty-three.

WHEREUNTO we have set our hands the day and year first above written.

(signed) John A. CHARLES	(signed) M. G. CANDAU
President of the Health Assembly of the World Health Organization	Director-General

Annex 10

DECISIONS OF THE UNITED NATIONS, SPECIALIZED AGENCIES, AND THE INTERNATIONAL ATOMIC ENERGY AGENCY AFFECTING WHO'S ACTIVITIES ON ADMINISTRATIVE AND FINANCIAL QUESTIONS¹

[A13/AFL/34 — 13 May 1960]

REPORT BY THE DIRECTOR-GENERAL

1. Study of International Salary Scales

1.1 As reported to the Twelfth World Health Assembly,² the Administrative Committee on Co-ordination (ACC), at its twenty-eighth session in May 1959, decided to undertake a study of the adequacy of the international salary scales for the recruitment of staff of the calibre required by the organizations. It was envisaged by ACC that this examination should begin with an inter-agency secretariat study which would review the principles on which salary scales for the international service are based, the history of those scales, their relationship to developments in salary standards outside the organizations, and the experience of the organizations in applying the current scales. This inter-agency

secretariat study is currently under way and it is hoped that its results will be ready for appropriate further consideration during the latter part of 1960.

2. Joint Staff Pension Fund

2.1 The report to the Twelfth World Health Assembly also announced the establishment of an expert group to make a comprehensive review of the Joint Staff Pension Fund.³ As reported to the Executive Board at its twenty-fifth session,⁴ this expert group began its work in November 1959. The group anticipates the submission of its report for consideration by the executive heads of the member organizations of the Fund, and by the Joint Staff Pension Board, during the month of July 1960.

¹ See resolution WHA13.44.

² *Off. Rec. Wld Hlth Org.* 95, 529-30

³ *Off. Rec. Wld Hlth Org.* 95, 530

⁴ *Off. Rec. Wld Hlth Org.* 99, 57

3. Post Adjustments

3.1 The Expert Committee on Post Adjustments, to which reference was also made in the report on this subject to the Twelfth World Health Assembly,¹ has during the past year been conducting new cost-of-living surveys in New York and Geneva for the purpose of establishing definitively the relationship of the cost level in New York to that in Geneva. At the same time the Committee has had under consideration the appropriateness of the local cost-of-living indices in the two places as a basis for measuring the time-to-time movements in cost of living in each place. The Committee, currently meeting in New York, has just examined the report of a sub-committee which it established to carry out this work during the past year.

3.2 The Committee has made a conclusive finding with respect to the New York/Geneva cost relationship, calculated not only in relation to the current date but also projected backwards to 1 January 1956, thus permitting future movements in the cost of living in New York to be calculated on an index based on 100 at 1 January 1956.

3.3 The Committee has also concluded that the present index which is being applied in Geneva, and which is in fact the Swiss index based upon the expenditure pattern of a local Swiss family, is not appropriate for the measurement of changes of cost of living for international staff. It is the Committee's conclusion that the index presently being applied considerably understates the movement in the cost of living for such officials. For this reason it recommends the construction of a new index appropriate to the purpose which it is to serve, and that this also be based on 100 at 1 January 1956.

3.4 There is general agreement among the organizations to accept these recommendations of the Expert Committee. Thus, it is anticipated that in this manner ACC will have disposed of the problem which was referred to it by the Director-General of WHO at the request of the Eleventh World Health Assembly (resolution WHA11.19) regarding the date from which future post adjustments in Geneva are to be calculated, as well as the queries raised in the General Assembly of the United Nations² with regard to the date from which future post adjustments for United Nations headquarters were to be calculated, both dates to be 1 January 1956, as originally proposed by the Salary Review Committee.

3.5 In this connexion it is to be noted that the Committee further concluded that an appropriate index for Geneva, based on 1 January 1956, would have already warranted the movement of Geneva from Class 2 (105) to Class 3 (110). Coincidentally, the existing index, calculated on the base of 1 January 1957, as provided in resolution WHA10.48, has reached 110 (Class 3) based on an average movement over a nine-month period. Accordingly, in view of this concurrence of evidence, the executive heads of the organizations having offices in Geneva are agreed that movement to Class 3 is appropriate. The Director-General of ILO is presenting the matter to his Governing Body in May 1960; it is understood that the Secretary-General of the United Nations will be dealing with this at the earliest opportunity with the General Assembly of the United Nations; and the other United Nations organizations are taking appropriate measures to the same effect. The Director-General, in accordance with the provisions of the Staff Regulations and Staff Rules, has taken the necessary steps for implementation within WHO.

Annex 11

MALARIA ERADICATION SPECIAL ACCOUNT³

REPORT BY THE DIRECTOR-GENERAL

[A13/AFL/24 — 9 May 1960]

1. Introduction

1.1 Following its consideration of the report on the Malaria Eradication Special Account,⁴ the

Twelfth World Health Assembly adopted resolution WHA12.15, under which the Director-General is requested "to submit a report to the Thirteenth World Health Assembly on developments in regard to the Malaria Eradication Special Account".

2. Status of the Malaria Eradication Special Account

2.1 As of 30 April 1960 the total contributions received or pledged since the establishment of the Special Account amount to US \$12 124 702.

¹ *Off. Rec. Wld Hlth Org.* 95, 530

² Referred to in the report of the Fifth Committee of the United Nations General Assembly on the budget estimates for the financial year 1959, UN document A/4070, section IV

³ See resolution WHA13.45.

⁴ *Off. Rec. Wld Hlth Org.* 95, Annex 4

2.2 The balance which remains after deduction of the expenditure for 1957, 1958 and 1959 falls short by US \$797 760 of the amount required to finance the eradication operations planned from the Malaria Eradication Special Account in the current year and

by US \$7 228 098 of the total amount required to finance these operations in 1960 and 1961.¹

2.3 Contributions received or pledged up to 30 April 1960 are as follows (US \$ equivalent):

Countries ²	Received during					Total received up to 30 April 1960	Pledged but not yet received
	1956	1957	1958	1959	1960		
Afghanistan							2 000
Australia					33 500	33 500	
Austria				1 936		1 936	
Brunei	9 901					9 901	
Bulgaria				4 412		4 412	2 206
Burma				2 093		2 093	
Cambodia				1 000		1 000	
Ceylon				2 012		2 012	
China (in kind)	4 134					4 134	
Denmark				10 135		10 135	144 780
Ethiopia							3 000
Germany, Federal Republic of . .	47 619		47 619			95 238	
Ghana				2 805		2 805	
Greece		1 000	1 000			2 000	
Holy See				1 000		1 000	
India				31 499		31 499	
Indonesia					10 000	10 000	
Iran					15 000	15 000	
Iraq	4 200		8 401			12 601	4 200
Ireland				5 000		5 000	
Israel				5 000		5 000	
Italy		3 200	9 600			12 800	7 200
Jordan							5 000
Lebanon	2 242	1 577		1 581	2 262	7 662	
Libya		1 500				1 500	
Morocco				2 000		2 000	
New Zealand				28 000		28 000	
Pakistan							10 000
Poland (in kind)				83 333		83 333	
Portugal			10 000			10 000	
Rhodesia and Nyasaland, Federation of							2 800
Romania				20 000		20 000	
Saudi Arabia			4 500			4 500	
Sudan		3 012		2 869		5 881	
Sweden				19 331		19 331	
Switzerland				23 256		23 256	
Thailand				1 507		1 507	2 000
Tunisia			2 000	2 000		4 000	
Turkey		35 714		7 111		42 825	
Union of Soviet Socialist Republics (in kind)			82 500		250 000	332 500	
United Arab Republic					22 523	22 523	
United States of America		5 000 000		6 000 000		11 000 000	
Viet-Nam, Republic of			2 000			2 000	
Yugoslavia				3 000	25 000	28 000	2 000
Totals — Countries	68 096	5 046 003	167 620	6 260 880	358 285	11 900 884	185 186
Miscellaneous gifts		906	1 886	23 886	11 954	38 632	
TOTALS	68 096	5 046 909	169 506	6 284 766	370 239	11 939 516	185 186

¹ Off. Rec. Wld Hlth Org. 97, Annex 3

² In para. 3.1 reference is made to the contributions promised but still subject to parliamentary approval.

	US \$
TOTAL — including pledges	12 124 702
<i>Less:</i>	
(1) Total obligated expenditure, 1956-1959	6 804 850
(2) Revised budget estimates, 1960	6 117 612
	<hr/>
	SHORTFALL, 1960 797 760
<i>Add:</i> Budget estimates, 1961	6 430 338
	<hr/>
	SHORTFALL, 1960 and 1961 7 228 098
	<hr/>

2.4 Since the establishment of the above statement the Federal Republic of Germany has pledged DM 750 000, equivalent to US \$178 571, and Japan has pledged US \$10 000; and the contributions pledged by Denmark and the Federation of Rhodesia and Nyasaland have been received. A contribution in kind, the value of which is estimated at US \$29 376, has been offered by a pharmaceutical firm.

3. The Development of the Malaria Eradication Special Account

3.1 A review of the development of the Malaria Eradication Special Account and of the response to the reiterated appeals made by the World Health Assembly and the Executive Board shows that:

(a) approximately 90 per cent. of the contributions so far received or pledged have come from the United States of America;

(b) recently Denmark, Finland and Norway have taken the important initiative of contributing substantially to the Special Account and encouraging other countries to support it. As shown above, Denmark has made a contribution of Danish kr. 1 000 000, equivalent to US \$144 780, expecting that other Member States would contribute proportionately. The Governments of Norway and Finland have decided to submit to their Parliaments proposals for initial contributions of US \$100 000 and Finnish mk 23.5 million (equivalent to US \$73 200), respectively, provided assurance was given that other Member States would make adequate contributions to ensure the carrying-out of the programme;

(c) some favourable developments have been taking place in respect of a number of other countries. The Union of Soviet Socialist Republics has offered a new and substantially larger contribution, the Government of the Federal Republic of Germany is expecting parliamentary approval for an additional contribution of DM 750 000, equivalent to US \$178 571, for the year 1961, and the Prime Minister of Canada has stated that the Canadian

Government intends to seek parliamentary approval for a contribution of US \$100 000. The Director-General has also obtained some encouraging promises from a few other governments regarding their support to the Malaria Eradication Special Account; (d) out of the other countries which have made contributions so far, few are among the more economically advanced countries; the large majority are economically under-developed countries, some of them with the lowest per capita income in the world, and most of them already spending considerable sums for the carrying-out of their own malaria eradication projects;

(e) with some exceptions the level of individual country contributions received remained very low. Modest though they may be, the contributions made by the economically less privileged countries have a particular meaning and value, but what is required to ensure the financing of WHO's malaria programme is substantial and regular contributions from the economically more advanced countries;

(f) no tangible results can be expected from industry, labour or the general public through the isolated effort of WHO; only organized national fund-raising campaigns can meet with a good response and become a useful means of support for the Malaria Eradication Special Account. The success of the fund-raising campaign organized by the Royal Medical Board in Sweden in co-operation with the Swedish Radio, the donation of Danish kr. 50 000, equivalent to US \$7240, from a private Danish donor made in response to the appeal addressed on the occasion of the World Health Day, and above all the ever-growing understanding of and support for the world malaria eradication programme, confirm that the general public, industry and non-governmental organizations are indeed a potential source. To tap this source it is necessary that Member governments take the initiative and encourage the organization of national fund-raising campaigns. From information the Director-General has received it is apparent that, if donations to the

Malaria Eradication Special Account were deductible for income tax purposes, it would be of great importance in some instances. To encourage and organize national fund-raising campaigns for malaria eradication, the Director-General is prepared to extend any assistance possible.

4. Fund-raising Efforts

4.1 The Executive Board reviewed the situation of the Malaria Eradication Special Account at its twenty-fifth session and studied possible measures to be taken in order to ensure the financing of the malaria eradication operations for which WHO is responsible. The Board, in resolution EB25.R19, *inter alia*, considered "that continuing efforts should be made to finance the malaria eradication programme on a voluntary basis"; and expressed "the hope that the economically more advanced countries will, in the light of the detailed programme plans and related costs and considering the results achieved to date, make substantial contributions in order to provide the resources to enable the World Health Organization to give the assistance required by the less well developed countries, which are already investing considerable sums for malaria eradication within their own countries".

4.2 In respect of possible contributions from non-governmental sources, the Board called "the attention of Member States to the need for support from individual governments in the effort to obtain contributions from industry or the general public".

4.3 The Executive Board also decided "to keep the matter under review and to reappraise the financial situation at its meeting prior to the Fourteenth World Health Assembly, to which it will report".

4.4 Since the Twelfth World Health Assembly the Director-General has intensified efforts to obtain the necessary funds, particularly with a view to (a) approaching heads of governments, foreign offices and ministries of health, interior and finance of a larger number of individual countries; (b) stimulating the interest of the general public and enlisting the support of non-governmental organizations, information enterprises and individuals; and (c) obtaining contributions from foundations, industry and labour organizations.

4.5 The Director-General, his special representatives, and senior members of his staff discussed the development and financial needs of the malaria eradication programme with high authorities in the following countries: Austria, Belgium, Canada, Denmark, Finland, France, Netherlands, Norway,

Pakistan, Sweden, Union of Soviet Socialist Republics, United States of America, and Yugoslavia. In some of these countries they also had the opportunity to meet with the heads of government or their deputies.

4.6 The Director-General concurrently wrote individual letters to the ministers concerned in a number of countries, informing them of important developments in the eradication programme and its financing, and appealing for contributions.

4.7 Action to obtain support from private sources has developed along the lines described in the report to the Twelfth World Health Assembly,¹ namely through distribution of information material, articles in the press, programmes over the radio and television, approaches to non-governmental organizations, etc. Within the framework of this action, for instance, the Royal Medical Board in Sweden, in co-operation with Radiohjälpen, the Swedish Radio, organized a national campaign which raised Sw.kr. 100 000 (US \$19 331); the German Association for the United Nations has undertaken a large distribution of the brochure *Malaria Eradication: A Plea for Health*, accompanied by an appeal to individuals to help the world malaria eradication programme; the General Council of the United Nations Association of Great Britain and Northern Ireland at its annual general meeting in July 1959 adopted a resolution supporting WHO's malaria eradication campaign and expressing its concern over the lack of adequate financial contributions to the Malaria Eradication Special Account; a resolution endorsing the global malaria eradication programme was also unanimously approved by the Council of the World Medical Association at its thirteenth meeting in September 1959.

4.8 An event of special significance for spreading information on WHO's urgent need for funds was the celebration of World Health Day, which in 1960 was devoted to the malaria eradication campaign. A set of factual articles on the World Health Day theme "Malaria Eradication—a World Challenge" was produced and distributed to governments, health authorities and local groups organizing World Health Day observance. In addition three press releases and one special feature were issued from headquarters and a special malaria issue of *World Health* was produced. The UNESCO *Courier* followed suit with its April issue, while the *Technical Assistance Newsletter* also devoted an issue to malaria eradication. A ten minute film, *Stop Malaria Now*, was distributed on request to television stations in

¹ *Off. Rec. Wld Hlth Org.* 95, Annex 4

twenty countries, and to regional offices and United Nations Information Centres. A malaria picture sheet was produced and distributed. Seventy-one radio broadcasting stations took a total of 380 copies of the thirty-one different recordings prepared for World Health Day programmes. As a result of stimulation by WHO, influential newspapers in several countries printed leading articles and/or features on the World Health Day theme, while two important news agencies and the Canadian Broadcasting Company sent special representatives to collect first-hand material on eradication programmes in certain countries of the Americas.

4.9 Fifteen selected foundations and trusts have been invited to examine the possibility of extending their support to eradication operations. So far only two have considered it possible to help. The Nuffield Foundation in the United Kingdom is prepared to assist in East Africa a research project of interest to the eradication campaign, and the Carlsberg Foundation in Denmark, while not in a position to contribute directly, is willing to consider an application for a grant for research work in Denmark connected with the malaria eradication programme, provided such work would come under its statute.

4.10 In the period under review a number of industrial and business associations and groups, as well as individual companies having enterprises and investments in malarious areas or possible direct interests in antimalaria operations, were approached by correspondence and their support solicited. Furthermore, letters of appeal were sent to twenty-six selected petroleum companies, the Permanent Council of the World Petroleum Congress and the South American Petroleum Institute, to rubber growers' associations in Belgium, Cambodia, France, Malaya, the Netherlands, the Republic of Viet-Nam and the United Kingdom of Great Britain and Northern Ireland, and to the International Tea Committee. Those associations, companies and individual firms which sent replies in general endorsed the world malaria eradication programme, but only a few sent token contributions—a total of \$2800 has so far been received from industry. Some antimalaria drugs, the value of which has been estimated at \$29 376, have been offered; at present, a quantity approximating one fourth of the value offered will be used in a field trial planned to be carried out in Tanganyika.

4.11 As to the three main trade union organizations having consultative status with the Economic and Social Council, which were approached in 1959,

no reply has been received from the International Federation of Christian Trade Unions and the World Federation of Trade Unions. The International Confederation of Free Trade Unions welcomed wholeheartedly the plan to make a concerted effort to eradicate malaria but was not in a position to offer any assistance.

5. The Future of the Malaria Eradication Special Account

5.1 The Malaria Eradication Special Account was established to support a radical departure in WHO's approach to a world-wide disease problem which, because of the development of resistance to insecticides in malaria vectors, was of extreme urgency. It is intended to enable WHO to meet what is, in effect, an emergency health situation requiring financing for a limited period. Once sufficient progress toward the goal of eradication has been achieved, the Account will no longer be necessary. This and the fact that WHO's expenditure through the Special Account represents but a fraction of total investments in malaria eradication projects led to the belief that securing the required funds would raise no specific difficulties.

5.2 However, intensive efforts have had to be made to obtain contributions, and the Director-General and senior members of his staff have been compelled to devote more and more time to this task. In spite of this, and of the reiterated appeals made by the World Health Assembly and the Executive Board, the financing of WHO's malaria eradication programme through the Malaria Eradication Special Account on a voluntary basis has not yet been absolutely ensured.

5.3 Taking into consideration the promises which he has obtained from a number of governments as to their intended contributions for the current year, the Director-General expects that, with some readjustments, it will be possible to carry out the eradication operations planned to be financed from the Malaria Eradication Special Account in 1960.

5.4 In respect of 1961 and future years, the Director-General wishes to make it clear that, should the economically more developed countries fail to make sufficient contributions in the not too distant future, it will be necessary for the Executive Board and the Fourteenth World Health Assembly to take appropriate measures to ensure the financing of the programme.

Appendix

CONTRIBUTIONS TO THE SPECIAL MALARIA FUND OF THE PAN AMERICAN HEALTH ORGANIZATION

[A13/AFL/24 Add. 1 — 13 May 1960]

REPORT BY THE DIRECTOR-GENERAL

To complete the information on the voluntary contributions made to finance the world malaria eradication programme, a table showing contributions received by and/or pledged to the Pan American Health Organization's Special Malaria Fund is given below.

Contributions received or pledged up to 30 April 1960 are as follows (US \$ equivalent):

Countries	Received during				Total received up to 30 April 1960	Pledged but not yet received
	1957	1958	1959	1960		
Dominican Republic	100 000	100 000			200 000	300 000
Haiti		5 000			5 000	
United States of America	3 500 000		5 000 000		8 500 000	
Venezuela	299 400				299 400	
Totals (cash)	3 899 400	105 000	5 000 000		9 004 400	300 000
GRAND TOTAL (cash and pledged)					9 304 400	

Annex 12

HEADQUARTERS ACCOMMODATION ¹

REPORT BY THE DIRECTOR-GENERAL

[A13/AFL/5 — 3 March 1960]

1. In resolution WHA12.12 the Twelfth World Health Assembly decided that there was a need for a headquarters building for WHO and that plans and specifications, together with more precise cost estimates within a maximum limit of Sw.fr. 40 000 000 (US \$9 302 326) should be laid before the Thirteenth World Health Assembly. It further decided that the choice of a building plan and an architect should be made through international competition, the rules for which, including the value of the prizes to be offered, were to be established by the Executive Board. At the same time it delegated to the Board powers to act on behalf of the Assembly as regards approval of the building site, of the contract arrangements with the Swiss authorities, both Federal and Cantonal, and of the contract with the architect.

It requested a full report to the Thirteenth World Health Assembly on the status of the building plans and on the financing of the expenditure.

Action by Executive Board, Twenty-fourth Session

2. The Executive Board considered the matter at its twenty-fourth session, held in June 1959, and adopted resolution EB24.R30 dealing with those matters delegated to it by the Assembly. The Board approved the rules and programme for the architectural competition and agreed that, for practical reasons, the architectural competition should be limited to a maximum of fifteen architects of repute,

¹ See resolutions WHA13.46 and WHA13.42.

to be proposed by a committee of architectural experts chosen from various countries. It accepted the list of architects proposed by the Director-General to be invited to serve on the expert committee, as well as the following list of persons to be invited to serve on the jury of the competition:

1. Mr Sven Gottfrid Markelius, architect, Stockholm, Sweden
(*alternate*: Mr Hakon Ahlberg, Stockholm, Sweden)
2. Mr Gio Ponti, architect, Milan, Italy
(*alternate*: Mr Eugène Beaudoin, Paris, France)
3. Sir Howard Robertson, architect, London, United Kingdom
(*alternate*: Mr Albert Cingria, Geneva, Switzerland)
4. The Secretary-General of the International Union of Architects, Paris, France
5. The Chairman of the Executive Board
6. The Conseiller d'Etat, Chief of the Public Works Department of the Canton of Geneva, Switzerland
7. The Director-General of WHO, *Chairman*.

The Board also approved the proposed building site.

Architectural Competition

3. The committee of architectural experts met on 15 June 1959 and proposed the following list of fifteen architects to be invited to submit designs:

- Messrs G. A. Bernasconi, A. Fiocchi & M. Nizzoli, Milan, Italy
 Messrs J. H. van den Broek & J. B. Bakema, Rotterdam, Netherlands
 Mr J. Dubuisson, Paris, France
 Mr Georgi Gradov, Moscow, Union of Soviet Socialist Republics
 Messrs Haefeli, Moser & Steiger, Zurich, Switzerland
 Messrs Hentrich & Petschnigg, Düsseldorf, Federal Republic of Germany
 Mr Arne Jacobsen, Klampenborg, Denmark
 Mr Raymond Lopez, Paris, France
 Mr A. E. Reidy, Rio de Janeiro, Brazil
 Messrs Viljo Revell & Company, Helsinki, Finland
 Mr Eero Saarinen, Bloomfield Hills, Mich., United States of America
 Mr Hugh Stubbins, Cambridge, Mass., United States of America
 Mr Kenzo Tange, Tokyo, Japan
 Mr Jean Tschumi, Lausanne, Switzerland

Messrs Yorke, Rosenberg & Mardall, London, United Kingdom of Great Britain and Northern Ireland.

Invitations were issued on 1 July 1959 to these architects, and all accepted. The definitive designation of the land offered as a building site was received from the Cantonal authorities on 13 November 1959 and the competition was opened on 14 November. On that date, the Director-General sent to the competitors all necessary documentation, informing them at the same time that, in accordance with the rules, the competition would close on 14 April 1960. By that date, each competitor must have presented plans, elevations, cross-sections and perspectives of his project, together with a calculation of the cubic content, a description of the main features of the design, and the nature of the materials envisaged. These submissions, together with preliminary cost estimates calculated from them, will provide a basis for the jury's consideration of the projects. The jury has been convened to meet in Geneva on 25 April 1960, and the Director-General expects to be able to report to the Thirteenth World Health Assembly the outcome of the jury's deliberations, thus complying, in so far as it is possible to do so by the date of convening of the Assembly, with the requirements of paragraph 2 of resolution WHA12.12.

Financing

4. On 18 December 1959, the Swiss Federal Assembly approved the interest-free loan of Sw.fr. 20 000 000 which the Federal Government had earlier proposed. It will be recalled from resolution WHA12.12 of the Twelfth World Health Assembly that the Republic and Canton of Geneva has offered a further loan of Sw.fr. 10 000 000 (at 1⁵/₈ per cent. interest). Both loans would be repayable in twenty years. Draft agreements between WHO and the Federal and Cantonal authorities regarding the detailed terms of these credits, as well as the terms of WHO's occupancy of the building site, are at present in preparation and will be submitted in due course to the Executive Board for approval in accordance with the terms of resolution WHA12.12.

5. As a further source of financing, the Twelfth World Health Assembly requested the Executive Board and the Director-General to study the question of a suitable reimbursement by the United Nations to WHO for its investment in the Palais des Nations. It will be recalled that WHO paid in 1951 for an extension of the Palais des Nations at a cost of about Sw.fr. 4 440 000 of which Sw.fr. 3 000 000 was granted by the Swiss Confederation for the purpose

of providing suitable accommodation for WHO. The Executive Board, at its twenty-fourth session, requested the Director-General to bring to the attention of the Secretary-General of the United Nations resolutions WHA12.12 and EB24.R30 and to invite him to present this matter to the appropriate bodies of the United Nations for consideration. This was done by letter of 11 June 1959. As reported to the Executive Board at its twenty-fifth session, the Secretary-General presented the matter to the Advisory Committee on Administrative and Budgetary Questions by document A/C.5/810 (reproduced in Appendix 3) and that committee reported to the General Assembly in document A/4319 (reproduced in Appendix 4). The Director-General has transmitted the Board's resolution EB25.R45 to the Secretary-General for his consideration.

2. SUPPLEMENTARY REPORT BY THE DIRECTOR-GENERAL

[A13/AFL/5 Add. 1 — 2 May 1960]

1. Building Plans and Estimates

The architectural competition closed on 14 April, as foreseen, and by 19 April submissions had been received from all fifteen competing architects. These were checked, analysed, and presented to the jury which met, also as foreseen, on 25 April.

The jury completed its work on 28 April and issued its report (see Appendix 1). All fifteen of the plans which were presented in the competition are on display in the Palais des Nations until 9 May, at which time they will be moved to the Palais des Expositions for a further month of exhibition in the city.

As will be noted from the report of the jury, and as might be expected in any such competition, none of the plans presented is entirely suitable for execu-

tion exactly as presented. Certain minor modifications would need to be made to the plan awarded the first prize in order to meet precisely the requirements of the Organization. These have been discussed with the architect, who is restudying his plan with these considerations in mind and preparing a detailed estimate of the cost of executing the revised plan (see Appendix 2, part 2).

2. The Building Site

On 29 April the Council of State of the Republic and Canton of Geneva formally submitted to the Grand Council of the Republic and Canton an act expropriating those parcels of land comprising the building site which had been previously designated as the land offered to WHO for the construction of its new headquarters building.

Appendix 1

ARCHITECTURAL COMPETITION: MEETING OF THE JURY

Minutes

The jury of the international competition for the design of a new headquarters for WHO met at the Palais des Nations, Geneva, from 25 to 28 April 1960 under the chairmanship of D. M. G. Candau, Director-General of WHO. The members of the jury were as follows:

Mr Sven Gottfrid Markelius, architect, Stockholm, Sweden
Mr Gio Ponti, architect, Milan, Italy
Sir Howard Robertson, architect, London, England
Mr Pierre Vago, Secretary-General of the International Union of Architects

Professor E. J. Y. Aujaleu, Chairman of the Executive Board of WHO

Mr Jean Dutoit, Conseiller d'Etat, Head of the Public Works Department of the Canton of Geneva ¹

Dr M. G. Candau, Director-General of WHO ²

On the proposal of Sir Howard Robertson, Mr Pierre Vago was unanimously elected Rapporteur.

After ascertaining that the fifteen designs submitted by the architects or teams of architects invited to take part in the competition had been received within the prescribed time limit and in accordance with the stipulated procedure, and that the conditions laid down in the rules, particularly in regard to anonymity, had been complied with, the jury considered the results of a preliminary analysis of the fifteen designs.

¹ Mr Dutoit's place was taken at some of the meetings by Mr André Vierende, General Secretary of the Public Works Department.

² Dr Candau's place was taken at one meeting by Dr Pierre Dorolle, Deputy Director-General of WHO.

The jury then made an initial general study of the designs, examining them first as individuals, then as a group. The site was visited on the first day of the meeting. The jury's method of work and the criteria for assessing the merits of the designs were discussed and decided.

As the result of this initial study the designs bearing the following numbers were rejected by the jury as by general consent being unsuitable for taking into consideration for the final choice, despite their good qualities and the undoubted interest of certain of the solutions proposed:

Nos. 002, 003, 004, 011, 013.

Following a second examination it was decided not to give further consideration to the designs bearing the following numbers:

Nos. 005, 007, 008, 009.

The jury then entered upon a very thorough study of the remaining six designs. As a result of this study it was decided not to proceed with consideration of design No. 015 and to subject the five other designs:

Nos. 001, 006, 010, 012, 014,

to a final analytic and comparative examination.

These designs were given particularly attentive study, both by the jury as a whole, and, in respect of their more specifically architectural qualities, by its architect members, on the basis of the criteria previously established.

Following a final discussion the jury proceeded to place the five designs under consideration in order of merit. Before a final decision was taken, however, each of the fifteen designs submitted was examined for a last time. The jury first decided, by six votes to one, to award a first, second and third prize. Finally the jury decided by secret and individual ballot on each of the five designs still under consideration, to award:

first prize to design No. 014 (six votes for, one abstention);
second prize to design No. 012 (five votes for, two votes against);

third prize to design No. 006 (four votes for, three votes against);

and to award an honourable mention to design No. 010 (unanimous).

The jury considered, however, that none of the designs submitted could be recommended for putting into effect unless the authors made certain changes. The changes, indeed, seemed essential in order to take into account certain considerations which, while they had not been explicitly mentioned in the programme, seemed to the organizers to be of prime importance. Furthermore, since the sums available had been fixed, there was a definite upper limit to the cost. The competitors, however, had not been asked to submit estimates of cost and hence the organizers were rightly reluctant to start on a scheme before its cost has been clearly established. Furthermore, the very thorough examination which the jury had made and the discussions which had taken place concerning the proposed solutions made it possible to draw up an order of merit which had to be taken into account in studying means of giving effect to the results of the competition.

Consequently, the jury requested the Director-General to ask the author of the winning design to study, in conjunction with WHO, the possibility of making alterations in his design

which would meet all the objections and recommendations of the jury and of carrying out the amended design within the stipulated limits of cost.

Finally the jury thanked WHO for the excellent organization of the competition and the invaluable assistance which it had received from the Organization's Secretariat in carrying out its task.

Geneva, 28 April 1960

(signed) M. G. CANDAU

(signed) P. VAGO

(signed) E. AUJALEU

(signed) Sven MARKELIUS

(signed) Gio PONTI

(signed) Howard ROBERTSON

(signed) A. VIERNE

(for Mr J. DUTOIT)

After the members of the jury had approved and signed the minutes, the Director-General, in accordance with Article 14 of the Rules, opened the envelopes containing the names of the various designs.

The design bearing the No. 001 is the work of Messrs Hentrich & Petschnigg.

The design bearing the No. 002 is the work of Mr A. E. Reidy.

The design bearing the No. 003 is the work of Messrs Yorke, Rosenberg & Mardall.

The design bearing the No. 004 is the work of Messrs Haefeli, Moser & Steiger.

The design bearing the No. 005 is the work of Mr Georgi Gradov.

The design bearing the No. 006 is the work of Mr J. Dubuisson.

The design bearing the No. 007 is the work of Mr Raymond Lopez.

The design bearing the No. 008 is the work of Messrs G. A. Bernasconi, A. Fiocchi & M. Nizzoli.

The design bearing the No. 009 is the work of Dr J. H. van den Broek & Mr J. B. Bakema.

The design bearing the No. 010 is the work of Messrs Viljo Revell & Company.

The design bearing the No. 011 is the work of Mr Kenzo Tange.

The design bearing the No. 012 is the work of Mr Eero Saarinen.

The design bearing the No. 013 is the work of Mr Hugh Stubbins.

The design bearing the No. 014 is the work of Mr Jean Tschumi.

The design bearing the No. 015 is the work of Mr Arne Jacobsen.

Signed by:

Mr Sven Gottfrid Markelius

Mr Gio Ponti

Sir Howard Robertson

Mr Pierre Vago

Professor E. Aujaleu

Mr André Vierne (for Mr Jean Dutoit)

Dr M. G. Candau

Geneva, 28 April 1960.

Appendix 2

[A13/AFL/5 Add. 2—13 May 1960]

COMPETITION FOR THE CONSTRUCTION OF A BUILDING FOR THE WORLD HEALTH ORGANIZATION: DESIGN SUBMITTED BY J. TSCHUMI, ARCHITECT, LAUSANNE

1. Architect's Description of his Original Design

Architectural Concept

The author, after study of the various possible solutions, reached the following conclusions regarding the office building:

There should be a minimum distance between the two ends of the building;

There should be a minimum distance from the end offices to the meeting rooms;

There should be a minimum distance from the centre of the mail distribution floor to the end offices;

The number of lifts and staircases should be limited so as to avoid all confusion for both staff and visitors;

A building with two blocks at right angles should be ruled out as unsuitable since a large number of the staff working with the light on their left would, from their desks, look on to the offices of their colleagues in the wing at right angles, and would have their backs to the general slope of the site;

Buildings with inner courtyards (whether closed, open on one side or under the buildings) should be ruled out as unsuitable. In view of the Geneva climate it would not appear desirable for WHO to construct a building of this character, irrespective of present trends in architectural design. Furthermore, a design based on a courtyard, while acceptable in the case of large collective offices looking into other collective offices, would not seem indicated for individual offices, when the site is open;

Any design for a building restricted to a few storeys only should be ruled out since the length of the corridors would not satisfy the exigencies of work in an international organization;

Finally, any design should be ruled out which would not provide a view of the city and the lake from the upper parts of the building.

A design in which the Board Room and library block form a contrast to the office block built up to the total permitted height, was therefore finally adopted.

A south-west/north-east orientation for the main building seemed to be the best because of the slope of the land and the general direction of the rows of trees. The Executive Board Room block, which is a lower building, stands boldly at the foot of the main building.

Internal Arrangement

Building with Offices on Eight Floors

The module adopted to meet the requirements of the Programme was 1.80 m, with bays subdivided to 0.60-1.20 m.

A depth of 5.30 m has been chosen for the offices excluding the cupboards. If the cupboards could be included in the offices, the cubic content and the cost of the main building would be reduced by about 4 per cent.

Three groups of lifts and staircases are accessible from the ground floor and garages in the basement. Staff members have direct access to the building from the garage.

On the other floors, conference rooms two floors high are near the main lifts and staircases.

The office suites for the Director-General and Deputy Director-General are in the upper part of the building, on the west side, and have easy and direct connexion with the reception rooms on the ninth floor and with the Executive Board Room on the lower ground floor. The choice of floor is left to the Director-General.

Sanitary installations, staircases and lifts are in the central part of the building.

On the ninth floor are the terrace, cafeteria, restaurant and lounges, to which there is easy access by lift, not only from all the offices but also from the Executive Board Room and the library.

Ground Floor

The main entrance is situated at the highest part of the site. In the hall are the information desk and the groups of lifts to the various floors and conference hall.

About half a storey lower is the entrance hall for the Board Room, library and the museum. The post office, bank and travel office are also in this hall.

The ground floor, with its "glass walls" gives a view through the building to the park and the Board Room block. A special entrance gives the Director-General and other senior officials direct access from the garage to lifts at the end of the building. Other staff members also have easy access to all the groups of lifts.

General Services

The mail service is centrally located—on the well-lit intermediate ground floor; it is directly accessible from the service entrance in the garage and is connected with the documents service and the post office. The documents lifts make for quick and easy distribution to the distribution centres on the office floors.

Executive Board Room Block

The Executive Board Room block forms a separate building with the Board Room at its centre. On the intermediate ground floor are the entrances to the halls, the public galleries and press galleries. On the lower ground floor is the delegates' hall; the offices are round the Board Room, overlooking a pool. The large garden patio is sheltered from the north-east winds by the Board Room block itself.

Library

The reading rooms are grouped round an inner courtyard and the offices extend on the south-west along the porticoed block looking on to the garden patio.

Service Entrance

The service entrance, on the intermediate level, is reached from the garage, and leads to:

- the post office and the mail service;
- the furniture service with furniture lift;
- the goods lifts serving the cafeteria;
- the heating and ventilation plants.

Garages

These are underground, on the north-west, on two levels corresponding to the intermediate and lower ground floors with direct entry from and exit to the roads planned.

There is accommodation for the following:

		cars
in the upper basement	222	
in the lower basement	217	439
<hr/>		
scooters	200.	
From the garage staff members may reach the upper floors by lift.		
Surface car-parks on the north-west side behind the green belt will take	159	159
<hr/>		
Total	598	
<hr/>		

Parking space may be increased by parking vehicles along the approach road from the north-east (about 200). If this were done the width of the garage in the two basements could be halved to bring down the cost.

Extension

Any subsequent extension could be made on the high ground bordered by the avenue of trees in the north-east part of the site.

2. Changes proposed by the Architect to his Original Design to take Account of the Jury's Recommendations

Taking into account the jury's observations, the architect has made the following changes in his original design:

reduction of the depth of the offices so as to make their area coincide with that envisaged in the programme;

reduction by 6 per cent. of the total length of the main building;

reduction of the height of the basements, ground floor and upper storey, which are regarded as being calculated too broadly in the design;

reduction of the height of the Board Room;

probable elimination of virtually all the underground parking facilities.

Moreover, the architect has studied certain simplifications of the external arrangements, as suggested by the jury.

Taking into account the changes which he has already made in his design, as indicated above, and all the elements in the

A five-storey building plus ground floor of open pillar construction with a central corridor for internal communication could be added to the design without throwing it out of balance.

Materials

The main work is in reinforced concrete and pre-stressed concrete.

In the main halls on the ground floor, the floors are of stone and marble.

The columns are covered in serpentine marble, leaving a slanting section of the concrete of the beams and ceilings exposed at the top.

On the upper storeys, the floors are covered with P.V.C.; ceilings are sound-proofed and there are movable partitions.

The facades of the main building have aluminium window-frames with greyish-white venetian sun blinds.

The ceiling of the Executive Board Room block offices and the portico is in a warm blue to harmonize with the white marble of the Board Room block. The inner walls of the Board Room are lined with various veneers.

Architectural Character of the Building

Taking into account the direction of the traffic, the design is intended to give from the approach road a general view of the building with the Board Room surrounded by its porticoed offices and reflected in the pool.

The white marble of the Board Room block will contrast with the metal used in the office building where sun-blinds with metal slats between the bays will provide the play of light and shade needed to break the monotony of the large area of office frontage.

The frontage on the entrance side, which gets less sun, will be enlivened more subtly by the slight differences in the bare surfaces of the glass in the large and small windows. The conference rooms above the entrance porch are emphasized without, however, destroying the unity of the block.

The aim of this open and simple design is to give the impression of calm desirable in a building for the World Health Organization.

provisional estimates submitted by the Director-General to the Twelfth World Health Assembly, the architect has estimated that the cost of carrying out his design would be as follows:

	Sw.fr.
Construction	31 570 000
External work	850 000
Honoraria	4 008 000
Administration costs	250 000
Unforeseen	3 242 000
<hr/>	
Total	39 920 000
<hr/>	

These estimates are based on the recent experience acquired by the architect in constructing the building for the head offices of the Nestlé Company at Vevey, not far from Geneva—a building the size of which corresponds almost exactly to that which WHO needs and for which similar materials and construction methods were used.

Appendix 3

NOTE BY THE SECRETARY-GENERAL OF THE UNITED NATIONS ON WHO
HEADQUARTERS ACCOMMODATION

Submitted to the Fifth Committee of the United Nations General Assembly at its Fourteenth Session

[UN document A/C.5/810 — 30 Nov. 1959 ¹]

1. The Secretary-General has been requested in a letter dated 11 June 1959 from the Director-General of the World Health Organization to bring to the attention of the appropriate bodies of the United Nations for their consideration the resolutions on the subject of headquarters accommodation adopted by the Twelfth World Health Assembly and by the Executive Board of the World Health Organization at its twenty-fourth session. These resolutions ² are brought to the General Assembly's attention in consequence of the provisions of paragraph 9 of the former and paragraph 5 of the latter, both dealing with the question of a suitable reimbursement to the World Health Organization by the United Nations for its investment in the Palais des Nations in consideration of releasing the space which the World Health Organization now occupies in the Palais. The Director-General is expected to make a further report on this matter to the Executive Board at its twenty-fifth session scheduled for January 1960.

2. The preambles to both the Assembly and the Executive Board resolutions note that the World Health Organization has made an investment in the Palais des Nations of Sw.fr. 4 425 763 (US \$1 029 252) inclusive of the grant made by the Swiss authorities of Sw.fr. 3 000 000 (US \$697 674) for the purpose of facilitating the World Health Organization's accommodation in Geneva. The position of the representative of the Secretary-General before the World Health Organization Assembly and Executive Board has been that the Secretary-General was not in a position to commit the United Nations in any way but that he was ready to co-operate in the search of solutions satisfactory to Member States of both the United Nations and the World Health Organization. It should further be noted that the authorities of the Swiss Confederation and of the Republic and Canton of Geneva, subject to parliamentary approval, have offered to provide a building site for the new headquarters and to assist in the financing by granting new loans to a total of Sw.fr. 30 000 000 (US \$6 976 744).

3. Under the Agreement of 15 February 1950, concerning the premises to be used as World Health Organization headquarters in Geneva, the United Nations agreed to extend the Palais des Nations with funds provided by the World Health Organization, title to the Palais, thus extended and transformed, remaining vested in the United Nations. In consideration of the funds provided by the World Health Organization, the United Nations leased the premises to the World Health Organization for ninety-nine years at a rental of one Swiss franc. The cost of utilities (e.g. gas, electricity, heating, hot and cold water, telephone) and of conference and general services provided to the World Health Organization by the United Nations were to be proportionately borne by the World Health Organization. It was also agreed that repairs to the building were the responsibility of the United Nations except those minor repairs necessary to ensure normal use,

the cost of which were chargeable to the World Health Organization. The World Health Organization's option as against other organizations on additional available space and the granting of the World Health Organization's request for further construction in the Palais were subject primarily to payment of cost thereof by the World Health Organization. The lease was subject to renewal on the World Health Organization's option.

4. Except for a nominal one Swiss franc annual rental, no other rental is chargeable to the World Health Organization by the United Nations for the ninety-nine-year lease. The lease was due however "in consideration of the funds to be paid by WHO to UN" to cover the cost of construction of the World Health Organization's offices in the Palais.

5. The authorization to lease to the World Health Organization the premises located in the Palais, given to the Secretary-General by the General Assembly in resolution 360 (IV) was based on the fact that the World Health Organization will have full responsibility for the additional expenditures required to cover the total construction cost of the projected extension. Furthermore, the Preamble of the Agreement mentions resolution 360 (IV) and acknowledges the conditions required by the General Assembly that "any extension or transformation of the Palais des Nations necessary to accomplish this purpose (the leasing to the World Health Organization of premises located in the Palais) is made by the United Nations at the expense of the World Health Organization".

6. Following receipt of the letter of 11 June 1959 from the Director-General of the World Health Organization, a report was made to the Advisory Committee on Administrative and Budgetary Questions at its summer session. At that time, the Secretary-General stated, *inter alia*, that to assist the General Assembly in its consideration of this question, a more complete statement setting forth the factual considerations involved, together with the consequences, budgetary and otherwise, which an eventual move by the World Health Organization would entail for the United Nations, would subsequently be prepared.

7. In the meantime, however, difficulties which have only very recently been resolved were encountered by the Swiss authorities in finding a suitable site that could be made available to the World Health Organization for its headquarters. In a letter dated 16 November 1959, however, the Secretary-General was advised by the Deputy Director-General of the World Health Organization as follows:

In Dr Candau's absence I write to let you know that we have now received from the Conseil d'Etat of Geneva a formal notification of its decision to place at the disposal of WHO a certain building site near the Palais, which is within the area approved by our Executive Board. I hasten to give you this information in relation to the conversations which have recently taken place between you and Dr Candau on this subject and the interest you have shown in this matter.

¹ Mimeographed version

² WHA12.12 and EB24.R30

8. In these circumstances, the Secretary-General doubts whether the General Assembly is in a position to reach any conclusion at this session concerning "the question of a suitable reimbursement to the WHO by the United Nations" for its investment in the Palais. Accordingly he would propose that when all factors pertinent to the final accommodation of WHO have matured sufficiently, the matter be further studied, in consultation as necessary with the Advisory

Committee and a fuller report (or reports) be submitted to the General Assembly at its fifteenth session.

9. Meanwhile, the Secretary-General desires to stress the fact that he fully shares the view already expressed by the Director-General of WHO, that the question is essentially one to be decided on by the governments, Members of WHO and of the United Nations respectively, and not one for negotiation between the heads of the organizations concerned.

Appendix 4

COMMENTS OF THE ADVISORY COMMITTEE ON ADMINISTRATIVE AND BUDGETARY QUESTIONS ON WHO HEADQUARTERS ACCOMMODATION

Thirty-eighth Report of the Advisory Committee to the United Nations General Assembly at its Fourteenth Session

[UN document A/4319 — 2 Dec. 1959 ¹]

1. The Advisory Committee on Administrative and Budgetary Questions has considered the note by the Secretary-General (A/C.5/810) drawing attention to the resolutions adopted by the Twelfth World Health Assembly and the Executive Board of the World Health Organization (WHO) at its twenty-fourth session on the subject of the construction of a headquarters building for WHO and related matters. Of particular interest to the General Assembly are the provisions in these resolutions dealing with the question of "a suitable reimbursement to the World Health Organization by the United Nations" for the WHO investment in the Palais des Nations in consideration of releasing the space which WHO now occupies in the Palais.

2. It will be recalled in this regard that, pursuant to an agreement entered into in 1950 between the United Nations and WHO, the latter provided Sw.fr. 4 425 763 for the extension of the Palais, of which amount Sw.fr. 3 000 000 represented a grant made by the Swiss authorities for the purpose of facilitating WHO's accommodation in Geneva. In consideration of the funds provided by WHO, the United Nations leased the new premises to WHO for ninety-nine years at a nominal annual rental of one Swiss franc.

3. The Advisory Committee gave preliminary consideration to the matters in question in the course of its 1959 summer session, and again in conjunction with its examination of the 1960 budget of WHO. In its report on the administrative budgets of the specialized agencies for 1960 (A/4257, para. 73), the Committee noted that consultations were still in progress between the Secretary-General and the Director-General of WHO, and deferred its comments and recommendations pending the submission to the General Assembly in due

course of a detailed report on the subject by the Secretary-General. Earlier, during its session at Geneva in April 1959, the Committee had the opportunity of discussing with the Director-General of WHO various aspects of the proposed move of WHO to new premises, with special emphasis on the question of common services.

4. The details of the arrangements under which WHO has occupied space in the Palais des Nations are set out in some detail in the Secretary-General's note (paras 3-5). The arrangements in question are such that the question of a reimbursement to WHO by the United Nations needs careful study in terms largely of practical considerations, inasmuch as the two organizations have, in the main, a common membership.

5. It appears from the Secretary-General's note that the progress of the new headquarters plan had been delayed by difficulties encountered by the Swiss authorities in finding a suitable site. This problem has now been resolved and the Conseil d'Etat of Geneva formally notified WHO on 16 November of its decision to place at the disposal of that organization a building site in the immediate vicinity of the Palais des Nations.

6. The Advisory Committee shares the Secretary-General's doubts whether, in the above circumstances, the General Assembly is in a position to reach any conclusion at its present session concerning the question of any reimbursement to WHO for its investment in the Palais. The Committee accordingly concurs in the proposal of the Secretary-General that the matter should be further studied when all factors pertinent to the final accommodation of WHO have matured sufficiently, in consultation, as necessary, with the Advisory Committee, and that a fuller report (or reports) should be submitted to the General Assembly at its fifteenth session.

¹ Mimeographed version

Annex 13

DEVELOPMENTS IN ACTIVITIES ASSISTED JOINTLY WITH UNICEF¹

[A13/P&B/17 — 20 April 1960]

REPORT BY THE DIRECTOR-GENERAL

I. GENERAL

At the Twelfth World Health Assembly, the Director-General submitted a report on the developments in regard to relations with UNICEF and joint UNICEF/WHO activities up to the March 1959 session of the UNICEF Executive Board.²

The present report deals with the developments that have taken place since that date and in particular the decisions taken by the UNICEF Executive Board at its September 1959 and March 1960 sessions that have a bearing on the work of WHO. A report on the developments up to the end of 1959 was submitted to the WHO Executive Board at its twenty-fifth session; its substance forms the first part of the present report.

II. THE UNICEF EXECUTIVE BOARD SESSION IN SEPTEMBER 1959

1. Allocation of UNICEF Funds

1.1 On the recommendation of its Programme Committee, the UNICEF Executive Board approved the programme allocations for eighty-eight recommendations; seventy-nine were for long-range country projects, four for inter-regional assistance, one for UNICEF participation in a regional seminar, and four for emergency aid. Of the seventy-nine long-range country projects, seventy-one had previously received help from UNICEF and eight were for projects for which UNICEF aid had been requested for the first time. These eight projects comprised: two for basic maternal and child welfare services; two for nutrition education and related activities; and one for each of the following: leprosy, tuberculosis survey, child feeding and milk conservation. In addition, five basic maternal and child welfare projects already receiving assistance from UNICEF were extended to include environmental sanitation (three) or care of handicapped children (two). The

allocations to all these projects totalled \$13 210 700 — \$12 567 700 plus \$643 000 for the four emergency aid projects. The \$12 567 700 was allocated as follows:

	Number of projects	Percentage of total allocation	Total US \$
Maternal and child welfare . .	20	23.11	3 053 375
Malaria eradication and control	26	43.58	5 757 500
Communicable diseases	15	6.62	874 600
Child feeding	8	4.96	655 225
Nutrition education	5	3.49	461 500
Milk and food processing . .	10	13.37	1 765 500
Total	84	95.13	12 567 700

1.2 The following table shows the percentage distribution of the resources of UNICEF, as approved by the UNICEF Executive Board for 1958 and 1959:

	1958 %	1959 %
Maternal and child welfare . . .	29.28	20.12
Communicable diseases	56.61	44.80
Nutrition	12.23	30.96
Emergency aid.	1.88	4.12

2. General Progress Report of the Executive Director of UNICEF

The Executive Director pointed out that in 1959, for the first time since 1954, there had not been an increase in UNICEF's income compared with the previous year. Income in 1959 was expected to be \$22.5 million, or \$0.5 million less than in 1958, although approximately \$28 million had been allocated in 1958.

3. Forecast of Requests for Allocations, 1960-1962

The Executive Director presented to the UNICEF Executive Board a forecast of requests for UNICEF allocations for the period 1960-1962, indicating the major lines of aid, and their relation to anticipated resources of UNICEF. This type of forecast is

¹ See resolution WHA13.63.

² *Off. Rec. Wld Hlth Org.* 95, Annex 7

presented annually to the Board in order to facilitate its review of priorities.

FORECAST OF REQUESTS FOR ALLOCATIONS, 1960-1962

(in thousands of US dollars)

Programme	1960	1961	1962
Maternal and child welfare	5400	6000	6800
Malaria eradication and control . .	9000	9000	8500
Tuberculosis, including BCG	900	900	1000
Venereal diseases and treponematoses	500	500	500
Trachoma	600	800	1000
Leprosy	1000	800	1200
Nutrition and child feeding	4200	4400	4800
Food conservation	2200	2500	3000
Primary education	200	200	200
Emergencies	1000	1000	1000

It is estimated that for the next three years requests for allocations for basic maternal and child welfare services and nutrition will amount to about 50 per cent. of the programme allocations, disease control projects to about 46 per cent. and emergency aid to about 4 per cent. The bulk of the expenditures in disease control would continue to be for malaria, amounting to about 33 per cent. of the total programme allocations.

4. Health Matters

4.1 Statement by the WHO Representative

The Assistant Director-General of WHO reviewed current trends in the development of the WHO programme and referred to the major decisions of the Twelfth World Health Assembly of interest to joint UNICEF/WHO activities, including the one related to the intensification of the WHO medical research programme.

He indicated that in the field of communicable diseases the work started ten years ago had not only produced remarkable results but that continuous evaluation of new technical developments had enabled WHO to look ahead to the eradication of yaws and smallpox as well as malaria. Tuberculosis, trachoma and leprosy were other diseases which were being tackled with increasing evidence of success.

He described the background of the important decision taken by the Health Assembly with respect to environmental sanitation and drew particular attention to part V of resolution WHA12.48, which invited all multilateral and bilateral agencies having an interest in the development of community water

supplies to join with WHO in carrying out a global programme in this field. Therefore, he went on to state, WHO would welcome any opportunity for co-operation with UNICEF in this undertaking.

Stressing the importance of nutrition and environmental sanitation for the health of mothers and children, he described the steps taken by WHO to strengthen its nutrition services, and referred to forthcoming studies on the assessment of the nutritional status of the population.

Finally, he gave a brief review of the malaria eradication programme, emphasizing the large variety of operations required, the wide range of technical activities and difficulties involved, and the importance of strengthening the national administration of such projects. He referred to the recognized problem of vector resistance to insecticides and the need for continued adequate financial support if current programmes were not to collapse and the money already spent on them be wasted.

He concluded by expressing the gratitude of the World Health Organization for the contribution UNICEF had made and was continuing to make in the global effort to eradicate the misery and burden of disease.

4.2 Malaria

At its September 1959 session the UNICEF Executive Board had before it two reports, requested in March 1959, on the situation of the malaria eradication campaigns jointly assisted by UNICEF and WHO. The first of these reports, prepared by WHO, was a technical appraisal.¹ The second report,² prepared by the Executive Director in consultation with WHO, dealt with the financial aspects of UNICEF aid to eradication and control campaigns, and contained a general policy outline and recommendations regarding the conditions under which UNICEF aid should be continued. The Board expressed its gratitude to the Director-General of WHO for his report and for the participation of his representatives in the Board discussions.

4.2.1 The Report of WHO

The report presented by the WHO representative provided an appraisal of the technical status of the situation with regard to malaria eradication (especially the status of UNICEF-aided projects) which

¹ ECOSOC document E/ICEF/386

² ECOSOC document E/ICEF/387

contained a review of principles, methods and strategy. It also contained a summary of the last four years' experience with regard to eradication, including an appraisal of the results and difficulties.

The report pointed out that strategy of eradication called for a campaign executed perfectly and limited in time, requiring very considerable administrative, financial and logistic effort. Much had been learnt in the last four years about the complexity of the operations required and the factors which needed to be taken into account in carrying out effective campaigns. These consisted in systematic application of suitable insecticides on a total coverage basis in human and, if necessary, in animal dwellings. The attack had to be speedy and of short duration to forestall insecticide resistance and to reduce the total cost.

During a preparatory phase, technical, administrative and logistic organization was established, personnel recruited and trained, the efficacy of the scheme tested and the public educated. In the subsequent attack phase the entire malarious area was sprayed with residual insecticide. Organizational, technical and social reasons often prolonged these total coverage spraying programmes beyond four years. With the end of the attack phase, the consolidation phase would begin, its purpose being to make sure that eradication had been achieved and that it was being maintained. Responsibility for that phase would rest with the surveillance organization set up during the attack phase at least one year before total coverage spraying was withdrawn in any area. Protection and treatment of cases and extemporaneous spraying of residual foci would be necessary in carrying out the consolidation activities. That would come to an end when, during the last three years of surveillance, no indigenous case of infection was detected.

4.2.2 UNICEF Report

The report and recommendations of the Executive Director¹ were introduced by the Deputy Executive Director of UNICEF. He pointed out that when UNICEF had made its decision to assist malaria eradication it had been aware that it was undertaking a long and costly effort. There was no reason for pessimism or retreat now. The WHO appraisals indicated the effectiveness of the results being achieved. It was true that serious difficulties had been encountered but UNICEF had to adjust to the

situation as it developed and evolve the best strategy in the light of circumstances. Aid to malaria eradication could not be abandoned at the present critical stage of the programme. For that reason the UNICEF administration was recommending the continuation of aid to present programmes and the provision of additional assistance during the consolidation phase, and further extension as required, up to the established ceiling of \$10 000 000.

Since there were many and variable factors determining costs, UNICEF was circulating both high cost estimates and low cost estimates. The eventual cost of a campaign would depend on the duration of total coverage. Using both high and low estimates for eradication and control campaigns and pilot projects currently receiving UNICEF aid (including several eradication campaigns for which plans for UNICEF aid were under discussion) the Executive Director foresaw requests for UNICEF aid during the five-year period 1960-1964, as follows:

FORECAST OF UNICEF ALLOCATIONS FOR MALARIA CAMPAIGNS, 1960-1964

(in thousands of US dollars)

Year	Low estimate	High estimate
1960	9065	9692
1961	7390	9208
1962	4932	8894
1963	2978	7301
1964	1349	3965

4.2.3 UNICEF Executive Board Action

The Board adopted the following policy with regard to UNICEF aid for malaria activities:

- (a) UNICEF allocations for malaria campaigns should not exceed a ceiling of \$10 000 000 a year.
- (b) Assistance for eradication would be confined to eradication campaigns currently assisted by UNICEF (including three campaigns² where plans were under discussion but for which no allocation has yet been made). However, there might be exceptional circumstances where aid was urgently needed for a country moving from control to eradication. Though not authorizing the Executive Director to bring forward projects which would exceed the ceiling, the Board wished to be kept

¹ ECOSOC document E/ICEF/387

² In the United Arab Republic (Province of Egypt), British Guiana, and Tunisia

informed of any particularly pressing situation in order to determine whether the principle of the ceiling should be reviewed to permit an exception in that instance.

(c) If it proved necessary to aid the attack phase for more than four years, assistance might be extended for one, two or more years. If transmission were not interrupted by the fourth year of total spraying coverage, the entire basis of the campaign would be reconsidered.

(d) UNICEF aid could be given during the attack phase for surveillance as well as for spraying operations.

(e) If necessary, assistance could be extended also to the consolidation phase (which is considered to last at least three years following the attack phase). It would be understood that the government would be obliged to take over the full support of this phase at the earliest possible time, and in any case before the end of three years. After the consolidation phase the government would maintain the results which had been achieved.

(f) After completion of the formal commitments already undertaken by UNICEF for the attack phase of a campaign, the renewal of UNICEF aid would depend each year on the following conditions:

(i) that the campaign was conducted under conditions which were technically adequate and that the government undertook to solve any administrative and organizational problems. The transport supplied for the campaign was to be constantly maintained in good repair;

(ii) that chances for eradication must appear good, at least for a large part of the country; that the technical problems involved were not of a nature which had no solution as yet, and evaluation services were organized in such a way that precise information on the development of the campaign could be supplied regularly each year;

(iii) that the government consider the campaign essential and was providing the necessary funds to meet its responsibilities.

(g) Future aid would depend on a study and an assessment of each campaign every year, by the government, WHO and UNICEF in collaboration. The Board would be informed each year of the results achieved as well as the prospects.

(h) No assistance would be given to new control campaigns. Continued assistance could be given to existing control campaigns, commensurate with

their importance to public health and to the possibilities of their conversion into eradication campaigns. The scope of UNICEF aid for these campaigns would not be extended.

(i) Continued assistance could be given to preliminary surveys and pilot projects. Aid would be given to pilot projects when they were necessary for the success of an experiment, or when it had been demonstrated that eradication could be achieved and that it would be possible to proceed from a pilot project to a national eradication campaign. (UNICEF assistance to a pilot project, however, did not automatically entail a pledge of assistance to a general campaign which might follow.)

(j) The Board would re-examine the question of UNICEF aid for malaria campaigns again in 1961 in the light of the progress that was being made, the possibilities of effective aid for eradication to new geographical areas—notably Africa—and the resources of UNICEF. From the UNICEF cost figures provided (see section 4.2.2, second paragraph) it appeared that allocations for campaigns now being aided would be considerably reduced in 1963 and 1964 and it was expected that a clearer picture of this possibility would be available in 1961.

In addition to the above, the Board agreed to make yearly allocations of funds for the operation of each campaign in the following year. The allocations would be based on the best estimates obtainable at the time; it would be understood that it might be necessary to revise the strategy of the campaign when the results of the epidemiological assessment at the end of the previous campaign year were known. Thus, it would be understood by the interested parties—the assisted governments, the Executive Board of UNICEF and WHO—that the allocations would be of a provisional nature, and adjustments in the plan of operations might have to be made after the allocation was voted. Shipments of supplies would be made to aided countries only as required by the plan of operations. If it turned out that the amount allocated was more than required, the balance would be retained by UNICEF, in accordance with the Board's usual policy. If, on the other hand, expenditures were required in excess of the allocation, the Executive Director, in order not to jeopardize the campaign, would be authorized to ship the additional supplies required and include the cost in the next allocation recommendation to the Board. If, because of distance, it was necessary to ship supplies a long time in advance, it would be understood that any supplies not needed for the

year would be taken into account in subsequent allocations.

4.2.4 UNICEF-aided Malaria Projects

At the present time UNICEF is aiding forty-seven programmes designed to combat malaria. As the following table shows, twenty-nine of these are eradication campaigns, of which twenty-two are in the Americas.

NUMBER OF ANTIMALARIA PROJECTS CURRENTLY
AIDED BY UNICEF

	Africa	Asia	Eastern Mediterranean	The Americas	Total
Eradication campaigns . .	—	1	6	22	29
Eradication surveys, pilot, preparatory or pre-eradi- cation projects.	1	1	2	—	4
Control projects, including pilot projects	7	2	2	—	11
DDT production projects	—	2	1	—	3
	8	—	—	—	—
Total	8	6	11	22	47
	—	—	—	—	—

4.3 Other Disease Control

4.3.1 Tuberculosis Control

The Board approved allocations for aid designed to continue four BCG vaccination campaigns; to continue a pilot project in tuberculosis chemotherapy (in Tunisia), and to initiate one new project (in Peru) for a tuberculosis prevalence survey.

4.3.2 Yaws Control

The Board approved aid for the continuation and expansion of two mass campaigns in Africa (in Ghana and Nigeria).

4.3.3 Trachoma and Related Eye Diseases

The Board approved aid for the continuation of two campaigns (in China and Ethiopia) and for the extension of a pilot project into a control campaign (in Turkey).

4.3.4 Leprosy Control

The Board approved aid for the continuation of three leprosy control projects.

4.4 Terms of Reference of the UNICEF/WHO Joint Committee on Health Policy

4.4.1 At its eleventh session in October 1958 the UNICEF/WHO Joint Committee on Health Policy recommended that its terms of reference be re-

examined, in the first instance jointly by the two secretariats. As a result of consultations between the Director-General of WHO and the Executive Director of UNICEF, proposed terms of reference were agreed upon for consideration at the next session of the Joint Committee, to be held in December 1959. The proposed terms had already been noted by the WHO Executive Board and they were submitted to the UNICEF Board for comment. The recommendations of the Joint Committee on the proposed terms of reference were to be submitted in 1960 to the Executive Boards of the two organizations for approval.

4.4.2 The UNICEF Executive Board considered that the proposed terms of reference reflected the present functions of the Committee, and there was general agreement that the terms of reference should be supported by the UNICEF representatives on the Committee. It was proposed that an addition be made to the proposed terms of reference, namely, that when considering matters of joint interest to WHO and UNICEF which the Executive Boards or secretariats of the organizations might refer to it, the Joint Committee should feel free when appropriate to recommend subsequent action to the two Boards. One representative was unable to support this addition, since in his view the Committee had been formed to advise UNICEF on technical matters and it was not its function to make recommendations to WHO (see section IV, paragraph 4.1.3, below).

5. Nutrition

5.1 General

The UNICEF Executive Board devoted considerable attention to the questions of policy regarding aid for skim milk distribution and milk conservation, progress in the development of new high-protein foods, and financial relations with FAO. At the session the Board allocated \$2.9 million for child feeding, nutrition education and related activities, and milk conservation projects, bringing the total allocated in this field for the year to \$7.4 million, or 31 per cent. of all programme allocations.

5.2 Review of Dry Skim Milk Distribution

5.2.1 The Board reviewed a special report, prepared by FAO, WHO and UNICEF, on UNICEF-assisted programmes of dry skim milk distribution.

The Board expressed its appreciation to the consultants and others who had taken part in the preparation of the special report, which it considered would provide guidance for future activities of UNICEF and of beneficiary governments.

5.2.2 The Board's discussion was concentrated primarily on the following points:

- (i) scope and possible extension of the schemes;
- (ii) results achieved;
- (iii) methods of overcoming certain shortcomings in distribution and handling;
- (iv) priorities to be given to certain categories;
- (v) size and regularity of the "ration";
- (vi) improving the food value of skim milk;
- (vii) effect on the local demand for milk;
- (viii) long-term policies for increasing local supplies of protein foods.

5.2.3 The WHO representative emphasized the importance of skim milk distribution programmes for children in the post-weaning period. Such programmes provided an opportunity to practise nutrition education and where this was done excellent results were obtained. He indicated the difficulties in regard to the reconstitution of milk and advised against such reconstitution in certain cases, and recommended the use of milk powder in other foods, such as mashed bananas, potatoes, etc. He underscored the need to expand the present programme and to reorient it so as to include more children in the 1-4 age-group and more pregnant and lactating women.

5.2.4 The essential conclusions and recommendations of the Board on the matters dealt with in the evaluation report may be summarized as follows:

The Board was agreed that milk distribution schemes had been of definite benefit to mothers and children. These schemes had been run economically and efficiently and, subject to the availability of supplies and of UNICEF resources, should be continued. In future, however, it would be desirable to pay greater attention to supervision of distribution, to nutrition education, to the training of school-teachers in nutrition and to the inclusion among beneficiaries of a greater proportion of pre-school children and, particularly, infants.

5.3 *Progress in Development of Protein-rich Foods*

5.3.1 *General*

In response to a request of the UNICEF Executive Board at its session in March 1959, the Executive Director of UNICEF presented a report on the

technical results so far achieved in the FAO/WHO/UNICEF programme for the development of new protein-rich foods used in the promotion of child nutrition.¹

5.3.2 *Statements on the Report*

The Chairman of the WHO Protein Advisory Group informed the Board of the Group's work in identifying protein sources likely to contribute to the alleviation of protein malnutrition, including peanuts, fish, cottonseed flours and coconut protein. The Group was also considering the use of vegetable flours. The representative of the United States National Research Council spoke of the collaboration of the Council's Committee on Protein Malnutrition with the United Nations in basic research on high-protein foods. He stressed the importance of the grant made by the Rockefeller Foundation in 1958 and the allocation by UNICEF.

5.3.3 *The Report*

The accomplishments so far apparent from this research could be summarized as follows:

For the first time it has been shown that it is possible to cure and prevent kwashiorkor (protein malnutrition) by the administration of mixtures of vegetable protein foods, locally available, suited to local tastes and dietary patterns, of reasonable cost and quite well tolerated even by infants very ill with kwashiorkor.

The implications of these findings are (i) that in many countries it should be possible to use local foods to supplement, at present, the inadequate infant feeding, and (ii) that in some countries such foods could be grown and prepared at home without industrial processing. This work had also made evident the fact that foodstuffs, in themselves inadequate, could be rendered adequate either by raising sufficiently their intake or by mixing them with other foodstuffs for complementary nutritional effect.

5.3.4 Several members of the Board expressed gratification with the progress being made in the programme of research. Some stressed the importance of local products rather than imported items in providing protein-rich food. There was general agreement that protein substitutes should be locally available and priced within the economic reach of the people.

¹ ECOSOC document E/ICEF/389

III. ORGANIZATION OF THE UNICEF EXECUTIVE BOARD AND PROGRAMME COMMITTEE WORK

At its session in March 1959, the UNICEF Executive Board decided that at its session in September 1959 it would examine the organization of Executive Board and Programme Committee work on the basis of a study and recommendations by the Executive Director. The basic proposal made in the course of the Board's discussion was that the Executive Board should hold one main session a year instead of two as it did at present.

After an extensive exchange of views, the Board took the following decisions:

(a) The Executive Board would hold one main session a year instead of two as it did at present. At that session the Board would receive progress and special reports and determine the policies of UNICEF.

(b) The Programme Committee would continue to meet twice a year, with one of its sessions immediately preceding the main Board session. The Board would also hold a brief second session following the other Programme Committee session in order to receive the Committee's recommendations for project allocations. Board members not on the Programme Committee might be invited to participate, without vote, in the Programme Committee sessions.

(c) The Board would, in addition, continue to hold an annual half-day meeting to elect officers and committee members.

(d) If the Board wished to refer any questions to the Programme Committee for recommendation to the Board at the same session, the Programme Committee would meet during the Board's session for that purpose.

The Board agreed to request the Economic and Social Council at its resumed twenty-eighth session in December 1959 to transfer consideration of the report of the UNICEF Board from its spring to its summer session, beginning in 1961.

The Board decided on a schedule of meetings to be held in 1960 and subsequently, should the Economic and Social Council agree to its request. However, in case the Economic and Social Council decided to retain consideration of the UNICEF report on the agenda of its spring session, the Board also agreed on a different schedule of meetings for 1960 and subsequently.

IV. THE UNICEF EXECUTIVE BOARD SESSION IN MARCH 1960

1. Allocation of Funds

1.1 Funds allocated

The UNICEF Executive Board approved allocations totalling \$8 381 985 in accordance with the recommendations of its Programme Committee. Of the eighty-two project allocations made by the Board, twenty-two were for projects being aided for the first time.

1.2 Revised Classification

At this session the classification of UNICEF-aided programmes was revised to take into account aid for social services for children and the increasing numbers of projects anticipated for the development of protein-rich foods other than milk. It was recognized that the categories could not be completely dissociated from each other and that, for instance, social services for children and mothercraft and homecraft generally contain important health and nutrition aspects. The revised classification is as follows:

Health services

- Basic health/maternal and child health
- Environmental sanitation
- Handicapped children
- Care of premature babies

Family and child welfare services

- Social services for children
- Mothercraft and homecraft

Disease control

- Malaria eradication and control
- Tuberculosis control, including BCG
- Yaws/venereal disease control
- Trachoma control
- Leprosy control
- Other

Nutrition

- Child feeding
- Nutrition education and related activities
- Milk conservation
- Other high-protein food development

1.3 Percentage Distribution of Allocations

The percentage distribution of allocations approved by the UNICEF Executive Board for the years 1957 to 1960 is as follows:

	1957 %	1958 %	1959 %	1960 %
Health services	31.0	29.0	19.4	19.6
Family and child welfare services	0.4	0.3	0.5	3.3
Disease control	46.8	56.6	44.3	51.5
Nutrition	19.9	12.2	30.6	23.8
Emergency aid.	1.9	1.9	5.2	1.3
Aid for project preparation	—	—	—	0.3
Training survey	—	—	—	0.2

1.4 *Changes in Allocation Procedure*

At its September 1959 session, the UNICEF Executive Board approved a revision in the allocations procedure for maternal and child welfare and milk conservation programmes, under which funds would be granted on a year-to-year basis but not placed into a reserve to cover the full duration of assistance. At the March 1960 session the Executive Director submitted new proposals to carry the reduction of reserve funds and the maximum current use of available funds a step further. The object was to ensure a decrease of unspent allocations by approximately 15 per cent. below the usual level maintained under the previous practice. The Board cautioned against the reduction of reserves and the accumulation of commitments for further allocations to the point where severe cut-backs in UNICEF activities might be required if income expectations were not fulfilled.

2. Procedural and Financial Questions

2.1 *Policy on "Local Matching"*¹

The Executive Director of UNICEF recommended flexibility in applying the matching principle in specific cases in which (i) functional matching² provides all necessary local costs even though they are not equal in amount to the UNICEF allocation; (ii) the government has previously provided funds for the project and needs help to improve the coverage or quality of the services; and (iii) the assistance provided by UNICEF will introduce a project in which government expenditures are expected to increase progressively, even though in the first instance they are less than the UNICEF allocation.

¹ As used in UNICEF, the term "local matching" refers to the commitment and expenditure of national resources for implementing a UNICEF-aided project.

² In certain projects the cost of the supplies provided by UNICEF might exceed the amount of local money required to put them into full use. In 1954 the UNICEF Executive Board decided that for skim milk distribution it would require only the matching expenditure needed to make the project work effectively. This was called functional matching.

The Executive Board agreed:

(1) that, while present matching criteria should continue to apply to the bulk of UNICEF-assisted projects, some flexibility might be permitted in particular cases where:

- (a) functional matching provided all necessary local costs even though these costs were not equal in amount to the UNICEF allocation;
- (b) the governments had previously provided funds for the project and needed help to improve the coverage or quality of the services; or
- (c) the UNICEF aid would introduce a project in which government expenditures were expected to increase progressively even though in the first instance they were less than the UNICEF allocation; and

(2) that in each such case the Executive Director should clearly indicate in the project recommendation submitted to the Board that the case was an exception introduced under this particular Board decision.

2.2 *Local Costs*

The Executive Director recommended to the Board an increased flexibility in UNICEF coverage of local costs under certain circumstances in order to make some projects aided by UNICEF more effective. There were some local costs which it was difficult for the various levels of government to meet from their own budgets. The Executive Director cited two areas where such flexibility appeared most important, namely, school feeding programmes and the provision of salaries for a limited period of time for local supervisory and managerial personnel.

The Executive Board decided: (i) to have full discussion at its June 1961 session of the principles pertaining to the payment of local costs, and (ii) without prejudice to these discussions, to authorize the Executive Director in the interim to bring forward project recommendations in line with the Executive Director's proposals.

2.3 *Aid for the Preparation of Project Requests*

The UNICEF administration requested an allocation of \$25 000 to be used to send experts at government request to help in the preparation of projects, including the collection of information required as a sound basis for planning. The Executive Director could use this allocation to reimburse the specialized agencies or the United Nations Bureau of Social Affairs for the services of experts to help governments prepare project requests if the agencies

were unable to provide these services from their own budgets. He could also use the allocation to make small grants to countries for local personnel and for such costs as field inquiries and assembling of data.

The Executive Board approved the request for an allocation of \$25 000 for assistance to countries in the preparation of projects, as a temporary experiment, noting the reservations expressed by some delegations.

2.4 *Advance Delivery of Supplies for Certain Projects*

The Deputy Executive Director (Programming) of UNICEF informed the Board that the continuation of sixteen operating projects would be jeopardized if additional supplies were not provided before December 1960, when the next session of the Executive Board would take place. This would apply also to a new malaria eradication project in the United Arab Republic (Province of Egypt), which had been approved in principle several years before.

The Board decided to authorize the Executive Director, in consultation with the Chairman of the Programme Committee and the Executive Board, to make the advance procurement and delivery of supplies for the sixteen operating projects and to conduct a mail poll of the Committee and the Board for the malaria project in Egypt.

2.5 *Modification of Model Agreement*

The Board noted the revised text of the model agreement which the Executive Director intended to use as the basis for negotiating any new country agreements. The revised text was meant to reflect more fully than did the previous model agreement the changed character of aid given by UNICEF, including the greater detail of respective commitments now provided in the plans of operations for individual projects. The Executive Director pointed out that prior agreements would remain in force; they might, of necessary, be amended by an exchange of letters.

3. **Programme Policy and Trends**

3.1 *General Progress Report of the Executive Director of UNICEF*

The Executive Director in his statement to the Board *inter alia* referred to the Declaration of the Rights of the Child, which provided that the child should "be given opportunities and facilities . . . to develop physically, mentally, morally, spiritually

and socially". UNICEF, he said, could not help directly in all these fields. Nevertheless, the UNICEF Board might consider whether the range of priorities in opportunities to improve the conditions of children with international help is not wider than the UNICEF categories of assistance in the field of health and welfare services, disease control and nutrition.

The main question which preoccupied the Board was the mandate and objectives of UNICEF and the broadening of its future activities to cover all aspects of child welfare. The Board's major interest was in examining how the resources held at the disposal of UNICEF might be directed towards even more effective results in the future.

In the general debate on UNICEF policy there emerged two schools of thought: one group held that UNICEF should be responsible for all aspects of child welfare, within the general context of international programmes of economic and social development, and that its activities should be reorganized accordingly. The first step towards this reorientation would be a comprehensive survey of the needs of the world's children by UNICEF, which would form the basis for the Fund's future policy. The other group was not in favour of any basic re-examination of UNICEF's policy at this time. In their view UNICEF's main task was to intensify efforts within the present fields of assistance. It was unrealistic to look for new activities when the total resources available were not adequate to fulfil current requirements.

3.2 *Survey of Children's Needs*

A question discussed by the UNICEF Executive Board at some length related to a proposed survey of children's needs. In the opinion of some the Fund's approach hitherto had resulted in remarkable achievements. In the opinion of others, a survey of needs by a small group of independent impartial experts in consultation with recipient countries would help determine the priority needs of children and facilitate the development of a long-range plan for improving the conditions of children.

As a result of its deliberations on this question the Board unanimously took the following decision:

The Executive Board requests the Executive Director:

- (a) to undertake consultations with beneficiary countries and the technical agencies concerned for the purpose of ascertaining the priority needs of the children of these countries and identifying the fields in which UNICEF might assist in order to contribute to the greatest possible extent to their present and future welfare;

(b) to take into account any views which other participating countries may wish to offer on these questions;

(c) to submit his findings for the consideration of the Board at its session in 1961; and

(d) to advise as to the desirability and methods of any wider survey into the basic needs of children.

3.3 *Survey of Training*

The Executive Director believed that the time had come for the UNICEF Executive Board to undertake as a basis for future policy a thorough review of UNICEF's present aid to training in the fields of health, nutrition and social services. The Board decided to undertake this review at its next main session in June 1961.

In the health field, the UNICEF/WHO Joint Committee on Health Policy at its twelfth session recommended a "WHO/UNICEF study of jointly assisted training for permanent health services benefiting mothers and children",¹ and the UNICEF Board approved UNICEF's participation in such a study. In this connexion the Board was glad to hear that WHO had already made arrangements to engage a special consultant with outstanding experience. In addition to reporting to the Director-General of WHO on the technical aspects of the subject, the special consultant would also report to the Executive Director of UNICEF on non-technical aspects. The WHO representative indicated that WHO could not yet be certain that the report of the consultant would be ready in time for submission to the UNICEF Executive Board at its session in June 1961, since the Director-General of WHO would have to submit the report to the UNICEF/WHO Joint Committee on Health Policy in the first instance.

The Board recognized that the Executive Director needed to collaborate closely with the technical agencies concerned in studies of training in health, nutrition and social services and that it would also be necessary for him to prepare an overall analysis, as a basis for future policy, which could be discussed by the Board in June 1961. Upon the recommendation of the Executive Director, the Board allocated \$18 000 to be used by the Executive Director for consultant services. The Executive Director foresaw the possibility that this might not be sufficient to provide for the various consultants needed and that he might need to ask the Executive Board, at its session in December 1960, for a supplemental allocation.

¹ *Off. Rec. Wld Hlth Org.* 99, 87

4. *Health Matters*

4.1 *Report of the UNICEF/WHO Joint Committee on Health Policy*

4.1.1 *Recommendations on Maternal and Child Health Activities*

At the twelfth session of the UNICEF/WHO Joint Committee on Health Policy, held in December 1959, the Committee had before it a study on child care and nutrition education in maternal and child health centres. The Committee's conclusions,² which were accepted by the UNICEF Executive Board as a guide for emphasis in aid to maternal and child health programmes, included: (i) the integration of maternal and child health into general health services; (ii) the provision of more and better supervision in country programmes; (iii) the need for national tutorial personnel and the need for strengthening paediatric training at all levels; (iv) the broadening of the scope of the midwife's activities to include basic elements of child care at least up to school age; and (v) the inclusion of immunization programmes in the routine services for infants and young children catered for by maternal and child health centres. UNICEF was to intensify its assistance in this respect.

4.1.2 *Recommendations on Environmental Sanitation*

At its twelfth session in December 1959 the UNICEF/WHO Joint Committee on Health Policy reviewed programmes for aid in environmental sanitation.³ The Committee had reiterated the view of WHO that environmental sanitation was basic to all maternal and child health work and that sanitation in general, and water supply in particular, had a direct bearing on morbidity and mortality of children. The UNICEF Board adopted the recommendations of the Joint Committee on jointly-assisted environmental sanitation programmes.

4.1.3 *Terms of Reference of the UNICEF/WHO Joint Committee on Health Policy*⁴

The Executive Board approved the new terms of reference of the UNICEF/WHO Joint Committee on Health Policy as they had been approved by the WHO Executive Board at its twenty-fifth session in January 1960 (resolution EB25.R30). This constituted the last stage in the adoption of the terms of reference; which now read as follows:

- (1) to review from time to time the overall needs of mothers and children in the health field

² *Off. Rec. Wld Hlth Org.* 99, 85

³ *Off. Rec. Wld Hlth Org.* 99, 86

⁴ See p. 89 (section II, para. 4.4).

and to recommend to the UNICEF Executive Board the types of health programmes having as their objectives the improvement of the health of mothers and children which could appropriately receive UNICEF support;

(2) to receive and review progress and assessment reports presented either by the Director-General of the World Health Organization or the Executive Director of UNICEF on different types of jointly assisted health activities and to recommend to the UNICEF Executive Board any reorientation of health activities that may be necessary;

(3) to consider any other matters of joint interest to WHO and UNICEF which the Executive Board or the Secretariat of the two organizations may refer to this committee, and to recommend subsequent action to UNICEF and, when appropriate, on non-technical matters to the World Health Organization; and

(4) to report to the UNICEF and WHO Executive Boards on the foregoing matters.

4.2 *Election of UNICEF Representatives on the UNICEF/WHO Joint Committee on Health Policy*

The Board elected the following persons to serve as representatives and alternates at the thirteenth session of the Joint Committee:

Members

- Mr F. Schnyder (Switzerland), Chairman of the Board, *ex officio*
- Mr B. Karapandza (Yugoslavia), Chairman of the Programme Committee, *ex officio*
- Dr K. Bain (United States of America)
- Dr R. Debré (France)
- Dr W. Germer (Federal Republic of Germany)

Alternates

- Dr M. Daftari (Iran)
- Dr I. Dogramaci (Turkey)
- Dr B. Kozusznik (Poland)

4.3 *Disease Control*

4.3.1 *Malaria*

In September 1959 the UNICEF Executive Board reaffirmed its ceiling of annual allocations of \$10 000 000 for malaria. The Board then decided to review the scope of its aid for malaria campaigns again at its June 1961 session. A suggestion was made that it would be useful for WHO to provide to the Board not only an overall factual report on trends in malaria eradication work but also

information for each country assisted by UNICEF on the results thus far achieved and the prospects for the future.

At its March 1960 session the Board approved allocations totalling \$3.1 million for antimalaria campaigns.

4.3.2 *Tuberculosis*

It was pointed out in the Board discussion that tuberculosis was a growing problem in a number of developing countries where it was aggravated by industrialization. The Board looked forward with considerable interest to the review that WHO will present to the UNICEF/WHO Joint Committee on Health Policy at its thirteenth session and to the recommendations of the Joint Committee that would result.

4.3.3 *Other Diseases*

The Board briefly reviewed the progress made in the control of yaws, leprosy and trachoma. The first UNICEF aid for bilharziasis control was approved. This constituted aid for the first two years of a pilot project in the United Arab Republic (Province of Egypt) as part of a five-year project.

5. *Family and Child Welfare Services*

5.1 *Collaboration with the United Nations Bureau of Social Affairs*

Family and child welfare services constituted a new category of UNICEF aid comprising "social services for children" and "mothercraft and homecraft", the latter generally being closely associated with community development projects.

The UNICEF Board noted with interest that the United Nations General Assembly had approved an increase of \$275 000 for advisory social welfare services. This had enabled the Bureau of Social Affairs to meet requests from governments for technical assistance to implement the four social services projects approved by the UNICEF Board at its March 1960 session for Guatemala, Turkey, Uganda and the United Arab Republic (Province of Egypt).

5.2 *Social Services for Children*

The major emphasis in the four projects referred to above was on training at various levels. An attempt had been made in each of them to start at the point of greatest readiness by the country. The projects had been prepared with the help of a special consultant on child welfare engaged by the United Nations Bureau of Social Affairs.

The representative of WHO called attention to the basic importance of, and the need for greater attention to, the health aspects of social service projects, both in their planning and implementation. This view was generally endorsed by the UNICEF Board. The representative of WHO stated that his organization had an important interest in helping to ensure the full success of projects in this field, from the planning stage onwards, and it would welcome further consultations as to the extent of its participation.

The Director of the Bureau of Social Affairs pointed out that while the Bureau had primary technical responsibility for project development in this field, it believed in a comprehensive and co-ordinated approach and would welcome further consultation with the specialized agencies to this end.

5.3 *Mothercraft and Homecraft*

The UNICEF Board approved three projects for mothercraft and homecraft. The mother clubs, which were a key element in the projects, in addition to preparing women for greater participation in community life, provided a most efficient means of educating mothers in child care, home economics and hygiene. In the Board's discussion it was pointed out that the specialized agencies also were interested in these projects from the point of view of nutrition, health, home economics and education. Attention was directed to the importance of securing all the elements of international consultation and advice required without duplication or delay of project development.

6. Nutrition

6.1 *Distribution of Skim Milk*

The curtailment in the availability of skim milk powder for distribution through UNICEF continued to be a matter of considerable concern to the UNICEF Executive Board. Upon the advice of FAO and WHO, it had been agreed for some time that the nutritional needs of pre-school children and nursing and pregnant mothers were greater than those of school-age children and that they should receive priority in milk distribution schemes.

The representative of WHO gave an account of the criteria and priorities proposed by WHO for distribution of available dry skim milk supplies among the children and mothers. The Board considered this information valuable and endorsed the WHO recommendations. The need for maximum self-sufficiency of countries with respect to milk resources

was stressed, although it was acknowledged that in some cases it would be necessary to rely on imported supplies.

It was announced that the United States of America had advised UNICEF that some donated milk would be available for consumption in 1961. The generosity of the United States Government was appreciated by the Board, which also expressed its appreciation for a donation announced by Switzerland of 345 tons of whole milk powder for distribution to especially high priority groups.

The Board approved recommendations and priorities for the distribution of surplus dried milk as proposed by the Executive Director of UNICEF.

6.2 *High-protein Foods*

There was considerable discussion of the development of new high-protein foods, and the Board especially appreciated hearing a progress report by Dr Gyorgy, Acting Chairman of the WHO Protein Advisory Group. The relationship between malnutrition and infant mortality, and the economic aspects of the production and distribution of new protein-rich foods, seemed of special interest to some members. In reply to various questions, Dr Gyorgy indicated that general economic questions did not come within the terms of reference of the Protein Advisory Group; nevertheless the cost aspects of new high-protein foods presented certain noteworthy features. A new mixture, now ready for marketing in Central America, would provide inexpensive protein. In fish-flour production many technical difficulties remained to be solved and studies and clinical investigations were in progress. The general effort to develop high-protein food substitutes would depend on continued assistance from UNICEF and other organizations.

The WHO representative informed the Board that, on the initiative of the Director-General of WHO, the *de facto* tripartite character of the Protein Advisory Group was to be formalized by reorganizing it as an advisory body to UNICEF, FAO and WHO, with eight members designated jointly by the three organizations. The Board took note of this information with gratification and expressed its thanks to the members of the Group and to the secretariats.

6.3 *Nutrition Education and Related Activities*

The Board approved allocations to four new projects in the field of nutrition education and related activities. It also approved an inter-regional

block allocation of \$50 000 to permit the Executive Director to help governments to undertake nutrition surveys as a basis for planning projects for which UNICEF aid might be requested.

The UNICEF Board was informed that an FAO Regional Office for Africa had been established in Accra, Ghana, in September 1959.

6.4 *UNICEF/FAO Collaboration in the Freedom-from-Hunger Campaign*

The Executive Director of UNICEF informed the Board that in recent consultations with the Director-General of FAO he had expressed the readiness of UNICEF to work in close co-operation with FAO in the Freedom-from-Hunger Campaign.

6.5 *FAO/UNICEF Joint Policy Committee*

The Board selected the following UNICEF representation for the next session of the FAO/UNICEF

Joint Policy Committee: the Chairman of the Executive Board, the Chairman of the Programme Committee (by virtue of their office), and representatives to be selected by the Governments of Bulgaria, Indonesia and Tunisia. The Board also decided that alternate representatives would be selected by the Governments of Belgium, India, Italy and Mexico.

7. **Emergency Aid**

The Board agreed that the policy with respect to emergency assistance should continue; that attention should be given to long-range as well as to immediate aid to victims of natural disaster and that there should be closer consultations with voluntary organizations, such as the international Red Cross bodies, in order to ensure the most efficient use of all available resources.

Annex 14

INTERNATIONAL ENCOURAGEMENT OF SCIENTIFIC RESEARCH INTO THE CONTROL OF CANCEROUS DISEASES (RESOLUTION 1398 (XIV) OF THE UNITED NATIONS GENERAL ASSEMBLY)¹

1. REPORT BY THE DIRECTOR-GENERAL

[A13/P&B/13 — 24 March 1960]

In resolution EB25.R68, on international encouragement of scientific research into the control of cancerous diseases, the Executive Board decided to transmit to the Health Assembly the Director-General's report on the subject, incorporating resolution 1398 (XIV) of the United Nations General Assembly and excerpts from the reports of the Third and Fifth Committees. This report is reproduced in the appendix to this annex (page 99).

The Executive Board further requested the Director General to study with the Secretary-General of the United Nations the best way in which to award the prizes mentioned in resolution 1398 (XIV) of the

General Assembly and to report thereon to the Thirteenth World Health Assembly.

In pursuance of these instructions, the Director-General communicated resolution EB25.R68 to the Secretary-General of the United Nations on 22 February 1960. Preliminary conversations of an exploratory nature were held towards the end of the same month with a senior representative of the Secretary-General concerning the best way in which to award the prizes. No definite agreement has yet been reached but further developments will be reported to the Health Assembly in a supplementary report (see part 2 below).

2. SUPPLEMENTARY REPORT BY THE DIRECTOR-GENERAL

[A13/P&B/13 Add. 1² — 28 April 1960]

1. **Introduction**

Since the preparation and distribution of the Director-General's report (part 1 above) dealing with the award of prizes for research in cancer, established by the United Nations in its resolution 1398 (XIV)

of 20 November 1959, further exchanges have taken place between the representatives of the Secretary-General of the United Nations and the Director-General of the World Health Organization on the subject. Based on these exchanges, the

¹ See resolution WHA13.68.

² As modified at the twelfth plenary meeting, 20 May 1960 (see *Official Records* No. 103)

Director-General now submits to the World Health Assembly the following suggestions for consideration.

2. Nature and Financing of Awards

2.1 The General Assembly of the United Nations, in its resolution on cancer research, decided, *inter alia*, "to renew this award periodically as long as it is considered necessary". Given this decision, it would appear logical to establish the resources to be made available for the purpose of awarding the prizes as an endowment fund. The interest earned on the fund would be used to award prizes periodically—such prizes to be given only when outstanding work in the field of cancer research has been performed and, of course, subject to the amount of interest earned. The Director-General believes that the United Nations is likely to be interested in the idea of endowing the awards because, should that be done, the recurring costs would not have to be financed by special budgetary provision from time to time. The World Health Assembly could include this suggestion in the recommendations to the United Nations.

2.2 It would appear that the prestige value of receiving such an award, together with the cash value which should be possible under the endowment plan, would be well suited to meet the intent of the resolution of the General Assembly of the United Nations.

2.3 If it were necessary, so that the award could be presented in person, to provide for travel costs of the recipient, those costs might have to be financed from the interest earned, if no other sources of financing for the purpose are available.

2.4 The endowment could be so established that, as circumstances warranted from time to time, the purposes for which the endowment will be used could be changed.

3. Method of making Nominations

It is suggested that nominations for the awards be invited from the following sources:

- (a) Governments of Member States; governments might be asked to set up committees of experts in the research field, to propose candidates or institutions.
- (b) Members of WHO Expert Advisory Panels on cancer and other related fields.
- (c) Medical research organizations or outstanding academic institutions in various parts of the world selected in consultation with Member States.
- (d) The International Union against Cancer.

No nominations should be considered outside of established channels. It must be recognized that,

otherwise, unsound proposals are likely to be put forward.

4. Screening of Candidates

Once nominations are made, a screening procedure would be indicated. Drawing on WHO experience, the following procedure is proposed:

- (a) First selection of candidates for United Nations Cancer Prizes by an expert committee drawn, according to regulations, from WHO Expert Advisory Panels on cancer and related subjects. The committee would consider all nominations and prepare a list of recommended candidates, in order of priority, for five subjects: preventive methods, diagnostic methods, epidemiological studies, treatment, and basic research.
- (b) Final selection of candidates for the award of prizes by the Executive Board of WHO which may wish to establish an ad hoc committee for the purpose.
- (c) Consideration of the recommendation of the Executive Board by the World Health Assembly. If approved, the decision would be transmitted to the Secretary-General of the United Nations. If the Assembly would not approve the decision of the Executive Board, the matter would be referred back to the Board for reconsideration.

5. The Secretary-General of the United Nations has indicated his general acceptance of the proposals in regard to the screening procedures. At the same time he points out that the suggestion for the setting up of an endowment fund would scale down the financial value of the awards and would involve a departure from the trend of the views expressed in the General Assembly. Should the Health Assembly concur with such suggestions, they would have to be submitted to the General Assembly of the United Nations.

6. Action required

The Assembly, after considering the various points in this proposal, may wish to make recommendations on:

- (i) whether this is the best way to award the prizes established by resolution 1398 (XIV) of the General Assembly of the United Nations;
- (ii) the establishment of an endowment fund for the prizes;
- (iii) the method of nominating the candidates for the awards;
- (iv) the screening procedure.

The Director-General will communicate to the United Nations the recommendations of the World Health Assembly.

Appendix

REPORT BY THE DIRECTOR-GENERAL TO THE EXECUTIVE BOARD AT ITS TWENTY-FIFTH SESSION

The Director-General has the honour to bring to the attention of the Board the resolution adopted by the General Assembly of the United Nations at its fourteenth session on 20 November 1959 concerning international encouragement of scientific research into the control of cancerous diseases.

The relevant excerpts of the reports of the Third and Fifth Committees of the General Assembly are also presented in this connexion.

I. Resolution 1398 (XIV): International Encouragement of Scientific Research into the Control of Cancerous Diseases

The General Assembly,

Considering that cancerous diseases are at present among the diseases most dangerous to mankind,

Recognizing the general desire of all mankind to eliminate wide-spread cancerous diseases,

Noting with approval the useful work carried out by the World Health Organization, the International Union against Cancer and national organizations for the control of cancerous diseases,

Recognizing further that the national and international efforts so far undertaken for the control of cancerous diseases have not yielded sufficiently effective results,

Wishing to encourage further scientific efforts in this field in all countries and international institutions,

1. *Decides* to institute suitable prizes of a total value of \$100 000—the prizes to be known as United Nations prizes—to be awarded for the most outstanding scientific research work in the causes and control of cancerous diseases, and requests the Secretary-General to arrange for the awarding of the prizes during the next four years, on the recommendation of the World Health Organization, and to renew this award periodically as long as it is considered necessary;

2. *Invites* the World Health Organization to consider, in accordance with article IV of the Agreement between the United Nations and the World Health Organization, what further steps may be taken to encourage efforts in the field of the control of cancerous diseases;

3. *Also invites* the World Health Organization to seek the full support and scientific advice of the International Union against Cancer for this purpose;

4. *Requests* the World Health Organization to inform the United Nations General Assembly as soon as possible of the progress achieved in the control of cancerous diseases.

II. Excerpt from the Report of the Third Committee ¹

4. The representative of the Byelorussian SSR opened the debate by introducing the revised draft resolution

submitted by his delegation (A/C.3/L.772/Rev.1). He stated that, despite the efforts of generations of scientists, the causes of cancerous diseases were still unknown and no effective methods of treatment had been found. In a large number of countries, they were second only to cardiovascular diseases as a cause of death. The mortality rates for those diseases had risen from 64 per 100 000 in 1900 to 147 per 100 000 in 1955. At the present time, approximately 5 million of the world's inhabitants were suffering from cancerous diseases. Although cancer affected mainly the middle-aged and the elderly, it was now appearing to an increasing degree among younger age groups.

5. He referred to measures taken in the Soviet Union and the United States with regard to control of cancer and expressed his belief that joint efforts on the part of scientists from all countries were called for in the fight against cancer.

6. The causes of cancer were still unknown. The virus theory had not been corroborated by the discovery of any causative viral agent in man. A most important means of shedding light on the causes of cancerous diseases was a study of their characteristics by countries and of the relationship between particular types of cancerous tumours and geographical, climatic, occupational and other factors. The lower mortality rate for cancer found in the under-developed countries could be explained in terms of incomplete assessment of causes of death by the inadequately developed medical and health services of those countries. One of the important tasks of the new science of medical geography would be to prepare maps showing the distribution of cancer throughout the world and to carry out regional studies.

7. The representative of the Byelorussian SSR commended the efforts of the World Health Organization (WHO) and the International Union against Cancer, but felt that it would be desirable that both organizations, in their long-range programmes, should intensify co-ordination of scientific research plans and should organize exchanges of information and experience through visits of outstanding medical cancer specialists.

8. He did not believe that the expenditure of \$100 000 every four years, as proposed in the draft resolution, would give rise to any difficulties. While the greatest reward for any scientist responsible for advances in cancer research would be the gratitude and recognition of all mankind, the prizes provided for would represent a concrete manifestation of that recognition.

9. He knew that some delegations felt that the matter of cancer control was one which properly belonged to WHO. However, the problem was so urgent and important that only an organization with the authority of the United Nations could deal with it.

¹ UN document A/4279 (Mimeographed version)

11. Many speakers congratulated the Byelorussian delegation on its humanitarian initiative. It was also pointed out that much time and money was being wasted as a result of unsatisfactory co-ordination of the research undertaken in various countries. Cancer-control campaigns had already been organized in a number of countries. It was felt that every national action should be encouraged and supplemented by an international effort.

12. Several speakers drew attention to the fact that WHO had been concerned with the question for many years, and that, in its work, it co-operated with such specialized agencies as the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) and with various scientific organizations. It was recalled that a proposal had been adopted at the Eleventh World Health Assembly that an extensive examination be made of the role of WHO in medical and health research. The report which had followed contained, *inter alia*, certain recommendations for increasing the world research potential against cancer. Considerable contributions had been subsequently made to the special account for medical research in order to enable WHO to give additional impetus to the intensified research programme.

13. Some delegations pointed out that WHO should be given the principal responsibility for action in the field referred to in the Byelorussian draft resolution, and that the International Union against Cancer could not be placed on an equal footing with it. It was also argued that the General Assembly should not, in the form of a resolution, express its views on the subject of activities within the purview of a specialized agency, unless that agency had clearly failed in the performance of its tasks. The need for consultation and proper co-ordination between the United Nations and the specialized agencies was also stressed.

14. Some speakers questioned the awarding of prizes as the best way to encourage the efforts of scientists. It was suggested that the money could be employed rather for the purchase of equipment or the provision of fellowships. Others felt, however, that the prizes would draw public attention to the work of the scientists and to the non-political activities of the United Nations.

15. The representative of WHO reviewed the position of his organization in the campaign against cancer. In its early days, WHO had confined its work on cancer mainly to the granting of fellowships for advanced study abroad and to the preparation of certain statistical studies. It had also recommended standard definitions, nomenclatures and classifications, and had promoted the adoption of common techniques of diagnosis and treatment. The assessment of the results of the different treatments of cancer—surgical, radiological and others—had likewise received attention. This was followed by recommendations concerning the establishment of certain national laboratories as reference laboratories. He recalled that UNESCO had undertaken international programmes of research into physical, chemical and biological phenomena of cell growth. WHO co-operated actively also with the International Union against

Cancer and the International Congress on Radiology. In March 1959 a special scientific group on cancer research, convened by the Director-General of WHO, had outlined certain areas where cancer research could be advanced by multinational or international action with WHO serving as the central point. The experts had suggested that co-ordinated studies should be made on all agents suspected of causing cancer. A research programme, based on the recommendations of twenty-one such groups convened by the Director-General, had been approved by the Twelfth World Health Assembly. A sum of \$500 000 had been added to the 1960 regular budget for the programme and a special account had been established to enable WHO to accept voluntary contributions.

16. The representative of the Secretary-General stated that it was for the Third Committee to decide whether it wished to recommend the award of prizes to encourage scientific research into the control of cancerous diseases, or whether it preferred to refer the proposal now before it to WHO. The Secretary-General saw no objection to establishing United Nations prizes for that purpose, provided that the responsibility of deciding to whom they should be awarded was entrusted to WHO. The question of the financial implications would have to be dealt with by the Fifth Committee, which might prefer that the proposed amount of \$100 000 be kept in a special account rather than be included in the regular budget of the United Nations. He added that the Fifth Committee might consider it an unusual procedure to make the funds for the prizes available to WHO, since that organization's financial resources, like those of the United Nations, were provided by contributions from Member States.

The Third Committee made several amendments to the original text proposed by the Byelorussian delegation and recommended by 60 votes to none with 15 abstentions the adoption of the resolution, as amended, by the General Assembly.

The General Assembly, having made a slight verbal change, approved the resolution as set out in section I above by 68 votes to none with 13 abstentions.

III. Excerpt from the Report of the Fifth Committee ¹

2. A note by the Secretary-General (A/C.5/803) indicated:
 - (a) that no expenditure would arise in 1960;
 - (b) that the Secretary-General proposed to submit suggestions for alternative methods of financing to the General Assembly at its next session; and
 - (c) that the Advisory Committee on Administrative and Budgetary Questions concurred in the approach outlined in the Secretary-General's note (A/C.5/803).
3. The Fifth Committee decided to inform the General Assembly that the adoption of the draft resolution submitted by the Third Committee (A/4279, para. 23) would not give rise to expenditure in 1960, and that the Secretary-General would present to the Assembly at its fifteenth session suggestions for alternative methods of financing the awards mentioned in operative paragraph 1 of the proposed text.

¹ UN document A/4289 (Mimeographed version)

INDEX

TO THE RESOLUTIONS AND DECISIONS

INDEX TO THE RESOLUTIONS AND DECISIONS

The resolutions are printed, in the serial order of the resolution symbols, on pages 1 to 31. The procedural decisions, indicated by roman numerals in brackets, appear on pages 31 and 32.

	<i>Resolution No.</i>		<i>Resolution No.</i>
Agenda, adoption,	(vii)	Contributions, status of collection,	WHA13.47
Aircraft General Declaration,	WHA13.59	Cost-of-living movements,	WHA13.44
Annual Report of the Director-General for 1959,	WHA13.37	Credentials, verification,	(iii)
Appropriation Resolution for 1961,	WHA13.38	Cyprus, admission to associate membership,	WHA13.4
Assessments			
Associate Members,	WHA13.16	Declaration of the Rights of the Child,	WHA13.63
Cameroun,	WHA13.16	Director-General	
Kuwait,	WHA13.16	Annual Report for 1959,	WHA13.37
Republic of Guinea,	WHA13.17	renewal of contract,	WHA13.39
Republic of Togo,	WHA13.16	Disarmament,	WHA13.67
scale for 1961,	WHA13.18	Drugs, narcotic, draft Single Convention,	WHA13.50
for Working Capital Fund,	WHA13.41		
Associate Members, new,			
admission		Education and training of professional and	
Central African Republic,	WHA13.5	technical personnel	
Cyprus,	WHA13.4	malaria eradication,	WHA13.55
Gabon Republic,	WHA13.8	medical research,	WHA13.64
Mali Federation,	WHA13.12	radiation health,	WHA13.56
Republic of the Congo,	WHA13.6	Executive Board	
Republic of the Ivory Coast,	WHA13.7	ad hoc committee, report,	WHA13.13
Republic of the Niger,	WHA13.10	election of Members entitled to designate a	
Republic of the Upper Volta,	WHA13.9	person to serve on,	WHA13.27
assistance to, in 1961,	WHA13.29	increase in membership,	WHA13.32
Atomic energy, health problems,	WHA13.56	procedure for elections,	WHA13.43
Auditor, <i>see</i> External Auditor		organizational study	
		next subject,	WHA13.61
Brussels Agreement of 1924,	WHA13.52	on publications,	WHA13.60
Budget		reports on twenty-fourth and twenty-fifth	
assistance to new Members and Associate		sessions,	WHA13.69
Members in 1961,	WHA13.29	review of expert committee reports, procedure,	WHA13.49
level for 1961, and effective working budget,	WHA13.28	session to be held in New Delhi,	WHA13.14
<i>See also</i> Programme, budget and related		Expert Committee on Venereal Infections and	
matters		Treponematoses, fifth report,	WHA13.52
Cameroun		Expert committee reports, procedure for review,	WHA13.49
admission to membership,	WHA13.2	External Auditor	
assessment,	WHA13.16	appointment,	WHA13.30
Cancer research,	WHA13.68	report for 1959,	WHA13.13
Central African Republic, admission to associate		report for 1960, suspension of rules of pro-	
membership,	WHA13.5	cedure regarding,	WHA13.14
Committee on Administration, Finance and			
Legal Matters		Financial Rules, amendments,	WHA13.20
election of officers,	(v)	Flag, official, of WHO,	WHA13.26
terms of reference,	WHA13.1	Fourteenth World Health Assembly, place of	
Committee on Credentials, composition,	(i)	meeting,	WHA13.14
Committee on International Quarantine, seventh			
report,	WHA13.58	Gabon Republic, admission to associate mem-	
Committee on Nominations, composition,	(ii)	bership,	WHA13.8
Committee on Programme and Budget		General Committee, establishment,	(vi)
election of officers,	(v)	General programme of work for 1962-65,	WHA13.57
terms of reference,	WHA13.1	Guinea, Republic of, assessment for 1960,	WHA13.17
Congo, Republic of the, admission to associate			
membership,	WHA13.6	Headquarters accommodation,	WHA13.46
Constitution of WHO, amendments to increase		reimbursement by United Nations,	WHA13.42
membership of Executive Board,	WHA13.32		

	<i>Resolution No.</i>		<i>Resolution No.</i>
India, arrangements for Fourteenth World Health Assembly in,	WHA13.14	Publications	
International Atomic Energy Agency		expert committee reports,	WHA13.49
co-operation with,	WHA13.56	organizational study,	WHA13.60
decisions affecting WHO,	WHA13.66	use of Russian language,	WHA13.15
on administrative and financial questions,	WHA13.44	Radiation hazards, protection from,	WHA13.56
International Sanitary Regulations, amendments concerning Aircraft General Declaration,	WHA13.59	Regional Office for South-East Asia, accommodation,	WHA13.25
Ivory Coast, Republic of the, admission to associate membership,	WHA13.7	Regulations for Expert Advisory Panels and Committees, amendments,	WHA13.49
Kuwait		Republic of the Congo, admission to associate membership,	WHA13.6
admission to membership,	WHA13.11	Republic of Guinea, assessment for 1960,	WHA13.17
assessment,	WHA13.16	Republic of the Ivory Coast, admission to associate membership,	WHA13.7
League of Arab States, proposed agreement with WHO,	WHA13.48	Republic of the Niger, admission to associate membership,	WHA13.10
Main committees		Republic of Togo	
election of officers,	(v)	admission to membership,	WHA13.3
terms of reference,	WHA13.1	assessment,	WHA13.16
Malaria eradication,	WHA13.55	Republic of the Upper Volta, admission to associate membership,	WHA13.9
and other vector-borne diseases,	WHA13.54	Research, medical,	WHA13.64
Malaria Eradication Special Account,	WHA13.45	cancer,	WHA13.68
Mali Federation, admission to associate membership,	WHA13.12	Rules of Procedure, <i>see under</i> World Health Assembly	
Maternal and child health,	WHA13.63	Russian language, extension of use,	WHA13.15
Medical research,	WHA13.64	Seafarers	
cancer,	WHA13.68	health problems and services,	WHA13.51
Member States, new		venereal disease treatment,	WHA13.52
admission		Smallpox eradication,	WHA13.53
Cameroun,	WHA13.2	contributions to Special Account,	WHA13.23
Kuwait,	WHA13.11	Smallpox vaccines,	WHA13.23
Republic of Togo,	WHA13.3	South-East Asia Regional Office accommodation,	WHA13.25
assistance to, in 1961,	WHA13.29	Special Account for Community Water Supply Programme, report on contributions,	WHA13.22
<i>See also</i> Associate Members		Special account for malaria eradication, <i>see</i> Malaria Eradication Special Account	
Narcotic Drugs, draft Single Convention,	WHA13.50	Special Account for Medical Research, report on contributions,	WHA13.22
National health services, career appointments,	WHA13.36	Special Account for Smallpox Eradication, report on contributions,	WHA13.23
New Delhi, place of meeting of Fourteenth World Health Assembly,	WHA13.14	Special accounts, amalgamation,	WHA13.24
Niger, Republic of the, admission to associate membership,	WHA13.10	Special Fund of the United Nations, agreement with,	WHA13.31
Officers		Specialized agencies	
of Health Assembly,	(iv)	co-ordination with (organizational study),	WHA13.61
of main committees,	(v)	decisions affecting WHO,	WHA13.66
<i>Official Records</i> , length of volumes,	WHA13.60	on administrative and financial questions,	WHA13.44
Organizational study		Staff Rules, amendments,	WHA13.21
next subject,	WHA13.61		
on publications,	WHA13.60		
Palais des Nations, extension, reimbursement of WHO by United Nations,	WHA13.42	Togo, Republic of	
Pension Board, United Nations Joint Staff, report for 1958,	WHA13.33	admission to membership,	WHA13.3
Pension Committee, WHO Staff, appointment of representatives,	WHA13.34	assessment,	WHA13.16
Personnel for national health services, appointments policy,	WHA13.36	United Nations	
Programme, budget and related matters, procedure for examining,	WHA13.35	co-ordination with (organizational study),	WHA13.61
Programme evaluation,	WHA13.65	decisions affecting WHO,	WHA13.66
Programme of work, general, for 1962-65,	WHA13.57	on administrative and financial questions,	WHA13.44
		General Assembly resolutions	
		on cancer research,	WHA13.68
		on disarmament,	WHA13.67
		on effects of radiation,	WHA13.56

	<i>Resolution No.</i>		<i>Resolution No.</i>
United Nations Advisory Committee on Administrative and Budgetary Questions,	WHA13.35	Vector-borne diseases and malaria eradication,	WHA13.54
United Nations Children's Fund (UNICEF), co-operation with,	WHA13.63	Venereal disease treatment of seafarers,	WHA13.52
United Nations Joint Staff Pension Board, report for 1958,	WHA13.33	Voluntary Fund for Health Promotion, establishment,	WHA13.24
United Nations Relief and Works Agency for Palestine Refugees in the Near East, extension of agreement with,	WHA13.62	Working Capital Fund	
United Nations Scientific Committee on the Effects of Atomic Radiation,	WHA13.56	advances to, status of collection,	WHA13.47
United Nations Special Fund, agreement with,	WHA13.31	scale of assessment for and amount of,	WHA13.41
Upper Volta, Republic of the, admission to associate membership,	WHA13.9	World Health Assembly	
Vaccine, smallpox,	WHA13.23	Fourteenth, place of meeting,	WHA13.14
		length of sessions,	WHA13.40
		procedure for examining programme, budget and related matters,	WHA13.35
		Rules of Procedure	
		amendments,	WHA13.43
		suspension of certain provisions,	WHA13.14
		World Health Year,	WHA13.65