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
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
EPTA — Expanded Programme of Technical Assistance
FAO — Food and Agriculture Organization
IAEA — International Atomic Energy Agency
ICAO — International Civil Aviation Organization
ILO — International Labour Organisation (Office)
IMCO — Inter-Governmental Maritime Consultative Organization
ITU — International Telecommunication Union
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
UNSCERAR — United Nations Scientific Committee on the Effects of Atomic Radiation
WFUNA — World Federation of United Nations Associations
WMO — World Meteorological Organization

The designations employed and the presentation of the material in the *Official Records of the World Health Organization* do not imply the expression of any opinion whatsoever on the part of the Director-General concerning the legal status of any country or territory or of its authorities, or concerning the delimitation of its frontiers.
The Eighteenth World Health Assembly, held at the Palais des Nations, Geneva, from 4 to 21 May 1965, was convened in accordance with resolution WHA17.28 of the Seventeenth World Health Assembly and resolution EB34.R14 of the Executive Board (thirty-fourth session).

The proceedings of the Eighteenth World Health Assembly are published in two parts. The resolutions, with annexes, are printed in Official Records No. 143. The records of plenary and committee meetings, list of participants, agenda and other material are contained in the present volume.
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MEMBERSHIP OF THE HEALTH ASSEMBLY

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Technical Assistance Board

Mr R. etchats, Representative of the Technical Assistance Board and Special Fund in Europe

International Labour Organisation

Mr P. D. ORLOV, Special Assistant to the Director-General

Dr R. A. Metall, Chief, Welfare and Discrimination Branch

Mr D. FARMAFARMAI, International Organisations Branch

Dr G. ZUEV, Occupational Safety and Health Branch

Food and Agriculture Organization

Mr P. LAMARTINE-YATES, FAO Regional Representative for Europe

Mr G. O. KERMODE, Officer in Charge, Joint FAO/WHO Food Standards Programme

Miss E. B. YOUNIE, Liaison Officer, International Agency Liaison Branch, Programme Liaison Division

United Nations Educational, Scientific and Cultural Organization

Dr B. KEIL, Department of Advancement of Science

International Civil Aviation Organization

Mr E. M. LEWIS, External Relations Officer

International Bank for Reconstruction and Development

Mr F. CONSOLO, Special Representative for United Nations Organizations
Dr E. Lopez-Herrarte, European Office of the Bank

World Meteorological Organization
Mr J. R. Rivet, Deputy Secretary-General

International Atomic Energy Agency
Professor R. G. Jaeger, Liaison Officer with WHO

REPRESENTATIVES OF OTHER INTERGOVERNMENTAL ORGANIZATIONS

Council of Europe
Mr H. Pfeffermann, Chief, Public Health Division

Intergovernmental Committee for European Migration
Dr C. Schou, Senior Medical Officer

International Committee of Military Medicine and Pharmacy
Général Médecin J. Voncken, Secretary-General

Organization of American States
Mr R. C. Migone, Representative in Europe
Mr L. O. Delwарт, Alternate Representative in Europe

REPRESENTATIVES OF NON-GOVERNMENTAL ORGANIZATIONS IN OFFICIAL RELATIONS WITH WHO

Central Council for Health Education
Dr A. J. Dalzell-Ward, Medical Director

Council for International Organizations of Medical Sciences
Professor G. A. Canaperia
Dr P.-A. Messerli, Executive Secretary

International Air Transport Association
Mr R. W. Bonhoff

International Association of Microbiological Societies
Professor R. H. Regamey

International Association for Prevention of Blindness
Dr A. Ricci
Dr F. Ammann

International Astronautical Federation
Professor F. M. Violette

International Committee of Catholic Nurses
Miss G. van Massenhove, Secretary-General
Miss L. Charles-Roques
Miss M. Heymans
Miss M. Camerlinck

International Committee of the Red Cross
Mr F. de Reynold, Chief, Liaison Service
Mr S. Nessi, Legal Officer

International Confederation of Midwives
Miss H. Paillard

International Conference of Social Work
Mrs K. Katzki, Geneva Representative

International Council on Jewish Social and Welfare Services
Mr C. H. Jordan, Executive Secretary
Dr A. Gonik, Head of the Medical Department
Mr D. Lack, Legal Adviser

International Council of Nurses
Miss M. J. Marriott, Treasurer

International Dental Federation
Professor L. J. Baume
Dr C. L. Bouvier
MEMBERSHIP OF THE HEALTH ASSEMBLY

International Diabetes Federation
Dr B. Rilliet, Liaison Officer

International Federation of Gynecology and Obstetrics
Professor P. H. de Watteville, Secretary-General
Dr R. Borth

International Fertility Association
Professor P. H. de Watteville, Vice-President

International Hospital Federation
Mr D. G. Harrison Hawes, Director-General

International League against Rheumatism
Professor F. Delbarre, Secretary for European and Asian Countries

International Organization against Trachoma
Professor A. Franceschetti, Liaison Officer
Dr A. Ricci
Dr F. Ammann

International Society of Blood Transfusion
Professor R. Fischer, Director, Blood Transfusion Center

International Society of Cardiology
Professor P. W. Duchosal, President
Dr P. Bussat

International Society for Criminology
Mr J. Bernheim
Mr E. Frey

International Society for Rehabilitation of the Disabled
Miss A. E. Moser

International Union of Architects
Professor C.-E. Geisenendorf

International Union against Cancer
Professor A. Haddow, President
Dr P. Denoix, Vice-President for Europe
Professor O. Mühlbock, Chairman, Commission on Research
Dr J. F. Delafresnaye, Director, Geneva Office

International Union for Child Welfare
Dr G. Dybwad
Dr Rosemary Dybwad
Miss A. E. Moser, Deputy Secretary-General

International Union for Health Education
Professor J. Bosch-Marín, Vice-President for Europe
Mrs A. Le Meitour-Kaplun, Senior Adviser
Dr J. Fervel, Executive Secretary

International Union of Local Authorities
Mr F. Cottier

International Union of Pure and Applied Chemistry
Dr R. Morf, Secretary-General

International Union against Tuberculosis
Dr J. Holm, Executive Director

International Union against the Venereal Diseases and the Treponematoses
Professor G. A. Canaperia, Secretary-General

League of Red Cross Societies
Mr Nedim Abut, Under Secretary General
Dr Z. S. Hantchef, Medical Director
Dr H. Zielinski, Deputy Director, Health and Social Service Bureau
Miss Y. Hentsch, Director, Nursing Bureau
Miss N. Minogue, Administrative Officer, Development Programme Section

Medical Women's International Association
Dr Renée Voluter de Loriol
Dr Anne Audéoud-Naville

World Confederation for Physical Therapy
Mr C. Marti

World Federation for Mental Health
Dr F. Cloutier, Director-General
Dr Anne Audéoud-Naville

World Federation of Occupational Therapists
Dr A. Constance Owens
Miss I. Pålsson
Miss H. Bodmer
World Federation of Societies of Anaesthesiologists
Dr M. Gemperle

World Federation of United Nations Associations
Mr J. G. G. de Geer, Secretary-General

World Medical Association
Dr J. Maystre, Liaison Officer

World Psychiatric Association
Professor J. de Aluriaguerra

World Veterans Federation
Mrs M. Cowburn, Rehabilitation Officer

World Veterinary Association
Professor W. I. B. Beveridge, President
OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President:
Dr V. V. OLGUÍN (Argentina)

Vice-Presidents:
Dr S. AL-SAMMARRAI (Iraq)
Dr A. ENGEL (Sweden)
Mr O. OWUSU-AFRIYIE (Ghana)

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

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Brazil, Dahomey, Iran, Ireland, Italy, Lebanon, Nigeria, Philippines, Romania, Switzerland, Thailand, and Venezuela.
Chairman: Mr T. J. BRADY (Ireland)
Vice-Chairman: Dr J. ANOUTI (Lebanon)
Rapporteur: Dr M. ALDEA (Romania)
Secretary: Mr C.-H. VIGNES, Legal Office

Committee on Nominations

The Committee on Nominations was composed of delegates of the following Member States: Afghanistan, Argentina, Australia, Austria, Cameroon, Chile, Denmark, Ecuador, Ethiopia, France, Ghana, India, Japan, Panama, Poland, Saudi Arabia, Senegal, Sudan, Syria, Turkey, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, and the United States of America.
Chairman: Professor E. J. AUJALEU (France)
Secretary: Dr M. G. CANDAU, Director-General

General Committee

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following Member States: Ethiopia, France, Guinea, Ivory Coast, Japan, Kenya, Mali, Mexico, Pakistan, Peru, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Venezuela.
Chairman: Dr V. V. OLGUÍN (Argentina)
Secretary: Dr M. G. CANDAU, Director-General

MAIN COMMITTEES

Programme and Budget
Chairman: Dr A. L. MUDALIAR (India)
Vice-Chairman: Professor R. GERIĆ (Yugoslavia)
Rapporteur: Dr V. M. VOVOR (Togo); later, Dr J.-C. HAPPI (Cameroon)
Secretary: Dr P. M. KAUL, Assistant Director-General

Administration, Finance and Legal Matters
Chairman: Professor R. VANNUGLI (Italy)
Vice-Chairman: Mr Y. SAITO (Japan)
Rapporteur: Mr J. DE CONINCK (Belgium)
Secretary: Mr M. P. SIEGEL, Assistant Director-General
AGENDA ¹

[A18/1 and Add.1 and Add.2 — 1 March, and 3 and 7 May 1965]

1. PLENARY MEETINGS

1.1 Opening of the session

1.2 Appointment of the Committee on Credentials

1.3 Election of the Committee on Nominations

1.4 Election of the President and the three Vice-Presidents

1.5 Election of the Chairman of the Committee on Programme and Budget

1.6 Election of the Chairman of the Committee on Administration, Finance and Legal Matters

1.7 Establishment of the General Committee

1.8 Adoption of the agenda and allocation of items to the main committees

1.9 Proposed amendments to the Rules of Procedure of the World Health Assembly

1.10 Review and approval of the reports of the Executive Board on its thirty-fourth and thirty-fifth sessions


1.12 [Deleted]

1.13 Election of Members entitled to designate a person to serve on the Executive Board

1.14 Award of a prize for research work on mental subnormality (Report of the Léon Bernard Foundation Committee acting as selection committee)

1.15 Approval of reports of main committees

1.16 Closure of the Eighteenth World Health Assembly

2. COMMITTEE ON PROGRAMME AND BUDGET

2.1 Election of Vice-Chairman and Rapporteur

2.2 Review and approval of the programme and budget estimates for 1966

2.2.1 Examination of the main features of the programme

2.2.2 Recommendation of the budgetary ceiling

2.2.3 Detailed review of the operating programme

¹ Adopted at the third and eighth plenary meetings.
PROGRAMME MATTERS

2.3 Fourth general programme of work covering a specific period (1967-1971)

2.4 Report on development of the malaria eradication programme

2.5 Report on the smallpox eradication programme

2.6 Medical research programme
   2.6.1 Proposal for the establishment of a World Health Research Centre
   2.6.2 Participation of WHO in an International Agency for Research on Cancer

2.7 International quarantine
   2.7.1 Consideration of the thirteenth report of the Committee on International Quarantine
   2.7.2 Proposed amendments to Appendix 4 of the International Sanitary Regulations (International Certificate of Vaccination or Revaccination against Smallpox)
   2.7.3* Extension of maximum validity of the International Certificate of Vaccination or Revaccination against Yellow Fever

2.8 Quality control of pharmaceutical preparations

2.9 International standards and units for biological substances

2.10 Joint FAO/WHO Food Standards Programme (*Codex Alimentarius*)

2.11 Organizational study of the Executive Board: Methods of Planning and Execution of Projects

CO-OPERATION WITH OTHER ORGANIZATIONS

2.12 Decisions of the United Nations, the specialized agencies and the International Atomic Energy Agency affecting WHO's activities (programme matters)

3. COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

3.1 Election of Vice-Chairman and Rapporteur

3.2 Consideration of the establishment of a Legal Sub-Committee

3.3 Supplementary budget estimates for 1965

3.4 Review of programme and budget estimates for 1966 relating to:
   3.4.1 Organizational meetings
   3.4.2 Administrative services
   3.4.3 Other purposes
   3.4.4 Text of the Appropriation Resolution for the financial year 1966

* Item on supplementary agenda adopted at the third plenary meeting.
WORLD HEALTH ASSEMBLY AND EXECUTIVE BOARD

3.5 Selection of the country or region in which the Nineteenth World Health Assembly will be held

3.6 Proposed amendments to the Rules of Procedure of the World Health Assembly

CONSTITUTIONAL MATTERS

3.7 Report on operative paragraph 2 of resolution WHA17.50

3.8 Proposed amendments to Article 7 of the Constitution

FINANCIAL AND ADMINISTRATIVE MATTERS

3.9 Adjustment in the scales of assessment for 1964 and 1965 (United Republic of Tanzania)

3.10 Assessment for 1965 of new Members

3.11 Scale of assessment for 1966

3.12 Review of the financial position of the Organization
   3.12.1 Financial report on the accounts of WHO for 1963, report of the External Auditor, and comments thereon of the Executive Board
   3.12.2 Financial report on the accounts of WHO for 1964, report of the External Auditor, and comments thereon of the Ad Hoc Committee of the Executive Board
   3.12.3 Status of collection of annual contributions and of advances to the Working Capital Fund
   3.12.4 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution
   3.12.5 Report on casual income
   3.12.6 Status of the Assembly Suspense Account

3.13 Working Capital Fund
   3.13.1 Scale of assessment for and amount of the Working Capital Fund
   3.13.2 [Deleted]
   3.13.3 [Deleted]

3.14 Headquarters accommodation

3.15 Amendments to Financial Regulations

CO-OPERATION WITH OTHER ORGANIZATIONS

3.16 Decisions of the United Nations, the specialized agencies and the International Atomic Energy Agency affecting WHO's activities (administrative, budgetary and financial matters)
3.17 WHO participation in the Expanded Programme of Technical Assistance

3.18 Extension of the Agreement with UNRWA

3.19 United Nations Joint Staff Pension Board
   3.19.2 WHO Staff Pension Committee: Appointment of representatives to replace members whose period of membership expires

SUPPLEMENTARY ITEM

Proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training \(^1\) (Item proposed by the Government of India)

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\(^1\) Item added to the agenda under Rule 12 of the Rules of Procedure and allocated to the Committee on Administration, Finance and Legal Matters.
FIRST PLENARY MEETING

Tuesday, 4 May 1965, at 10 a.m.

President: Dr Monawar K. Afridi (Pakistan)

1. Opening of the Session

The President: The Assembly is called to order. Distinguished delegates, ladies and gentlemen, I feel immensely honoured to have the proud privilege of inaugurating today the proceedings of the Eighteenth World Health Assembly. I wish to extend to my colleagues and friends in the various delegations a most sincere welcome. I am also delighted to greet here the President of the Conseil d'Etat of Geneva, the representative of the Grand Conseil of Geneva, and the Mayor of the Town of Geneva. On your behalf and on my own, I wish to convey to them, and to the Dean of the Medical School and to the Attorney General, our deep appreciation of their courtesy in gracing the occasion by their presence. We fully recognize the genuine interest that the Swiss Government and the authorities of the Republic and Canton of Geneva have always taken in the welfare of the World Health Organization.

I should also like to greet Ambassador Pier Spinelli, the representative of the Secretary-General of the United Nations, who himself had planned to attend this opening session personally, but had to return to New York. I am sure that Ambassador Spinelli will convey to U Thant our sincere regret at his inability to be with us this morning.

Allow me to welcome the representatives of all sister organizations, and of intergovernmental and non-governmental organizations present here.

It gives me particular pleasure to extend my greetings and congratulations to Malawi, Malta and Zambia which have acquired full membership of the Organization since the Seventeenth World Health Assembly. My best wishes also go to Zanzibar and Tanganyika, which are now united under the name of the United Republic of Tanzania. These developments have brought the number of full Members to 121 and that of Associate Members to three. My warm welcome also goes to observers from non-Member States and last, but not least, to the two representatives of the Executive Board of our organization.

An Assembly is a momentous event in the life of our organization. It may bear an appearance of festive occasion because of the heavy social engagements, but actually it is for us a period of heavy responsibility as we have to ensure individually and collectively that the annual health programme that we review and approve here has a judicious balance of content and cost.

Apart from the conventional meetings, we are afforded here a unique opportunity to discuss informally with our colleagues problems of mutual concern. The cross-fertilization of ideas that takes place in the course of these associations has resulted in an identity of view on health matters that has greatly facilitated planning in the Assembly. Indeed, the programme of work adopted in an early Assembly has undergone little change over the years, our chief concern since then being to settle an agreed order of priority.

In the preparation of national plans also the influence of a unified approach to health problems has been appreciable, but not as much as at the international level. For although most of our Member States duly recognize the paramount importance of health programmes in economic development, they are presently engaged in attempting to raise self-sufficient societies through economic and industrial development schemes. In these circumstances, it is inevitable that in the formulation of national plans a certain amount of inter-departmental tussle for funds would ensue. Usual experience has been that the chances of securing our proper share are greatly improved if we consistently follow the global viewpoint on health matters as evolved here in the Assemblies.

One difficulty, however, is that we cannot always find categorical answers to certain questions, parti-
cally those in which the relevant data are somewhat imprecise. Thus, despite the best efforts of the World Health Organization we are still not in a position to translate into concrete fiscal terms the beneficial effects of health projects on economic growth. This is because we have yet to find a universally acceptable system of collecting and processing the requisite statistics. Indeed, in the present state of our knowledge we normally plead our cause by quoting such indefinite generalities as the vicious cycle of illness/poverty/illness, the superior working capacity of healthy labour, etc., which may or may not sufficiently impress the economists.

The implementation of health programmes in the field is not without areas of similar uncertainties that demand elucidation through more extended and critical study than we have hitherto undertaken. The initiation of a mass campaign provides a good example of this in that, while it presupposes the existence of a fairly high standard of basic health structure, most of the newly independent States are so anxious to rid themselves of the scourge of communicable diseases that they are usually reluctant to tolerate delay on this account. At the same time, we know that the resources available to many of these countries are insufficient to enable them to undertake simultaneously the development of a mass campaign and basic health organization. There is, therefore, need to devise a compromise formula which would combine the salient features of the two programmes and satisfy their dominant requirements. This opens the way for a difference of opinion on settling a suitable order of priority in implementing the programme. We could, for instance, start our activities with the development of basic health structure and simultaneously the development of a mass campaign on it. Alternatively, we may reverse the order and initiate a gradually expanding mass campaign wherein the peripheral detection centres could, in due course of time, be converted into rural centres of basic health structure.

Even in countries with well-developed health services, a mass campaign is a complex undertaking, as it is not always easy to fit it into the general health administration. This is but to be expected for the reason that the former is intended to be a fast-moving project with its operational activities directed exclusively towards achieving one specific objective within a specified time-table. On the other hand, general health administration has to tackle a multi-faceted programme at a steady pace in keeping with the extent of technical needs and the amount of budgetary provision. Because of their contrasting nature, the two sets of activities are likely to possess too narrow an area of organizational overlap to permit appreciation of each other’s needs and problems.

It is not, however, only the exceptional situation associated with mass campaigns that demands adjustment. Indeed, the health programme as a whole has to be continually revised if it is to remain abreast of the advancements in the technical and socio-economic fields. The programme of medical education and training provides a good illustration of this, for, as we know, its scope has to conform to the requirements of basic health structure which, though variable, usually necessitate the setting up of training facilities for the three broad categories of personnel, namely, the specialist, the general medical practitioner and the paramedical auxiliary. Prominent amongst the factors that influence the ratio of these categories to population are, first, the state of general education in the country, and, second, the level of per capita income. Both these conditions, in turn, react directly and immediately to any change in the economic status of the country. Should the latter result in an appreciable rise in income, the first reaction, as a rule, is a demand for an increase in the proportion of professional categories. This upsets the original formula of proportionate ratios and requires timely action to increase the number of medical schools or their annual admission rates.

The point that I wish to stress is that, since national development planning has come to occupy an important place in our sphere of responsibility, not only should we anticipate and define our future needs, but we should also collect convincing and concrete supporting data that would justify the inclusion of our programme in the overall plan. Unless we do so, we will fail to secure the necessary funds and will miss the opportunity to play the role assigned to us by the Seventeenth World Health Assembly in the large-scale socio-economic development schemes.

Turning to some of the other important issues that came before the last Assembly, I should first refer to the eradication of malaria and smallpox for the reason that they evoked much interest and considerable discussion. The Assembly drew special attention to the technical and administrative difficulties connected with the launching of malaria eradication campaigns and expressed anxiety over the continued presence of "problem areas". It called for immediate and effective action to root out residual transmission wherever it persists.

As regards smallpox, the main emphasis was on the preparation of a fresh comprehensive plan for the vaccination of total population with special attention to the susceptible age-groups. Another point that received particular stress was the absolute necessity of using freeze-dried vaccine in hot climates.

Since both these subjects are scheduled to come up for discussion later in the Assembly, I should avoid a
detailed discussion here, but I would like to make one brief comment. The basic concept of disease eradication has been amply justified by the results of projects sponsored by the World Health Organization. I realize that many of these diseases are still with us and that we will have to continue our struggle against them for some time to come. But because of the valuable fund of knowledge and experience that we have recently accumulated we have reason to be optimistic about the future. We now know that for complete success in mass campaigns two conditions are essential: first, the operations must be conducted under strict supervision and cover as near one hundred per cent. of the population as possible and, second, the effectiveness of the preventive measures must be sufficiently high to provide the requisite degree of protection even if in their application in the field the operations fall below the required standard of efficiency. Wherever these conditions can be satisfied it becomes our bounden duty to escalate the operations of disease control to eradication campaigns. To assist such a transformation we have to concentrate on evolving preventive measures of ever increasing potency, and it is in this field that the World Health Organization has played and will continue to play a crucial role through the comprehensive programme of research in diseases of major public health importance.

To me it seems that the proposal to establish a World Health Research Centre is but a logical extension of these considerations; it should therefore meet a fundamental need of the Organization. The feasibility or otherwise of initiating it now is, however, a question which the Assembly alone is competent to decide in the light of the reports of the Director-General and the Executive Board. I venture, however, to make a brief observation on this complex issue.

I commend to your attention the bold and imaginative character of this undertaking in that it aims at harnessing the advanced capabilities of science and applying them to the solution of health problems of great complexity. Moreover, the Centre is conceived to perform only those research tasks in epidemiology, communications science and biomedicine that are uniquely suitable for WHO and cannot be undertaken effectively by national or regional efforts alone. I welcome particularly the contributions such a Centre would make to the special problems besetting the developing countries. These countries, as well as more advanced countries, urgently require a quantitative understanding of their disease problems, to enable them to frame rational and long-range health planning. I feel, however, that while the Centre is being planned the World Health Organization should, at the same time, take active steps to stimulate the multiplication of national or regional research institutions of the type such as the International Agency for Research on Cancer, the Institute of Nutrition of Central America and Panama, the Pan American Zoonoses Centre, etc. These institutions would naturally cover new and diverse fields such as tropical diseases, virus infections, etc., and would, therefore, be located in areas where conditions are favourable to the propagation of the specific disease under study. They would not only collaborate with the World Health Research Centre but could also officiate on its behalf as field stations for collating relevant epidemiological data. I should perhaps make it clear that these institutions cannot be a substitute for the Research Centre, because the latter has quite separate and distinctive functions. Nor, for the same reason, could the initiation of the Centre be made contingent on the establishment of these institutions. I feel nonetheless that the utility of the Centre would be greatly increased if its activities were integrated with those of such strategically located peripheral institutions.

The last item discussed in the Seventeenth Assembly was a resolution to apply the provision of Article 7 of the Constitution relating to voting privileges to the Republic of South Africa because of the official policy of that Government based on racial discrimination. As was to be expected, this proved to be a highly controversial issue. For, while the policy of racial discrimination received vehement condemnation at the hands of practically all the participants in the debate, the propriety or otherwise of invoking the penalty clause was a point on which opinions were sharply divided. In this discussion, the irony of it all was that, despite the unanimous rejection of the basic issue of racial discrimination, it was not possible to avert a serious controversy.

However, as I said at the closing session of the Seventeenth Assembly, we are perhaps too near the event to be able to see it in proper focus. Nor has the situation altered materially with the lapse of one year. Looked at from that angle, I should perhaps have avoided the topic altogether, and I would, indeed, have done so, had it not been for the fact that the issue is still with us and on the agenda of the present session. In these circumstances I felt that I must take this opportunity to present the situation as I personally see it and to make an appeal for extra care in settling the residue of the issue. As the case now stands, it is a matter of historical record that the resolution in question was adopted with an overwhelming majority of votes in its favour. We have no reason to doubt that this position has since been accepted by everyone with good grace in deference to the Assembly's verdict. Such being the case, the question arises whether it would not be wise to restrict the extension of debate
on it, considering the mood of previous discussions in the Assembly and in the thirty-fourth session of the Executive Board.

I realize how strongly and passionately we feel about the inhuman doctrine of racial discrimination and how unjust and immoral we know are its implications. But now that the Assembly has clearly established a categorical precedent on this question, it behoves us to be all the more cautious so that we avoid bracketing with it any other ill-defined or hypothetical situation that might cause irreversible damage to the Organization in the performance of its task. As it is we are faced with a multitude of technical and administrative issues which command immediate attention. Let us then bend our energies and resources to the solution of these problems and thereby make a positive contribution to the gigantic task of physical and mental rehabilitation of common man. And our contribution to this effort cannot be of any mean order, knowing that our organization alone is best fitted to play the central role in rescuing mankind from disease, pain and suffering.

I earnestly hope that our deliberations in the Eighteenth Assembly will lead us to wise decisions which will bring our organization nearer to the fulfillment of its cherished goal. We owe this to ourselves as members of the noblest profession on earth and to all the people of the world whose eyes are ever turned to us in hope and expectation. We owe this to our Director-General and his staff who have stood by us and have always responded to our call with loyalty and single-minded devotion. We owe this to scores of field workers who, at our behest, are braving untold hardships and dangers in remote places all over the globe. I salute them one and all on your behalf, and on my own, in all sincerity.

Thank you, and a very enjoyable session to you.

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

The President: I now recognize the representative of the Secretary-General of the United Nations, Ambassador Pier Spinelli, Under-Secretary, Director of the European Office of the United Nations.

Mr Spinelli, Under-Secretary, Director of the European Office of the United Nations: I am going to read now a message from the Secretary-General, U Thant:

I had hoped to be able to respond personally to the Director-General's invitation to attend the World Health Assembly. However, pressing developments at United Nations headquarters prevent me from being with you today.

Your Assembly takes place in 1965, the Year of International Co-operation. We have to admit that 1965 has begun in an atmosphere which is in many ways not congenial to co-operation. You are familiar with the major political issues which have beset us as a world community. You must also be aware of the problems relating to the United Nations' role in peace-keeping which prevented the nineteenth session of the General Assembly from functioning in the normal way. Let me add that great efforts are at present being made to find solutions for these problems and I should like you to know that I am encouraged by several recent developments and I am reasonably confident that the most acute difficulties now facing us will be overcome.

If the maintenance of peace and security is primarily the concern of the United Nations, other members of the United Nations family of organizations have also a very significant contribution to make to our common goal of peace and progress. The great work which the World Health Organization has already accomplished represents a distinguished contribution towards building the basis for a better world and a world at peace. Now one of the major preoccupations of the family of the United Nations is economic and social development. The interrelationship between health and development is complex but of undoubted significance. No one can doubt that the eradication of malaria, for example, can help to bring land under cultivation that would otherwise have remained fallow. The improvement of the level of health of factory workers can lead to spectacular increases in productivity. These are just two examples of the way in which WHO can and does assist directly in the economic development of the developing countries.

Your work, however, does not concern itself exclusively with the developing countries. I notice that you have in several instances thought it necessary to pay increased attention to the health problems resulting from a high level of economic development, as for example, pollution, the increased use of drugs, road accidents and some aspects of mental health. Your objectives form an essential part of those of the United Nations—to promote, in the words of the Charter, "social progress and better standards of life in larger freedom".

It is because we share these common objectives that we in the United Nations follow with such interest the deliberations of the World Health Assembly. On many matters we are collaborating closely. Let me give you a few examples. We are concerned, for instance, in the United Nations
family with many aspects of the utilization of water—for power, for irrigation, for drinking. We need and obtain your help in ensuring that what is done to these ends takes due account of public health needs. Sometimes water projects, valuable in other respects, may create quite new health problems, and these of course must be prevented by taking your advice at a very early stage.

Similarly, in housing programmes, we in the United Nations are anxious to facilitate and promote a vast expansion of low-cost housing, especially in the developing countries, but it would be indeed imprudent to approach this task except in close collaboration with you. Our joint aim is to ensure that housing is considered in the full context of urban and rural environment, that it is more than a mere provision of shelter and that it makes a contribution to physical and mental health in the wide and positive meaning which WHO has always given to that term.

With those activities which are grouped under the familiar abbreviation of UNICEF, your association is particularly close. It is scarcely less so in respect of programmes of community development, the social aspects of industrial development, programmes for youth, public administration, social services and a broad range of other fields in which I think we can claim that there has been mutual support and benefit. My purpose in referring to these topics is not to expound what you already know so well—that health questions are intimately bound up with economic and social questions—but rather to call to mind that organizations, like men and women, can achieve their aims only through co-operation.

I believe that the area of our collaboration will continue to increase. I know that broad new horizons are opening before this organization, just as we see vast new possibilities for fruitful work by the United Nations itself and other members of the United Nations family. To cite one specific field, the United Nations is giving high priority to the question of the application of science and technology to development, and there is no doubt that we will need to work more and more closely together as the new opportunities created by scientific advance are exploited.

I was pleased on my visit to Geneva to see concrete evidence of WHO's promise for the future in the growth of your new headquarters. This building will, I am sure, be a symbol of deep significance to all of us.

One aspect of your work as doctors bears an obvious resemblance to our work in the United Nations. Doctors everywhere are engaged in easing tension and reducing fever. We in the United Nations have the same concern in reducing the temperature of every crisis. The doctor has probably more facilities, both for diagnosis and treatment, than we have, and perhaps he also has a more co-operative patient. When prescribing for the world's ills, unfortunately we have no miracle drugs to give and above all our patients are normally very difficult to please. In the circumstances, perhaps we should be happy that our efforts are attended with as much success as we have been able to achieve.

And now, I wish you the greatest success in your deliberations.

The President: Thank you, Mr Spinelli.

3. Address by the President of the Conseil d'Etat of the Republic and Canton of Geneva

The President: I now call on Mr Jean Treina, President of the Conseil d'Etat of the Republic and Canton of Geneva.

Mr Treina, President of the Conseil d'Etat of the Republic and Canton of Geneva (translation from the French): Mr President, Mr Director-General, ladies and gentlemen, it is for me a great honour to extend to you the very cordial welcome of the Swiss Federal Council and of the Government of the Republic and Canton of Geneva.

The year 1965 is in a way an anniversary for the World Health Organization, for it is now twenty years since the United Nations Conference on International Organizations decided at San Francisco to establish an international body whose mandate would cover the whole field of health. It was upon this basis that the World Health Organization was founded in the following year. In fact, the creation of this organization was the outcome of more than a century's concerted and increasingly effective effort on the part of the nations of the world to improve the health of mankind. Many international bodies had been working for decades with the same aim, but in more specialized fields. The peoples of the world welcomed the new organization enthusiastically. The work it has accomplished over these twenty years has reached out so far and penetrated so deeply that it has earned unanimous recognition. For this reason, the Organization's activities are followed with the closest attention by the people and by the scientists of the whole world.

Switzerland therefore feels it a particular honour, ladies and gentlemen, to welcome you here; we hope that, as in the past, your work will constitute another advance, further victories in the battle which men of
goodwill are waging in order to win better health for all and more effective prevention of disease. This is my wish for you and I am certain that by your efforts you will bring it to fulfilment.

The President : Thank you, Mr Treina.

4. Appointment of the Committee on Credentials

The President : Now I come to item 1.2 of the provisional agenda : Appointment of the Committee on Credentials. I invite the Assembly to appoint the Committee on Credentials in conformity with Rule 23 of the Rules of Procedure of the Assembly, which reads as follows:

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

In pursuance of the power conferred upon me by this rule, I propose to the Assembly the following list of twelve Member States: Brazil, Dahomey, Iran, Ireland, Italy, Lebanon, Nigeria, Philippines, Romania, Switzerland, Thailand, Venezuela. If there are no objections, I declare the Committee on Credentials appointed. This Committee will meet immediately. The plenary meeting is now suspended. Delegates will be notified of the resumption of the plenary meeting by an electric bell.

The meeting was suspended at 10.50 a.m. and resumed at 12.25 p.m.

5. First Report of the Committee on Credentials

The President: I declare the plenary meeting resumed.

The Committee on Credentials has just met under the chairmanship of Mr Brady, of Ireland. I invite the Rapporteur of the Committee, Dr Aldea, of Romania, to come to the rostrum and read his report.

Dr Aldea (Romania), Rapporteur of the Committee on Credentials, read the first report of that committee (see page 472).

The President: Thank you, Dr Aldea. Are there any remarks on this report? I give the floor to the delegate of Albania.

Dr Ohri (Albania) (translation from the French): Mr President, the delegation of the People's Republic of Albania has listened carefully to the report of the Committee on Credentials and notes with regret that the place of China is occupied by persons nominated by the Chiang Kai-shek clique which represents nothing but a group of traitors, servants of American imperialism, who have been thrown out of China by the people of that country and have taken refuge in Taiwan under the protection of American bayonets. The delegation of the People's Republic of Albania protests strongly against the presence of Chiang Kai-shek's representatives in this Assembly and declares that the only legitimate Government of China is that of the People's Republic, which has the support of about 700 million Chinese and exercises its authority over the whole country.

In spite of the manoeuvres of the United States of America and of the pressure it brings to bear, the number of States recognizing the People's Republic of China and establishing relations with that country is increasing every day. The Government of the People's Republic of China today maintains diplomatic relations with about fifty States, and trade and cultural relations with more than 120 countries and regions of the world. The shortsighted policy of the United States of America aiming at the creation of "two Chinas", or "one China and one Taiwan" is destined to ignominious failure in the face of realities. Everyone knows that the island of Taiwan is an integral part of China and that it is at present temporarily occupied by American imperialists.

Under the leadership of its People's Government and thanks to its efforts and exceptional talents, the great Chinese people which, with its ancient culture, has given so much to humanity over the centuries, has made its country into a first-class power without whose participation no important international problem can be solved. The Government of the People's Republic of China is working indefatigably for peace and international co-operation and against the policy of war and imperialist aggression—American imperialism first and foremost—so as to avoid the danger of another world war and so as to prevent or bring about the failure of American imperialist aggression in Viet-Nam. It supports with all its strength the cause of the oppressed peoples who are fighting against imperialism and colonialism for national liberation and self-determination, and for this reason it enjoys the sympathy and respect of all progressive people. The completely absurd and
unjust attitude which continues to be held towards the
great Chinese people seriously prejudices the interests
of the World Health Organization, its efficacy and its
authority.

The delegation of the People's Republic of Albania
raises its voice against the callous violation of the
Constitution and against the unjust and illogical
attitude which has been imposed upon the Organiza-
tion by certain powers—first and foremost by the
United States of America—in contravention of the
principles of international law, contrary to the interests
of the Organization itself, and against the will of an
increasing number of Member States and of all the
peoples of the world.

The delegation of the People's Republic of Albania
is of the opinion that the time has come to emerge from
this abnormal situation which has been dictated by the
United States of America. It is time to put an end
to this policy, and the sooner this is done the better
it will be for the Organization and for the accomplish-
ment of its mission—which is the improvement of
world health.

The delegation of Albania, reaffirming its indigna-
tion and protesting once again most energetically
against this injustice, demands that the credentials
presented by the Chiang Kai-shek clique be con-
sidered invalid.

The President: Thank you. I now call on the
delegate of China.

Mr Liu (China): Mr President, honourable dele-
gates, the delegation of China is provoked to register
its strong objection to the statement just made by the
previous speaker concerning the representation of
China in the World Health Assembly. That statement,
as well as any similar ones, serves no purpose other
than to inject politics into this technical organization
of ours and to disturb the harmonious atmosphere
and orderly proceedings of this august Assembly from
its very start. That this has happened again we do
regret.

In exercise of its right of reply, my delegation wishes
to state the following: the Government which my
delegation has the honour to represent here is the
only legally constituted Government of China and has
been recognized as such by the United Nations and
by all its specialized agencies, including WHO. My
Government is the same Government which was one
of the original proposers and sponsors of this organi-
zation and one of the two governments that became
full parties to the WHO Constitution the earliest—
that is, on 22 July 1946, when the Constitution was
signed in New York. My Government, through the
years, has been a loyal Member of this organization
and has actively supported the purposes, principles
and activities of WHO. The credentials of my delega-
tion have also been found in good order and accepted
by the Committee on Credentials. Therefore, there
can be no question of China's representation or
credentials in this World Health Assembly.

On the other hand, the Chinese communist regime
is but a minority group of insurgents imposed upon
the people of mainland China by the aggressive forces of
international communism and is thoroughly un-
Chinese in origin, in nature and in behaviour. It is
cruelly oppressive at home and violently aggressive
abroad. It does not enjoy the support of the people
whom it claims to control; in fact, the overwhelming
majority of them are opposed to that regime and will
rise to overthrow it or escape from it as soon as they
are given an opportunity to do so.

That is the regime which has deliberately endangered
and ruined the health and lives of the unfortunate
people under its yoke by such means as brain-
washing, slave labour, "hunger export" and wars of
aggression, all these contrary to the purposes and
principles of the WHO Constitution. That is the
regime which has done so much harm to the health
of other peoples through its large-scale, organized,
illicit traffic in opium and other narcotics. That is
the regime which has advocated "power out of the
barrel of a gun" and has threatened to sacrifice the
lives of half of the Chinese population to attain its
goal of world domination. That is the regime which,
in spite of its condemnation by the United Nations as
an aggressor in Korea, has been pursuing, remorse-
lessly, overt and covert aggression in Asia, Africa,
Latin America and other parts of the world. Lastly,
but not least, that is the regime which has, on so many
occasions and so spitefully, denounced the United
Nations family and is currently trying to set up a substi-
tute system of its own. It is indeed an affront to
the honour and pride of the Chinese people and to
their civilization to say that such a thoroughly dis-
credited regime is qualified to represent and to speak
for China in world councils such as the World Health
Assembly.

The President: Thank you, Ambassador Liu. I
give the floor to the delegate of Cambodia.

Dr Thor Peng Thong (Cambodia) (translation
from the French): Mr President, honourable dele-
gates, ladies and gentlemen, the delegation of Cambodia is
unable to approve the report which has just been
presented by the Committee on Credentials.

In fact, for a number of years now we have witnessed
the efforts made in our organization, so far without success, to obtain an equitable representation of China in accordance with the spirit of the Constitution of the World Health Organization. The exclusion of the People’s Republic of China, with its 650 million inhabitants, from the work of this Assembly is a flagrant violation of our organization’s principle of universality. The health of these 650 million Chinese, representing almost one-quarter of the population of the globe, cannot be the subject of discrimination if the best and highest principles of humanity are to be respected.

Over a number of years none of the sessions of the Assembly has found a concrete and equitable solution to this problem, and the delegation of Cambodia believes that the question should be thoroughly examined so that the desired solution may be adopted during this present Health Assembly.

The Chinese people who, over thousands of years, have made a priceless contribution to human culture and world civilization, have now, in a short time, obtained successes in every field of activity. The new China, under courageous and clear-sighted leadership, has completely transformed the life of the country, has set out to build a new, happy and prosperous life for its people. The medical and health services of that immense country are worthy of the highest praise. The mass movement in favour of health education which is being developed on a wide scale has resulted in improvement in the people’s health. In order to achieve the highest possible level of health, as stipulated in Article 1 of the Constitution of the World Health Organization, our organization must make use of the experience of all peoples in the field of health, and collaborate with all countries for the improvement of health the world over.

It is not possible to talk realistically of the work of the World Health Organization, and of fruitful cooperation between all countries within that organization, while the country with the largest population in the world is not represented here, and while its place is occupied by persons who have not been authorized to speak for the Chinese people.

The delegation of the Kingdom of Cambodia considers that in the interests of the achievement of the aims and principles of the Constitution, in the interests of consolidation of the World Health Organization, in the interests of international cooperation, it is the duty of the World Health Assembly to decide, at this present session, to re-establish the legitimate rights of the People’s Republic of China within our organization.

Dr VASSILOPOULOS (Cyprus): Gentlemen, I am greatly disappointed and astonished to hear that the delegate of Iran has brought an objection to the representation of the Republic of Cyprus. The Government of Archbishop Makarios is the legitimate Government of Cyprus. The representative of the Makarios Government has been accepted this year in the United Nations General Assembly and also in many assemblies and meetings of the Security Council of the United Nations, and I am greatly disappointed that the representative of Iran is trying to bring political issues into this organization, whose main object is to promote the health of the people.

The President: Thank you, Dr Vassilopoulos. The delegate of Poland has the floor.

Dr TITKOW (Poland) (translation from the Russian): Mr President, honourable delegates, this is not the first time the question of the representation of China has been considered by the Assembly. The representatives of many countries in different continents have repeatedly stressed that the delegate of Taiwan has no right to speak on behalf of the Chinese people and is only a private person. In supporting this view we consider it desirable once again to express our opinion that only the representative of the Chinese People’s Republic can be the representative of the Chinese people.

In view of the foregoing, the delegate of the Polish People’s Republic vigorously protests against recognition of the credentials of the representative of Taiwan.

The President: Thank you, Dr Titkow. The delegate of Cuba has the floor.

Dr MARTÍNEZ-JUNCO (Cuba) (translation from the Spanish): Mr President, fellow delegates, the Cuban delegation regrets that it must once again address the Assembly on a subject which has become something like a routine matter in our meetings and which distracts our attention from the real object of our debates.

This unfortunate tradition demands that immediately after the presentation of credentials, the first subject to be discussed must be that of China— I mean continental China. If we refer to the records of the Fourteenth, Fifteenth, Sixteenth and Seventeenth Assemblies, and now to those of the Eighteenth, we see that the procedure is always practically identical and that even the representative of the little American island of Taiwan repeats the same phrase: “It is a provocation”. We deplore this situation for we dislike formalism, particularly in connexion with such serious matters.

It would be better not to discuss the problem of China but to seek to examine the arguments put
forward by those here who oppose the admission of its representatives. In fact, if we analyse the arguments advanced by those who advocate the admission of China, we note that they are inspired by considerations of health, by human and moral considerations—and this is normal in an organization consecrated to the defence of such values. On the other hand, what arguments are used by those who oppose the admission of China? They state first and foremost that we should not concern ourselves with the matter since it is a political issue—but it is in fact they who make it a political issue by refusing to be guided solely by health, humanitarian and moral considerations. It goes without saying that the Cuban people advocates the admission of the representatives of the Chinese people. There is no one here authorized to speak for this great people since no one can tell us of the health plans for 700 million human beings. Who can explain to us the present situation and the future projects of this vast mass of humanity? What we hear refers to a tiny minority which in no way represents the Chinese people.

Similarly, it is unjust that representatives of North Viet-Nam should not be here among us. They could perhaps tell us of causes of death which we do not recognize as being essentially different from other causes prejudicial to social well-being and responsible for morbidity and mortality.

We should see here also the representatives of other free peoples who are always absent from this Assembly. This is such an obvious necessity that it is superfluous to discuss it. Should we not, as the Secretary-General of the United Nations has said, act as physicians, that is, not prescribe a palliative but apply a radical remedy by cutting out the old, retrograde ideas which lead us to exclude a whole people on the basis of arguments which separate man from his environment and prevent him from knowing the real causes of death.

How can we talk of malnutrition as being due only to bad feeding or shortage of food production and ignore the role played by a powerful imperialist country which imposes a blockade on a smaller country in order to starve it? Do the symptoms of starvation vary according to the cause?

If our organization is to avoid sclerosis, sterile formalism, and the abandonment of the ideals that led to its creation, it must stop playing with words and get to grips with real problems. It is only because all are aware of the rights of the Chinese people that we have the same discussion at the beginning of each Assembly. Whether we discuss the arguments of the advocates or of the opposers of the presence of China, let us be just, humane and sincere enough not to let ourselves be influenced by motives that have nothing to do with the substance of the matter.

These are the views of the Cuban delegation and they reflect the feelings of the Cuban people; we shall unfortunately be obliged to repeat them every year unless an end is put to this deplorable formalism.

The President: Thank you, Dr Martínez-Junco. I now call on the delegate of Turkey.

Dr Fişek (Turkey): Mr President and fellow delegates, my delegation has two remarks on the report of the Committee on Credentials. One of them is on the representation of Cyprus. As the nomination of the delegation of Cyprus has not been approved by the Vice-President in conformity with the relevant disposition of the Constitution of Cyprus, this delegation does not represent Cyprus as a whole, but only one of the existing communities in the island. I am very sorry that I cannot agree with the view of the honourable representative of the Government of Greek Cypriots on the objection of the honourable delegate of Iran in the meeting of the Committee on Credentials. He noted that the representation of his Government in the United Nations was evidence of its legal position; but I should mention that in the United Nations the right of speaking was given to the representatives of Turkish Cypriots as well. I agree with him that the World Health Assembly is not the place to discuss the political problem, so I am not going to go into details of this political issue here in this Assembly.

The second remark is on the representation of China. It is known that the Government of the People’s Republic of China has assumed the responsibility for more than 700 million population for several years. We are especially interested in their work in the field of health, which should be an integrated part of the world-wide efforts of other nations for maintaining the health of mankind. On the other hand, it is evident that the Republic of China possesses the right to be represented in the World Health Assembly. As a consequence of these considerations, the representation of China becomes a political issue rather than a technical problem. In fact this issue is under consideration by the United Nations, and the World Health Assembly is not the right place to discuss and to reach a decision on this question. We hope that the United Nations will find the most appropriate and acceptable solution in the near future.

Our intention was to abstain from voting in the case of the representation of China. Since the representative of Cyprus does not duly represent Cyprus as a whole, we shall vote against the report of the Committee on Credentials.
The President: Thank you, Dr Fišek. The delegate of France has the floor.

Professor Aujaleu (France) (translation from the French): Mr President, ladies and gentlemen, the French delegation cannot allow this discussion to pass without stating that, in its Government’s view, the place of China here should be occupied by a representative of the Government of the People’s Republic of China and not by a representative of the Taïpeh authorities. We should like this statement to appear in the records.

The President: Thank you, Professor Aujaleu. The delegate of the Republic of Korea has the floor.

Dr Il Yung Chung (Republic of Korea): Mr President and fellow delegates, once again—I say, once again—certain delegates are attempting to use this august floor for their political advantages. Such an attempt should in no way be allowed a place. Debates on such political problems should be tried somewhere else. So far as concerns the Chinese communist regime in Peking, Mr President, is there any need to remind you of the fact that that regime staged war in Korea against the United Nations? It has defied the competence and authority of the United Nations. It is still defying our mother organization, at times attributing to it an utterly impermissible word—imperialism. Let us not waste our precious time by entertaining totally unjustified attempts to use this floor for political gains.

The President: Thank you, Dr Il Yung Chung. The delegate of the USSR has the floor.

Dr Lisicyn (Union of Soviet Socialist Republics) (translation from the Russian): Fellow delegates, the Soviet delegation regrets that, at the Eighteenth World Health Assembly, the place of the People’s Republic of China is still occupied by the representatives of the Taiwan regime who, of course, do not represent China. The only persons who can lawfully represent China in WHO are those appointed by the Government of the People’s Republic of China. They alone can occupy the lawful place in the World Health Organization of which they and, with them, the 700 million people of China, are deprived in clear violation of the principle of the universality of our organization.

The President: Thank you, Dr Lisicyn. The delegate of Cyprus has the floor.

Dr Vassilopoulos (Cyprus): Mr President, I regret that I have asked for the floor for a second time, but the reason is that I want to make two remarks on the statement of the representative of Turkey.

The first one is that it is not correct that the Government of the Republic of Cyprus represents only the Greek Cypriots. The Government of the Republic of Cyprus represents all the communities of Cyprus.

The second remark is that the statement of the representative of Turkey that a Turkish representative represented the Turkish community in the General Assembly of the United Nations is not true. It is only the representative of Turkey and not of the Turkish community, who took part in the General Assembly. The only representative was the representative of the Republic of Cyprus, who represented the Cyprus Government.

The President: Thank you, Dr Vassilopoulos. The delegate of Czechoslovakia has the floor.

Dr Plojhar (Czechoslovakia) (translation from the Russian): Mr President, fellow delegates, on behalf of the delegation of the Bulgarian People’s Republic, I declare that the representatives of China can be only those who represent the 700 million Chinese, those who represent the People’s Republic of China. The absence of that country from the World Health Organization—and the absence of other countries, such as the German Democratic Republic—is of great detriment to the principle of the universality of our organization and is hindering the achievement of its noble aims throughout the world. On the other hand, the presence in the Assembly of such persons as the delegates of the Taiwan regime, who cannot, as a matter of objective fact, represent the Chinese people, reflects political tendencies which run counter to the principles of respect for peoples by which the World Health Organization is guided. Accordingly the delegation of the Bulgarian People’s Republic cannot recognize the credentials of the delegates of the island of Taiwan.

The President: Thank you, Dr Plojhar. The delegate of Bulgaria has the floor.

Dr Kalajdžiev (Bulgaria) (translation from the Russian): Mr President, fellow delegates, on behalf of the delegation of the Bulgarian People’s Republic, I declare that the representatives of China can be only those who represent the 700 million Chinese, those who represent the People’s Republic of China. The absence of that country from the World Health Organization—and the absence of other countries, such as the German Democratic Republic—is of great detriment to the principle of the universality of our organization and is hindering the achievement of its noble aims throughout the world. On the other hand, the presence in the Assembly of such persons as the delegates of the Taiwan regime, who cannot, as a matter of objective fact, represent the Chinese people, reflects political tendencies which run counter to the principles of respect for peoples by which the World Health Organization is guided. Accordingly the delegation of the Bulgarian People’s Republic cannot recognize the credentials of the delegates of the island of Taiwan.

The President: Thank you, Dr Kalajdžiev. The delegate of the United States of America has the floor.

Mr Buffum (United States of America): Mr President, distinguished representatives, my Government deeply regrets the fact that certain delegations here today have seen fit to inject into the discussion state-
ments clearly designed for political propaganda purposes, and with your permission I would remind you that the positions of most of our governments have already been made clear on this subject in the political organs of the United Nations. As recently as October 1963, the General Assembly devoted six meetings to discussion of this issue and, in our view, repetition of the restatement of these positions would serve no useful purpose and in fact would merely interrupt the work which lies before us. In this connexion I would just like to say that my delegation fully shares the view expressed here by the distinguished representative of Turkey when he said that this is a political decision and that, in our judgement, the specialized agencies should take their guidance from the political organs.

But since the issue has been raised I should like to state that it is the view of my Government that the Government of the Republic of China is entitled to full representation in this and the other bodies of the United Nations, and I would finally remind the membership that this position accords with the position taken by the United Nations General Assembly on 21 October 1963, when by an absolute majority of its membership a draft resolution to replace the representatives of the Republic of China with Chinese communists in all of the organs of the United Nations was categorically rejected.

The President: Thank you, Mr Buffum. The delegate of Viet-Nam has the floor.

Mr Trinh Tich Loan (Viet-Nam) (translation from the French): Mr President, once again, as every year, the delegation of the Republic of Viet-Nam has the honour to present its views on this subject of the representation of China—a subject which comes up annually before this Assembly. On this occasion, my delegation is more convinced than ever that communist China can have no place within our organization—in the first place because China is already represented within WHO, and has been since its inception, by China's legal representative, the Republic of China, and secondly because there is no point in returning to a purely political question which is rather within the competence of the United Nations.

We are not required to take into account the size of a country's population, or its material power, in order to decide whether it should be admitted as a Member of an organization whose aims are solely humanitarian. Our Constitution is based on a concept of equality and of equal rights for all countries whether great or small, strong or weak. It would be contrary to the Organization's noble ideals and mission to admit a country which flouts the Charter of the United Nations and whose policy is to provoke disorder and chaos in neighbouring countries and to sow ruin and despair everywhere.

The President: Thank you, Mr Trinh Tich Loan. The delegate of Romania has the floor.

Mr ECOBESCO (Romania) (translation from the French): Mr President, we are again discussing a problem which should long ago have been solved in a positive manner within this organization: I mean the representation of China.

The delegation of Romania declares that the only Government with the right to represent China at the international level, and therefore in our organization, and to assume obligations on behalf of the Chinese people, is the Central Government of the People's Republic of China.

The systematic exclusion of the legitimate representatives of the Chinese people from the work of the Organization is not only an act of injustice towards that great country, whose traditions and rich experience in the protection of health are well known, but also a violation of the basic principles of WHO and a serious flaw in its universality—which is so essential for the success of world-wide health programmes.

Life itself shows daily more clearly how abnormal this situation is and how imperative it is for the true representatives of China to participate in solving the basic problems that face our organization. One cannot speak of fruitful co-operation of all countries in the field of health as long as the most highly populated country in the world is not represented here and its place is taken by persons who are not authorized to speak for the Chinese people.

For these reasons, the Romanian delegation protests strongly—as it did in the Committee on Credentials—against the illegal and inadmissible presence of Chiang Kai-shek's representatives in this Assembly, and declares itself in favour of the re-establishment of the legitimate rights of the People’s Republic of China in the World Health Organization.

The President: Thank you, Mr Ecobesco. The delegate of Yugoslavia has the floor.

Mr Brajović (Yugoslavia): Mr President, fellow delegates, the delegation of the Socialist Federal Republic of Yugoslavia also wants to express its opinion on the problem of admission of China to our organization. Permit me to reiterate that the Socialist Federal Republic of Yugoslavia holds the view that only the Government of the People's Republic of China has the legitimate right to represent the people of China in international organizations. Yugoslavia has expressed the same view on several occasions both in the United Nations bodies and in other international forums. Consequently I wish on
this occasion also to draw your attention to the fact that my delegation considers as the only valid credentials those of the People's Republic of China, and that it opposes the validity of the credentials of Nationalist China, that is, Taiwan.

We are surprised that the question of the credentials of Cyprus provoked discussion. In the opinion of my delegation, these credentials are, of course, valid.

The President: Thank you, Mr. Brajović. The delegate of Mali has the floor.

Dr. Dolo (Mali) (translation from the French): Mr President, I also wish, in the name of the delegation of Mali, to state solemnly that the Government and people of Mali cannot tolerate the representation of the great country of China in the Eighteenth World Health Assembly by the puppets of the Chiang Kai-shek clique who were long since rejected by the Chinese people.

It is time—it is high time—that our organization faced the truth. The Government of the People's Republic of China, the China of 700 million inhabitants, is and remains the only Government of the whole Chinese people, the only Government which is qualified to represent China before an international body. How can we dare to say that a pseudo-government, withdrawn under the standard of imperialism, completely ignorant of the life of the great Chinese people, and therefore of its health problems, is entitled to take decisions in our organization, which is supposed to be universal?

Of course, it is again stated that this is a political issue within the competence of other international bodies, but we are well acquainted with the manoeuvre, which no longer deceives anyone. The delegates to the Eighteenth World Health Assembly should throw out of our forum those who only represent themselves and not the people of China.

This is why, Mr President and fellow delegates, my delegation cannot approve the report submitted to us.

The President: Thank you, Dr. Dolo. The delegate of Guinea has the floor.

Dr. Keita (Guinea) (translation from the French): Mr President, honourable delegates, on behalf of the Government of the Republic of Guinea I cannot admit the presence here in this Assembly of the delegation of the Chiang Kai-shek clique. From the beginning, the Government of Guinea has recognized the Peking Government—that of the People's Republic of China—as the only legal government. Consequently, we cannot vote in favour of the report presented by the Committee on Credentials.

The President: Thank you, Dr. Keita. The delegate of Hungary has the floor.

Dr. Vedres (Hungary) (translation from the Russian): Mr President, ladies and gentlemen, the Hungarian delegation considers that it is no accident that "World" forms part of the title of WHO. Disease does not recognize state frontiers and a successful campaign against disease can be waged only if all available forces and resources are combined, and there is an extensive exchange of experience and thorough international co-operation.

In practice the principle of universality has not yet been introduced into the work of WHO. To draw the People's Republic of China, the German Democratic Republic, the Democratic Republic of Viet-Nam and the Democratic People's Republic of Korea into the work of WHO would not only contribute to the implementation of this principle of universality, but could play a positive role by making it possible to achieve more efficiently the aims of our organization.

The President: Thank you, Dr. Vedres.

I have now come to the end of the list of speakers. The statements made here will receive due recognition and will be recorded in the proceedings verbatim.

I will now put this report to the vote. Those in favour of the report, please raise your cards. Those against the report, please raise your cards. Abstentions? Those abstaining, please raise your cards.

The position after voting is as follows: in favour of the adoption of the report, 74; against, 17; abstentions, 9. The report is adopted.

I would like to take this opportunity to thank Dr. Aldea for his report and the trouble he took in reading it out to us.

The delegate of Yugoslavia has the floor.

Mr. Brajović (Yugoslavia): Mr President, our delegation by voting for this report did not approve of the credentials presented here on behalf of China. I stress once again that only the People's Republic of China should be seated here amongst us.

The President: Thank you, Mr Brajović.

Dr. Titkow (Poland) (translation from the Russian): The delegation of the Polish People's Republic, while voting for the adoption of the report of the Committee on Credentials, requests that it should be stated in the records of the Assembly that this does not imply recognition of the credentials of Taiwan.

The President: Thank you, Dr. Titkow.

6. Election of the Committee on Nominations

The President: In the absence of any other requests for the floor I will now pass on to item 1.3 of the provisional agenda. That refers to the election of the
Committee on Nominations. This item is governed by Rule 24 of the Rules of Procedure of the Assembly, which reads as follows:

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

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

In accordance with this Rule, a list of twenty-four Member States has been drawn up, which I shall submit to the Assembly for its consideration. May I explain that in compiling this list I have followed the well-established tradition in adhering to the regional, geographical distribution which currently exists for the Executive Board, also consisting of twenty-four members: that is, four Members from the African Region, five from the Americas, two from South-East Asia, seven from Europe, four from the Eastern Mediterranean and two from the Western Pacific. The list is as follows: the Committee on Nominations will comprise Afghanistan, Argentina, Australia, Austria, Cameroon, Chile, Ecuador, Ethiopia, Denmark, France, Ghana, India, Japan, Panama, Poland, Saudi Arabia, Senegal, Sudan, Syria, Tanzania, Turkey, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America.

Before I ask for observations, will you please read the list over.

The Deputy Director-General read again the list of twenty-four Members given by the President.

The President: Thank you, Dr Dorolle.

Any observations or additions to this list? Since there are no additions I declare the Committee on Nominations elected.

The Committee will meet immediately. I therefore adjourn the plenary meeting. The next meeting will take place at about 5 p.m.

The meeting is hereby adjourned.

The meeting rose at 1.40 p.m.

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SECOND PLENARY MEETING

Tuesday, 4 May 1965, at 5.15 p.m.

President: Dr Monawar K. Afridi (Pakistan)

later: Dr V. V. Olguín (Argentina)

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1. First Report of the Committee on Nominations

The President: The Assembly is called to order. The item on our agenda just now is the first report of the Committee on Nominations. This report is contained in document A18/5. I will call upon the Chairman of the Committee, Professor Aujaleu, to be so kind as to come and present the report.

Professor Aujaleu (France), Chairman of the Committee on Nominations, read the first report of that committee (see page 473).

Election of the President

The President: Are there any remarks or observations on this report? The delegate of Panama has the floor.

Mr Moreno (Panama) (translation from the Spanish): Mr President, fellow delegates, in my capacity as member of the delegation of Panama, and on the basis of the Constitution and the Rules of Procedure of this august Assembly, I take the liberty, in view of the support given to him and of his outstanding qualities, to propose Dr Vicente Olguín, of Argentina, for the presidency of this Assembly. I now make a formal proposal to this effect.

The President: Thank you, Mr Moreno. Any other comment? The delegate of Venezuela has the floor.

Dr Arreaza-Guzmán (Venezuela) (translation from the Spanish): Mr President, fellow delegates, the delegation of Venezuela wishes to state that it supports
the candidacy of Dr Olguín, delegate of Argentina, for the high office of President of our Assembly.

My delegation considers that in view of the succession of presidents elected over previous years, it would now be right and just for the Region of the Americas to have the honour today of seeing one of its representatives appointed to preside over this Assembly.

I would not, however, wish in any way to minimize the merits of Dr Refshauge, the delegate of Australia; it is merely that a representative of the Western Pacific Region was elected to the presidency of the Assembly not very long ago and it therefore seems to me that the moment has come to appoint a delegate from Latin America. For this reason, Venezuela formally supports Dr Olguín's candidature.

The President: Thank you. The delegate of Mali has the floor.

Dr Dolo (Mali) (translation from the French): Mr President, we have often spoken in this Assembly of tradition; if we are to follow tradition, it would seem that this year the presidency of this Assembly should go to the Region of the Americas. For this reason my delegation wishes to support the candidature of Dr Olguín.

The President: Thank you, Dr Dolo. The delegate of Upper Volta has the floor.

Dr Lambin (Upper Volta) (translation from the French): Mr President, may I first thank you for giving me the floor. Without in any way questioning the merit of the delegate of Australia, whom, indeed, I do not know well, I should like to look back a little farther.

If we go back over the record of the last few years we see that in 1960 New Zealand presided over this Assembly; in 1961 we were in India, where Professor Mudaliar had the honour of presiding; in 1962 it was the turn of Russia, and in 1963 of Africa, represented by our colleague Dr Majekodunmi; in 1964, as I do not need to tell you, Mr President, you were our very competent President.

We are now in 1965. We often say that here things are arranged fairly, with due respect to the principle of rotation among the different regions of the Organization. On the basis of this past record, and if the tradition is to be respected, the presidency of this Assembly should go to the Region of the Americas. For this reason, there is—as I have just learned—a candidate from that region, in the person of the delegate of Argentina, and I believe that it would be just to give the presidency to that region, that is to the Region of the Americas.

The President: Thank you, Dr Lambin. The delegate of Ecuador has the floor.

Mr Ponce y Carbo (Ecuador) (translation from the Spanish): Mr President, gentlemen, the delegation of Ecuador associates itself with the delegates who have come to the rostrum to support the candidacy of the distinguished Argentine physician, Dr Victorio Vicente Olguín.

Nevertheless, the delegation of Ecuador does not wish—any more than the other delegates—to detract from the merits of the candidate from Australia. On the contrary, our delegation is well aware of his eminence. Nevertheless, we consider that for reasons of equitable geographical distribution and in order to respect the democratic principle of rotational nomination to the offices in international organizations and meetings of this kind, it would be right and equitable to have the American continent, and in particular the Latin American continent, represented in this illustrious Assembly in the person of its President, particularly in view of the high standing of the eminent Argentine candidate whom the delegation of Ecuador has the honour to support.

Mr President, fellow delegates, the delegation of Ecuador is in agreement with the opinion voiced by the majority of the members of the Committee on Nominations concerning the desirability of presenting a single candidate for the presidency of the Assembly. It is nevertheless firmly convinced that within this sovereign organization of sovereign States, this democratic organization within the United Nations family, it is for the Assembly as a whole, as a sovereign body, to take decisions regarding its democratic organization; and in this particular case it is for the Assembly, on the basis of that sovereignty, to decide by vote of all its constituent delegations on the nomination of the President who is to conduct its proceedings.

According to the legal structure and the regulations of the Organization, the Assembly's responsibility in a matter as important as the election of the President, the highest officer of the Assembly, cannot be delegated to any specific group of representatives. It is for the Assembly as a whole to exercise its sovereignty in that decision.

The delegation of Ecuador considers that the authors of the Rules of Procedure acted wisely in providing for the prior examination of proposals intended for submission to the Assembly by the Committee on Nominations, which is required to state whether or not such proposals are satisfactory, both as to the Member State which the proposed candidate represents, and as to the personality of the candidate himself. The Rules of Procedure thus restrict the Committee's function to the procedural one of ensuring that there are proposed to the Assembly thoroughly satisfactory candidates on whom it can vote in full confidence. This does not, however, mean
that the Assembly, the Organization’s sovereign body according to the Rules of Procedure, should forego its sovereignty and confer sovereignty on the limited number of delegates that makes up a committee.

For these various reasons, Mr President and fellow delegates, the delegation of Ecuador, faithful to the obligation it contracted in January with respect to the distinguished delegation of Argentina and the Government of that sister Republic, is of the opinion that it would be just, and in accordance with the legal provisions, for the Assembly to examine also the candidature of Dr Olguín and to give its decision on the matter.

The President: Thank you, Mr Ponce y Carbo. The delegate of Guinea has the floor.

Dr Ohri (Albania) (translation from the French): Mr President, honourable delegates, my delegation does not wish in any way to call in question the eminence of the delegate of Australia. However, because of the Assembly’s customary respect for the principle of rotation, and particularly out of respect for tradition, which this time requires a delegate from the American continent to be President, I shall, on behalf of the Government of the Republic of Guinea, vote for the candidate put forward by the delegation of Argentina.

The President: Thank you, Dr Keita. The delegate of Albania has the floor.

Dr Keita (Guinea) (translation from the French): Mr President, honourable delegates, my delegation does not wish in any way to call in question the eminence of the delegate of Australia. However, because of the Assembly’s customary respect for the principle of rotation, and particularly out of respect for tradition, which this time requires a delegate from the American continent to be President, I shall, on behalf of the Government of the Republic of Guinea, vote for the candidate put forward by the delegation of Argentina.

The President: Thank you, Dr Keita. The delegate of Albania has the floor.

Dr Ohri (Albania) (translation from the French): Mr President, the delegation of the People’s Republic of Albania is entirely in agreement with the proposal to elect the chief delegate of Argentina, Dr Olguín, as President of the Assembly.

The President: Thank you, Dr Ohri. Are there any other observations? The delegate of Peru.

Dr Quirós (Peru) (translation from the Spanish): Mr President, fellow delegates, the delegation of Peru wishes to associate itself with the statements of the previous speakers and to propose the candidature of Dr Olguín. Furthermore, we consider that, in accordance with our custom, the nomination should be by acclamation without a vote.

The President: Thank you, Dr Quirós. The delegate of Indonesia.

Dr Subandrio (Indonesia): Mr President, most distinguished fellow delegates, we have now heard from delegates, representatives of governments in two continents. First, the continent of Latin America. All the Latin American delegates who came to this rostrum to state their view supported the candidacy of Dr Olguín. And we have heard delegates from another continent, the biggest continent—Africa. They have also stated their support for the candidacy of Dr Olguín. Then we have heard the representative of one of the countries in Eastern Europe also state his support for the candidacy of Dr Olguín.

Mr President, I have the greatest appreciation and the highest consideration for the qualities of Dr Refshauge, whom I have found an admirable candidate and an admirable fellow delegate. I have also the greatest admiration for your great wisdom, Mr President, in nominating the twenty-four members of the Committee on Nominations so as to represent the various regions of the globe. I have the greatest faith in the democratic procedure of nominating the one candidate for the presidency, as put forward to this Assembly. But I would like to go further in this democratic procedure, which I believe and trust is upheld by this illustrious body, the World Health Assembly: in this respect I would like to propose, Mr President, that we should put to the vote by this Assembly the two candidates, Dr Refshauge and Dr Olguín. Whoever is elected by this Assembly will be the President for the next year. I think there can then be no doubt whatsoever about the democratic principles being upheld by this illustrious body, and that the various continents which I just mentioned will be satisfied. Thank you, Mr President.

The President: Thank you, Madame Subandrio. The delegate of Mexico has the floor. Would anybody else who wants to speak please raise his card because I would like to close the list. Is there any other speaker? Thank you. The delegate of Mexico has the floor.

Dr Martínez (Mexico) (translation from the Spanish): Mr President, gentlemen, the Mexican delegation believes that renewal comes through respect for tradition. As has already been said here, it is clear that to follow tradition means to vote for Dr Olguín, the delegate of Argentina. The Mexican delegation will therefore vote with great pleasure for Dr Olguín.

The President: Thank you. Since there is more than one name proposed for one elective office, we shall have to vote by secret ballot in accordance with Rule 76 of the Rules of Procedure. To avoid any misunderstanding, I should like to emphasize that the ballot papers that will be given to you must bear one name only. The countries will be called to the rostrum in the English alphabetical order.

I shall now draw the letter indicating the delegation with which the voting will begin. It is the letter “N”. Could I make one more point clear? In the ballot paper the name of the person will be given and not the name of the country.
The delegate of Peru has the floor on a point of order.

Dr Quirós (Peru) (translation from the Spanish): Mr President, I only wish to speak on a point of order. The report of the Committee on Nominations does not mention Dr Olguín’s name, and as some delegates are not familiar with it, it should be made known to the whole Assembly.

The President: Quite right. Thank you very much for reminding me. The names of the candidates are Dr W. D. Refshauge of Australia and Dr V. V. Olguín of Argentina.

The following are appointed as tellers: Mr Saito of Japan and Mr Huidobro of Chile. Would they be so kind as to come up to the rostrum.

The two tellers took their places on the rostrum.

The President: When the time comes, the delegate of Nepal will be the first to cast his vote—then in English alphabetical order thereafter. Is everyone ready?

A vote was taken by secret ballot, the names of the Member States being called as follows:

Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Somalia, Spain, Sudan, Sweden, Switzerland, Syria, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Upper Volta, Uruguay, Venezuela, Viet-Nam, Western Samoa, Yemen, Yugoslavia, Zambia, Afghanistan, Albania, Algeria, Argentina, Australia, Austria, Belgium, Bolivia, Brazil, Bulgaria, Burma, Burundi, Cambodia, Cameroon, Canada, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Democratic Republic of the Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Dominican Republic, Ecuador, El Salvador, Ethiopia, Federal Republic of Germany, Finland, France, Gabon, Ghana, Greece, Guatemala, Guinea, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Laos, Lebanon, Liberia, Libya, Luxembourg, Madagascar, Malawi, Malaysia, Mali, Malta, Mauritania, Mexico, Monaco, Mongolia, Morocco.

I will now declare a recess. It is difficult to fix a duration, but you will be summoned by the ringing of the bell.

The meeting was suspended at 6.10 p.m. and resumed at 6.25 p.m.

The President: The meeting is resumed. Allow me first to thank the tellers, Mr Saito of Japan and Mr Huidobro of Chile, for the trouble they have taken in preparing and in analysing the votes.

The result of the vote for the election of the President of the Eighteenth World Health Assembly is as follows:

| Number of Members entitled to vote | 117 |
| Number absent | 6 |
| Number present and voting | 111 |
| Number required for simple majority | 56 |

The votes obtained are as follows: Dr Olguín gets 66 votes, as against Dr Refshauge, who gets 45. Dr Olguín is therefore elected President of the Eighteenth World Health Assembly. I invite him to take the presidential chair and the gavel.

Dr Olguín took the presidential chair.

The President (translation from the Spanish): Gentlemen, it is with considerable emotion that I have seen the Assembly choose my country, the Republic of Argentina, in the election of the President of the Eighteenth World Health Assembly. In assuming my responsibilities and expressing my appreciation of the honour done to me, I would say that I am very gratified by your decision because I am certain that by it you wish to recognize the spirit of collaboration which my country has shown at all times in the international field, to acknowledge the work accomplished by the Republic of Argentina in the interests of health, and also the important contribution made by the American continent as a whole to progress in world health.

I wish to thank the Assembly for having entrusted me with this responsibility and to assure you that I shall do all in my power to ensure that the Assembly shall attain its objectives.

With your permission, I shall tomorrow have a few words to say to the Assembly on various questions which are, in my opinion, of particular interest.

2. Second Report of the Committee on Nominations

The President (translation from the Spanish): I propose that the Assembly consider the second report of the Committee on Nominations—document A18/6.

May I ask Professor Aujaleu, Chairman of the Committee on Nominations, to be kind enough to read the Committee’s second report.
Election of the Three Vice-Presidents

The President (translation from the Spanish): I invite the Assembly to vote seriatim on the nominations proposed.

We will start with the election of the three Vice-Presidents of the Assembly. Has anyone any observation to make? In the absence of any remarks, I propose that the Assembly declare the three Vice-Presidents elected by acclamation. (Applause)

Will the Vice-Presidents be so kind as to come to the rostrum and take the places reserved for them.

Election of the Chairmen of the Main Committees

The President (translation from the Spanish): We come now to the election of the Chairman of the Committee on Programme and Budget. Does anyone wish to speak? There being no observations, I invite the Assembly to declare Dr Mudaliar elected, by acclamation, Chairman of the Committee on Programme and Budget. (Applause)

Next we come to the election of the Chairman of the Committee on Administration, Finance and Legal Matters.

Any observations? I request the Assembly to declare Professor Vannugli elected, by acclamation, Chairman of the Committee on Administration, Finance and Legal Matters. (Applause)

Establishment of the General Committee

The President (translation from the Spanish): We now come to the election of the other members of the General Committee. In accordance with Rule 31 of the Rules of Procedure of the Health Assembly, the Committee on Nominations has proposed the names of fourteen countries whose delegates, together with those already elected, will constitute the General Committee of the Assembly. The countries in question are as given in document A18/6. Does anyone wish to speak? If no one has any remark to make, I declare the fourteen countries elected.

The General Committee will meet at 9.30 a.m. tomorrow to consider the provisional agenda of the Assembly, allocate items to the main committees and draw up the programme of work for the first few days, including the programme for the technical discussions. May I ask Dr Karl Evang, General Chairman of the Technical Discussions, to be good enough to attend the first meeting of the General Committee.

The next plenary meeting will be held at 11 a.m. tomorrow.

The meeting is adjourned.

The meeting rose at 6.40 p.m.

THIRD PLENARY MEETING

Wednesday, 5 May 1965, at 11 a.m.

President: Dr V. V. Olguín (Argentina)

I. Presidential Address

The President (translation from the Spanish): I declare the meeting open.

Fellow delegates, ladies and gentlemen, it is a great satisfaction to be here with the delegations of 124 countries meeting in this building for the Eighteenth World Health Assembly. Our firm decision to make a common effort for the achievement of high aims presupposes a combination of willpower, idealism and high ambition. Every year since the First World Health Assembly, in 1948, this procedure, regularly followed, makes an effective human and scientific contribution to the solution of the world's health problems.

Today it is my country, the Republic of Argentina, which receives the high honour of presiding over this Assembly. Through me, as I assume the great responsibility laid upon me, my country expresses to the honourable delegations here present its deep appreciation of this honour. For myself, I am profoundly conscious of my heavy responsibility. I know that my election is a recognition of my country's contribution to international co-operation, of its interest in problems of world health, of the efforts made by its physicians and health workers to improve people's living condi-
tions, and of the contribution of the Americas as a whole to world health.

As I occupy this presidential chair, I wish to assure this honourable Assembly of my intention to serve it to the best of my ability and to do everything possible to bring about the achievement of the objectives we have set ourselves.

May I in the first instance, on behalf of my country, pay homage to Switzerland and express our profound satisfaction at being again in this beautiful country, enjoying its traditional hospitality. I would in particular present a special greeting from my Government and from our Minister for Public Health and Social Welfare, Dr Arturo Óñativia.

May I also pay tribute to the President of the Seventeenth World Health Assembly, Dr Monawar K. Afridi, and to his country Pakistan, for the dignified and efficient manner in which he accomplished his mandate. I know that I am voicing the feeling of the whole Assembly when I express to him, on my own and on its behalf, our sincere gratitude for the way in which he accomplished his difficult task, and for his furtherance of the Organization's mission.

May I now be allowed to pay tribute to the Director-General, together with the Regional Directors and their immediate collaborators whose important work calls for great qualities and a high sense of responsibility. The Director-General's leadership and authoritative personality, illumined by his scientific and human qualities, are a guarantee of the Organization's permanent development and progress. Neither do we forget the whole body of technical and administrative staff and the important, continuous and silent contribution they make in scientific centres and in the field. Our thanks go also to the physicians, health workers and technicians who, throughout the world, spend themselves untiringly for the health and well-being of mankind. I would pay my respects, too, to the honourable delegations here present and in particular to the Australian delegation and to Dr W. D. Refshauge whose quality and generosity marked the first day of this Assembly. I greet the observers here present, the Vice-Presidents of the Assembly, the Chairmen of the main committees and the committee members.

It is truly heartening, seventeen years after the creation of the World Health Organization, to consider the results of the work that has been done. The Organization's history is written in the decisions of its Assemblies, and of its governing bodies, in the work of its directors and technicians, in the efforts and great undertakings in every country in the world, in the progress in the field of health, in the improvement of living standards and in the better understanding which has been created between peoples with common ideals. Faced with urgent problems, with an immense task, the countries have brought their ideals into play, have decided to bring this great undertaking to a successful conclusion. With the collaboration of the highest scientific and technical authorities, the Organization has with the years developed a veritable philosophy, a policy, a doctrine.

Problems in the various fields have been confronted and the battle, waged on a wide front, has provided a magnificent example of what can be done by team-work, co-operation and co-ordination—co-ordination between countries, between international bodies. A framework has been provided within which the various countries, demonstrating their awareness of the situation and their sense of responsibility, have been able to participate mutually in the establishment of common plans, to find solutions to their problems and to participate in the solution of those of others; they have become increasingly convinced of the need for international co-operation. And all this has been accompanied by an endless succession of thorny and challenging new problems giving rise to additional tasks and increasing demands; the great difficulties inherent in technical change; new discoveries; and the advent of new Member States with all their great potentialities and needs. What a huge field of experience!

To all this must be added man's knowledge, determination, and ability—a great productive force that can make an unlimited contribution to human welfare and progress. Scientific and technical progress is at the service of mankind for the achievement of the harmonious integration of health, as a social service, with welfare and development. It is against this inspiring background of possibilities and realities that the work is being conducted and that efforts are being intensified.

Society and development, a concept dear to mankind, poses a problem made urgent by the deficiencies in various sectors, in the living conditions of a traditional society which demands structural changes, changes in ideas and in values. Harmonious development presupposes continuous human investment—highly productive investment in health (for the prevention and treatment of disease; for the reduction of the incidence of disease; for the achievement of a higher standard of health; for a greater capacity to create, to produce, to invest and to consume; for the prolongation of life); economic investment, investment in education, in adequate technical development, and the inclusion of the necessary measures for overall programmes and planning.

There are social aspects of development, fundamental in the fields of education, health, social security, living standards, welfare—all part of overall social
progress and contributing to the achievement of balanced development.

There is development and humanism; development aiming at authentic human well-being, placing scientific and technical progress at the service of man, its rightful beneficiary.

These broad ideas, to which so much consideration is today being given, have found their fullest expression in international and national debating forums where the world is concerned with social and economic problems of the first order, and the developing countries seek effective solutions to their present problems and some indication of their future prospects.

The United Nations Development Decade and, in America, the Act of Bogotá and the Charter of Punta del Este have meant the proclamation and recognition of health protection and promotion as a social service and the setting of goals for short- and long-term solutions to these highly important problems. This also constitutes the policy of Argentina in regard to health.

The conditions and special situations occurring in the developing countries on the one hand, and the possibilities and characteristics of our age, local and regional attitudes and scientific and technological development on the other, offer a controlled and well-directed approach to a satisfactory solution which, through a rational, determined and conscious effort with the participation of the whole community, will be able to speed up a process that, if left to itself, would attain the aims desired only with difficulty and after a long lapse of time.

Serious problems of disease, undernourishment, housing, clothing, illiteracy, social and political insecurity, against a background of large increases in population, require a scientific and technological but also deeply human solution. In public health this means that the techniques of health promotion, protection and restoration must be scientifically embodied in an administration which through its complex methodological procedures should be capable of ensuring the extension of these benefits to the whole population. But this assumption of responsibilities, this awareness of the duty to act in the face of harsh realities and limited means and resources, is subject to the limitations that arise from the need to establish investment priorities.

Planning—an important operational method and valuable tool for the correct and ordered utilization of limited resources, and also for the more rational use of what is available without restriction—opens up wide prospects for practical achievements, with reasonable goals and defined objectives. Its present complex and manifold shortcomings in basic information, trained staff, methods, organization, communication and interchange between the planners in the various sectors, even in a single country, call for support and conviction if they are to be corrected, so that planning can go on developing freely. The drawing up of national health plans, forming an integral part of national plans for economic development, constitutes an important means of finding a complete solution to health problems. The outstanding importance attached to the health factor, which is the basic component in this process, confers on the human factor, even if expressed in mathematical terms, the over-riding importance which it merits.

The health problems of the world are still very extensive and the efforts required are extremely great. The agenda of this Assembly brings them forward for our consideration in their technical and administrative aspects.

Communicable diseases continue to be a reality; incidence of some of them has increased and we have to intensify our efforts in view of increased mortality and the spread or recrudescence of certain diseases which constitute a serious threat in some areas. It is here that the concept of eradication takes on its full importance and that the scope of the objectives to be achieved demands intensification of effort. The contribution which immunological knowledge makes is particularly important in the campaign against communicable and parasitic diseases and in other fields of pathology. The extension of the Organization’s activities in this sphere opens up important prospects. The vector control activities are equally important, with the study of the mechanics of resistance—their genetic, biochemical and physiological aspects—and of the action of insecticides. These operations are closely related to investigations in malariology, in the various aspects of epidemiology and in general problems whose solutions will enable the eradication campaign to be brought to a successful conclusion. At this stage of the campaign, the progress made at the world level is encouraging.

In tuberculosis, the noteworthy point is that effective means of prevention and treatment are at present available, so that effective control programmes can be applied in any epidemiological situation and under any social conditions.

The studies on virus diseases and on the possibilities of eradicating smallpox in the campaigns now being developed show the need for strict observance of the standards recommended, elimination of persistent foci of infection, effective vaccination, constant vigilance and regular revaccination.

Special attention has been given in the Region of the Americas to problems of rural welfare affecting 100 million inhabitants of the rural areas. Environmental sanitation plans have been established, an inter-
regional long-term programme for the provision of drinking-water has been drawn up on a basis of national and international co-operation with effective community participation, and a Rural Welfare Fund has been established. It was the Pan American Sanitary Bureau which took this important initiative and it is the American countries which have taken the firm decision to find a solution to this serious and highly important problem.

The training of staff at various levels and the need to educate professional staff and auxiliaries are matters of fundamental importance. To the needs in actual numbers are added deficiencies in distribution. In view of the needs in this field, an effort must be made with regard to education and training. Added to all this there are even today, in terms of morbidity and mortality, serious problems of maternal and child welfare, chronic diseases, malnutrition, mental health, unhealthy housing, ignorance, low income and low living standards.

The development and strengthening of the health services, their organization and correct administration and the extension of their coverage in terms of area and population are essential for the success of public health activities. These activities are made more effective by the integration of preventive and curative services, and by regional planning, which ensures the co-ordination of the resources in each area.

Scientific research makes a very great contribution to the solution of health problems. Its development in the basic sciences, at the applied level, and in epidemiology, administration and social and economic affairs, opens up possibilities of enormous scope.

The level of efficiency of medical care can be raised through adequate utilization of existing resources. This will be assisted by an awareness in the community of the need to improve living standards and general well-being through health care and protection, adequate technical and administrative organization, the correct distribution of tasks to the staff at various levels and the participation of doctors, technicians and the entire community in the whole social and human process.

All this is feasible, but it is essential to have progressive administrative attitudes, the budgetary increases needed to carry out the planned activities and dynamic efforts on the part of administrators.

It is for this honourable Assembly to consider these and many other aspects of our mission and our pledged task of working for the well-being of our peoples, and the traditional role of this Assembly as a basically technical body must be safeguarded by avoiding the tendencies to introduce political considerations which distort the spirit of its Constitution.

I am sure that the work which is beginning here today with the important support arising from your participation, together with the invaluable contribution of the Organization as a whole, will be an important landmark in these constant efforts to promote and consolidate the well-being of mankind.

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

The President (translation from the Spanish) : We now pass to the second item on the programme for today : Adoption of the agenda and allocation of items to the main committees.

At its first meeting held yesterday, the General Committee examined the provisional agenda, which had been sent to all Members and Associate Members sixty days before the opening of the session (document A18/1 ¹), together with a supplementary agenda (document A18/1 Add.1) which contains a further item: “Extension of maximum validity of the International Certificate of Vaccination or Revaccination against Yellow Fever”.

At the end of its deliberations, the General Committee decided to recommend that the Assembly adopt the provisional agenda, including the supplementary item, but deleting item 3.13.2, “Advances to meet unforeseen or extraordinary expenses as authorized by resolution WHA13.41 (if any)” and item 3.13.3, “Advances made for the provision of emergency supplies to Member States as authorized by resolution WHA13.41 (if any)”. It was decided to delete these two items because no advances from the Working Capital Fund were made for these purposes during 1964.

Does the Assembly approve this recommendation of the General Committee? The recommendation is considered as approved.

Now we turn to the allocation of agenda items to the main committees. The agenda has been presented in such a way that the allocation of items as between the Committee on Programme and Budget and the Committee on Administration, Finance and Legal Matters is practically implicit. The General Committee of the Assembly recommends that this distribution be retained and that the supplementary agenda item be allocated to the Committee on Programme and Budget.

With regard to the items under “Plenary meetings” concerning which no decisions has yet been taken, the General Committee recommends that the Assembly examine in plenary session items 1.10, 1.11, 1.13, 1.14, 1.15 and 1.16.

The General Committee has also noted that item

¹ The agenda as adopted is reproduced on p. 23.
1.12, “Admission of new Members and Associate Members (if any)” will not be considered because the Director-General has not received any application for admission in accordance with the provisions of Rule 113 of the Rules of Procedure of the Health Assembly.

3. Proposed Amendments to the Rules of Procedure of the World Health Assembly

The President (translation from the Spanish): In connexion with item 1.9, “Proposed amendments to the Rules of Procedure of the World Health Assembly”, it should be recalled that the Executive Board recommended that the Assembly adopt provisionally at the beginning of the session certain of the amendments to the Rules of Procedure. It is therefore proposed that, in order to facilitate the work of the session and to save time and money, the Assembly adopt provisionally now the amendment proposed to Rule 80 of the Rules of Procedure and the proposed new Rule 75bis.

We feel that this is a useful proposal, which is in line with practice followed in other United Nations bodies. If delegates agree to this proposal they will still have an opportunity to examine the proposed amendments more thoroughly, both as regards form and content, later in the session.

Document A18/3 which deals with this question has already been distributed in the hall; it contains a draft resolution incorporating the proposed amendments. Are there any comments on this subject?

Does the Assembly agree to adopt the draft resolution contained in document A18/3? The draft resolution is adopted.¹

4. Programme of Work

The President (translation from the Spanish): I now call the Assembly’s attention to the proposed hours of work. The General Committee has decided on the following time-table: plenary meetings or main committees, from 9.30 a.m. to 12 noon or 12.30 p.m. and from 2.30 p.m. to 5.30 p.m.; General Committee from 12 noon or from 5.30 p.m. as circumstances may dictate.

Does the Assembly approve this time-table? The time-table is considered as approved.

The award of a prize for research work on mental subnormality (item 1.14) also appears on the agenda. I have to inform the Assembly that the General Committee has confirmed the provisional steps taken by the Director-General for the award of a prize for research work on mental subnormality and that the award will be made at 12.15 p.m. on Thursday, 6 May.

We now go on to the subject of technical discussions. The General Committee recommends that the technical discussions take place on Friday, 7 May, in the morning and afternoon, and on Saturday, 8 May, in the morning only.

Details of the arrangements for the discussions are given in document A18/Technical Discussions/3.

May I remind those wishing to participate in these technical discussions that they should give in their registration forms today before 2 p.m. Since the time available for the technical discussions is limited, delegates are advised to acquaint themselves with the documentation in advance so that they may benefit to the full from the discussions and participate actively in them.

Delegations intending to participate in the general discussion of the Director-General’s report are requested to give advance notice of their intention to do so to the Assistant of the Secretary to the Assembly, Mr Fedele, together with the name of the speaker. Whenever possible, the advance text of speeches, in four copies, should be given to him in order to facilitate the interpretation and preparation of the records of the proceedings.

5. Reports of the Executive Board on its Thirty-fourth and Thirty-fifth Sessions

The President (translation from the Spanish): We now come to item 1.10: Review and approval of the reports of the Executive Board on its thirty-fourth and thirty-fifth sessions. I give the floor to the representative of the Executive Board, Dr Turbott.

Dr Turbott, Chairman of the Executive Board: Mr President, I have the honour of presenting to the Assembly the reports of the two Executive Board meetings held during the year.

The thirty-fourth session of the Executive Board was held in Geneva from 26 to 29 May 1964.

The Executive Board approved the nomination of Dr Karl Evang as General Chairman of the technical discussions at the Eighteenth World Health Assembly. For the Nineteenth World Health Assembly the Executive Board selected as the subject, “The collection and use of health statistics in national and local health services”.

Having considered the report of the Director-General on the budgetary, financial and administrative controls of duty travel, the Executive Board found that the procedures and the budgetary, financial and administrative controls governing duty travel were satisfactory.

The Executive Board examined the report of the Director-General on the form of presentation of the programme and budget estimates which had been

prepared at the request of the World Health Assembly (resolution WHA17.21) "to consider the possibility of progressively presenting future programmes and budgets in a functional form and in a way that will permit the total activities in a particular field to be seen comprehensively". As recorded in resolution EB34.R16, the Board agreed with the changes outlined in the report to be introduced in the proposed programme and budget estimates for 1966, with some further adjustments based on the discussion which took place in the Board.

The Executive Board invited the Director-General to take such further action as would effectively contribute to obtaining increased support for the Voluntary Fund for Health Promotion.

Having considered the Director-General's final financial report on the malaria eradication postage stamp campaign, which produced $233,792 for malaria eradication, the Executive Board expressed its satisfaction with the way the plan for the issue of postage stamps had increased public information and greatly increased public interest in the world-wide effort to stamp out the disease.

The Executive Board authorized the Director-General to extend the appointment of Dr Fang as Regional Director for the Western Pacific until 30 June 1966.

The Executive Board reviewed thoroughly the World Health Organization's programme in endemic treponematoses and venereal diseases, and urged Member States to exert a determined effort to maintain adequate and effective measures to reduce the incidence of the endemic treponematoses, particularly those of children. The Board made a strong plea to Member States to increase their efforts, where indicated, to stem the rising tide of the venereal diseases.

The Executive Board considered the report by the Director-General on the ad hoc Committee of Ten established under resolutions 851 (XXXII) and 900 (XXXIV) of the Economic and Social Council, reiterated the need for the World Health Organization to preserve its own channels of communication with governments on matters within its competence, in order properly to carry out its constitutional responsibilities. It requested the Director-General to transmit the views of the Board to the Secretary-General of the United Nations with the request that he submit them to the appropriate organs of the United Nations.

The Executive Board discussed at length the Seventeenth World Health Assembly's request (resolution WHA17.50) for "formal proposals with a view to the suspension or exclusion from the Organization of any Member violating its principles and whose official policy is based on racial discrimination". Three resolutions were proposed, none of which attracted enough votes for the two-thirds majority required. The Board was therefore unable to answer the Assembly's request.

The thirty-fifth session of the Executive Board was held in Geneva from 19 to 28 January 1965.

The Executive Board, having considered a report by the Director-General, recommended that the Eighteenth World Health Assembly adopt a resolution recommending that Member States recognize officially certain international standards and units for biological substances as set forth in the suggested resolution, superseding the list recommended in resolution WHA3.8 of the Third World Health Assembly.

The Executive Board appointed Dr Alfred Quenum as Regional Director for Africa.

The Executive Board considered the report of the Director-General on the Joint FAO/WHO Food Standards Programme (Codex Alimentarius), as presented in Annex 16 of Official Records No. 140. It considered the costs of WHO's share of the Joint FAO/WHO Food Standards Programme should be provided for in the regular budget of the Organization beginning with the financial year 1966, and therefore decided that, as part of its recommendations to the World Health Assembly regarding the Director-General's proposed programme and budget estimates for 1966, there should be added the amount of $62,000 for the purpose, and that an appropriate amount be added to the amount of the casual income to be used to help finance the 1966 budget estimates, in order to avoid increasing assessments on Member States for this purpose.

The Executive Board considered the programmes planned to be financed from the Voluntary Fund for Health Promotion as set forth in Annex 3 of Official Records No. 138. Noting that the programmes are complementary to the programmes included in the regular budget of the Organization, the Board recommended to the World Health Assembly that it request the Director-General to implement the planned programmes, within the broad concept of the third general programme of work for a specific period, to the extent that voluntary funds become available through voluntary contributions to the Voluntary Fund for Health Promotion.

After examination of the report of the Director-General, the Executive Board recommended to the Eighteenth World Health Assembly the adoption of the resolution inviting governments to take the necessary measures to subject pharmaceutical preparations, imported or locally manufactured, to adequate quality control.

An intensive review of the Organization's malaria eradication programme was conducted by the Board,
which noted with satisfaction the progress already made. The Board decided to recommend to the Assembly the adoption of a resolution urging governments undertaking pre-eradication programmes to give priority to the country-wide development of a network of rural health services to sustain the malaria eradication programmes, and urging governments of countries which had reached an advanced stage in their malaria eradication programmes to take steps to stimulate the collaboration of all medical and health personnel in vigilance against the re-establishment of the disease.

The Director-General had presented to the Board, in accordance with Staff Regulation 12.2, certain amendments to the Staff Rules which he had made since the previous session of the Board. These now appear as Annex 14 of Official Records No. 140. All of these involved minor adjustments or editorial revisions, except one which concerned the revision of the definition of pensionable remuneration recommended by the Joint Staff Pension Board and by ACC. Action on this recommendation was also pending in the General Assembly of the United Nations. The Board confirmed the amendments to the Staff Rules as proposed by the Director-General, subject, in the case of that one dealing with pensionable remuneration, to similar approval being given by the General Assembly of the United Nations. The General Assembly approved the change on 17 February 1965, the effective date being 1 March 1965. Accordingly the amended WHO Staff Rule dealing with pensionable remuneration was put into effect on 1 March this year.

The Executive Board comprehensively reviewed the Organization's programme in nutrition. A thorough discussion ended in noting these activities with appreciation.

The Executive Board examined in detail the proposed programme and budget estimates for 1966 submitted by the Director-General. In the light of its examination, the Board decided that the duration of its thirty-seventh session should be four days less than provided for in the estimates, resulting in a reduction of $10,000 in the estimates. It also decided to recommend to the Eighteenth World Health Assembly the inclusion of provision in the programme and budget estimates for 1966 for WHO's share of the costs of participation in the Joint FAO/WHO Food Standards Programme, at an estimated cost of $62,000. The amount of the effective working budget for 1966 recommended by the Board is therefore $42,442,000—-a net increase of $52,000 over the amount originally proposed by the Director-General.

Having considered the Director-General's progress report on the construction and financing of the headquarters building, the Executive Board expressed its appreciation to the Swiss Confederation and to the Republic and Canton of Geneva for their further generous assistance in the provision of adequate headquarters accommodation. Arising out of its consideration of the report of the Standing Committee on Headquarters Accommodation, the Executive Board expressed its thanks to those additional Member States that had made contributions. It requested the Standing Committee to report to the Ad Hoc Committee meeting prior to the Eighteenth World Health Assembly on the cost estimates for the completion of the building should information thereon be available by that time. At its meeting on 3 May 1965, the Ad Hoc Committee, after considering reports of the Director-General and the Standing Committee, finding that the total credits for the project are likely to be sufficient to meet the presently estimated total costs, recommended a resolution for the Assembly's consideration authorizing the Director-General to proceed with the headquarters building project.

The Executive Board desires to draw the attention of the Eighteenth World Health Assembly to its discussions of the “pros and cons” of the proposal for the establishment of a World Health Research Centre. After a very free expression of opinions the Board considered that such a centre could make very important contributions—-that could not be made otherwise—towards the resolution of major world health problems, particularly in epidemiology and in the analysis and handling of health and biomedical information. It requested the Director-General to explore further the different possibilities of financing and organizing the Centre, and also asked the Director-General to study further the proposal for a laboratory centre for the investigation of adverse reactions caused by drugs and environmental contaminants.

The Executive Board considered the report of the Director-General on the proposed International Agency for Research on Cancer, heard the statement made on behalf of the International Union against Cancer, and requested the Director-General to report on developments to the Eighteenth World Health Assembly.

The Executive Board noted that in 1965 the Second World Population Conference will be held under the auspices of the United Nations and co-sponsored by a number of specialized agencies, including WHO, and requested the Director-General to report to the Eighteenth World Health Assembly on those programme activities in the health aspects of world population which might be developed by WHO.

The Executive Board noted the close co-operation which exists between WHO, the United Nations, the specialized agencies, and IAEA, and commended in
particular the jointly assisted programmes that have been developed with UNICEF.

The Executive Board, after considering the report from the Director-General on the Single Convention on Narcotic Drugs, 1961, noted the recent entry-into-force of that convention and the ensuing changes in respect of the functions assigned to the World Health Organization, and recommended to the Eighteenth World Health Assembly that the Director-General be authorized to continue to forward to the Secretary-General of the United Nations such notifications as WHO is called upon to make under that convention.

The Executive Board made an organizational study on methods of planning and execution of projects, selecting eighty-six projects from forty-seven countries for this purpose. The attention of the Assembly is drawn to the very important findings, and it is invited to adopt a resolution calling attention, *inter alia*, to the relationship between the effectiveness of the Organization’s assistance and the readiness of governments to carry out their share of the responsibility for WHO-assisted projects, including the provision of adequate supporting staff and work facilities.

In the light of the report by the Director-General on the Organization’s participation in the Expanded Programme of Technical Assistance, the Executive Board, considering that the financial situation of the Expanded Programme for 1965 was not yet clear, requested the Director-General to continue to carry out the programme approved by the Technical Assistance Committee for 1965 on the basis of his best judgement of the requirements of prudent financial management, and to report on the developments in the financial situation of the Expanded Programme of Technical Assistance to the Ad Hoc Committee of the Board. At its meeting on 3 May 1965 the Ad Hoc Committee considered a report by the Director-General of improved prospects, and the only action recommended for the Assembly is that it note this improvement with appreciation.

Following its consideration of the report of the Standing Committee on Non-governmental Organizations, the Executive Board decided to establish official relations with the World Psychiatric Association, thus bringing the number of non-governmental organizations in relation with WHO to sixty-six.

The Executive Board discussed the general programme of work for the specific period 1967-1971, and considered that the programme, as amended after a long debate, provided an adequate broad policy framework for the formulation of annual programmes within that period. It therefore recommended the programme for approval by the Eighteenth World Health Assembly.

The Executive Board made a detailed examination of the supplementary budget estimates for 1965, and was satisfied with the reasons for these additional costs. It recommended approval of these estimates, subject to such adjustments as may be considered appropriate by the Ad Hoc Committee at its meeting prior to the Eighteenth World Health Assembly. At its meeting on 3 May 1965, the Ad Hoc Committee reviewed the supplementary estimates for 1965 in the light of a further report from the Director-General and decided to recommend to the Eighteenth World Health Assembly estimates in the amount of $1 147 000.

The Executive Board studied carefully the proposals of the Director-General regarding the scale of assessment for and amount of the Working Capital Fund. The resolution submitted for approval by the Eighteenth World Health Assembly adopts the principle that the size of the Working Capital Fund should bear a direct relationship to the size of the effective working budget, and that the composition of the Working Capital Fund should be of two parts, Part I being advances by Members, and Part II amounts of casual income to be transferred into the Fund from time to time. The Board recommends in the resolution that advances assessed on Members be established as from 1 January 1966, in the amount of $5 000 000, assessed on the 1966 scale of assessment. The Board sincerely believes that approval of its recommendations will strengthen the financial stability of the Organization.

The President (translation from the Spanish): Thank you, Dr Turbott.


The President (translation from the Spanish): We now come to item 1.11: “Review of the Annual Report of the Director-General on the work of WHO in 1964”. I give the floor to Dr Candau, the Director-General.

The Director-General: Mr President, honourable delegates, with your permission, Mr President, may I first say how much I regret that an emergency meeting of the Security Council has deprived this Assembly of the honour of being addressed personally by the Secretary-General of the United Nations, U Thant. There is, I believe—and, having heard his message, you will surely share my belief—a deep symbolic meaning in U Thant’s frequently manifested interest in the work of the World Health Organization and the other specialized agencies. The very close links he has been maintaining with all of us stem

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from the conviction he recently expressed so elo-
quently, that peace cannot be split into its political,
emotional, social or cultural components in the vain
hope of solving one without tackling the others.

Despite the unavoidable crises of a constantly
changing world torn by political and ideological
tensions, our organization can be proud of the good-
will of all its Members and the sustained effort they
have always made in the cause of world health. This
is primarily due to the fact that we are all inspired by
the common ideal: to bring succour to the sick and
suffering wherever and in whatever conditions they
may live, and to prevent their ills from spreading. But
we all realize that the high objectives of WHO, which
cross the frontiers of medicine and public health,
cannot be pursued in a political vacuum. We are all
conscious, too, of our debt to U Thant for the wise and
patient efforts he has been making—and is making
at this very moment—to establish the bases on which
to build an orderly and united world.

Mr President, honourable delegates, it is my pri-
vilege today to present to you for your considera-
tion my report on the work of WHO in 1964—contained
in Official Records No. 139.

The activities carried out by the Organization during
the past year can, I believe, be regarded as promising
for the future. They bear witness to the Organization’s
will to mobilize past experience and co-ordinate
present efforts in a persistent and prolonged attack
upon hazards—old and new—to man’s life and health.
We have also been striving to raise health standards
throughout the world by promoting education and
training, and strengthening national health services.

Does this entitle us to be satisfied with our progress
now that we have reached the mid-point of the
United Nations Development Decade? Unfortunately
it does not. Let me say immediately that the main
reason for the rather disappointing rate of advance
lies in the relative lack of financial support for health
action throughout the world. There are no short cuts
to a lasting solution of the health problems of the
developing nations. If real progress is to be made,
much more will have to be invested in health in the
developing countries of the world.

Our global malaria eradication programme which,
because of health and economic considerations, must
remain the Organization’s main concern, provides
a good illustration of the obstacles WHO is facing.
The results of the work already carried out in this
field are indeed impressive. Out of a total population
of 1560 million living in the originally malarious
areas of the world from which information is available,
51 per cent. are now free from the risk of endemic
malaria. Further programmes are under way which
should provide protection for an additional 600
million people. In 1964 alone, areas with a population
of about 100 million entered the maintenance phase.

However, some technical problems have affected the
full implementation of a few programmes, while
administrative and financial difficulties are interfering
with the completion of a number of them. Because of
a lack of sustained interest in eradication work at the
national level, the dramatic results of the first years of
attack operations have in some instances not been
followed through, and the complete elimination of the
disease has not been achieved. This is a serious matter
for all of us, and one which calls for urgent action,
particularly by the governments concerned.

In Africa the success of pre-eradication programmes
depends primarily on how quickly a sufficiently dense
network of rural health services can be created. In
view of the limited resources of the countries of this
region, considerable long-term financial and technical
assistance from external sources is called for. Unless
this is forthcoming and can be ensured on a regular
basis, and unless the governments themselves are
prepared to intensify their own efforts, the hope of
ridding the African countries of malaria, I must
confess, appears to be remote. And this may well
prejudice the progress of the global malaria eradication
programme as a whole.

Increased international assistance is also imperative
if real headway is to be made in the control of tuber-
culosis, which, it must be emphasized, remains a
public health problem of major importance in
practically all countries. In tuberculosis control, as
in many other fields, it is to be regretted that the
uneven application of new knowledge has been
widening instead of reducing the gap between the
developing and the more developed nations. Yet,
according to the last Expert Committee on Tuber-
culosis, reasonably effective methods are today
available for curing and preventing tuberculosis under
practically any epidemiological and socio-economic
conditions. The answer to the problem seems to lie
in two directions. In the first place, much more speed
and realism are needed in the application of the know-
ledge available and, secondly, for those developing
countries which have been making full use of recent
advances but are still held back by a shortage of
antituberculosis drugs due to scarcity of funds and lack
of convertible currencies, international assistance must
be increased.

World Health Day this year focused the attention of
Members on the urgency of intensifying the world-
wide campaign for the total elimination of smallpox.
Last year, an expert committee examined recent
scientific advances against this scourge, and paid
particular attention to the value of chemoprophylaxis
in contacts, and the development of a strategy of eradication. The expert committee also pinpointed the reasons for the relatively slow tempo of eradication work. Once again, vital world health action seems to be seriously hampered not only by lack of adequate support from local authorities in some of the endemic countries, but also—and perhaps mainly—by insufficient financial assistance from all sources.

Smallpox is a disease which can easily be brought under control, but which nevertheless continues to threaten the whole world. Global eradication is essential not only for those countries where the disease is endemic, but also for those which have been free from smallpox for many decades and yet must continue to protect their populations by vaccination and revaccination. If progress against this disease is not speeded up and work continued along present lines, unnecessary money and effort will be spent because of lack of co-ordination between countries and because of the persistent danger of re-introduction of the disease. However, if the smallpox situation is really taken in hand, and if the countries which have the means to do so will provide for large quantities of vaccine, for equipment and for transport, there is no doubt that global eradication can be achieved in a relatively short period of time.

As you are well aware, the large outbreaks of dengue fever in the Caribbean area, and of dengue and haemorrhagic fevers in the Western Pacific and South-East Asia Regions, constitute a problem of increasing importance.

Mosquito-borne haemorrhagic fever was first recognized in epidemic form in Manila in 1954, and since then it has appeared in several other countries of the Western Pacific and South-East Asia Regions, moving from east to west. In 1963 and 1964 outbreaks occurred also in India. It should be realized that the etiology, pathogenesis and epidemiology of this type of haemorrhagic fever are not yet fully understood. In this disease, appearing mostly in children, and with a relatively high fatality rate, the same viruses as in dengue-like fevers are isolated from patients, and the same vector, *Aedes aegypti*, is involved. Systematic attention should therefore be given at the same time to both dengue-like diseases and haemorrhagic fever. The WHO inter-regional seminar held in Bangkok in 1964 drew this problem to the attention of various governments. Because of the continuing spread of the disease from east to west, and the imminent danger of its spreading to other receptive areas or neighbouring countries in the Eastern Mediterranean, African and eventually European Regions, global epidemiological surveillance of this disease was started by the Organization towards the end of 1964.

It is hoped that systematic epidemiological, virological and immunological studies of human populations, and entomological studies of *Aedes aegypti* populations in affected countries and in neighbouring receptive areas will not only give better knowledge but also permit the epidemiological prediction and efficient control of this disease.

Last year governments were also alerted to the rising tide of venereal syphilis and gonorrhoea in many countries throughout the world. This rise is continuing despite the wide availability of highly effective drugs, and points to the need for health administrations to intensify in each country epidemiological and other public health measures as well as activities in the broad social field. Basic research is also needed, with orientation towards immunological and biochemical investigations which may lead to improved diagnostic methods and possibly to immunoprophylactic agents.

The increasing pollution of air and water resulting from industrialization and urbanization has been bringing discomfort and distress to an ever greater number of large communities throughout the world. The contamination of water, at one time restricted by and large to a few technically developed countries, has today become a world-wide problem. In many developing countries, surface waters are becoming so badly polluted as to seriously restrict their use. In all countries, points of waste discharge are inevitably coming closer to points of intake.

In the years to come, WHO must mobilize all available means to assist developing countries in controlling and—better still—preventing environmental contamination. The Organization must also promote, and if necessary initiate, research work that will help us cope with these increasingly serious environmental health problems.

The pollution of air and water is only one aspect of the unprecedented and complex problems we must now face as a consequence of the rapid changes in man's biological, physical and social environment. If WHO is to discharge its responsibilities in the field of international public health it must make use of the new and powerful tools of science whose potential has been so strikingly illustrated in many branches of human endeavour. These tools can also help us to explore the somatic and genetic effects of the ever-increasing number of pharmaceutical products and environmental contaminants to which mankind is being exposed. It is only through the most up-to-date scientific methods that we can hope to bring under effective control such familiar disorders and conditions as cancer, cardiovascular diseases, mental illness, malnutrition, communicable diseases, and a host of special problems which are affecting the developing
countries and against which progress has been far from satisfactory.

The extensive research work WHO has been sponsoring since 1959, in order to be most profitable, must now be accompanied by intensified research in carefully selected areas of epidemiology, communications science and biomedicine where a basic lack of knowledge continues to hamper, if not actually block, further progress.

The proposed World Health Research Centre should contribute to the solution of major health problems of the kind I have just mentioned and, like other WHO activities, its work is designed not to duplicate or replace national endeavour, but to complement it. I would point, for example, to the international monitoring activities the Centre would carry out as one of its first assignments. These activities would serve as a basis for a universal surveillance system on communicable diseases which should greatly accelerate the solution of health problems of immediate and vital concern to the developing nations. In addition, the monitoring activities should considerably enrich our knowledge of the effects of pharmaceutical products, a subject which, together with environmental contaminants, has long been considered as eminently suitable for international investigation and action.

It is my conviction that the creation of the proposed Centre is a logical and unavoidable step in the evolution of WHO and would, I am sure, be hailed by the scientific world as one of the most notable events in the history of international public health.

This year marks the fifteenth anniversary of the United Nations Expanded Programme of Technical Assistance, and I am happy to say that the increased assistance to developing countries made possible through this programme will certainly help to raise the health standards of the world as a whole.

In this, as in all other programmes, it is the duty of all of us to see to it that the existing funds are used as effectively as possible. Here co-ordination is essential, though not easy to achieve. Within the United Nations family we have all gone through a difficult period of trial and error, but the techniques as well as the results are, I believe, improving every year.

My report for 1964 contains a long and varied list of co-operative projects in which WHO has been engaged. In addition to the wide range of activities carried out in association with UNICEF, we are in close partnership with the United Nations and our sister agencies in many community development programmes. FAO and WHO are, for example, using joint resources to assist African countries in the planning and evaluation of applied nutrition projects. The two agencies are also co-operating in the field of trypanosomiasis.

It is my hope that speedy and effective co-operation will become a reality also in bilateral assistance activities. We are always happy to see additional resources being put at the disposal of the developing countries through bilateral programmes, but for these contributions to be effective there must be a steady and full exchange of information between those governments responsible for the programmes and the World Health Organization. Those same governments must, of course, also plan and act in close co-ordination with one another. Unless these two conditions are fulfilled, and unless the recipient country has a well conceived and dynamic national health plan, it will find it extremely difficult to utilize in the most effective way possible the assistance available to it or offered to it from no matter what source.

The need for emphasis to be laid on the strengthening of health services became evident early in WHO's history. It was clear that the organization and administration of health services at both the local and national levels were essential pre-conditions for the lasting success of all public health activities. The accumulated experience acquired has shown that while piecemeal and dispersed efforts are undeniably useful in breaking the vicious circle of disease, low productivity and poverty, the ultimate goal must be the establishment of permanent, well-staffed and effective health services. As a matter of fact, the organization and administration of health services have gradually developed into a specialty within medicine, having its own scientific basis and methods, its own specific educational and practical instruments. It is therefore with considerable concern that I view the trend, obvious in several countries at present, to replace medically trained administrators of health services by non-medical personnel, reducing the person technically competent in the field of health to an advisory position.

I do not want to anticipate the discussions which will take place in this Assembly on various items which call for important policy decisions, but it might be helpful, Mr President, if I now tried to dispel a misconception which may persist in some quarters regarding the role of the Director-General within the Organization.

The duties and functions of the Director-General as head of the Secretariat are, as you know, laid down in our Constitution. The difficulty, if difficulty there be, does not lie so much in the text itself as in the way in which the text is to be applied.

From its inception, WHO has been a vigorous and forward-looking organization. I have always considered the Secretariat to be the principal element of continuity in the Organization who must at the same time serve it in a positive and dynamic way. Per-
sonally, I have always thought that, far from passively carrying out the instructions of the governing bodies, it was my duty as well as my privilege as Director-General to make suggestions and proposals, to initiate studies, to seek support and generally to direct the work of WHO in the best interest of its community of Member States.

This does not mean, however, that the Director-General can substitute his own authority for that of the Assembly or the Executive Board. Though the future of an organization such as ours must depend on the maintenance of an active and confident association between the head of the Secretariat and the representatives of Member States, it can be shaped only by the World Health Assembly. Honourable delegates, it is you, and only you, as members of this great Assembly, who can and must determine the policies and programmes which will best serve the interests of the peoples of the world.

The President (translation from the Spanish): Gentlemen, we have to thank Dr Candau for his report and pass to the general discussion of items 1.10 and 1.11.

So far, the delegations of the following countries have signified their wish to participate in the general discussion: Germany, Czechoslovakia, Saudi Arabia, Israel, Albania, Korea, Netherlands, Kuwait, Malawi, Lebanon, Sweden, Cyprus, Sierra Leone, Hungary, Tunisia, Canada, Brazil, Syria, Nigeria, Madagascar, Jordan, Cuba, Ceylon, Peru, Mexico, India, Rwanda, Greece, China, Paraguay.

Before opening the debate may I remind you that the Fourteenth World Health Assembly, in resolution WHA14.51, decided that "at World Health Assemblies one debate only should be devoted to the discussion of the Annual Report of the Director-General, and that this debate should be in plenary meeting, provided that the physical facilities permit this". To this end, as you will have noticed, microphones have been installed on the tables of the delegations so that delegates may speak from their places. Are there any objections to this procedure? As there are no objections this procedure is adopted.

We shall start the general discussion this afternoon. The meeting is adjourned.

The meeting rose at 12.40 p.m.

FOURTH PLENARY MEETING

Wednesday, 5 May 1965, at 2.30 p.m.

President: Dr V. V. Olguín (Argentina)

1. Message of Sympathy on the Earthquake in El Salvador

The President (translation from the Spanish): The meeting is called to order. The delegate of Venezuela has asked for the floor. If there are no objections I shall call upon him before inviting Dr Elisabeth Schwarzhaupt to speak.

Dr Arreaza-Guzmán (Venezuela) (translation from the Spanish): Mr President, fellow delegates, the Venezuelan delegation has ventured to ask for the floor before it is its turn to speak, in order to draw your attention to the disaster which occurred in the Republic of El Salvador on Monday, 3 May, when a violent earthquake shook the country: there are more than a hundred and fifty dead and large numbers of injured. The Mexican and Venezuelan delegations accordingly feel it incumbent upon them to ask our Assembly to request its President to send El Salvador a telegram expressing our sympathy with the people and Government of the country in the tragic circumstances in which they are placed and offering what help he considers to be called for in this hour of trial. That is why I asked for the floor in this rather irregular fashion. Thank you, Mr President.

The President (translation from the Spanish): Thank you.

Gentlemen, you have heard what the delegate of Venezuela has just said on behalf of his delegation and of the Mexican delegation. If the Assembly agrees, I shall take it upon myself to send a telegram expressing our sympathy with the Republic of El Salvador in the painful moments it is passing through. Regarding the offer of assistance, I am sure the Director-General will have noted the proposal made by the Venezuelan delegation and that he has taken or is preparing to take the requisite measures to act upon it in accordance
with the customary procedure and policy in circumstances of this kind.


The President (translation from the Spanish): I now give the floor to Dr Elisabeth Schwarzhaupt, chief delegate of the Federal Republic of Germany.

Dr Schwarzhaupt (Federal Republic of Germany) (translation from the French): Mr President, ladies and gentlemen, first, I should like to congratulate you, Mr President, on your election to your high office, with the honour which it confers, and to tell you how glad I am that the Eighteenth World Health Assembly has chosen so worthy and active a man.

I should like to thank the Director-General and his colleagues for the remarkable report on the work of WHO in the past year. Allow me to mention just a few points which seem to me particularly important.

In the Director-General's Report¹ the chapter on environmental health emphasizes again this year that fundamental public health problem. The recommendations of the World Health Organization on the prevention of water pollution seem to me of special importance. They are based on surveys and observations in all parts of the world, and are of great help to us in our endeavour to provide unpolluted water supplies. I agree with the Director-General that scientific research in this field requires the highest degree of co-ordination. In the Federal Republic of Germany we have done our best to adopt modern and effective regulations for the protection of water supplies. In addition, we were the first country to promulgate a law on detergents; the only washing and cleaning products now permitted are detergents capable of the highest degree of biological disintegration.

Owing to increasing industrialization and the sudden growth of motor traffic in recent years, air pollution has become a problem of the first magnitude in the field of health policy. Technical advances intended to promote the welfare of mankind are meaningless if they result in discharge into the environment of substances harmful to human health. I therefore also note with appreciation the efforts of the World Health Organization to help solve this problem. In the Federal Republic of Germany we have endeavoured in the first place to control the emission of gases and dusts by industrial plant. Under detailed technical regulations which recently came into force, all new plant must be equipped with devices of high technical efficiency for restricting effluents. In many cases, however, control of air and water pollutants cannot be achieved solely by measures taken at the national level. It is only through co-operation at the international level that it will be possible to solve the problems in the future.

I should like to say a brief word about Chapter 5, on health protection and promotion because in my own highly industrialized country harm ascribable to the process of civilization is steadily increasing. I quite unreservedly approve the ideas of the World Health Organization and its intention to press on with the implementation of health protection and promotion programmes.

In the Federal Republic of Germany, also, the increase of cardiovascular diseases in relatively young people is being given special attention. We believe that there is great scope for preventive measures: for example, health education and the information of the public on health matters, on the lines of the "golden rules for the heart" recently drawn up by the Regional Office for Europe.

Similarly, the problems of cancer control bulk large in the field of health policy in the Federal Republic of Germany, not only with the Federal Government but also with the general public. Thanks to this, a German cancer research centre, recently set up at Heidelberg, was able to commence its activities in the autumn of 1964. This centre will naturally be anxious to promote international co-operation, in particular with the International Agency for Research on Cancer on the establishment of which the present Assembly is required to decide.

In conclusion allow me, Mr President, to wish the Eighteenth World Health Assembly fruitful work for the benefit of mankind.

The President (translation from the Spanish): Thank you. I give the floor to the delegate of Czechoslovakia.

Dr Ploihar (Czechoslovakia) (translation from the French): Mr President, fellow delegates, allow me, Mr President, sincerely to congratulate you on behalf of the Czechoslovak delegation on your election as President of the Eighteenth World Health Assembly and to wish you much success in solving all the questions and all the important problems this Assembly will be considering.

Our Assembly is being held during a year in which the peoples of the world are celebrating the twentieth anniversary of the crushing of fascism and Hitlerite nazism in the Second World War. Few dates in history are so rich in memories and stimulate such profound meditations on the subject of the past and future. That is very natural, considering the immense

¹ Off. Rec. Wld Hth Org. 139.
sacrifices mankind was obliged to make in the struggle “against savage, brutal forces seeking to subjugate the world”, to quote the famous Declaration made in Washington in 1942.

Fifty million dead and thirty-five million wounded—such was the toll of the Second World War. The damage to property due to the war is estimated in thousands of millions, and one cannot express in figures the losses, the suffering and sorrow which that war inflicted on all mankind. The present trend of the international political situation must give rise to well-grounded fears in every peace-loving man, wherever he lives in the world. No doubt our organization will be adopting a correct line in that connexion, in the spirit of the humanitarian principles upon which its Constitution rests.

During the last year the World Health Organization has rightly concentrated its activities on the developing countries: it has considered very important questions relating to the control of communicable diseases, particularly malaria and tuberculosis, and has given an exceptional amount of attention to the problem of nutrition and to that of providing communities with good-quality drinking water. The Organization has also paid a great deal of attention to training the requisite indigenous health personnel.

It may be noted that the World Health Organization has succeeded in laying down the broad lines of long-term programmes. If it continues to pursue this course and works out these programmes in greater detail it cannot fail to obtain good results. The development is essential if a balance between the World Health Organization’s economic resources and the urgent needs of Member States is to be maintained.

It is very difficult, no doubt, invariably to meet all the requests of Member States, fully justified and immediately relevant though they may be. It is greatly to the credit of Dr Candau, the Director-General of the World Health Organization, and of his colleagues, that they have succeeded in carrying out the most urgent tasks of the Organization with the available budgetary resources. I should like on behalf of the Czechoslovak delegation sincerely to thank the Director-General for this highly praiseworthy achievement.

It is not, however, always the available financial resources and the scale of activities undertaken to control the factors most detrimental to human health which ultimately decide the success or lack of success of our combined endeavours. An important thing—frequently the most decisive upon which ultimate success depends—is to tackle problems after thinking them out properly on the basis of scientific analysis and a well-prepared plan. Looking at the situation in this light we can, at any rate to some extent, be optimistic, for it enlarges the field of possibility. At the same time it makes greater demands upon the planners of programmes and projects and on those responsible for carrying them out.

It is this which makes the attention devoted by the World Health Organization to the development of science at the international and the national levels so important today; and it will, I am sure, make it still more important in the future. Here great horizons open before the World Health Organization. I have in mind in this connexion the solution of fundamental theoretical problems in biology and the medical sciences which depend on active international cooperation. Accordingly, the Czechoslovak Socialist Republic particularly enthusiastically supports the endeavours made to obtain an increasingly complete picture, based on scientific data, of present health problems in the world and of their relation to the most important diseases and to the multifarious aetiological factors responsible for them.

Related to this fundamental task are other problems requiring solution, such as the problem of finding the most effective methods and reliable criteria for determining and standardizing working procedures and evaluating the effects of therapeutic substances: exchange of experience, in particular experience in the training of research workers in the medical sciences, would thus be possible.

The establishment of a World Health Research Centre will be discussed in detail at this World Health Assembly, and a special item on the agenda has been allocated to the discussion. Nevertheless I shall avail myself of this opportunity to inform you of the positive attitude adopted by the Czechoslovak Socialist Republic in the matter.

Czechoslovak research workers have followed with great interest the endeavours of the World Health Organization to set up this research centre, for they are keenly aware of the importance of international co-operation in medicine and medical science. Czechoslovakia is prepared to make its contribution to setting up the Centre. We can not only provide experienced scientific personnel, but also offer research laboratories, which are going to be set up in Czechoslovakia as part of the programme for building new research institutes. I refer more particularly to those branches of science in which the Czechoslovak Socialist Republic has a high scientific reputation and for which favourable conditions can be created, for example epidemiology, virus infections, cardiovascular diseases and research on chronic toxicity of drugs.

The Czechoslovak Socialist Republic would thus welcome part of the World Health Research Centre's being set up in Czechoslovakia. There are good conditions in Czechoslovakia not only for setting up large research institutes, but also for the establishment
of laboratories for the World Health Research Centre that would be concerned exclusively with a segment of the Centre’s work. I am convinced that the scientific staff of such laboratories would find in Czechoslovakia good conditions and an agreeable environment to work in.

In conclusion, Mr President, I should like to say that I am certain that under your direction the Eighteenth World Health Assembly will dispatch its business with all dignity and in a spirit of truly sincere and friendly co-operation, and that our combined endeavours will enable our Assembly to achieve its goal: that of taking a new decisive step toward improving protection of the health of all the peoples of the world.

The President (translation from the Spanish): Thank you, Dr Plojhar. The delegate of Saudi Arabia has the floor.

Dr Al-Hagery (Saudi Arabia): Mr President, Mr Director-General, honourable delegates, it is indeed my great privilege to congratulate you, Mr President, on behalf of my country and delegation on your election to the high office of President of the Eighteenth World Health Assembly.

I would like again on behalf of my country and delegation to offer my congratulations to the Director-General on his excellent Annual Report and to express my gratitude to him for his kind invitation to participate in the deliberations of the Eighteenth World Health Assembly, thus affording me an opportunity of meeting my friends and colleagues present on this occasion. I look forward to such distinguished gatherings so that we can discuss the various problems of common interest from which I believe nothing but good accrues. Thanks again are also due to the Regional Director for the assistance, co-operation and co-ordination of the different activities directed to developing health services in my country.

As you are aware, we all have many problems in common, but each of us has features peculiar to the respective areas which we represent. It is the aim of this august meeting to surmount the difficulties that we may face in the future by judicious counselling and collaborative efforts.

I am happy to inform you that, after seventeen years of joining forces with WHO in the common fight against disease, our country enjoys the absence of quarantinable diseases, notwithstanding the fact that, apart from the year-round streams of visitors, over 300,000 people congregate for pilgrimage year after year from different parts of the world, most of which still constitute the foci of such diseases as smallpox, cholera, yellow fever. These results are largely due to our vigilant watch on importation of disease from abroad through our extensive land borders, harbours and airports, by an active quarantine service.

As far as smallpox is concerned, it is deemed necessary to maintain and build up an adequate level of immunity in the population. In this direction we have participated in the world-wide efforts against smallpox. We have prepared a detailed operational plan for a systematic and organized campaign to vaccinate the entire population of the country in a period of three years in conjunction with the routine vaccination of the newborn and the unprotected. A nation-wide campaign has been initiated to safeguard the population against any infection that may be imported. It is a point of pride to state that during the previous three years not a single case of smallpox was imported or occurred.

We have still to contend with many other problems and, in particular, the problem of communicable diseases. Malaria is not yet eradicated from the country. Nevertheless, we are in the consolidation phase in the northern area. The areas of Mecca, Medina, and Jeddah have been free of the vector and malaria does not exist there. In other areas, malaria is showing a tendency to decline.

Tuberculosis still remains a major health problem. The Chest Diseases Administration was established last year with the object of launching a well-organized campaign against the disease. It gives aid and works in collaboration with the WHO pilot project in Riyadh, and will rejuvenate and initiate chest hospitals and chest clinics as is deemed necessary. In view of the established fact that long-term ambulatory and domiciliary treatment compares favourably with institutional treatment, priority will be given to the former, which has proved to be much more economical in monetary and manpower needs. In the field of prevention we have to rely on BCG vaccination, to be completed by chemoprophylaxis of infected young contacts. The special hazards of industrialization and seasonal gatherings will have to be guarded against. Mass radiography and case-finding programmes which are to be undertaken shortly will comb out and discover the nidus of infection.

Health education by the booming transistors, television emissions from Riyadh and Jeddah, cinema shows and lectures is being undertaken for the benefit of the public, and special training of the necessary medical and paramedical personnel is being conducted. Legislation governing BCG vaccination and food and drink handlers will be enacted in the very near future. Rehabilitation to suit individual cases and the capacity for work is being provided for.

Adequate medical and health facilities are a fundamental human right and are offered to everybody in Saudi Arabia, free of charge, through its seventy
hospitals and 400 dispensaries and health centres distributed all over the Kingdom. The hospitals are provided with modern equipment and qualified and experienced staff in various specialities. Nevertheless, we believe that mere provision of modern hospitals and medical care would be far from adequate unless these are covered by appropriate public health measures. The Ministry of Health therefore lays considerable emphasis on preventive and social medicine. At present, we have not only amalgamated the preventive and curative services at the health centres in the rural areas but have strengthened the Department of Preventive Medicine and Public Health at the ministry level with adequate staff possessing public health qualifications and having considerable experience. Amongst the various functions of this department may be mentioned the setting-up of a modern central laboratory which, with its various branches of hospital diagnostic services, water and food analysis, blood transfusion, etc., will not only serve the Central Hospital in Riyadh but will provide aid to the other hospitals in the Kingdom, and also train laboratory technicians.

Although all possible efforts are made to get a satisfactory health coverage for the population of the country, difficulties are encountered in approaching the nomadic population which keeps on moving from one place to another. There is now a tendency amongst the nomadic tribes to settle down and seek employment in towns. However, a considerable number of tribesmen still follow the traditional pattern of movement. It is only in years to come that we can expect these tribes to settle down in fixed places. It is noteworthy that many of them are the best guides in deserts where communications are not easy.

The development and expansion of health and medical services in the Kingdom needs a continuous supply of trained personnel, technically qualified in the field of medicine and public health. The Government of Saudi Arabia therefore attaches a high priority to the development of training activities. Apart from the establishment of institutes for the training of health personnel—chiefly sanitarians, nurses and health auxiliaries—the Government has established a professional training project in the Ministry of Health in collaboration with WHO. The activities of this project will be continued in future years through a directorate of professional training. We are also considering establishment of a training programme for professional medical personnel.

Improvement of the vital and health statistics of the country has been receiving the attention of the Ministry of Health. In order to produce the necessary personnel in vital and health statistics, a training course has been added at the Health Institute in Riyadh. The personnel thus trained in statistics will be employed in the various health districts and hospitals of the country. As a further measure of emphasis on this important subject, the curriculum of training of all categories of personnel at the various institutes in the Kingdom has been readjusted to include a satisfactory course of training in statistics. Sample surveys have been undertaken in the Kingdom to assess birth- and death-rates in the country.

We are aware of the fact that research is an integral part of medical service. Many of the local problems now existing, particularly the extent of these problems, their peculiarities and solutions, have yet to be defined precisely according to the local conditions. The answer to these obviously lies in medical research. Our country will not lag behind in this respect. At present preparations are under way to set up a research cell in the Central Laboratory which will have adequate equipment and staff competent to undertake research. Efforts are also being made to have an administration set up, to control and direct medical research in the country.

The country's comprehensive health policy led to the creation of a general administration for public health, for supervising, in collaboration with the ministries concerned, safe water supply, sewerage, control of insect-borne diseases, and allied services.

As far as budgeting is concerned, there has been a substantial increase in the budget of the Ministry of Health from US $12.2 million in 1959 to US $31 million in the current year.

The Saudi Arabian Government works in close co-operation with the World Health Organization and there are now eight projects assisted by WHO in operation, in addition to several short-term consultation projects. Health planning has been receiving our active consideration and I am pleased to say that a Higher Permanent Committee on National Health Planning has been constituted in the Ministry of Health as from June 1964. This committee has been ably discharging the task assigned to it. The national planning will include the expansion of the health services of the country to give a satisfactory health coverage to the population—in particular, the expansion of rural health services.

A grand-scale plan designed to put Saudi Arabia generations ahead has been formulated and carried out by the wise and sound guidance of His Majesty King Faisal. Services in every sphere, and especially in the fields of health, education, justice, and security, are such as to encourage the mental, moral and physical progress of all citizens in a sound and prosperous community.

In conclusion, let me take this opportunity of thanking you once again, Mr President, the Director-
General, chief delegates and members of the Assembly, for your patient hearing and of expressing the hope that our efforts will be successful in promoting the public health and welfare of our nations.

The President (translation from the Spanish): Thank you, Dr Al-Hagery. The delegate of Israel, Dr Ben-Meir, has the floor.

Dr Ben-Meir (Israel): Mr President, fellow delegates, ladies and gentlemen, permit me at the very outset, on behalf of my delegation and myself, to extend to you, Mr President, your Vice-Presidents, and the Chairmen of the committees, our sincere felicitations on your and their election. At the same time may I offer hearty congratulations to the delegations of Malawi, Malta and Zambia on their countries, being accepted into full membership. It is indeed a pleasure to greet and welcome them.

I take this opportunity to express our high regard for, and deep appreciation to, our distinguished Director-General and his very capable staff for their devoted efforts and remarkable accomplishments during the last year. Dr Candau's comprehensive and analytical report leaves us with a need for a great deal of thought and self-searching. A great deal has been accomplished; much more is in the process of work or preparation; but a great deal is still in the embryonic stage and some areas are just beginning to receive attention. The road ahead of us is still a long one and many obstacles are yet to be overcome.

In general it is possible to divide the work and goals of WHO into three main categories:

(a) Prevention or eradication of blights where the means and the methods to be used are known and established, such as in the case of malaria or tuberculosis; and co-operation in the establishment of adequate health services in those countries now in the process of creating them;

(b) Co-operative research on ills and maladies to elicit the cause, where it is unknown, as in the case of cancer; or to find methods of prevention or cure, as in the case of cardiovascular disorders, and means of alleviation in the interim; and

(c) Research and action as to possible dangers resulting from industrial development, such as air pollution, where even the extent and kind of the damage caused is not as yet definite.

The norms to be applied and the methods and means to be used in treatment of each one of these three areas of endeavour must of necessity be different. In the first category, the causes are known; the remedy to be applied is obtainable. The problem is one of application and organization of both prevention and cure. As to malaria, for instance, the countries of the world are reaching towards the point of complete eradication. In my own country of Israel, where malaria was not so long ago quite prevalent, according to this year's report over 95 per cent. of the population are already in the stage of maintenance and the rest are in the stage of consolidation. I am hopeful that by the end of this year we shall have abolished it completely. The application of world-wide vaccination will eventually make smallpox a story of the past, and immunization against tuberculosis may free the coming generation from that disease. New pharmaceutical discoveries and insecticide research are constantly advancing us in this area of endeavour and I am glad to note that Israel is sharing in the co-operative effort. Together with a research institute in India, we are carrying on research in the field of rodenticides which should have no toxicity for other mammals, and together with Iran and Malta we are engaged in field tests on experimental vaccinations against brucellosis.

In the second area, primary efforts are being made in limitation, amelioration and partial cure of the malady. The cause of cancer is still unknown, and basic research in mental illnesses and heart diseases is essential. Here once again, WHO is, as it should be, in the forefront of the effort. I would merely mention some activities in Israel with which WHO is cooperating. In the field of cancer, a study of the comparative incidence of cancer in several ethnic groups is taking place. With the co-operation of WHO, a census of psychiatric patients is taking place with a view to the plan of operation, definition and measurement techniques being applicable on an international scale. With Sweden and the United States of America, we are collaborating in laboratory research on possible viral etiology, genetic association, haematology, and the distribution of bovine leukaemia. The Department of Parasitology of the Hadassah Medical School of the Hebrew University in Jerusalem has, by an arrangement with the Israeli Government, become a recognized WHO reference centre.

Undoubtedly research activities are the answer to the problems of both the present and the future. In evidence of our appreciation of the WHO medical research programme, we have contributed five research scholarships to the Special Account for Medical Research of WHO, and our Government will continue this grant for the coming year as well.

May I mention here that Israel lays a particular stress on its co-operation in the medical field with the other developing countries. An ever-increasing number of students from those countries come to Israel for their medical and related studies. Many students have been attending for a number of years the
The President (translation from the Spanish): I now come to the third area of endeavour, one in which it can be said that we are still standing at the doorstep. I refer to those developments which are certain to cause trouble and which could possibly be prevented at the source, such as water or air pollution. In his message which was read yesterday the Secretary-General of the United Nations properly pointed out that development projects, most commendable by themselves, may cause water problems. We already know that the rise in the number of motor vehicles is aggravating an already existing smoke problem and that the industrialization of any community, unless properly planned from a health viewpoint as well, will undoubtedly add to the air pollution situation. In his report on water pollution (on page 29 of his Annual Report 1), the Director-General points to the necessity of finding new ways and means of sewage disposal in order to prevent water pollution. He also most properly mentions the need of developing new processes for removing new chemicals and nutrient salts from domestic sewage. However, proceeding in that very direction in Israel, we are now faced with a serious problem of public nuisance—and possibly health detriment as well—from the smell and smoke caused by the factories using these very new methods. However, even more serious health-wise is the situation wherever heavy industry is set up, such as cement, causing serious pollution by smoke.

Struggle against existing diseases still continues. The hope of the future generation is in the preventive measures we shall apply in our own time. In these new fields of danger, such as pollution of water and air, the time for prevention should and must be at the very outset. In developed countries, the problem already exists. It must be ameliorated and prevented from becoming more serious. In developing countries, on the other hand, proper research and planning could prevent the problem from arising. Once a factory is built and established, especially in a developing country, most serious economic drawbacks face those demanding corrections in the building or in the machinery, whereas if it were known what is required to prevent air pollution at the very beginning the necessary provisions for these requirements would be taken. Undoubtedly, something must be done about the smoke menace resulting from motor vehicles. However, too little is still known about the subject and in the meanwhile more and more vehicles causing more and more smoke are introduced. In Israel, we have adopted a law prohibiting causation of smoke, smell or noise detrimental to health, but lack of research data and of technical information as to the point at which a nuisance becomes a danger and as to the proper means and tactical methods to correct the situation makes enforcement both difficult and unpopular.

I would strongly recommend that the Director-General and the Executive Board give their attention to this problem of air pollution during the coming year. The Director-General’s Report bears me out that there is urgent need for further study on this subject. Let us not lose time.

In my language, Hebrew, eighteen is equivalent to the numerical value of the Hebrew word “hai”, which means “life”. May this Eighteenth Assembly of WHO contribute through its deliberations to longer and better life for all humanity.

The President (translation from the Spanish): I thank the delegate of Israel. I give the floor to the delegate of Albania, Dr Ohri.

Dr Ohri (Albania) (translation from the French): Mr President, ladies and gentlemen, allow me on behalf of the delegation of the People’s Republic of Albania to greet the Eighteenth World Health Assembly and to wish it success in its work devoted to the lofty task of protecting the health of the peoples. Allow me also to congratulate Dr Olguín on his election as President of the Eighteenth World Health Assembly and cordially to wish him success in the task with which he has been entrusted.

Every year the role of the World Health Organization increases as a result of the admission of new Members. Allow me to congratulate the new Members and cordially to welcome them to WHO, and to wish them every success in the mission they are undertaking for their people’s welfare and for protection of their people’s health. While the steady expansion of our organization is undoubtedly a source of legitimate satisfaction, we nevertheless cannot refrain from drawing attention to the fact that a large State of great international importance like the People’s Republic of China, which is playing a great part in the protection of peace and which consistently subscribes

1 Off. Rec. Wld Hlth Org. 139.
to the best traditions in matters of health, is not represented in this Assembly, its rightful place being occupied by other persons. We also note with regret the absence from this Assembly of representatives of the German Democratic Republic, the Democratic People's Republic of Korea, and the Democratic Republic of Viet-Nam. Their absence cannot but harm the interests of our organization.

The purpose of our meeting and our discussions here is to decide on the measures to be taken to protect the health of the peoples of the world; but even as we are deliberating American imperialism is continuing its criminal aggression in South Viet-Nam and is extending the war to the whole of Viet-Nam, thus flagrantly trampling underfoot the Geneva agreements on Viet-Nam and the other international agreements prohibiting the use of poison gas and all other similar harmful substances. The American aggressors have turned South Viet-Nam into a testing ground for the most up-to-date weapons and as a result are laying waste towns and villages, killing whole populations with poison gas and napalm, and destroying the fruits of the prolonged creative effort of a people which has suffered too much. Confronted with this fact, which cannot be gainsaid and which is moreover known to the whole world, our organization as an institution whose function it is to protect the health and life of the peoples must not remain indifferent any longer and must not countenance the mass killing of innocent people in Viet-Nam, simply because such is the good pleasure of the American imperialists, who in Viet-Nam are nothing but detestable aggressors who keep washing their hands in the blood of this brave people. The criminal hand of American imperialism must be checked, and it can only be checked by vigorous, practical and mass action at the national and international levels. The American occupying forces, the mercenaries and all American military equipment must be withdrawn from South Viet-Nam and the 1954 Geneva Agreement must be strictly respected.

We have listened attentively to the report of the Director-General on the work of the Organization in 1964. We note that in 1964 the World Health Organization was once again very active in various fields concerned with protection of the health of the peoples.

In our country also the last year witnessed remarkable progress in the field of public health, from which large sections of the working population have benefited. A measure of considerable importance adopted by the National Assembly of the People's Republic of Albania, which came into force on 1 January 1964, was free medical aid for the whole population without exception. In addition, children up to the age of one year also receive free drugs for out-patient treatment. This important measure has helped and will help in the future to improve and further to strengthen our people's health. Extension of the network of health establishments and increase in trained medical personnel continued in 1964. At the end of the year the number of beds in the establishments had increased by 4 per cent. compared with the figure for the year before, the total number being 5.78 beds per thousand inhabitants. The numbers of higher-grade trained personnel increased by 16 per cent. in 1964, and those of the middle and lower grades by 11 per cent. Thus at the end of 1964 there was in our country one doctor to 2119 head of population, as against one to 2337 in 1963. Before the liberation we only had one doctor to 10,000 head of population.

Special attention has been given to the health services of rural areas, and during the last few years we have organized a new service for those areas, sending out into them higher- and middle-grade personnel and in particular large numbers of midwives especially during 1964. The number of midwives in rural areas increased 60 per cent. above the figure for 1963. These midwives make a noteworthy contribution to health protection, particularly to protection of the health of mothers and children. The medical help we are giving our rural areas is thus being dispensed by more and more highly qualified personnel and being brought closer to the people in the sense that the peasants are not obliged to go to the towns to receive it. Large numbers of young people from rural areas have received state grants and, when their medical studies are finished, are returning to their villages to exercise their profession. By this means we have, generally speaking, been able to supply rural areas with trained personnel, with the exception of a few areas from which the necessary candidates have not been forthcoming despite the availability of state grants. These are helped out by areas possessing a large number of potential candidates. During the next two or three years we shall complete the process of providing all senior staff for the main rural establishments, which, under the new organization, will direct the whole health service of their particular areas while maintaining direct and regular relations with the Directorate of Health Services of their region.

Last year we gave special attention to the establishment of new specialized services and to the improvement of existing ones. In addition to training specialized personnel in our country, we sent personnel abroad to specialize in neuro-surgery, heart surgery, surgery of the liver, oncology and virology, and to study BCG vaccine production with a view to its production in Albania. These experts will work in establishments on the running of which the State also spent large sums. Construction of the building to house cobalt-therapy appliances has been completed.
and we have now begun to build the ward for tumour patients, which will have a capacity of 102 beds. Our State has invested a large sum in this building: 30 million leks. We are engaged in building a modern institute for work on the control of communicable diseases, which will be a marked improvement on the existing facilities. The State has invested 31 million leks in this institute. Other buildings are being put up, for work in various health sectors, both in towns and in rural areas.

In 1964 we obtained satisfactory results in malaria control. Only sixty cases were reported that year, seven of them imported. We are confident that in the next two years this dangerous disease will have disappeared completely. It should be noted that malaria was rife among our people before the liberation, when half the population caught the disease every year. No fresh case of syphilis has been reported for several years. Cases of tuberculosis have decreased steadily, particularly in the last three or four years. In 1964 we had 21 per cent. fewer fresh cases of tuberculosis than in 1963, despite the fact that case-finding has steadily improved.

We also attached special importance to hygiene in the food industry and public catering, both in the communal sector and at places of work and factories, for the protection of workers' health. In the main industrial centres we have organized a special service, under medical direction, concerned principally with prophylactic measures for the health protection of the workers. In addition, sick workers are medically examined and are referred to specialists when necessary. Workers are also given periodical micro-radiography examinations and vaccinations of various kinds.

Thanks to the immense amount of aid given by the Government, to its constant care for health protection and to the steady rise in the standard of living, the health of the people of our country is progressively improving. At the end of 1964 the general mortality index was 8.7 per thousand. Before the liberation and the restoration of popular power the figure was 17.8 per thousand. Expectation of life, which was 38.3 years before the liberation, rose to 64.9 years in 1960-1961. The population of our country is constantly increasing, and now is double what it was before the liberation.

We are convinced that in the future we shall achieve still greater successes in the field of health, that we shall progress still more rapidly, since we have already laid sufficiently firm foundations, since we have the strong support of our Government for protection of the people's health, and since our economy is steadily expanding and growing ever stronger for the welfare of our people.

The President (translation from the Spanish): Thank you, Dr Ohri. The delegate of Korea has the floor.

Dr Il Yung Chung (Republic of Korea): Mr President, before I call upon my deputy chief delegate I would like to make a few statements about what the Albanian delegate has said regarding the puppet regime in North Korea. I regret very much the attempt of the Albanian delegate to take advantage of this floor once again for a political purpose. I strongly protest against such an attempt and hope that people will never try again to utilize this august floor for their own political advantage. Thank you, Mr President. Now I hand over to my deputy chief delegate.

Dr Youn Keun Cha (Republic of Korea): Mr President, distinguished delegates, on behalf of my Government and my delegation I am privileged to extend my sincere congratulations to you on your election as President of the Eighteenth World Health Assembly. I am sure that your knowledge, past experience and ability will greatly contribute to the success of this great Assembly.

It is my further privilege to join the previous speakers in appreciating the excellent and comprehensive Report on the outstanding work accomplished by the Organization during 1964, presented by the Director-General. Our thanks and tribute also go to the Regional Director for the Western Pacific and his secretariat for all their interest and assistance, and for the co-operation between my Government and the World Health Organization.

Regarding the progress of WHO activities in my country, it is worth mentioning that the basic and fundamental health services are being assisted by WHO, together with UNICEF and other international agencies concerned. In establishing the basic health infrastructure—all the health centre network having been completed—the Korean Government has been devoting its efforts to the expansion of that structure by establishing sub-centres in the rural areas—a task which was initiated in a demonstration province.

With the expansion of the health services, the requirements in personnel have become so acute that the training of health personnel has been continued through pre-service and in-service training, by the granting of scholarships by the Government to the School of Public Health, and by providing for compulsory participation in in-service training in order to overcome the rapid turnover of health personnel at the various levels and in the various departments of the health services.

Regarding the communicable diseases, I am happy to report that Korea is now free from smallpox.
However, there still exists a high incidence of various types of communicable diseases, against which extensive immunization programmes are being conducted by the Korean Government, together with the improvement of environmental sanitation and personal hygiene.

The control of tuberculosis, the most important health problem in Korea, there being approximately a million cases, has recently been undertaken successfully, with 100,000 patients receiving free domiciliary treatment; in order to assess the accomplishments of the past years and to establish future programmes, a prevalence survey has just been initiated with the assistance of a team of experts from WHO.

Leprosy programmes covering 30,000 registered patients out of a total of about 80,000 (estimated after the radical policy changes) have also been in operation in the year under review. Most of the non-infectious patients have been discharged from the hospitals and have been provided by the Government with a subsidy for their self-support, not as patients but as the members of a community—of course with constant medical follow-up by the health authorities. Now the major efforts are being directed to new case-finding and to an education campaign. The first WHO-assisted malaria pre-eradication programme is expected to be completed by the end of 1965. A nucleus of malaria experts is now available, and a malaria eradication programme will be carefully considered.

With the rise in living standards and the improvement of environmental sanitation, the incidence of poliomyelitis has recently shown a marked increase in Korea; this same trend may be observed in other developing countries. Therefore, I wish to propose that some type of world-wide control campaign be undertaken, with the active participation of WHO and such other international organizations as UNICEF.

In the course of the establishment and expansion of the basic health services, the systematic and organized maternal and child health services have not been as active as we expected. Now that the Korean Government has completed the setting-up of health services, maternal and child health activities are making good progress, and the advisory services provided by WHO and the supplies from UNICEF will strengthen the well-organized maternal and child health programme, particularly in rural areas.

I would note that the demographic indices bear a significant relation to the maintenance of people's health in the developing countries. Korea, being faced with an explosive population increase of approximately 2.8 per cent. per year, which jeopardizes the well-being of the population, has undertaken population control programmes as one of its high priority projects, with the aim of decreasing the rate to 2.5 per cent. in 1967, and 2.0 per cent. in 1971, applying the various contraceptive methods. In view of the important influence of population growth on the maintenance of the health of the people in the developing countries, I wish to bring this matter to the attention of the Member countries.

Though all possible efforts are being made in all areas of health activity, the Korean Government, realizing the need for sound programmes, has initiated national health planning, and it is anticipated that a comprehensive plan, in keeping with the national economic development plan, will materialize before the end of 1965.

This is a brief summary of the progress made by the Korean Government, and in conclusion I would like to congratulate again the Director-General, the Regional Director, and the staff of the World Health Organization for the excellent work done during the year 1964. I also wish to take this opportunity to thank UNICEF and other Member countries of WHO for their assistance in developing our health services.

The President (translation from the Spanish): Thank you. I give the floor to the delegate of the Netherlands, Dr Veldkamp.

Dr Veldkamp (Netherlands) (translation from the French): Mr President, I should like to begin by congratulating you, on behalf of our delegation, on your nomination as President of the Assembly. I should also like to congratulate the Director-General who, helped by his colleagues, again directed the work of the Organization so ably during the past year.

The World Health Organization never fails to stress, on every occasion, that its own unaided efforts would not be enough to attain the goal it has set itself: that of bringing the peoples of the world to the highest attainable standard of health, without distinction of race, religion or political belief. Only by co-operation with sister international organizations can that goal be achieved. I even wonder whether all the fields fringing on public health have been sufficiently thoroughly explored by those organizations. I have in mind, in particular, control of venereal diseases, which our delegation dealt with last year. We agree with the view expressed in the WHO Chronicle last month, that control of venereal disease is only partly a question of medical care and that it is equally a matter of morals, particularly those of adolescents. While one may accept the change in young people's behaviour in the so-called developed countries, one must not close one's eyes to its significance for physical and psychological health in years to come. The ever-increasing absenteeism of the active population in many countries is a pointer even now.
With regard to the complementary nature of social and economic action and health measures, I should like to give a few particulars on what has been done in my country. You know that the Netherlands is the most densely populated country in the world, with over 350 inhabitants to the square kilometre, but that the general rule that high population density and a high birth rate are accompanied by unsatisfactory health conditions does not apply there. The reverse is true; we have the longest average longevity, and our mortality rates—both the general mortality rate and the rates for certain categories and certain diseases—are among the lowest in the world.

Only one hundred and twenty-five years ago the state of public health in the Netherlands was very bad; the death rate was high, particularly among children, and there were severe epidemics of cholera, smallpox, typhoid fever, tuberculosis and malaria. It was also the period when the economic depression which had set in at the end of the eighteenth century was at its worst. In 1840 King William set up a commission to study the possibility of alleviating the increasing poverty, which was a danger to public health. Then in the second half of the last century the process of improving social conditions, wages, food and housing and the struggle against child labour got under way. Even before medical discoveries put a new complexion on medicine, health conditions had improved as a result of social and economic development.

The first foundations of the edifice of social security were thus laid down, and from the outset the development of social security in the Netherlands was distinguished by the key place given in it to health protection. So health protection has, from the very first, occupied a central position in the policy of my country's Government, as the WHO Constitution requires. At the same time health protection became an important condition for achieving social security, just as a good social security system provides a sound basis for improvement of a people's health. I count myself lucky that this integration of public health and social security along the lines advocated in 1942 by Sir William Beveridge in his famous report has been achieved in my country, and that as a result it is possible to deal with public health and social security from a common viewpoint and in close relation to each other. Proceeding from this common viewpoint I am trying in my country to make the contiguous fields of social security and health protection a single whole, and I believe that what applies to my country applies equally to many others. It is for that reason, Mr President, that I am bringing these matters to your attention here.

Last year I pointed out at the International Labour Conference that, while endeavours are constantly being made all over the world to improve and supplement occupational accident insurance, it is much more important to provide for the making good of loss of earnings due to any disablement, however caused. Accordingly I have laid before the Parliament of my country a scheme for general insurance against disablement. For the time being the scheme will only apply to wage-earners, but it could be extended to the whole population. I hope to be able to bring the scheme into operation on 1 January 1967. Then there will no longer be a distinction between the victims of occupational accidents and other persons unable to work. In the case of prolonged disablement every wage-earner will receive a satisfactory benefit and—very important—will have a right to appropriate vocational rehabilitation. There is no need for me to dwell in this Assembly on the importance which this insurance scheme will have for public health.

If the combination of cover against loss of earnings, preventive and curative care and rehabilitation is to be truly fruitful we shall have to go further in the Netherlands—and in many other countries as well, I believe.

Over 70 per cent. of our population can, in the event of sickness and disability, claim as a matter of right a very large measure of medical care under insurance schemes subject to legal regulation. A most important sector is still left out, however: namely those major medical hazards the consequences of which nobody, or virtually nobody, can meet out of his own pocket. I refer to long periods spent in hospitals and other institutions, for example by chronic invalids, and above all by the physically and mentally handicapped who frequently have to be cared for during the whole of their lives. The social services now provide for this, it is true, but adequate provision can only be made by social insurance. I hope to be in a position to lay before Parliament shortly an insurance scheme of this kind covering the whole population—a scheme which will express the solidarity of the whole people of the Netherlands in the matter of guaranteeing that the permanently disabled, also, have the human right to live in society.

I should like to appeal to my colleagues from other countries to take similar steps in order to enable the weakest members of society, those suffering from prolonged disability, to lead a life which, physically and mentally, can properly be called human, to open up for them prospects of a future and thus to contribute to their happiness.

Mr President, an individual or a people may be fortunate enough to be healthy. But national health can only be safeguarded if the necessary conditions for health are secured at the international level. This
applies in particular to communicable diseases, to which national frontiers are no barrier. The increased volume and speed of international traffic even favour the wide spread of communicable diseases in the world. My Government accordingly approves the policy, adopted by our organization, of giving priority to the control of epidemic diseases. The fact that this year you have, in the theme for World Health Day, highlighted smallpox eradication, was welcomed by my Government. In the Netherlands also we have been bringing home to the public, through various channels, the need—which exists in developed countries as well—to be on the alert and to secure the maximum degree of immunity. The main thing we stressed however was the need to control smallpox throughout the world. Only by the closest international co-operation can its eradication be secured. Countries which are in a position to contribute materially to the eradication of this disease have a duty to co-operate.

My country is in that fortunate position. We have a National Institute of Public Health which works efficiently and is in a position to supply, among other things, freeze-dried smallpox vaccine. I have learned how much smallpox vaccine is still needed. In the middle of 1964 our organization had no vaccine in stock and you had received requests for 70 million doses. At the beginning of 1965 you only had one million doses in reserve, I believe, and your Director-General recently informed an Executive Board member from the Netherlands that there was still a very great shortage of vaccine. Well, Mr President, the Netherlands Government, as you are already aware, only recently had the pleasure of presenting a further one and a half million doses of smallpox vaccine, in addition to the three million doses we have placed at the Organization’s disposal in recent years. We regard this gift as a contribution to the Voluntary Fund for Health Promotion, illustrating the view of the Netherlands Government that all Member States of the World Health Organization have a duty to co-operate and strive for the attainment of that supreme good, the physical, mental and social well-being of all the peoples of the world.

The President (translation from the Spanish): Thank you, Dr Veldkamp. I give the floor to the delegate of Kuwait, Dr Al-Adwani.

Dr Al-Adwani (Kuwait): Mr President, fellow delegates. It gives me great pleasure to offer you, Mr President, my congratulations and those of the Kuwaiti delegation on the well-deserved confidence in you shown by the Assembly in electing you President. I would also like to congratulate the Vice-Presidents and the Chairmen of the committees on their election. May I also offer my thanks to your distinguished predecessor, Colonel Afridi, who so ably and impartially conducted the sessions of the last Assembly.

To new Members my delegation extends a warm welcome. I am sure that their contribution will enrich the work of WHO; their presence amongst us demonstrates that our organization is truly becoming a world health organization. We hope that the Organization will extend every assistance to them in their struggle to achieve the high standard of health they deserve. I would also like to assure you that the remarks I shall make in the course of this speech do not in any way detract from my admiration for the Director-General and his staff, and the great work achieved with diligence and efficiency and presented to us in this well-prepared report on the work of WHO in 1964.

The work of WHO has many ramifications. Our primary concern is with health. But it is difficult, if not impossible, to achieve a reasonable standard of health without having reasonable standards in the economic, social and educational fields. In his introduction to the Report the Director-General tells us that the most formidable obstacle to bringing communicable diseases under control is that most of the countries concerned do not yet have an adequately functioning public health service. This may mean that many of the projects concerned with the eradication or control of communicable diseases carried out in these regions were prematurely started; they are greatly handicapped by this formidable obstacle and unlikely to achieve a reasonably lasting success. The way of WHO is therefore clear. It seems to me that top priority should be given to assisting Member States to acquire adequately functioning public health administration. This needs money, men and time—but it is time and money well spent.

The problem of providing adequate personnel is a handicap to the progress of the control of African trypanosomiasis. In spite of the immense and very useful work carried out on the diagnosis and treatment of this disease, utilizing the most modern methods, its control is not progressing satisfactorily.

Malaria eradication, however, is progressing very satisfactorily in many regions and this is indeed very pleasing to us, even though the disease is not a major health problem in my country. Tuberculosis is, however, I know that the Expert Committee on Tuberculosis has mentioned what it considers to be the causes of the slowness in the decline of this disease. These are, no doubt, the real causes in many regions. In my country, Kuwait, however, the causes are different. Kuwait maintains an "open door" policy to nationals from neighbouring countries. They come to find work, and Kuwait depends on them for the supply of labour. But unfortunately a number of them are tuberculous, and despite the great increase in hospital
beds, chest clinics and sanatoria, and despite the national campaign of case-finding and BCG vaccination, we are still not in complete control of the situation. It is obvious that the control of this disease in Kuwait requires the friendly co-operation of our neighbours. Our delegation to the Seventeenth World Health Assembly extended an invitation to our neighbours to discuss this problem. I am glad to report that this invitation has met with a good response, and before long we hope to be able to control this disease.

Another health problem in Kuwait that is engaging our attention at the moment is the control of trachoma. We are pleased to know that several field trials of trachoma vaccine have given some encouraging results. At present we rely mainly on the use of antibiotics of the tetracycline group, and a campaign is being conducted to treat all schoolchildren. We are grateful for the help of WHO in this field. I would also like to mention that the State of Kuwait has recently concluded a treaty of technical and economic co-operation with the USSR. As a result of this we are hoping that a team of trachoma experts from the USSR will visit Kuwait and study the situation and co-operate in the control of the disease.

Mr President, smallpox can be eradicated. This is the conclusion of the Expert Committee, but the programme is handicapped by the lack of freeze-dried vaccine. It is known that wherever smallpox exists it presents a world-wide danger. Our aim should be protection by one hundred per cent. vaccination. It is regrettable that the amount of freeze-dried vaccine that the Organization requires for its work is not made available to it. Member States that have the ability to provide such a vaccine should be urged to contribute as best they can. It is not just for the elimination of the disease in one region, it is rather for the protection of all mankind.

It is axiomatic that prevention is far better than cure, however perfect this latter may be. It is therefore with pleasure that the delegation of Kuwait notes the just attention paid to community water supply and waste disposal projects in the field of environmental health. The supply of safe drinking-water is essential if we want to prevent many serious diseases of the gastrointestinal tract and those caused by enteroviruses. I would like to mention here that we are thankful to WHO for sending experts to study and report on Kuwait's own peculiar problem in environmental health: this is allergy. For the past ten to fifteen years, the incidence of allergic rhinitis and asthma has been steadily increasing. They have not yet attained the proportions of a major health problem, but we believe in tackling a potential health hazard in its infancy. We are fortunate in being able to do that. The report of the environmental health experts will, I am sure, confirm our suspicions as regards the causative factors and will help us in our attempts at eliminating them.

We are all well aware of the world shortage of nursing staff. It seems to us that a major step towards eliminating this shortage should be the establishment of national training centres for nurses, the encouragement of persons with good qualifications to attend, and the provision of adequate facilities in hospitals where nurses can gain practical knowledge. WHO is making a great effort towards this. In Kuwait we hope we shall achieve our objectives in the near future.

We are all aware that protection of health against possible hazards requires some knowledge of causation. Knowing the cause is an important step towards eliminating the disease, or at least reducing its incidence. Malignant disease obviously has many causes. Whatever the age, sex, social status or geographical location of a human being, he is under the threat of one form or another of malignancy. Although the well-developed countries seem to be the ones mainly worried about this state of affairs, I feel sure that the developing countries should pay similar attention to the problem. It is true that coronary artery diseases seem to favour the rich and prosperous nations and are not a great problem where under-nutrition exists. But malignant diseases show no such favouritism. It is therefore with great pleasure that the Kuwaiti delegation welcomes the proposed participation of the World Health Organization in the work of an International Agency for Research on Cancer. We hope that this agency will be instrumental in finding methods for the effective treatment and the control of cancer. We would also like to mention that the work of WHO in this difficult field is very commendable. As I mentioned earlier, the contributing factors to malignant disease are multiple, but it is now widely accepted that cigarette-smoking is at least a major cause in lung cancer. I think that WHO has a clear duty in the field of health education and in public relations to bring home this fact more forcibly to the general public.

In concluding these remarks, I would like to state that the task of carrying out the WHO programme in all its complexities has been admirably discharged by the Director-General and his staff, to all of whom we are truly thankful. We are also thankful to the Regional Director of the Eastern Mediterranean Region and his staff for their sympathetic understanding and co-operation in the attempt to solve the health problems of the Region.

The President: Thank you. The delegate of Nigeria, Dr Majekodunmi, has the floor.

Dr Majekodunmi (Nigeria): Mr President and distinguished delegates, first of all I wish to congratu-
late you, Mr President, most heartily on your election as President of this Assembly. Your previous performance on our committee gives us great confidence that your tenure of office as President of this Assembly will prove of immense benefit to our organization. I wish also to extend my congratulations to the Vice-Presidents, on whose shoulders and yours we have placed the responsibility for the affairs of our organization for the next twelve months.

The Nigerian delegation extends a warm welcome to the new Members—Malawi, Malta, and Zambia—which have joined our organization since last we met.

My delegation notes with satisfaction that this organization has now deprived the Republic of South Africa of her voting rights in condemnation of her policy of race hatred. The World Health Organization cannot afford to continue to accommodate a Member who has made the inhuman policy of apartheid its official political doctrine. This would be a negation of the noble principles on which our great organization was founded.

My delegation will most emphatically urge that this Eighteenth Assembly should effect the necessary constitutional amendment to enable South Africa to be expelled completely from our organization, should she persist in her iniquitous practice of apartheid in defiance of world opinion.

An event of great significance to world medicine was the recent spectacular space exploit by the Union of Soviet Socialist Republics. For the first time ever, a human being has stepped out of his protective capsule into the void known as space. This is as much a credit to Soviet technology as to Soviet medicine. Unfortunately, great mystery and secrecy surround these space exploits, as a consequence of which medical science is deprived of valuable information which could be of immediate benefit to humanity. My delegation congratulates most warmly the USSR on its latest space exploit, and at the same time would like to appeal to the USSR to make at least the medical results of these explorations available to medical science as early as possible.

As usual, we have had a most informative and stimulating report from the Director-General for the past year. I join other distinguished delegates in congratulating the Director-General on his excellent Report. The various achievements listed in the Report are indeed heartening to all of us, and do clearly justify the aims and objects for which our organization exists. At the same time, the magnitude of the problems that are yet to be solved indicates a clear need, not only for the continued existence of our organization, but also for gearing its activities at all times to the ever-widening scope and variety of world health requirements. I shall touch briefly on some of these problems in the context of my country, the Federal Republic of Nigeria.

The control of communicable diseases presents the greatest challenge to health authorities in all underdeveloped countries at the present time. Definite programmes of control or eradication have now been formulated in respect of some of these diseases, and these programmes are in various stages of execution. The problems that command our immediate attention are those of malaria and smallpox—two major endemic communicable diseases which we aim to eradicate within the next few years.

The pre-eradication phase of our malaria eradication programme has continued during the past year. Surveys of essential infrastructure are nearly complete in all the regions. The malaria eradication training school established with WHO assistance at Yaba in Lagos continues to train personnel not only for Nigeria but also for other English-speaking countries in Africa. The insecticide testing unit of WHO continues to operate with vigour in Nigeria. The results of the experiments being undertaken will be of undoubted benefit to malaria eradication projects all over the world. We acknowledge the services of the Organization in this field.

Our stock-piling of freeze-dried smallpox vaccine from our vaccine production laboratory at Yaba, in Lagos, has continued during the year. We are now seeking ways and means of expanding our vaccine production to meet the target of 20 million doses a year which we have set for entry into the operational phase of our comprehensive vaccination programme.

Other communicable diseases have not failed to receive due attention. The setting-up of tuberculosis services in all the regions of our country gives a bright indication that before long this widespread disease will be brought under control. The system of financial assistance to destitute tuberculosis patients instituted by our Federal Government has continued to play a substantial role in encouraging and facilitating the full and effective treatment of cases which might otherwise have been lost to treatment and left to spread the disease in the community.

We acknowledge the assistance of the Organization in the field of yaws control, the remarkable success of which has been a great encouragement in the epidemiological field.

The problem of leprosy is yet to be solved. Comprehensive surveys of leprosy incidence have not yet been possible, nor has it been possible to bring all sufferers under treatment. Treatment centres are, however, now well established in all areas, and the assistance of UNICEF in supplying Dapsone for treatment of leprosy is appreciated. Our leprosy
research at Uzoakoli in Eastern Nigeria continues to work for progress in this field.

Our programmes for the training of health personnel have continued satisfactorily. With the rapid expansion of our two medical schools in Lagos and Ibadan the maturity of our plans to increase appreciably the annual production of medical practitioners is now in sight. There are plans also to establish medical faculties in the other Nigerian universities at no distant date. We are now beginning to shift emphasis in health personnel training to the training of paramedical personnel. In this regard programmes have been introduced to expand the existing scope of training with a view to providing adequate numbers of nurse tutors and administrators, laboratory technologists, health inspectors, sanitary overseers, dental technicians, dental hygienists, and other grades of technicians and auxiliary personnel.

The value of the national health plan is fully appreciated in the prosecution of various programmes. The setting-up of definite targets in the health plan has been an incentive to the achievement of the objectives set out in the plan. The experiences of our first comprehensive national economic programme, of which the national health plan is an integral part, will provide valuable guidance for subsequent plans in the future.

The many research programmes to which the Director-General referred in his Report are subjects of considerable interest to us. Research is sometimes regarded as a luxury for less-developed countries in view of the enormous expenses involved. It must be appreciated, however, that the results of research may revolutionize, practically overnight, the existing methods of disease control and health promotion, and thereby ultimately constitute major savings in health finance beyond all previous expectation. It is the policy of my Government to encourage research in all fields, particularly in the epidemiological field.

We are following with keen interest the trials of measles vaccine in various parts of the world, and we anxiously looking forward to the availability of this vaccine in the near future for the control of this widespread disease, which is responsible for a high degree of mortality amongst children in our country.

One field in which sufficient progress has not yet been made is that of cerebrospinal meningitis control. This disease is widespread in the savannah areas of West Africa, and large outbreaks of epidemics are frequent during the dry seasons. The magnitude of the problem posed by this disease calls for greater efforts in research into possible methods of its prevention.

The problem of the quality control of drugs and vaccines is also engaging the attention of my Government, and we are now actively engaged in formulating plans for setting up appropriate machinery for this purpose, for which we shall require the assistance of WHO consultants, and of other agencies.

Finally, Mr President, I wish to acknowledge the assistance which WHO has given my country during the past year. I would also like to thank the Director-General and his staff for the excellent services which they have continued to render to this organization for the cause of humanity.

The President (translation from the Spanish): Thank you, Dr Majekodunmi. I give the floor to the delegate of Malawi, Mr Nyasulu.

Mr Nyasulu (Malawi): Mr President, allow me on behalf of my country first of all to join your friends in congratulating you on your election as President of the Eighteenth World Health Assembly.

Mr President, distinguished fellow delegates, I also want to thank you for giving me the opportunity of speaking. It is with emotion that I do so, representing my country at this august assembly on the first occasion that it takes its place amongst you as a full Member. Last year, on Thursday, 5 March 1964, to be exact, my country, Nyasaland as it was then called, sponsored by the United Kingdom of Great Britain and Northern Ireland, was accepted into this large family of nations—the World Health Organization—as an Associate Member. That time was only four months after my Government had taken over responsibility for health from the now extinct Government of the Federation of Rhodesia and Nyasaland, and only four months before achieving its independence as Malawi.

You will appreciate, Mr President, why it was that when your predecessor called for Nyasaland's representative to speak no one came forward. We were at the time unable to send a delegation to the Seventeenth World Health Assembly in anticipation of the birth of Malawi on 6 July 1964. There was much to do, and in my own particular ministry many problems to solve, not the least being to ensure an adequate provision of doctors. When I say that Malawi has never had more than seventy to eighty practising doctors in the territory at one time, and of these about one-third were employed by the Government, when I say that the population is estimated to be some four million people—that is, one doctor to 60,000 of the population, and when I say that towards the beginning of 1964 most of the government doctors left the country, you will understand why my country was not represented here. And at this stage I would like to state publicly, on behalf of my Government, my Government's gratitude to the State of Israel for the assistance which was given to us at that difficult time.
The doctors who left presumably did so because they had little faith in the future of my country. How wrong they have been is clear for the world to see today. Under the dynamic leadership of our Prime Minister, Dr H. Kamuzu Banda, my country has embarked upon a development programme which, in effect, is aimed at fulfilling the basic creed of this organization. Already much has been achieved, but much more remains to be done. We know our own minds, however. We know what we need and what we want for final achievement. At the very time when the World Health Assembly was sitting last year, the first of the World Health Organization's consultants was already with us to see what assistance was required and what could be offered. We have since received two more and look forward to receiving others— from those who are better endowed than we. All three consultants have stressed that our health service is almost entirely devoted to running a curative service. My country is not a rich one. In the health service is almost entirely devoted to running a curative service. My country is not a rich one. In the

When I tell you that the total financial provision which can be afforded for my Ministry is only approximately £1 million per year, you will appreciate why it is that we cannot devote a sufficient and effective sum of money from our health budget towards preventive measures without leaving our curative services, which are not over-ambitious, in the lurch.

In conclusion, there is a saying in my country which we have picked up from the British to the effect that the Lord helps those who help themselves. And may I say that, to anyone who visits us, it is clear we are not failing in the latter respect. I thank you, Mr President and fellow delegates, for your indulgence.
Expert Committee on Smallpox and the Director-General. May I express my thanks and congratulations to the Director-General and his colleagues on this choice.

The second important problem is the training of public health technical personnel. The great majority of Member States have a serious shortage of technical personnel for their various public health programmes: most of us complain of a lack of paramedical personnel; other countries are short of doctors and pharmacists. How can we conduct our campaigns against epidemic diseases, solve sanitation problems and promote maternal and child health if there is such a shortage of fully qualified personnel?

For the great importance they attach to this question and the efforts they are constantly making to deal with the shortage, the Director-General and his colleagues deserve our cordial thanks.

It is unreasonable to believe that the responsibility for solving the health problems of all the countries in the world lies with the administrative and technical staff of WHO. The responsibility for promoting general health in any country lies with the government and people of the country concerned in the first instance, the function of the Organization being to support national efforts and to provide guidance to enable them to reach the requisite standard. But how far does public health, in many countries, receive the understanding, attention and finance it deserves? We all know the answer; and there lies one of the fundamental difficulties that are retarding public health progress in many countries. Let us hope that we shall one day succeed in overcoming these difficulties, as a result of the right attitude being adopted by all official circles and sectors of the public.

In conclusion, I cordially thank Dr Taba, the Director of the Regional Office for the Eastern Mediterranean, and his colleagues for the technical and practical help they have lavished on my country and all the countries in the Region.

The President (translation from the Spanish): Thank you, Dr Anouti. I give the delegate of Cyprus, Dr Vassilopoulos, the floor.

Dr Vassilopoulos (Cyprus): Mr President, fellow delegates, it gives me much pleasure to join the previous speakers in offering my congratulations on your election to preside over the Eighteenth World Health Assembly. I am confident that under your guidance the many problems that lie ahead of the Assembly will find their solution. It is also a pleasure to me to congratulate the Director-General on his comprehensive Annual Report on the work of the Organization in 1964. This Report gives a clear picture of the magnitude of the work accomplished by the Organization and of the progress made in the health of the people in many parts of the world. The emphasis given by the Director-General to such important subjects as malaria eradication, communicable diseases, environmental sanitation, national health planning, education and training and medical research has everything to commend it.

In its relatively short lifetime the World Health Organization has laid the basis for a reasonable expectation that within the not-too-distant future centuries-old diseases which stood as formidable foes to prosperity and civilization in many parts of the world will be controlled and eventually eliminated. No doubt there are still serious problems in some of the regions where undernutrition and ignorance are prevalent and where devastating pestilences still prevail. It is a comfort to know that the Organization is determined to assist those hard-hit areas to free themselves from these evils.

With regard to malaria eradication, it is gratifying to note that with the assistance of the World Health Organization three-quarters of the population living in the originally malarious areas of the world have now been freed from this evil because malaria has been eradicated or programmes for its eradication are in progress. This accomplishment has everything to commend it. In this connexion I am glad to state that Cyprus has been fortunate in being free from serious pestilences. Indeed, none of the quarantinable epidemic diseases exists—in fact does any other formidable disease. Cyprus was one of the first countries in the world to eradicate malaria. Trachoma has been almost eliminated by itself, thanks to the improved standard of living of the population and the improved standards of personal and environmental hygiene. Due to the same factors, the prevalence of enteric infections has fallen dramatically during the last few years.

With the assistance of the World Health Organization a tuberculosis control project was carried out in Cyprus in 1963, the aim being to assess the prevalence of the disease and to apply existing knowledge for its control. As was expected, the findings of this project confirmed that both the prevalence of infection and the prevalence of disease are very low indeed.

The importance attributed by the Organization to community water supplies, and its leadership in stimulating and assisting developing countries to plan or improve schemes for community water supplies, are fully appreciated by the beneficiary countries. It is noted in the Director-General’s Report that seventy-one countries received assistance from the World Health Organization in 1964 to improve their community water supplies. In this connexion I am glad to state that in Cyprus 89 per cent. of the rural population are served with satisfactory water supplies
and that 66.7 per cent. of the rural population are provided with house-to-house connexions. This has been done without outside technical or financial assistance.

Taking into account the needs of the developing countries, one may say that the education and training scheme is one of the more rewarding and constructive activities of the Organization. It is of comfort to note that this scheme has again been given a prominent place and that material assistance was given to several developing and newly developed countries to enable them to build up and expand their own health services.

Unforeseen events have always been a serious obstacle in the way of development, no matter whether these are in the form of a natural calamity or a serious epidemic or a political disturbance. In fact, while everything pointed to rapid progress in our economic and health programmes, a very sad event happened at the end of 1963 which is still going on. The unexpected event came not from a natural calamity or a serious epidemic. It came from the insulation of the Turkish Cypriots with whom we used to live in peace and friendly co-operation for centuries—who ought to behave rather with respect towards their Greek compatriots because it is the Greek Cypriots who contribute at the rate of 92.4 per cent. of the total national income and support therefore their educational, social and welfare needs. On account of the present political anomaly in Cyprus, several scheduled public health projects had to be curtailed or postponed. One of the more serious repercussions of this anomalous situation is the disruption of the antimalaria maintenance service in a few areas of the country, on account of which the risk of the re-establishment of malaria transmission became imminent. The campaigns against hydatid disease and leprosy, which were scheduled to start on the lines of the recommendations of the WHO expert advisers, have also been postponed. The purpose of mentioning these sad events is to show the relationship of the political situation and the development of health and other development programmes.

Ending my address, I wish to record with gratitude the assistance rendered by the Organization in the development of our health services. The efforts made by the developing and newly-developed countries to improve the standard of health of their peoples are certainly praiseworthy, but these efforts alone would not have led to such magnificent accomplishments without the guidance and the material assistance of the World Health Organization.

The President (translation from the Spanish): Thank you, Dr Vassilopoulos. The delegate of Sierra Leone has the floor.

Mr Jusu-Sheriff (Sierra Leone): Mr President, distinguished delegates, ladies and gentlemen, in taking part in the discussion on the Report of the Director-General of WHO for 1964 I wish in the first place to convey to you sincere greetings from the honourable Sir Albert Margai, Prime Minister of Sierra Leone, the Government and the people of Sierra Leone. Since the last meeting here of this Assembly in March 1964, my country has lost, through his death, its former Prime Minister Sir Milton Margai. For many years prior to his becoming Minister of Health and later Prime Minister, Sir Milton was an accomplished doctor in his own right and a pioneer in the planning and implementation of health education projects.

Of behalf of my delegation I wish to welcome Zambia, Malawi and Malta to this body and to congratulate you, Mr Director-General, on the excellent presentation of your Report, and WHO for all that it has done to assist us with our health care services.

My country is firm in its determination to foster health promotion and is resolved to give more and more attention to all aspects of public health and preventive medicine. My Government believes that prevention is better than cure and its abiding policy is the integration of curative and preventive medicine in its health care services. This is not an easy matter, but with sufficient trained personnel and additional health care units, it is hoped our goal will be attained in the not-too-distant future. As a Member of WHO we are determined to make our own contribution in the fight against disease, which is our common enemy and knows no international barriers.

I should like to take this opportunity to express our sincere appreciation of the generous assistance which we have received and continue to receive from WHO towards the control of diseases and the improvement of the living standard of our people.

Among the communicable diseases capable of control or eradication, malaria is by far the most prevalent in Sierra Leone. For the last four years the number of cases seems to have been on the increase. In this connexion, a WHO team of three members arrived in 1964 to commence a malaria pre-eradication programme. We hope WHO will continue to give assistance when the actual eradication programme is launched.

Trypanosomiasis has been given special attention since 1939, when it was discovered to be a disease of some importance in the Eastern Province of Sierra Leone. A special service, called the Sleeping Sickness Campaign, was launched to deal with this. The epidemic was brought under control and for a number of years trypanosomiasis has ceased to be regarded as a public health problem in Sierra Leone. The Sleeping
Sickness Campaign was converted into an Endemic Diseases Control Unit and the attention of this unit has been directed more to other diseases, such as yaws. The programme for the control of yaws, for which we are receiving assistance from WHO and UNICEF, is still in progress and we are very grateful for this help. We are also grateful for the assistance given in connexion with our campaign against leprosy. Smallpox is a serious public health hazard in Sierra Leone and the help of WHO will be of great assistance in enabling us to control this disease, with eventual eradication.

My Government is most concerned with the high infant mortality rate. It is our ardent wish to reduce this high infant mortality rate, which is estimated to range between 150 to 300 per thousand live births over most of the country. In Freetown, an area with compulsory registration of births and deaths, the figures available are lower, but they range from 141 per thousand in 1957 to 105 in 1963. Malnutrition in association with infectious diseases is considered to be a major factor contributing to this high infant mortality rate. The improvement of infant feeding and other aspects of preventive paediatrics have also been receiving increasing attention in our health promotion programme and our health sisters, village maternity assistants and mission hospitals are endeavouring to educate mothers in the use of weaning mixtures produced from locally available foods such as rice, beniseed, beans, vegetables, and groundnuts.

Although much is being done, subject to resources available, there is great room for improvement and expansion in the child care programme. The special needs require a service which will provide improved ante-natal and post-natal care, facilities for attention during labour, intensive infant health promotion by instructing the mothers in the proper care of their young children, and well-run child welfare clinics. In this connexion, my Government proposes to make a substantial improvement in the maternal and child welfare service and wishes to make a special appeal to WHO and to donor nations for technical and financial assistance.

My Government has recently received a report on the nutrition survey in Sierra Leone for which WHO assigned a short-term consultant in 1964. In this report, it has been recommended that a nutrition department should be formed and combined with a maternal and child welfare department. International assistance has also been promised in the way of a WHO inter-country consultant in applied nutrition, to be based in Freetown for a period of four years to serve Sierra Leone and several surrounding countries. My Government is actively engaged in the study of the report with a view to its implementation.

My country has spared no effort to improve and expand its health care services with funds available from its own resources and with outside aid, including WHO and UNICEF, in order to meet the growing demands of the general public. I must confess, however, that there is still a great deal to be done. The personal and environmental health care services are still very inadequate; there is an acute shortage of medical and paramedical personnel. The present ratio of doctors to population is estimated at one doctor to 15,000 people.

In this regard, WHO sponsored a project for national health planning to assist in drafting a ten-year development plan which will cover our basic health requirements. When the plan is completed, it is our earnest hope that it will be of interest to many Member States. Already WHO has promised technical assistance by offering to provide an expert for the implementation of the first phase of the plan.

In conclusion, Mr President, on behalf of my delegation I wish to congratulate you on your election and to assure you of our continued support throughout these deliberations.

The President (translation from the Spanish): Thank you, Mr Jusu-Sheriff. I give the delegate of Hungary the floor.

Dr Vedres (Hungary) (translation from the Russian): Mr President, in the first place allow me, on behalf of the Hungarian delegation, to congratulate you on your election as President. I should also like to congratulate the Director-General, Dr Candau, and all the elected officers of our Assembly, to welcome all the participants at the present Assembly, and to wish you every success.

The Hungarian Government and the Hungarian people hold the activities of WHO in high esteem. In all departments of life, including the field of public health, an ever-increasing need is felt for the establishment of broad international co-operation. While urbanization, industrialization, and technical and cultural progress in general, are accompanied by increased average longevity, new and ever more complex problems are arising which can only be solved by combined effort, in conditions of international co-operation; and WHO is the organization whose task it is to secure broad international co-operation in matters of public health.

From the need for combined effort there has arisen the principle of peaceful coexistence between States with different social systems. This idea is now gaining the support of increasingly large masses of people who are prepared to fight for a better life. Unfortunately it must be recognized that there are many fields in which this idea of international co-operation and
peaceful coexistence has not yet been realized. A great deal is constantly being said about disarmament, yet the funds being spent in maintaining armies and armaments are reaching immense proportions. Not only could the solution of the problem of disarmament make it possible to remove from the world the terrible danger with which it is threatened; it could also help considerably in speeding up the elimination of the major social problems—starvation, malnutrition, epidemics and illiteracy—the consequences of which affect well-nigh two-thirds of the world population.

It follows from this that all progressive people—including first and foremost ourselves, the doctors, and our international organization, WHO, whose direct duty it is to put the most noble idea into practice—must fight for a better life: and the funds now being spent on the production of the various types of weapons of mass destruction would be amply sufficient to improve the public health services of all the developing countries, to set up a world health research centre, to establish an international cancer research agency, and so on.

The Director-General, Dr. Candau, has given a detailed account in his Annual Report of the extensive and varied work carried out by WHO in 1964. The eradication of malaria, the widespread struggle against infectious and other mass diseases, the study of environmental sanitation, the improvement of medical administration and statistics, the training of medical staff, the approach to new problems in biology and pharmacology, and medical research—such was the wide scope of WHO's programme last year. And a wealth of statistics bears witness to the vast scale of WHO's work.

An examination of WHO's plans, on the basis of the documents before the Assembly, in our opinion leads to the following conclusions.

WHO's long-term plans, for subsequent working out in detail on an annual basis, are worthy of approval. The annual publishing by WHO of world-wide demographic data and medical statistics, which will facilitate the preparation of plans, merits encouragement.

The regular issue of a bulletin on world-wide public health matters also deserves commendation. This makes possible a scientific approach to the needs of the peoples of the world in medical services. It is not however quite clear whether the annual plans represent a progressive, previously envisaged advance in regard to the questions covered by the five-year plan.

Lastly, WHO's programme—medical research apart—is unduly fragmented: it is divided into twenty-two parts and some $25 million are available. Is that as it should be? We have repeatedly stressed that there are a great number of things to be done in the field of public health, and the rise in the level of general culture leads to an increase in the demands made by the population for public health services. Accordingly we consider it advisable to include in the WHO programme only the most important tasks, selected from among those which we actually have on our agenda. The Organization's activities are determined not only by total requirements but also by available financial resources. Nevertheless, the Organization's budget cannot be increased year by year ad infinitum.

After the positive steps taken in 1964, and after Dr. Dorolle's visit to our country, we believe that new advances can be made in the further development of relations between WHO and the Hungarian public health services. Shortage of qualified staff is one of the most serious problems of the developing countries. In Hungary there are a large number of well-trained doctors and many of them have some command of languages. In 1964 we announced that the Hungarian People's Republic was prepared to provide doctors from developing countries with opportunities for advanced vocational training. To our regret the organs of WHO have not yet utilized these facilities to the full. We also consider it unjust that Hungary is not represented on the staff of the Regional Office for Europe, and that it is only recently that the first Hungarian doctor was appointed to the headquarters staff. We hope that in 1965 a further improvement in the relations between WHO and Hungary will be achieved. We on our own side shall, of course, endeavour to submit appropriate suggestions also in the future.

Mr President, gentlemen, the Hungarian delegation is convinced that the success of the work of the Eighteenth World Health Assembly depends on the all-round co-operation of all the participating delegations, and that the work of the Assembly will make its contribution to the cause of mutual understanding between nations and the preservation and strengthening of peace throughout the world. On my own behalf and on behalf of the Hungarian delegation, I wish you every success.

The President (translation from the Spanish): Thank you, Dr. Vedres. The delegate of Morocco, Dr. Benyakhlef, has the floor.

Dr. Benyakhlef (Morocco) (translation from the French): Mr President, Mr. Director-General, ladies and gentlemen: the Moroccan delegation has pleasure in congratulating Dr. Olgui on his election as President of the Eighteenth World Health Assembly. With him in the chair this session is certain to be a successful one. At the same time I take this opportunity to tell Dr. Afiridi how greatly we have appreciated the masterly way in which he directed the earlier discus-
EIGHTEENTH WORLD HEALTH ASSEMBLY, PART II

As in previous years, it is a very great pleasure to the delegation of Morocco to be taking part in the work of the Assembly. To an even greater extent than before, this session should show how valuable a part the health services of the different countries can play in strengthening international solidarity.

Public health doctors realize better than anyone else that the welfare of mankind and possibly even its survival entirely depends on better co-ordination, within the individual countries, of all the factors of development and progress and on the closest co-operation between nations.

The World Health Organization, by helping countries with their health planning—the topic of this Assembly's technical discussions—and by creating that much desired atmosphere of international solidarity, is making a very great contribution to improving the lot of mankind.

In this year of international co-operation it is to be hoped that the climate of friendship in this Assembly will spread throughout the world and help politicians to deal with the thorny problems of the day.

I should like to say how extremely grateful my country is for the comprehensive work the World Health Organization is doing for Morocco. We realized at the outset, agreeing on that point with the WHO experts, that, before trying to eradicate certain scourges, it was necessary to have personnel and an infrastructure in the country capable of ensuring the work's continuity. It is because we have been guided by this principle that WHO projects in our country are making such excellent progress. It will be counted in the country therefrom that, despite our impatience, we have preferred to develop our health service as a whole, rather than to embark upon a spectacular but premature and unduly exacting programme designed to secure the complete elimination of certain endemic diseases. Organizing our health services as rationally and harmoniously as possible and training various categories of personnel admittedly take time and require large investments which are not immediately productive. But it is neither time nor money wasted: at certain points in our territory we are beginning to develop integrated curative and preventive activities. Our task now is to complete the preparation of our infrastructure, and to use it to the best advantage in comprehensive action co-ordinated with the work of other departments contributing to the country's development. The problems created by the population increase would have obliged us, even had we not wished to of our own accord, to endeavour to achieve maximum efficiency and a maximum of co-operation with other sectors. This aim of Morocco's is already preoccupying many other countries and tomorrow it will be the objective aimed at everywhere in the world.

It is to be hoped that this Assembly will give an example of co-operation in the widest sense of the term, and above all of co-operation in its international aspect, because the future of mankind is even now being decided and it can only be made safe by understanding and friendship between all men.

I should not like to conclude this statement without congratulating the Director-General, Dr Candau, on his brilliant report and on the work he is doing for the nations. We were honoured by the visit he kindly made to Morocco and are grateful to him for his understanding of our public health and medical staff training problems.

Mr ZOUHIR (Tunisia) (translation from the French):

Mr President, Mr Director-General, ladies and gentlemen, it is a very proud moment, a moment of sincere pride, for me to be addressing the Eighteenth World Health Assembly. Allow me in the first place, Mr President, most cordially to congratulate you, on behalf of my delegation and my country, on your election to the presidency. I am certain that thanks to the outstanding qualities which have raised you to the highest office in our Assembly and to your skill in organization and conciliation, our business will be conducted at a level befitting this organization. I also congratulate the Vice-Presidents, together with the members of the General Committee and the Chairmen of the other committees, on the particularly felicitous choice which has fallen upon them.

I should like on this occasion, Mr President, to express my sincere and very great admiration of your presidential address; it was imbued at once with profound human understanding and a keen awareness of the wide scope of our organization and its worldwide mission. We should all ponder deeply on the themes you developed for us and I am sure that, thus inspired and guided, we shall do valuable work.

My delegation has studied with much interest the Director-General's Annual Report. The summary you have given, Mr Director-General—a discriminating summary of a very large number of programmes concerning the six regions of the world—shows, we feel, the extraordinary vitality of our organization and how admirably it is being directed. I congratulate the Director-General and all his colleagues.

I should like to testify here that in the Eastern Mediterranean Region, to which my country belongs, not a day passes without our organization's interest in the
national health programmes being demonstrated, without the scope of its activity being extended into new fields. We should like to express our appreciation of the never-failing skill and understanding of our Regional Director, Dr Taba, and of the officials and experts of the Regional Office.

The Annual Report of the Director-General and the theme selected for the present session's technical discussions emphasize the increasing interest of countries in the preparation of national health plans. I should like in this connexion to mention the fact that our National Assembly has before it the second economic and social development plan; and I feel I ought to give you a brief account of the Tunisian Government's experience in that field.

It happens, Mr President, that my country is situated, by a trick of fate or perhaps by historical and geographical accident, on the boundary between two worlds. One world consists of the countries that have already attained a very high level of development, whereas the other most ardently aspires to achieve a greater degree of development. In other words my country lies on the boundary between a world enjoying the stability of wealth and a world which is contending, nay grappling, with underdevelopment; the North and South of development, as it were—to use an expression coined by a famous United Nations personality. When, as in the present case, the fateful line seems to have decided to cut diagonally across our geographical and human map, we are obviously placed in a very difficult position.

All I shall do here, therefore, is draw our planners' attention to the need to prepare a realizable plan, one made up of a set of tangible projects which, while not of course eschewing methods based on norms and indices, is above all not rigid and dogmatic.

Another difficulty, another reef equally to be avoided, is a monolithic plan which, though of great aesthetic beauty, relates exclusively to a specific period and may have been made without long-term planning in mind or may not be susceptible of incorporation in a long-term plan. The structures raised in the period covered by a plan usually lead to irreversible situations, which persist for decades. This determination of the future—I may go so far as to call it that—should be approached cautiously, especially in view of the speed with which medical and pharmaceutical techniques develop and change.

Lastly, a health plan will, in most countries, become an integral part of a national economic and social development plan. It must therefore be designed to be complementary to all other aspects of the national plan. Thus the economic aspects of the national plan—industrialization, agricultural development, hydraulic engineering, and schools—determine the content of the public health plan.

It is encouraging to see that economists are increasingly realizing that a health plan in its turn determines the realization of economic objectives. Our former President, Dr Afridi, pointed out to us this interdependence, by virtue of which health becomes the beginning of wealth.

Before leaving the subject of health planning I should like to mention the importance which a number of countries, including my own, attach to the preparation and implementation of a regional plan. There are, in my view, no better instruments for health promotion than health regions—true civil institutions which by their very nature, technically, administratively and financially, constitute the best framework for an integrated public health policy both as regards direction on the one hand and execution, evaluation and supervision on the other.

I am both very proud and glad to be able to speak of the interest which the World Health Organization and UNICEF are taking in the Tunisian health plan: a draft programme of operations connected with it has already been drawn up.

Mr President, ladies and gentlemen, I have tried, at the risk of straining your attention, to set forth certain considerations inspired by experience gained in drawing up a health plan in a small country, situated at the hinge of Europe, Africa, and the Middle East, which is trying to find original solutions to its particular problems. I am sure that my delegation will in its turn greatly profit, Mr President, from information it may glean about other countries' experience. Exchanges of this kind are one of the main objectives aimed at, and achieved, by our organization.

Mr President, ladies and gentlemen, I am most grateful to you for having allowed me this opportunity to speak and for the patience with which you have heard me.

The President (translation from the Spanish): Thank you, Mr Zouhir.

3. Expression of Appreciation by the Delegate of El Salvador

The President (translation from the Spanish): I now give the floor to Dr Pineda Martínez, the delegate of El Salvador.

Dr Pineda Martínez (El Salvador) (translation from the Spanish): Mr President, fellow delegates, I learned today of what my esteemed friend, Dr Arreaza-Guzmán, head of the Venezuelan delegation, said on the subject of the disaster which has occurred in my country.
I greatly regret having been absent when he spoke, but I have been trying to reach the Ministry of Health by telephone to find exactly what happened and what the present situation is, in order to be able to give you immediately up-to-date information.

The earthquake took place on Monday, at 4 o'clock in the morning, and was felt in Santo Tomás, San Marcos, Yapango, Ilopango, Ciudad Delgado and the suburbs to the east of San Salvador. About 50,000 people were affected. So far 50 dead and some 500 injured have been counted. The authorities have the situation well in hand from a health point of view.

On behalf of my country I thank the Venezuelan delegation for its friendly gesture and the countries represented here for any help they may be giving El Salvador. This is an example of the solidarity in action, which has become proverbial, of all the nations united in international organizations.

I should like Dr Arreaza-Guzmán and the delegates who supported him to know how deeply grateful my country and I are.

The President (translation from the Spanish): Thank you, Dr Pineda Martínez. Gentlemen, before closing the meeting I should like, on behalf of the Assembly and on my own behalf, to express our sympathy with Dr Pineda Martínez's country in its hour of sorrow.

The Assembly will resume its work at 9.30 a.m. tomorrow. The meeting is closed.

The meeting rose at 5.40 p.m.

FIFTH PLENARY MEETING

Thursday, 6 May 1965, at 9.30 a.m.

President: Dr V. V. Olguín (Argentina)

1. Tribute to the Red Cross

The President (translation from the Spanish): Ladies and gentlemen, before taking up the first item on today's agenda, I have pleasure in reminding you that this coming Saturday will be Red Cross Day. According to our programme of work there is to be no plenary meeting either tomorrow or on Saturday, so I wish to take this opportunity of paying tribute to the achievements of the Red Cross, an institution with whose admirable work you are all familiar. The World Health Organization, as you are well aware, maintains close relations with the International Committee of the Red Cross and the League of Red Cross Societies, and it is my sincere wish that we should not let Red Cross Day go by without having once again placed on record the satisfaction and pride we take in this valuable and fruitful co-operation. As it is customary to extend good wishes on the occasion of an anniversary I am sure that I am faithfully interpreting the feelings of all of you in addressing to the Red Cross our best wishes for the continuance, with all the success achieved hitherto, of its noble work.

I now have pleasure in giving the floor to the Under Secretary General of the League of Red Cross Societies, who is with us here today.

Mr Nedim Abut, Under Secretary General of the League of Red Cross Societies (translation from the French): Mr President, ladies and gentlemen, it is a great honour, but also a very difficult task, to express in a few words, on behalf of the Red Cross, the delight and genuine emotion we felt in listening to the message of esteem and confidence which the World Health Assembly has been kind enough to convey to us through its eminent President.

Like us, the International Committee of the Red Cross and the four hundred national Red Cross, Red Crescent, and Red Lion and Sun societies will be deeply touched by your remarks, from which they will draw priceless encouragement. Please accept on their behalf and on ours this expression of our gratitude.

A hundred years ago the founder of the Red Cross, Henri Dunant wrote:

Our wish is to see the propagation of works of general hygiene, and to help propagate private hygiene; our wish is that the causes of physical ills be ever more diligently sought, so that they may be remedied.

The wording has perhaps changed, but the idea remains the same. This is the objective towards which
all the efforts of the Red Cross have been directed, as far as its limited means have allowed. That is why the work of the World Health Organization, with all the resources, experience and methodology at its disposal, is so very precious to us; it is also why the Red Cross is proud to collaborate whole-heartedly in your efforts, just as it is glad to be able to count on your support. To these joint endeavours you, Mr President, have today been so kind as to bear further witness. In the name of our entire movement, we express our gratitude to you.

2. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1964 (continued)

The President (translation from the Spanish): Ladies and gentlemen, we will resume the general discussion on items 1.10 and 1.11 of the agenda.

In order to ensure that all delegates have an opportunity to make whatever comments they consider appropriate on the Report of the Director-General, I should like to inform you that the chair proposes, in accordance with the provisions of Article 58 of the Rules of Procedure, to close the list of speakers at the end of this plenary meeting. I accordingly suggest to those delegates who have not entered the names of their countries on this list and are desirous of doing so that they make a point of informing the chair at the end of this meeting.

If there is no objection to this ruling, the list of speakers will, as I said, be closed at that time. Before delegates begin their comments, I would also venture to request that, in view of the number of delegations on the list of speakers, they keep their remarks as brief as possible, so that the Assembly can deal with its agenda according to the agreed timetable.

Following the order of names on the list, I now give the floor to Mr Matoka, delegate of Zambia.

Mr Matoka (Zambia): Mr President and distinguished delegates, it is a privilege and pleasure today, on behalf of the Government of the Republic of Zambia, to congratulate you, Sir, on your appointment as President of this Eighteenth World Health Assembly. With your distinguished record my delegation is confident that you will preside over our forthcoming deliberations with wisdom and dignity, and we are very content that the affairs of the World Health Organization will be in your capable hands for the ensuing year. My delegation would also like to congratulate the Vice-Presidents on their election, and is pleased to know that their support is available to the President.

To turn to the Report of the Director-General on the work of the World Health Organization in 1964, it gives me added pleasure to thank Dr Candau for his Report, having the knowledge that I do so representing my country which appears in this august assembly for the first time as a full Member of the great organization which he so efficiently directs. And I thank you, Mr President, for allowing me the honour to do so. It is a privilege which we treasure, and a responsibility we gladly accept. The Report of the Director-General covers a wide field of activity, and does so with great clarity and skill.

Mr President, it is customary to give a picture of the health problems of one's country, and this I will do briefly. Zambia, formerly Northern Rhodesia, gained its independence on 24 October 1964, and found it necessary to tackle the problems of health with different modes of attack from those previously used. Zambia, a landlocked country of Africa, covers 290 586 square miles and has a population of 3 600 000 increasing at the rate of 2 per cent. per annum. The urban population inhabits a narrow strip of land on either side of the railway line running from north to south, ending at the Victoria Falls in the south, and the copper belt, upon which our present prosperity is based, to the north. The larger proportion of our people inhabits the rural areas, where communications are indifferent and the very scattered nature of the population distribution is a health problem in itself. Added to these problems we have the fact that we have seven international boundaries, usually ill-defined on the ground, and no national health programme can ignore these factors. Thus we have the health problems of well-organized communities in the towns arising from sheer weight of numbers in a small area, and the problems of the scattered rural populations all crying out for medical facilities, and all needing health education in respect of the vital preventive health measures which are even more important, and which we are so anxious to provide. It taxes all our skill and strength to strike a balance.

We have realized that in respect of curative services the spreading of a network throughout the rural areas will increase the pressure on our specialist hospitals, and have embarked on a programme which is simply to bring the base hospitals as quickly as possible to a higher standard and increase accommodation, and at the same time to launch a modest programme can ignore these factors. Thus we have the health problems of well-organized communities in the towns arising from sheer weight of numbers in a small area, and the problems of the scattered rural populations all crying out for medical facilities, and all needing health education in respect of the vital preventive health measures which are even more important, and which we are so anxious to provide. It taxes all our skill and strength to strike a balance.

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Malaria outside the towns is endemic, and I am pleased to note that the World Health Organization is to stage a pre-eradication survey in 1965. I can
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We are to be the host country for the next meeting of the Regional Committee for Africa, and can assure the Director-General and his staff of a very friendly and warm welcome, should they decide to honour us with their presence.

The President (translation from the Spanish): Thank you, Mr Matoka. The delegate of Sweden, Dr Engel, has the floor.

Dr Engel (Sweden): Mr President, allow me, on behalf of the Swedish delegation, to congratulate you most warmly on your election as President of the Eighteenth World Health Assembly. May I also take this opportunity to thank warmly my fellow delegates for the honour and confidence they have accorded me in electing me one of the Vice-Presidents of this Assembly.

It is indeed very seldom that the Swedish delegation asks for the floor during the general debate, but this year we feel that there are certain points of general policy that we would like to present in connexion with the review of the Director-General's Report, excellent as usual.

The first subject I would like to comment upon is medical research. I do not need to stress the importance of a sound scientific basis for every action undertaken by WHO or by the health administration of any nation. The Director-General has very skillfully used the advice of the most outstanding medical research workers from all parts of the world to establish these essential fundamentals for the policy of the Organization. On earlier occasions I have paid my respects for the work done by the many different advisory groups convened to review the present state of knowledge in various actual biomedical fields and to advise on subjects suitable for WHO's activities. At the same time I have regretted that the reports of such meetings have been given a restricted distribution, and I have been urging that they should be published because of their extraordinary value. With the greatest satisfaction I observe that this has been the case during the past year in respect of some of the reports, and I do hope that the Director-General will continue to have practically all these reports published.

During the past year the discussion on the project for the World Health Research Centre, as requested by the Seventeenth World Health Assembly, has occupied the minds of health and research administrators in all Member States. This topic appears on our agenda and will be dealt with by the Committee on Programme and Budget, and I will come back to this question. I feel, however, that the Swedish delegation already at this juncture should declare that it is anxious to see the activities for promoting and co-ordinating medical research by WHO intensified inside the whole field of biology and medicine, but that we do not feel that the setting-up of a special centre for that purpose is really necessary. The research work I have in mind should mainly be devoted to epidemiological research, documentation and information. These are in fact activities already performed on a smaller scale by the Organization. The Swedish delegation is not in favour of establishing the biomedical section of the proposed research centre. We are, however, prepared to assist the Organization to establish ways and means to initiate, promote and co-ordinate research inside this field, more or less as staff work within the framework of the Organization, and to leave national research centres in Member States to carry out the basic research work. Medical research of today is so extremely specialized that we find it much more practical that the Organization ask the assistance of institutions already established possessing the knowledge, experience and routine to carry out studies on such topics in which the Organization is interested. I am a little afraid that a research centre of the size...
originally envisaged and with many members involved in running its policy will be infected with bureaucracy and similar matters alien to science. As I see it, health research centres would be more effective if they were organized on a national or a regional level—regional in the Organization's sense—and were thus more closely related to the health problems requiring scientific approach.

The Swedish Government has for several years been in favour of a WHO financial policy with all the Organization's activities covered by the regular budget. This, we feel, should also be the case as regards the medical research activities I have just mentioned. The Swedish delegation is therefore prepared to support at once the necessary increase in the regular budget for that purpose. We are convinced that the immediate application of the results of biomedical research to preventive and curative medicine is of the highest importance for the health of mankind. We therefore propose that the Organization should be given the financial resources as soon as possible.

I would also like to comment very briefly on Chapter 9 of the Director-General's Report, dealing with biology and pharmacology. The Organization's activities in this field have greatly promoted the development of national programmes related to safety of drugs during the past years, and the authority of WHO has been of great help in this connexion. In many countries like mine, addiction-producing drugs are causing increasing concern to the health authorities. There is an upward trend, especially among the youth, of abuse of narcotics, euphoria-producing drugs, like amphetamine, and also ataractic and hypnotic substances. Subcutaneous—and also intravenous—administration is favoured by the addicts, and has through the use of a common syringe transmitted serum hepatitis virus. We have had, in fact, several small epidemics of this disease among drug addicts. This whole question is really socially and medically alarming. All our attempts to limit the use of these substances by making them inaccessible have been without effect because they can be easily purchased in many countries and introduced into Sweden. This is particularly the case as regards substances not covered by the Single Convention. I feel that the Organization should be instrumental in fighting this serious health hazard. It is the intention of the Swedish delegation, if possible in collaboration with other delegations, to present a formal proposal urging the Organization to take necessary steps to strengthen and harmonize the regulations in order to limit the selling of such drugs without a prescription.

I would also like to mention that in my country an organized campaign against noise has been started. It is not my intention to go into details of that problem, increasing every day through intensified traffic, etc., but I would like to beseech the Director-General to look into it. Furthermore, I would like to draw the attention of the Assembly to the allied and much more complicated health problem we shall be facing when supersonic commercial air traffic is introduced. We would like to recommend close co-operation with the International Civil Aviation Organization on this subject.

I have personally always devoted my interest to the publication and reference services of the Organization, and I would like to end by paying a tribute to the Organization for its achievements in this field. I have said on earlier occasions that the Organization ought to make more propaganda for its publication activities, especially in academic circles, and I still hold the view that more can be done in this respect.

May I finally, Mr President, on behalf of the Swedish delegation, congratulate Dr Candau on another year of success in the efforts to realize the aims and goals of the Organization, and on his devoted and wise leadership.

The President (translation from the Spanish): Thank you, Dr Engel. I give the floor to the delegate of the Philippines, Dr Cuenco.

Dr CUENCO (Philippines): Mr President, distinguished colleagues, ladies and gentlemen, your colleague now speaking is the Minister of Health of the Republic of the Philippines, who heads the Philippine delegation to the Eighteenth World Health Assembly. Deputy chief delegate is Ambassador Albano Pacis, now in charge of the Philippine Mission in Geneva; the alternate is former Secretary of Health, Dr Dabu; and the fourth member of the Philippine delegation is Mr Barrera, Second Secretary at the Philippine Mission in Geneva.

I would never forgive myself if I were to proceed directly to my assigned task this morning without first extending the sincerest congratulations and the best wishes of my Government and the Philippine delegation to our distinguished colleague, Dr Olguin of Argentina, for his merited election as the President of this august body for the twelve months that lie ahead of us. Congratulations are likewise due to the new Vice-Presidents and the recently elected high dignitaries of the Assembly. I am likewise sure that all present here are confident that our President, ably assisted by the high officials surrounding him, will successfully steer this year's Assembly, so that it may have many beneficial results in so far as solutions of the health problems of Member nations are concerned.

I wish to congratulate the Director-General on his Report. It has the markings of thoughtful and pains-
taking preparation based on a full mastery of the materials comprehended. It is so encouraging, as well as challenging, that one is tempted to commend all its various components, but I shall deprive myself of this pleasure, and confine my statement only to that portion which deals with cholera El Tor, a disease which during the last few years has invaded a large part of the world and has claimed the concerned attention of my country.

As you are well aware, cholera El Tor infection began to spread in July 1961. From the Celebes it came to the Indonesian mainland, thence to Sarawak, Hong Kong, Macao, the Philippines, Taiwan, Malaya, Thailand, Burma, South Korea and other countries. Now it has affected regions containing almost two-thirds of the world's population. As the disease ravaged one country after another, health administrations applied every preventive and control measure allowable under the International Sanitary Regulations. Interference in travel and commerce became inevitable as a consequence. Cholera El Tor is responsible not only for untold loss of human lives, but also for millions of dollars' worth of economic losses. In desperation, some countries resorted to measures in excess of international agreements. But still the deadly march of the disease continued.

At this juncture it became clearly evident to health authorities, particularly those of the Philippines and Japan, and to the World Health Organization, that existing knowledge of cholera was sadly inadequate if El Tor was to be conquered. Its continuing and increasing threat to human health became a challenge which science had to meet successfully if lives were not to be passively and indefinitely sacrificed. As the first logical step, it was decided to undertake new studies and research of our own. In February 1964 the Secretary of Health of the Philippines, the Minister of Health of Japan and a representative of the World Health Organization met in Tokyo to discuss the matter. As a result of the meeting an agreement was reached to undertake research on three important aspects of the disease: first, the efficacy of cholera vaccines; second, the role of the cholera carrier in disease transmission; and third, the viability of the El Tor vibrio on foodstuffs. As my honourable colleagues will readily realize, this agreement is aimed primarily at discovering a solution to the urgent public health problem of preventing the spread of cholera El Tor and at lessening the disruptive effects on travel and commerce.

As a result of this agreement a systematic vaccine trial was undertaken in occidental Negros in the Philippines last year. Assessment after a six-month period has revealed that the classical cholera fluid vaccine which is in current use gives protection for only three months. The cholera El Tor vaccine manufactured in our laboratory, on the other hand, has a higher protective efficacy for a longer period of time, and has no serious side-effect. The oil adjuvant vaccine developed at the same time in Japan shows a consistently high protective value for longer than six months. However, because of reactions attributable to this vaccine, its use is not recommended at this time. The Philippines/Japan/WHO cholera El Tor research group is now undertaking intensive studies to render this vaccine free from side-effects. The result of the vaccine trial being continued in Bacolod in the Philippines over a six-month period will be published in the Bulletin of the World Health Organization in the immediate future.

The role of the cholera carrier has posed an important and interesting problem in the prevention and control of the disease. Up to this time, the part played by carriers in disease transmission is not clear. There is a growing fear that the transmission of infection from one territory to another from one area to another is due to cholera carriers. Study points have been established in three areas in the Philippines, and intensification of the studies on the cholera carrier is programmed this year.

At the beginning of the spread of cholera El Tor, restrictions applied by health administrations stemmed from suspicion that trade goods transmit the infection from one area to another. We feel that goods, including many foodstuffs which have been banned because of this infection, are not capable of transmitting the infection. Our studies on the viability of the El Tor vibrio tend to prove that certain goods and foodstuffs do not transmit the vibrio, and should be allowed access from one territory to another without harm.

As far as the commitments of the participating entities in the joint studies are concerned, the Philippines has contributed US $115,000 in cash, plus the services of the majority of the personnel involved in the project. Last year the Government of Japan contributed supplies and equipment totalling US $30,000. I understand that this year Japan is committed to contribute an additional US $20,000. The World Health Organization gave US $14,900 last year, and an additional US $15,000 this year.

Mr President, I wish to take this opportunity to commend the fine spirit in which the Government of Japan has participated in this joint research project. Besides contributing material and personnel to this project, Japan has helped to generate a spirit of co-operation and cordial understanding between the Department of Health of the Philippines and the Ministry of Health of Japan. I wish also to commend the Director-General of the World Health Organi-
Infantile malnutrition is widespread in Uganda, for instance, are well known in Uganda. Malaria, sleeping sickness, onchocerciasis, relapsing fever and bilharziasis, for instance, are well known in Uganda. Most of the communicable diseases have always formed an important part of the picture of morbidity in Africa, including Uganda. Most of the communicable diseases which threaten the people of our countries are transmitted by vectors of various sorts—malaria, sleeping sickness, onchocerciasis, relapsing fever and bilharziasis, for instance, are well known in Uganda. Malaria is still one of the major causes of debility and the indirect cause of the high death-rate among children. Infantile malnutrition is also one of our deadliest enemies. However, our Government is determined to fight poverty, ignorance and disease.

I would like to conclude my statement by paying a high tribute to the active role of the World Health Organization and the Regional Office, to UNICEF and the other international organizations, and I would again like to appeal for much more financial and technical assistance for Uganda.

With your permission, Mr President, I take this opportunity of wishing this Assembly very successful deliberations, so that its objectives may be achieved. Mr President, permit me to thank you once more and to greet our distinguished delegates.

The President (translation from the Spanish): Thank you. The Chief Delegate of Canada, Miss Lamarsh, has the floor.

Miss Lamarsh (Canada) (translation from the French): Mr President, it is a great pleasure for me to be among you here as chief of the Canadian delegation to the Eighteenth World Health Assembly, and thereby also to have the opportunity to meet distinguished people with whose work my position as Canadian Minister of National Health and Welfare has made me familiar. My pleasure in being here in Geneva is all the greater in that it enables me to see again several persons I had already met during my recent stay in Scandinavia. In addition, Mr President, I greatly appreciate the chance my visit gives me to offer you my heartiest congratulations on your election as President of this Assembly. I am certain that you will maintain at its highest level the tradition established by your predecessors.

(Miss Lamarsh continued in English.)

Mr President, I also wish to congratulate the Director-General, Dr Candau, not only for the excellent and concise Report which he presented to the Assembly, but also for his devoted and steadfast labours over many years in the cause of the health of the world community.

During the seventeen years that this organization has been in existence it has made substantial strides in dealing with health problems in all parts of the world. To take one small area of which I have had personal experience—I have had occasion to visit some of the countries in the Caribbean and to see the effectiveness with which they have used WHO assistance to reduce their health problems.

As the Director-General has emphasized, however, the control of communicable disease is still the most important health challenge facing the Organization. There are many places in the world where malaria, tuberculosis, leprosy and other communicable diseases still remain major health problems. We have come a long way but we still have a long way to go.
Because there is so much to do, I hope we will all take to heart the words of the retiring President, Dr Afridi of Pakistan, in his farewell address on Tuesday, when he suggested that we should bend our energies and resources to the multitude of technical and administrative issues which command our immediate attention. In other words, the World Health Assembly should deal with health matters and should leave political problems to more appropriate United Nations bodies.

In the view of the Canadian Government, a major problem facing WHO and other specialized agencies at this time is the establishment of sound priorities to guide our efforts. All of us are conscious of the ever-increasing tasks that these organizations must assume. But we must also remember that the resources—both human and financial—which are available in attempting to deal with them are not unlimited. If a real impact is to be made on the world's health problems, it is essential that the resources which are available be used wisely and effectively. Toward this end it seems to me that there are two essential prerequisites—long-term planning and sound budgeting.

In the area of long-term planning—a problem of importance to all the specialized agencies—WHO has made significant strides. In the past few days I have had an opportunity to examine the fourth general programme of work and I think the Director-General and the Executive Board are to be congratulated for the efficient manner in which they have set out guidelines for the immediate years ahead. We endorse the general lines of this report, and in particular support the necessity of a high priority for coordinated, integrated national health planning. While we, and no doubt other representatives of Member governments, will have particular points to put forward, I think this report offers a useful general basis on which to start our detailed discussions of the proper role of WHO, in terms of specific programmes, over the next four years.

So far as budgeting is concerned, it seems to me clear that the level of WHO's budget in any given period must take into account the financial capacity of Member governments, the other demands on their resources, and, just as important, must be based on the ability of the staff of the Organization to convert available funds into effective programmes. If a careful examination of world health needs is related to a realistic assessment of available resources, it should be possible to establish meaningful priorities which all Member States may wholeheartedly support.

Among other things emphasized in the fourth general programme of work is that the Organization will continue to collect information and to encourage necessary studies and research. A primary function of WHO should be to compile and disseminate information produced by the studies done at national and other levels. In this connexion, WHO should place the greatest priority on epidemiological studies. The results of these studies should be disseminated among the Member nations, thus permitting sound planning in national programmes.

Mr President, it seems to me to be of special importance that the exchange of information on drug safety and efficacy be accelerated. In Canada of recent years we have taken a special interest in the many aspects of the drug situation. In fact one of the members of our delegation, Dr H. C. Harley, a Member of Parliament, is Chairman of our Lower House's special committee which has been looking into the question of drug safety during the past session of Parliament. The proliferation of new drugs makes it increasingly important that information about serious adverse drug reactions be disseminated rapidly.

I should also like to make one other comment on this report. In Canada, it has been our custom to deal with health problems through co-operation between the Federal Government and our provincial governments. It seems to me that there is also a place both for national action and for international co-operation in the health field. Clearly, while there are certain aspects of health problems that the World Health Organization is well-equipped to deal with, at the same time there are problems that can be dealt with most effectively at the national level. May I give you a Canadian example. I know that many countries do not have a health problem associated with the smoking of cigarettes, but in Canada, where almost fifty per cent. of our adult population smokes, there is a very serious situation indeed. We therefore have paid particular attention to the recommendation of this organization's Expert Committee on the Prevention of Cancer—that the best attack on lung cancer is elimination of the cigarette-smoking habit. The Committee recommended the approach of education of the public, with special reference to youth. We in Canada are following that recommendation. At the end of next week I shall be opening a conference of young people in Ottawa, on smoking. At this conference we hope to be able to find ways to call the attention of young people to the serious health hazards associated with the habit of smoking cigarettes. The youth conference is, of course, only part of our programme. Just a year ago we earmarked $600,000 for use over a five-year period in a programme of research and health education. We are doing research into the nature and extent of the smoking habit in Canada and into the motivational aspects of smoking. We are trying to find out why people smoke and why they
stop smoking. We are trying to persuade them not to smoke.

There are real difficulties in undertaking any kind of programme which attempts to reduce the use of tobacco. Tobacco is a significant source of revenue for Canada and, of course, elected representatives of tobacco-growing areas are naturally most concerned about health programmes, the effect of which will necessarily be adverse on the economy of their community. We all know that dealing with health problems is never as simple as it may at first appear.

But I have only cited our own smoking and health problem—which is certainly not unique to Canada—as an illustration of the fact that, while many health programmes can be most effectively dealt with at the national level, the lessons learned from them can be useful at the international level. We are running our smoking and health programme to help our own people; but we are developing techniques of adult and youth education and acquiring information about motivation which can be useful to others, providing that it can be brought to their attention. This organization can do that.

While naturally concerned with its own particular health problems, Canada is fully conscious of the number and variety of problems which face other people in other areas of the world. We are very proud to be a founding Member of this organization and especially proud that its first Director-General, Dr Brock Chisholm, was a Canadian. Over the years, as the membership has more than doubled and representatives of many new countries in all parts of the globe have joined our ranks, our appreciation of the nature and complexity of their particular health requirements has deepened and extended. We have come to this Assembly with our own views of the various aspects of WHO's programme, which members of the delegation will be putting forward at the appropriate time. But I should like all Members to realize that we will listen sympathetically to the views and problems of those from all other parts of the world. We feel that it is only through such an exchange, carried out in the spirit of true co-operation and mutual understanding, that we can hope to make concrete progress towards the achievement of WHO's important goal, to which we all subscribe.

May I thank you once again, Mr President, for the opportunity to address the Assembly.

The President (translation from the Spanish): Thank you, Miss Lamarsh. I give the floor to the delegate of Paraguay.

Professor González Torres (Paraguay) (translation from the Spanish): Mr President, ladies and gentlemen, first I wish to congratulate Dr Olguin, of Argentina, on his well-deserved appointment as President of the Eighteenth World Health Assembly, the Vice-Presidents on their election to their offices, and the Director-General, Dr Candau, on the Annual Report he presented so admirably to this Assembly. I also wish to thank the Swiss authorities for the exquisite hospitality they are lavishing on us in Geneva.

I propose now, Mr President, to refer to just a few of the most important points dealt with by the Director-General in his report, indicating in each case the present position in Paraguay, and to reserve for the technical discussions and the committees some more detailed comments on other matters.

With regard to planning, at the beginning of this year the Ministerial and Economic Co-ordination Council, under the chairmanship of the President of the Republic, reviewed and examined all the plans of the National Government, prepared and submitted by the planning teams of the various ministries through the President's Technical Planning Secretariat. The plans were approved in outline and ad hoc committees were set up for through examination of their principal features as well as for consideration of available resources and of priorities. The Finance Committee for the Public Sector is to examine budgetary possibilities in that sector, while the Specific Projects Committee is considering the progress of the various projects and the possibilities of financing and implementation. Experts from the various ministries and from the National Economic Coordination Council are participating in these studies.

As far as the Ministry of Public Health is concerned, the Ministry's "programme budget" was prepared with a view to inclusion in the overall national budget; compulsory rural internship in social assistance centres in the interior of the country was instituted for newly qualified nurses and midwives. The programme of rural internship or compulsory rural medical practice in social assistance centres in the interior of the country for doctors graduating from the Faculty of Medicine was also launched, with great benefit both to the doctors themselves and to the quality of the care provided to the population by those of the Ministry's health centres included in the programme. This project is being implemented jointly by the Faculty of Medicine, the University of Buffalo, the United States Operations Mission, and the Ministry of Public Health.

With the assistance of international experts, our technical planning team has prepared the following plans and programmes as part of the overall plans of the National Government: public health plan; plan for the integration of control of acute communicable diseases and of leprosy, tuberculosis and venereal diseases into the work of the health centres; sanitation
proved necessary to revise the organizational structure using exclusively national funds.

Inhabitants, were surveyed and a census was taken, to expedite the work 143 localities in the district of with aid from external sources and from UNICEF. and which will be financed from national funds and expert's plan, whose implementation is due to begin this year with assistance from World Health Organization /World Health Organization and from UNICEF. Last year and at the beginning of 1965 special courses were held for doctors, nurses, auxiliaries, statisticians, laboratory technicians, and others responsible for the implementation of the programme.

Last year smallpox vaccination was stepped up in order to maintain a high level of immunity in the population. The regular programmes of tetanus and triple tetanus-pertussis-diphtheria vaccination continued, a total of 222 520 immunizations of this type being carried out. In the capital, Sabin-type oral poliomyelitis vaccination was administered during 1964 to 24 000 children, using vaccine supplied by the Ministry of Social Welfare and Public Health of the Argentine Republic. This programme enabled us to acquire experience and to train personnel for a nationwide poliomyelitis vaccination programme now being carried out in Paraguay. We have available Sabin vaccine donated by the Wellcome Laboratories in England to the amount of 1 500 000 doses, with which we propose to vaccinate 70 per cent. of all the country's children aged between three months and four years and 60 per cent. of those between five and nine years—a total of some 375 000 children.

Last year we were faced with major outbreaks of leishmaniasis in new settlement areas and forest lands cleared for settlement or road building, a total of more than a thousand clinical cases occurring. In all the areas concerned we succeeded in controlling the foci and effectively treating the victims.

Successful progress was made in the campaign, now entering its fourth year, for control of rabies by catching and vaccinating stray dogs in the capital.

With regard to malaria, 1964 saw the preparation, with assistance from World Health Organization experts, of the new eight-year malaria eradication plan, whose implementation is due to begin this year and which will be financed from national funds and with aid from external sources and from UNICEF. To expedite the work 143 localities in the district of Caaguazú, with a total of 10 135 houses and 46 672 inhabitants, were surveyed and a census was taken, using exclusively national funds. In addition, it proved necessary to revise the organizational structure of the service in order to facilitate operations and adapt them to the plan; to divide the country into three zones, assigning an epidemiologist to each; and to transfer part of the staff from the capital to the interior, so that the ratio of staff in the capital to staff in the interior is now 45-55 compared to 80-20 previously. The epidemic foci of malaria that exist in the country, particularly in the eastern region, and which have been increasing in intensity each year, reached their peak in 1964 with 8847 cases. We therefore had to treat all sick patients and fever cases suspected of malaria, administering a total of 350 000 antimalaria tablets.

In January of this year we launched an emergency spraying project with national funds in the Caaguazú-Alto Paraná settlement area, where malaria incidence is always greatest, so we can face the future with less apprehension. The spraying was conducted over a geographical area of 4000 square kilometres containing forty communities with a total of 4100 houses and 18 000 inhabitants.

In the field of research, work continued in 1964 on the studies of leishmaniasis initiated in 1963 jointly by a group of research workers from the Pan American Zoonoses Centres, Azul, and our national experts, with the particular objective of identifying a natural reservoir of *leishmania*. The MARV Research Institute of Central America has planned, in collaboration with our experts, a survey in selected geographical areas of the country to establish the presence of the haemorrhagic fever or virus infection already identified in Argentina and Bolivia together with its etiological agents, Junin's and Machupo's viruses.

At the same time, with the assistance of American army health experts, a clinical and laboratory study of feeding and nutritional status is being conducted among suitable population samples in the country, representing various age-groups and social levels. This survey will require from four to six weeks' work.

The occurrence of cases of yellow fever in frontier villages of our neighbour country to the north of the River Apa has obliged us to take the necessary health measures. Epidemiological and entomological studies have been conducted with the participation of our experts, and vaccination of Paraguayan communities was carried out with Brazilian vaccines by the Brazilian health authorities working in close co-operation with our own. We have not managed to identify *Aedes aegypti* in this area. The proliferation of bed-bugs in the houses in poor quarters on the outskirts of the capital has prompted us to undertake research studies on infested houses, foci of proliferation, etc., and to take measures for health education, destruction of foci, and domestic hygiene, in collaboration with the population.
We have also expanded and reorganized a cancer institute to give it national scope and enable it to provide services to all the health organizations of the country.

In the field of sanitation and drinking-water supplies, work has been started towards the provision of drinking-water services for two communities in rural areas. To supplement the funds available for this work we received a month ago an additional contribution of $51,000 from the United States Economic Mission, and last week the National Autonomous Sanitation Works Service signed an agreement with the Inter-American Development Bank regarding a non-reimbursable grant of $65,000 for the necessary engineering and economic feasibility studies in connexion with the provision of running water to five more rural communities and for the revision of plans for two other communities. In all these projects the assistance of UNICEF in the form of supplies and equipment is extremely valuable.

In regard to social matters, last year the Ministry of Public Health held the first national seminar on community development, which was directed by a United Nations expert, Dr Ware. The aim was to initiate practical national action with a view to the systematic utilization of community development techniques. Governmental, autonomous and private bodies of widely differing levels took part in the seminar, which was a great success.

A study commission on programmes for the advancement of women has also been set up, with a membership representing the Ministries of Health, Education, Justice and Labour and the Institute of Social Insurance. With technical assistance from the section of the United Nations Division of Human Rights concerned with programmes for improving the status of women in the developing countries, this commission has launched a survey on the basis of a questionnaire with a view to discovering the state of public opinion on the subject and devising more rational solutions.

In regard to professional education and training, last year, 41 officials of the Ministry were awarded fellowships provided by the World Health Organization, the Pan American Sanitary Bureau, the United States Economic Mission, the Organization of American States, and the Governments of Uruguay, Germany, France and Spain. The fellows went to different countries for various specialized studies. In addition, UNICEF in 1964 granted 40 fellowships for the regular course for nursing auxiliaries, 44 fellowships for all the participants in the regular courses, 57 fellowships for post-graduate studies in the three schools of the Andres Barbero Institute, 51 fellowships for courses on communicable disease control, 263 stipends for participants in the three-ministry nutrition and food-education programme, and various fellowships for the training course on social service in children’s institutions. The Ministry of Public Health granted 25 national fellowships for medical, dental and veterinary students.

In conclusion, Mr President, I should like to state that the Government of Paraguay gives particularly high priority to programmes for malaria eradication, integration of control of acute and chronic communicable diseases into the work of health centres, provision of drinking water systems for rural populations, and establishment of social assistance centres in the new settlement areas of the Caaguazú-Alto Paraná region. All these programmes, prepared by the planning unit of the Ministry and by experts from the international organizations, have been budgeted for from national resources, and in addition the international organizations concerned have provided considerable assistance in the form of supplies, equipment, drugs, fellowships for professional education and training, etc.

We therefore offer our most grateful thanks to the Pan American Sanitary Bureau, the World Health Organization, UNICEF, FAO, the United Nations Technical Assistance Board, the United States Economic Mission in Paraguay, the Inter-American Development Bank, and others.

The President (translation from the Spanish): Thank you, Professor González Torres. I give the floor to the delegate of Malaysia, Mr Bahaman bin Samsudin.

Mr Bahaman bin Samsudin (Malaysia): Mr President, fellow delegates, ladies and gentlemen, it is indeed an honour to have this opportunity to address this distinguished gathering for the first time.

Permit me, Sir, to associate myself with the good wishes earlier expressed on your election to the high office of President of this august Assembly. On behalf of my country and delegation I wish to express our sincere support and confidence in you, Sir, to guide this organization in the attainment of its goals and ideals. I wish also to extend our congratulations to the three Vice-President and the Chairmen of the main committees, all of whom we know will, with their vast store of experience and knowledge, facilitate and contribute towards the expeditious and successful conduct of this meeting. This annual gathering, which provides the opportunity for the pooling of technical knowledge and resources, I am convinced, will be of immense benefit, particularly to developing countries, of which my country, Malaysia, is one. Let us therefore, in our deliberations, not be distracted from our endeavours and aspirations of promoting
better health individually and collectively and together uphold the high standards and ideals of this organization.

My country, as you may know, is comparatively small, with a population of just over 10 million. Although every effort is being made and steady progress achieved towards the improvement of the health of our people, through a series of five-year development plans, our development programme is at the moment somewhat hampered by the diversion of much of our resources for the defence of our country. However, the economic and social progress of my country will continue to be maintained at a high level.

In the development programme of Malaysia, health has a high priority in relation to other economic and social developments, and co-ordination is being maintained between the various sectors in the implementation of the programme. We welcome the theme of the technical discussions this year, which is "Health Planning". I am sure the knowledge gained will be of immense benefit in the promotion of better health for our people.

The primary objective of our health development programme is to provide more medical and health facilities to the people in the rural areas through a network of health centres and clinics. Since the scheme was started almost ten years ago, more than half of our five million rural population is making full use of the services.

We have also embarked on a number of health programmes in an effort to control and eradicate certain diseases of public health importance in order that our people's productivity will not be retarded and that their standards of living will improve. For example, we are now carrying out a malaria eradication scheme in the states of Sabah and Sarawak and a pre-eradication scheme in the states of Malaya. Tuberculosis is being resolutely tackled through a national campaign and it is hoped that before long this disease will no longer constitute a public health problem. The eventual eradication of yaws is in sight. Other communicable diseases are under active control, and vigilant measures are being taken in the prevention of dangerous infectious diseases through the provision of better and adequate sources of wholesome water supply and improved sanitary facilities. Health education activities are being undertaken rigorously at all levels.

One main problem in my country is the shortage of trained technical staff to carry out the various medical and health projects. However, we have already embarked on a training scheme on an unprecedented scale. While the shortages of paramedical personnel are steadily being alleviated, there is still an acute shortage of doctors and dental surgeons, particularly in the health field. Every effort is being made to overcome this problem through the recruitment of doctors from abroad. The output from our two medical schools will not be able to meet our requirements for a number of years to come.

I wish, Sir, to place on record my country's appreciation of the admirable work of the Director-General and his staff, who have accomplished much in the time and with limited finance at their disposal. The record of this organization has been one of constant progress, taking in its stride the various public health problems that confront all of us and coming to grips with them. I wish also to take this opportunity to thank the Regional Director, Dr I. C. Fang, and his staff for their unstinted co-operation, which has enabled my country, Malaysia, to solve the many health problems of a developing country. We are fully aware of the confidence placed by the Organization in my country. We are most grateful for its providing us with consultants and training facilities in many public health, medical, dental and research fields.

We look forward to further assistance from WHO and other agencies. If the present steady progress in health is maintained in my country, I can envisage in the foreseeable future that my country will be in a position to offer assistance to other developing countries.

The President (translation from the Spanish): Thank you, Mr Bahaman bin Samsudin. I give the floor to the delegate of Viet-Nam, Dr Ngo Quang Ly.

Dr Ngo Quang Ly (translation from the French): Mr President, ladies and gentlemen, it is a great privilege for me to be allowed to address the distinguished Members of the World Health Organization at this Eighteenth Assembly. I take the opportunity thus afforded me to offer, in the name of the delegation of the Republic of Viet-Nam, our hearty congratulations to the President on his election to this high office.

With regard to the Director-General's Report on the work of the World Health Organization in 1964, I should like to offer him here my warmest congratulations on having presented us with an excellently clear and comprehensive document on the position and achievements of our organization during the past year. I have read with close attention and interest the introduction to his Report, in which he gives a very lucid summary of the activities of the World Health Organization and the progress achieved towards improving the health of nations, as well as of the development of the various health projects, following it with some most illuminating comments.
Seventeen years of effort and activity have enabled the Organization to achieve appreciable results in its endeavours to raise the level of health throughout the world. Nevertheless, the task that lies before it is certainly a very hard one. Communicable disease and pestilential infections are still a threat to the health of mankind. Cancer and cardiovascular diseases still wreak great havoc. Nutritional diseases and lack of drinking-water supplies in many areas are other major problems still calling for solution. The World Health Organization, with its far-flung network, its technicians, its experts, its scientists, has done excellent work and I trust it will continue in years to come with the same energy and efficiency, particularly in its efforts to assist the developing countries, which still have to face many public health problems.

At the same time, I understand the anxiety of the World Health Organization to keep up with present-day progress. The sciences in general have advanced very rapidly and it would be regrettable if the science concerned with the health of mankind could not progress fast enough to enable us to overcome all the obstacles to the development of man.

The Republic of Viet-Nam is aware of the importance of all these problems. To raise the standard of living of its people, it has endeavoured, with its modest resources and limited means, to improve public health services and develop health programmes. During the year 1964, despite the many difficulties encountered, our country achieved appreciable results in the health field. Unfortunately, our activities were hampered by the disastrous floods that occurred in November 1964, preceded by two typhoons, and which laid waste several provinces in the centre of the Republic of Viet-Nam, killing over 6000 people and leaving hundreds of thousands homeless. From the very first, the Government reserved priority attention for problems of providing relief to the population of these flooded areas. A central committee was quickly set up to work out a plan for emergency relief, followed by resettlement and long-term assistance. Help of all kinds was sent from every corner of the country as well as by many friendly countries and international organizations. In respect of international medical assistance, we received help from thirty-four friendly countries, in the form of drugs, equipment and medical staff. Allow me to convey to them here, in the name of the Government of the Republic of Viet-Nam, our heart-felt gratitude for the help they have provided our country in this critical period of our history. Medically, everything possible has been done to bring help to the victims, and socially, thanks to international and national assistance, we have been able to provide swift relief for the unfortunate sufferers in these flood areas. With regard to sanitation, we have taken all necessary steps to prevent possible epidemics.

Despite these events, the Ministry of Health has not curtailed its activities. During the past year it concentrated its efforts on the control of communicable diseases, launching wide-scale campaigns of mass vaccination against cholera, plague and smallpox. Thus, 6 821 000 cholera vaccinations, 215 000 vaccinations against plague and 4 531 611 smallpox vaccinations were carried out in 1964.

With regard to the control of tuberculosis, which represents a real threat in Viet-Nam, case-finding has been extended to a large number of population groups and classes. Some average figures recorded in the tuberculin test are: 20 per cent. at six years of age, 71 per cent. at 15 years of age. In certain groups of schoolchildren, however, we find 30 per cent. at 12 years and even, in certain schools, 16 per cent. Among the positive cases, it is estimated that there are about two per cent. primary infections detected by radiography. To cope with this threat the Ministry has adopted the method of BCG vaccination to protect the healthy children. Since 1957, 1 289 463 tests have been carried out, including 1 151 216 controlled tests, among which there were 741 066 positive results and 341 172 negative followed by vaccination.

In the field of research the Republic of Viet-Nam, with assistance from the American Walter Reed Centre, has established a centre for research on plague. We hope that, thanks to the co-operation of this centre, it will be possible to solve many of the problems posed by this disease in Viet-Nam.

In view of the remarks made yesterday in this hall by a delegate present here, I feel obliged to register, in the name of the delegation of the Republic of Viet-Nam, a vigorous protest against the malicious allegations levelled at my country. Anxious to preserve the technical character of the discussions of this Assembly, we are steadfastly opposed to the manner in which certain delegations use this place as a platform for political propaganda. So, to spare this honourable Assembly the need to accord long attention to my reply to questions that ought to have been raised elsewhere, I intend to be brief.

The Republic of Viet-Nam has been plagued by war for 25 years. It suffered casualties in wounded and dead both during the Second World War and in its struggle for independence. Whereas over these past years, up to and including the present day, almost all the countries of the world have been enjoying peace, our country is still suffering the horrors of a war of subversion imposed, directed and fomented from abroad. Against this unjust war the Republic of Viet-Nam has never resorted to anything but legitimate
defence measures to safeguard its liberty and independence.

There were references in the statement of the delegate of Albania to violation of agreements and to a war of aggression in south Viet-Nam. These are nothing but provocative calumnies which have only added to the bitterness of a conflict that has already caused so much suffering in this stricken land of Viet-Nam.

The people of Viet-Nam has had enough of the horrors of war. Its only desire is peace. The way to achieve this is simple: it is for the communists of the north, who instigated this war of aggression and subversion, to cease their criminal activities and withdraw their troops from Viet-Nam.

Before closing my address, I should like to announce that a lacquer picture, 4.50 metres by 2.50 metres, offered as a contribution to the decoration of the new headquarters of the Organization, is now being dispatched to Geneva. May this modest gift from us serve to express the heartfelt gratitude of our people for the eminently humanitarian work of the Organization.

The President (translation from the Spanish): Thank you, Dr Ngo Quang Ly. I give the floor to the delegate of Indonesia, Dr Subandrio.

Dr Subandrio (Indonesia): Mr President, honourable fellow delegates, the Indonesian delegation will not fail to express its satisfaction on your election to the high office, Mr President, and avails itself of this opportunity to congratulate you and the other officers of the Assembly on their election. The Indonesian delegation has high hopes that the Assembly will be concluded with the best possible results.

The Indonesian delegation has also studied with great attention the Director-General's Report. To him and his co-workers—nothing but praise for a wonderful job done. We realize the great effort which has been put into the work, and we thank the Secretariat for all the preparations for this Eighteenth World Health Assembly, which is attended by a maximum number of countries.

As in all previous years, my country has also sent a delegation to this World Health Assembly. At this turning point of world history, twenty years after the end of the main World War II, my country has shown its confidence in the World Health Organization by sending one of its most beloved daughters to the World Health Assembly. I say the end of the main World War II, Mr President, for war is still being waged in many parts of the world, leaving no peace for their inhabitants.

My country has confidence in the World Health Organization for its humanitarian principles, for the efforts it is making in alleviating the sufferings of mankind, for its gallant battle against disease and mental and physical disorders. In the World Health Organization combined efforts are visualized for the success of the great battle in order to promote the desired well-being of all mankind. It is here that international co-operation is sought and found. Therefore, within the framework of these humanitarian principles and international co-operation in the field of health, my country has decided to send a delegation to the World Health Assembly, in the hope that sufficient stress will be laid on these facts to guarantee the success of the deliberations and the resolutions of this august body.

When I said that we are now finding ourselves at the turning point of world history, it seems to me that this statement needs further clarification. What I mean to say is that never before in the history of mankind has the growing awareness of man of his own value and his own rights presented itself in such vivid colours as in the present-day world. Great masses of people have stood up in all the continents of our earth and have declared themselves human beings with a right to welfare and human existence. Millions, yes billions, of people lay a claim to the meagre resources made available so far for promoting personal well-being in the sense of health. This world is no more the world of the ruling few. It is governed by the rebellion of the great masses of people who voice their claim to progress, to welfare, to human existence, to peace. This is the turning point in world history, which cannot be stopped, be it with military might or with all the technical means at the disposal of the minority who want to maintain their position of strength and privilege over the rest of mankind. This is a truth which will come knocking at our conscience for the rest of our days.

It is in this respect that in our present-day world we need the proper machinery to regulate the growing demands of all mankind in the field of health. The World Health Organization, in my opinion, comprises many elements for a proper functioning in this respect. As in the field of medical science changes can be very revolutionary, and as medical science is science directly applied to the needs of the human being, the human being governs the development of medical science. So does the human being, with the shift of demands towards the provision of health needs of the great majority of the people of this globe, bring forth the development in the procedures of the World Health Organization. Whoever regrets the good old days, that they are no more? Our world does not belong to us; it belongs to the people who will come after us. If we have enough foresight we might see a glimpse of the future and we might live a longer and
richer life as past, present and future are all embodied in our minds.

Therefore I ask you, Mr President, and fellow delegates, to look with confidence to the future. Leave your petty bickerings, and let us tackle the work ahead of us in the light of giving service to the great masses of mankind. Social consciousness is ever growing, ever expanding, and comes knocking at our hearts and minds. Whoever listens to its voice will find the right way of conduct to safeguard the proper regulation of demands and service, in order to prevent major disasters, let alone to promote the desired improvements in welfare. It is now, at this turning point of history, that we need all good men to govern our earth.

The President (translation from the Spanish): Thank you, Dr Subandrio. I give the floor to the delegate of Madagascar.

Dr Ravoahangy Andrianavalona (Madagascar) (translation from the French): Mr President, Mr Director-General, fellow delegates, ladies and gentlemen, let me first congratulate the honourable delegate of Argentina on his election to the presidency of the Eighteenth World Health Assembly. We are sure that with the help of the Vice-Presidents and the other officers, whom we should like to include in our congratulations, he will guide the Assembly towards the happy conclusion of its labours.

Next, it is a pleasant duty for us to express to our distinguished Director-General and his staff our gratitude for the splendid work they are carrying out with such competence and devotion within our organization. We also wish to thank the great Swiss nation which, true to its noble tradition of hospitality and peace, has given us such a kindly welcome.

Ladies and gentlemen, in this International Co-operation Year—so decreed by the United Nations on the occasion of its twentieth anniversary—we take particular pleasure in presenting a very brief account of the fruitful assistance that WHO has furnished to our country since our Government joined this international organization.

Our relationship with WHO began in 1958 with the arrival of an expert on leprosy. Three years later the first agreement was signed between the Government, WHO and UNICEF. The substantial help that was granted to us and constantly renewed up to the present day has made possible a considerable expansion of our preventive operations throughout the territory: the prevalence of leprosy has now begun to decline.

The same year—1958—also saw the first arrival of a specialist in malariology, followed very closely in 1958, 1959, 1960, 1961 and 1962 by further visits and new contacts, all equally profitable for us. It is partly thanks to the benefit we derived from these many exchanges of views that we can claim today, if not to have eradicated malaria, at least to have largely rid the country as a whole of the disease.

As early as 1960, an expert came at our request to study on the spot the serious problem of endemic tuberculosis. A year later, in 1961, we signed an agreement which was given practical effect by the establishment in the southern region of Madagascar of a pilot study area for mass BCG vaccination. It is the practical findings of this study which provided the basis for the entire plan of prevention by BCG which is at present being implemented in our country; the setting-up of a national BCG-production centre, the organization of teams and establishment of sound plans of operation are, taken as a whole, only the logical consequence of the teaching we have absorbed.

In 1960 a plan of operations was drawn up for the development of basic health services and the substantial aid we were granted enabled us to launch forth immediately into our first successful achievements in maternal and child health, nutrition and health education.

The foregoing enumeration should suffice, without any further documentary evidence, to show the scientific and practical value of the benefits Madagascar has derived from its co-operation with WHO. Promising though this start has been, we nevertheless still have a long, up-hill path to tread before reaching the goal we have set ourselves.

The document I have submitted to this Assembly, following the suggestions regarding discussion at the national level of “Health Planning” in preparation for the technical discussions that are to take place during this Eighteenth World Health Assembly, is tangible proof of our country’s will to work and its eagerness to attain a goal that some may find ambitious, but which should nevertheless be viewed as no more than a manifestation of the normal aspirations of a young people which wants to go forward and overtake its elders as soon as possible.

We have just said our path would be an up-hill one, but for this very reason, to attain our objective quickly, it is on your aid that we count: an aid which must now no longer lay stress on criticism and advice, but on giving material expression to the lessons we have learned from them. Our apprenticeship is drawing to a close and, like many other developing countries, we are now eager for concrete results from lessons which have certainly been extremely fruitful.

So, in this International Co-operation Year, we should be glad to see a substantial increase in the sums allocated by WHO for material assistance to the developing countries, particularly in their efforts to control major endemic diseases and in their maternal and child health activities.
We know that if it depended only on the wishes of the distinguished individuals of whom WHO is composed we could be sure of getting material assistance on these lines; but the great majority of the Articles of the WHO Constitution, which are based on the United Nations Charter itself, were drafted with very young States in mind. We have now reached adolescence and we do very sincerely feel that new statutory provisions could enable WHO to expand considerably such material assistance, which is now absolutely indispensable to us.

We might, of course, be asked to cut our ambitions. That would be asking the sapling to stop growing, requiring it to remain for ever in the shadow of the forest trees, demanding of it that it should never see the sunlight.

The President (translation from the Spanish): Thank you, Dr Ravoahangy Andrianavaloka. I give the floor to the delegate of Jordan, Dr Abu-Goura.

Dr Abu-Goura (Jordan): Mr President, honourable delegates, on behalf of the delegation of the Hashemite Kingdom of Jordan, I cordially congratulate you, Mr President, on your election to preside over the Eighteenth World Health Assembly. I also congratulate the distinguished Vice-Presidents and the Chairmen of the main committees on their election. I wish also to congratulate the Director-General on his excellent and comprehensive report.

In commenting on the Report, may I make the following remarks. It is encouraging to see the progress achieved by the world-wide malaria eradication campaign. Yet the prolongation of years needed to achieve complete eradication, and the situation in some countries, may need more attention. We are glad that more emphasis is being laid on developing health services as a whole, and we do feel that, without such a development, the proper maintenance of eradication campaigns cannot possibly be achieved except at considerable cost.

Long-range health planning has received full support everywhere. But the preparation, programming and implementation of plans are not easy tasks. The technical guidance of WHO and the financial support of interested international organizations are essential for carrying out such activities in new countries. Health problems are increasing day by day, and they vary in different countries. The adaptation of medical education to the needs of the countries is desired, but this should not lead to a lowering of the standard of the basic medical education and training received in medical schools. We are glad to see that due emphasis is laid on the provision of adequate and safe water for both urban and rural communities.

Finally, Mr President, I would like to repeat my congratulations to the Director-General and his assistants on his excellent Report, and on the understanding and collaboration that exist between my country and WHO. I hope that we shall all work jointly for a better world and a better future, based on humanity.

The President (translation from the Spanish): Thank you, Dr Abu-Goura. I give the floor to Dr Schindl, the delegate of Austria.

Dr Schindl (Austria): Mr President, honourable delegates, may I first of all, on behalf of my delegation, join the previous speakers in congratulating you, Mr President, the Vice-Presidents and the Chairmen of the two main committees on your election. Secondly, it is an honour for me, on behalf of my government to welcome wholeheartedly Malawi, Malta and Zambia, which have become full Members of WHO since the Seventeenth World Health Assembly.

Referring to the Annual Report of the Director-General on the Work of WHO in 1964, let me express my sincere appreciation for the outstanding review and the clear introduction given by him. Our thanks are also extended to the Chairman of the Executive Board, Dr Turbott, and to the Board as a whole, especially for dealing with the question of the FAO/WHO Joint Food Standards Programme, and for preparing a resolution for the Eighteenth World Health Assembly on this subject. It is the aim of that Joint Programme to guarantee proper food control—in which my country is known to be very much interested.

The Report of the Director-General has shown impressively to what extent the work of WHO has grown, both in breadth and in depth. The work has become manifold, since our organization has always felt the obligation to combat any danger threatening health at any place in the world, at any time. There is no doubt that WHO must undertake the tasks that arise from the needs of the developing countries, considering that a proper level of health is a precondition for sound social and economic development. Nevertheless, it seems to me commendable to examine very carefully every planned extension or enlargement of our programme at every stage. In doing so, our organization can avoid the risk of splitting up too much its considerable but nevertheless limited means. Manpower seems to be the most important bottleneck, but there is a shortage of material and money too. For this reason careful studies seem to be necessary in order not to waste time and money by the overlapping or parallel efforts of two specialized organizations in the same field. From this point of view, the project of a cancer research centre built up by Member States, sponsored by and run in connexion with WHO,
but as an autonomous agency with its own budget independent of WHO, is an interesting and favourable project.

In this connexion, the idea sometimes fascinates me of concentrating the efforts of WHO on conducting one piece of work with full success, as was the case with oral vaccination against poliomyelitis in so many countries. This means solving a certain world problem which public health administrations have dealt with both in the developing and in the developed countries. It should be a task for the implementation of which we have on the one hand the necessary knowledge and on the other hand the tools to carry out the proper measures in the field. The eradication of smallpox would be one such problem.

Mr President, industrialization and urbanization are creating many new health problems, for instance water and air pollution. These problems are of a very complex nature. Although Austria was one of the first European countries to provide at an early stage comprehensive measures to prevent water pollution, we are aware that we have to continue our efforts in this direction. Air pollution has recently become a further problem with which our health administration is faced. In view of its complexity, the finding of solutions is very difficult for us. Therefore we are very pleased that, in evaluating—at the beginning of this year—the results of a European conference held on the subject last summer, an ad hoc committee of the Council of Europe recommended that WHO be requested to study the health aspects of air pollution. Other specialized agencies were also invited to study the relevant aspects of the question within their scope. This is a good example of well-balanced co-operation among international organizations.

In Austria serious endeavours are being made to fight against increasing alcoholism. We prefer its prevention among young people by education in schools and in youth clubs, but we have asylums for alcoholics on a voluntary basis too. The reports of these institutes are encouraging. The measures against cigarette-smoking are also based on the education of young people. Nevertheless we also take care that employees have the opportunity to work in rooms free of cigarette smoke wherever possible.

The small Austrian contribution for technical assistance in the field of public health includes the supply of sanitary equipment for certain countries, and education and training of doctors, nurses and midwives from developing countries in our medical schools. May I draw your attention to the fact that the percentage of students from abroad is very high, especially at the University of Vienna. The celebration of the six hundredth anniversary of this university gives an opportunity to demonstrate the world-openness of the historical institution and of my country.

The President (translation from the Spanish): Thank you, Dr Schindl. I give the floor to the delegate of Greece, Dr Mavroulides.

Dr Mavroulides (Greece) (translation from the French): Mr President, ladies and gentlemen, on behalf of the Greek delegation I wish to convey to you, Mr President, our greetings and our warmest congratulations on the occasion of the tribute that has been paid to you by the delegates of this Assembly. We are sure that, thanks to your wise guidance and your authority, we shall attain the objectives fixed for this present session. I should also like to congratulate your immediate predecessor, Dr Afridi, who, with the competence he owes to his many years' experience in the field of international health, has acquitted himself of a very onerous task with dedication and distinction.

Turning to the Report under discussion, I should like to say straight away that we have before us a document which is in all respect outstanding. Dr Candau has once again succeeded in presenting the activities of our organization with remarkable clarity and precision. And yet the work described, while particularly fruitful, is also extremely wide-ranging and complex. It shows continuity alongside diversity and intensification wedded to constant progression. But above all, what particularly struck me was the balance that has characterized the activities of the Organization—a balance all the more difficult to attain in that the needs of our Member States in the health field are so varied. For some, the conquest of infectious diseases is still the paramount problem. For others, it is personal medical services for patients suffering from chronic and degenerative diseases which are the main preoccupation.

Nevertheless, there are, I think, few countries that are not interested to a greater or lesser degree in health planning. For that reason our delegation is particularly gratified that the technical discussions at the Eighteenth World Health Assembly should be devoted to that subject.

We ourselves, in Greece, taking advantage of the creation of a Ministry of Health which is henceforth to be autonomous, have made it our immediate task to press forward with our health planning. Our general health service has been functioning for several years in practically the entire country, but much still remains to be done. In the field of health insurance, we are anxious to achieve better co-ordination, universality and, where necessary, standardization of the available services which, though they already cover 80 per cent. of the population, vary in quality, some-
times to a marked extent. We are also aiming at further developing our preventive medical and hygiene services and integrating them more effectively with the curative medical services. We plan to strengthen the departments responsible for the wide field of environmental health. We are giving very great attention to nutrition problems. And lastly, university and postgraduate professional training is in the forefront of our preoccupations.

While the Hellenic Government is thus redoubling its efforts in these fields, a High Commission on Health Planning has been appointed by the Ministry of Health and has already begun work. I am sure that the technical discussions at this session of the Assembly will enable us to bring our country’s planning commission some valuable ideas.

I do not wish to dwell too long on our achievements in the health field during the past year. However, I think I ought to mention that a few months ago we conducted a mass poliomyelitis vaccination campaign: 93 per cent. of the population aged between three months and eighteen years—a total of more than 2 500 000 people—were vaccinated orally against the three strains of virus. During the four months that have elapsed since the end of the campaign not a single case of poliomyelitis has been notified.

With regard to mental health, a big step forward has been made: I am referring to the setting up of a colony for 2650 mental patients in the Isle of Leros. It is already enabling us to reduce the congestion in our psychiatric hospitals and to extend the application of rehabilitation measures such as occupational therapy. At the same time, new psychiatric hospitals have been opened or are under construction. The number of general hospitals has also increased, first priority being given to institutions for the provincial areas. In all, we have at the present time over 50 000 hospital beds.

Work on cancer control is also progressing. A large, modern and well-equipped oncological institute has been opened in Salonika. Two other large cancer control institutes, one located in Athens and the other in the Piraeus, are under construction. Two centres for early detection of cancer are already in operation. With a view to the expansion of work in this field, we have just trained fifteen cytologists on state fellowships.

I should also mention the policy, initiated a year ago, of increasing salaries and allowances for medical and paramedical personnel, before I end this brief account of some of the progress achieved and the trends my Government’s policy is following in the health field.

In conclusion, I should like to wish the Director-General and his staff even greater success in their noble work to help ensure a better future for mankind.
Before closing, I wish to thank Belgium for its substantial bilateral aid and the Tropical Medicine Fund for its participation in our vaccination campaigns and its assistance with supplies. I thank France, Germany, Switzerland, Israel, and Canada on behalf of the Ministry of Public Health for their bilateral assistance in the form of experts, supplies and miscellaneous equipment. I also thank the World Health Organization, and especially its Regional Office for Africa, for the continuous assistance it has been providing to Rwanda since the year 1962.

To conclude this brief outline of the health situation and our plans for 1966, I should like to say that despite the various obstacles that have lain across our path during these first two years of independence, we remain faithful to our motto, “Liberty, Co-operation, Progress”, and to the policy laid down by His Excellency President Grégoire Kayibanda on 26 October 1961:

1. To conduct a programme of overall national development on democratic principles so as to raise to the highest possible level the standard of living of the general population in every part of the country.
2. To promote to an ever-increasing extent throughout the country a spirit of fraternal co-operation among population groups and to guarantee all its inhabitants the disciplined liberty without which the speed of our progress would be unnecessarily compromised.
3. To contribute to co-operation among peoples by promoting everything that makes for progress in peace and in social, economic and democratic development.

The President (translation from the Spanish): Thank you, Mr Bisetsa. I give the floor to the delegate of the Niger, Mr Kabo.

Mr Kabo (Niger) (translation from the French): Mr President, ladies and gentlemen, I wish to join the delegates who have preceded me on this platform in conveying to you, Mr President, to the Vice-Presidents of the Assembly, and to the Chairmen of the committees, the hearty congratulations of the delegation of the Republic of the Niger on your election.

My Government wishes first to express in this Assembly its heartfelt gratitude for the assistance it is receiving from the World Health Organization. Our thanks and congratulations are addressed in particular to you, Mr Director-General, who have the ultimate responsibility for the work done by your Secretariat, to your personal representative in Brazzaville during the year 1964, to our new Regional Director, whom I have pleasure in greeting with special warmth today, and to the WHO staff who have been put at our disposal in the Niger and whose competence, devotion and fine spirit of co-operation are a credit to the Organization.

In the introduction to his outstanding Annual Report, the Director-General lays special stress on the need in a large number of countries to strengthen the health services by organizing their development within the framework of national health plans. The preparation of such a plan was completed in the Niger during the year 1964 to the full satisfaction of the Government. This plan, entitled “Ten-year outline programme for development of the public health services of the Republic of the Niger, 1965-1974”, provides for the gradual conversion and dismantling of the structure dating from the colonial era and the establishment in its place of an organization designed for and adapted to the needs and resources of the Republic of the Niger. The two bottlenecks that are holding up the expansion of the health services—shortage of qualified personnel and lack of funds—are being tackled in such a way that we can look to the future with optimism while confining ourselves to maturely considered decisions, realizing as we do that everything cannot be accomplished during the next ten years.

The work of the Sub-Commission on Planning of Health Services was certainly not easy, for it had to turn to the best possible advantage the present situation, representing essentially the heritage of the past. For each problem it was necessary to find realistic and rational solutions adapted to local conditions, consistent with the broad principles generally accepted in public health, and conforming to the directives of the Government. Periodic adjustment, adaptation and reassessment will undoubtedly be necessary as our “ten-year outline” is progressively implemented and as local conditions change, but our objectives are now determined. A plan for the development of the health services has been drawn up, and it now remains to ensure that our concrete aims are achieved within the prescribed time-limits.

The firm resolve of my Government, the active participation of the population, the unremitting efforts of the technicians and administrators, the indispensable co-operation of certain experts, the generous material aid provided under bilateral technical assistance arrangements, particularly by France, and from international sources, especially the Common Market—all these should make it possible to develop the health services of the Republic of the Niger according to the established plan.

I therefore take particular pleasure in expressing here my gratitude to the World Health Organization for the key part it has played in the preparation and formulation of a development plan that meets the
wishes of my Government while also covering the points of concern to the Secretariat. I consider this a tangible proof of the sound approach adopted by WHO in this field.

If I have laid stress on this achievement, it is because in my view the preparation of a plan is an essential first stage that decisively influences the later stages in the development of services.

But this stage is now over and already the projects planned in the light of the objectives chosen are beginning to come to fruition. The reorganization of the administrative structure has already started; the priority assigned to mass medical care, health education, and training of qualified staff is already being given practical effect. Finally, a rational investment policy to ensure that the programme adopted can actually be implemented is rapidly taking shape.

Again in this connexion I am glad to say that WHO is providing us with assistance in most of the following priority fields: mass BCG vaccination campaigns, the reorganization and development of our national school of nursing at Niamey, and the preparation of plans for our basic health services. All this represents achievements to the credit of WHO and is complementary to the work being done by the Niger health services, with generous aid from French, German and American bilateral assistance.

I should like to make special mention of our experiment in mobile medical care with our OMNES teams. Their fully equipped cross-country vehicles ply to and fro along our main highways to conduct case-finding, carry out mass vaccination, and in general supplement the work of the dispensaries, still too few in a vast country. I should also like to refer to the interesting experiment being conducted in the Niger by a Yugoslav medical team that has come to serve at an isolated station in the interior with adequate staff, equipment and supplies of drugs to ensure complete self-sufficiency.

In conclusion, I should like, with your permission, Mr President, to ask the Secretariat to look into two problems of particular concern to us in the Niger: health education, and shortage of doctors in the bush areas.

Health education of the public is recognized in the Niger as a key factor in development. In this field we require speedy and effective assistance, adapted to the needs of the general population and orientated above all towards the protection of the mother and the child. Hitherto nobody has been able to propose to us in regard to health education a plan that would in all respects meet our requirements. Would it not be possible for WHO to initiate large-scale annual campaigns of health education, based on a simple theme, at the regional level, making lavish use of audio-visual, publicity and other media with which our country—or rather our countries—could be flooded? I feel that in this way WHO could break new ground without having to make desperate attempts to recruit for each country experts who are nowhere to be found.

Our second, and most worrying, problem is the lack of doctors for service in the bush. The difficulty is not in recruiting doctors for the large urban areas with water, electricity and the telephone laid on and with facilities for entertainment and a pleasant social life. The problem is to find the missionary type of doctor who is ready to dedicate some months or some years of his life to the service of the under-privileged and isolated peoples of the interior. In the Niger, out of a population of three million 97 per cent. live in the bush, more or less remote from the main urban areas.

I felt I should put these problems to you for they are not peculiar to the Niger. They call for attention from many quarters and perhaps also from WHO.

The President (translation from the Spanish): Thank you, Mr Kabo. I now give the floor to Dr Quirós, delegate of Peru.

Dr Quirós (Peru) (translation from the Spanish): Mr President, ladies and gentlemen, I wish to convey to you, Mr President, and to the other officers of the Assembly, my heartiest congratulations on your well-deserved election. I am sure that under your skilful guidance the Assembly will arrive at decisions of real importance for the health of the peoples of the world.

I also wish to take this opportunity to convey the greetings of the Government of Peru to the Government of Israel, which today is celebrating its national anniversary, and to associate myself with the congratulations addressed to the sister Republic of El Salvador.

It is indeed agreeable to be attending once again this great world forum where matters of such vital importance for humanity are discussed. On behalf of the Government of Peru, I wish to convey our warmest greetings to all of you, our fellow delegates, as well as to the Director-General and to the staff that supports him with such intelligence and devotion.

The Report of the Director-General and the agenda we are about to discuss call, in our opinion, for certain comments, and that is why I have ventured to take the floor.

Our delegation attaches great importance to document A18/P&B/4 on programme activities in the health aspects of world population that might be developed by WHO.1

It is one of the paradoxes of the world we live in today that, while in some regions people grow old, and

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die from eating too much, in others people—particularly children—die from lack of food. This is the reality underlying the concern voiced by the international organizations and the governments of certain countries regarding the world population situation.

Clearly this situation calls for careful study and analysis in all its aspects. Since our ultimate concern as public health workers is, after all, population, it is our duty to study the problem and see what the future trends are really going to be.

Let us look briefly at the history of the question. Many years ago someone stated that, if food supplies continued to increase as they were doing at that time, people would multiply like rats. Some years later Malthus, taking an exactly opposite view, expressed his concern at the constant increase in the population and his fear that a time would come when it could no longer maintain itself for lack of food.

Without presuming to offer an exact definition of a developed country, we might say that it is one in which resources are adequate for the majority of the population to attain a state of well-being, by which we mean health, adequate nutrition, housing, education, etc. An under-developed or developing country is one in which the majority of the population has not attained such well-being, for various reasons including unsatisfactory distribution of wealth, failure to exploit natural resources, etc.

In the case of the developing countries the following problem arises: the population expands and national per capita income does not increase to the same degree, which leads to a vicious circle. The dilemma is whether to give priority to economic development programmes so as to raise per capita incomes, or to social development programmes so as to ensure that the public health services at least keep pace with the rate of population growth and thus prevent the situation from deteriorating. The result is inevitably tension which often ends in violence.

These are the facts, and this is what is worrying the economists, who propose their own oversimplified solution, arguing as follows: "If the population is increasing we must see that it does not go on doing so, and as health programmes help to aggravate the problem they must not get priority." Consequently, the resources devoted to health work do not increase as much as they ought. What are we to do in such a situation? We sincerely believe that the world population situation is a health problem; we also agree with the economists in so far as we consider that population dynamics should concern us as a health problem, and that we should study it in all its aspects with a view to applying the measures that are most appropriate in relation to our plans for economic development.

The position in our country is that the population has doubled during the last twenty years and is expected to have trebled by the beginning of the next century. Only 1.5 per cent. of the territorial area is under cultivation, but it is estimated that up to 15 per cent. could be cultivated. It is a country rich in a variety of natural resources. Thirty per cent. of the school-age children cannot attend school for lack of buildings and teachers, although the largest percentage of the national budget is devoted to education. The Government has ambitious plans for economic development, such as bringing into agricultural use a further million hectares during the next four years. Such being the position, our question is: Does Peru need a larger or a smaller population? Who is going to implement our plans for economic development?

In face of this situation we have decided to organize on an official basis a centre for population and development studies, so that we can investigate the problem and find a solution while at the same time showing the economists that we are aware of its importance. We consider that WHO ought to do the same, and that it is not enough to state that hunger is a world disease and population is increasing, because a similar phenomenon is occurring at the world level.

As I said a moment ago, in some countries people are dying of hunger while in others they die from eating too much. Wealth is badly distributed, and yet there exist vast territories which could produce that well-being to which every human being is entitled, whatever his race and his political or religious beliefs. Meanwhile we are faced with the paradox that, while the great Powers use their resources and brain-power to send a man to the moon or discover the means of destroying the human race through atomic energy, millions of human beings are living in sub-human conditions. Let us think about that for a while and study the problem, if we really want to fulfil our organization's aim of contributing to the maintenance of world peace.

We sincerely believe that in face of this challenge we must work out a population policy based on humane principles, not coldly calculated by those who have the most and do not want to share their well-being with their fellow men. The problem, being both a biological and a human one, is very complex, for it comprises cultural, educational, psychological, religious and other aspects. For us, though—the people who are working for public health, and hence for the well-being of mankind—it is no very difficult matter to understand this problem, so we must adopt a clear and definite population policy and endeavour to put forward concrete proposals; and meanwhile our organization should concentrate its efforts on this task and give priority to extending our knowledge of the problem.
Forgive me, Mr President, if I have dwelt too long on this subject, but I do feel that we must not shirk the problem in the anxious times the world is going through.

In the first section of the introduction to his excellent Report, the Director-General says that “the most formidable obstacle to bringing communicable diseases under control... is that most of the countries concerned do not yet have an adequately functioning public health service”, which confirms what I have just said.

For years we have been stressing the need to plan the Organization’s programme, for the short term by presenting and implementing its budget in a functional manner, or by programmes, and for the long term through the assignment of priorities to the major health problems that afflict mankind—without of course putting the programme into a strait-jacket, but leaving latitude for the execution of programmes that are of greater interest to certain countries or to particular regions.

It is gratifying in this connexion to note that the Executive Board has studied this problem on the basis of resolution WHA17.21, which was submitted on the initiative of our delegation jointly with the delegation of the United States of America.

The judicious use of planning, which is a dynamic technique in the programme of our organization and as such should be applied in accordance with the circumstances, will enable us to attain this objective; perhaps during the technical discussions we shall have an opportunity to study the matter.

The Director-General rightly says in the introduction to his Report: “Health planning is indeed a serious administrative exercise calling for patience and ingenuity. It is also a highly rewarding one.” Let us then apply it in our programme without delay, as it will take some time to attain the final objective.

It is gratifying to note the progress made in the implementation of the malaria eradication programme, of whose final triumph we are confident, as well as the success achieved in the various programmes set out in the Report of the Director-General, whom I have pleasure in congratulating together with the staff who assist him so efficiently.

The President (translation from the Spanish): Thank you, Dr Quirós. I now give the floor to the delegate of Poland, Dr Titkow.

Dr Titkow (Poland) (translation from the French): Mr President, Mr Director-General, ladies and gentlemen, following the example of previous speakers, I should like in my turn on behalf of the delegation of the People’s Republic of Poland to congratulate you, Mr President, on your election.

Our delegation has studied with great interest the Report on the work of WHO in 1964 prepared by the Director-General and his staff, and I take this opportunity to offer them our sincere congratulations on this excellent piece of work.

The achievements to the credit of the World Health Organization in its fight for the health of the peoples of the world, particularly against communicable diseases, have constantly grown in number since its establishment in 1948. There are many recent successes in that field to be noted. The importance of this aspect of WHO’s work is greatest for the countries that have recently become independent and are only just beginning to organize their public health services. However, it should not be forgotten that improvement in health conditions can be achieved not only through long-term activities, but above all through improvement of the standard of living and the social and economic conditions of the peoples of those countries. We consider that, apart from the usual forms of aid already being given to the developing countries under our organization’s programme of activities, even greater emphasis than hitherto should be laid on developing bilateral contacts among Member States of WHO.

Like other States, Poland is applying a policy of co-operation with a large number of countries, and particularly with the countries of Africa, headed by Algeria, Tunisia, Ghana, and Guinea. One hundred and seventy-one students from the developing countries have come to Poland to study in our faculties of medicine under the scheme of fellowship awards that has been in operation for some years past. The forthcoming establishment of an international centre within the Mother and Child Institute at Warsaw will enable us to put at the disposal of a large number of countries the fruit of the undeniably interesting experience we have acquired in the field of health protection.

In the field of activities of the World Health Organization there exists a group of problems—I am referring to its work on scientific research, the stimulation and co-ordination of which, in my opinion, is an indispensable condition for the development of the Organization. The present situation in the fight for the health of the peoples of the world calls for intensive and well co-ordinated research to clear up the problems connected with those diseases that we are as yet unable to cure or prevent—I mean tumours, cardiovascular diseases, mental diseases, etc.

Accordingly we note with satisfaction the progress of work towards the establishment of the International Agency for Research on Cancer. We attach great importance to the future co-operation between this agency and the World Health Organization and are
confident that it will give the fruitful results so eagerly awaited by all mankind. Similarly, the establishment of the international social cardiology centre proposed by our delegation during the conference on prevention and control of cardiovascular diseases organized in Bucharest by the WHO Regional Office for Europe could represent a step forward.

We believe that in solving the problems connected with the intensification and co-ordination of scientific research the World Health Research Centre will have a big part to play. Its establishment, both from the organizational point of view and from that of scientific research, will make it possible to achieve decisive results in the fight for better health in the world. We are therefore in favour of the proposal to create the Centre and we are anxious to participate eventually in its work. We would, however, stress that thorough study of all the suggested means of financing, with every possible variant, should be undertaken before a final decision is taken, so that the establishment of the Centre does not entail the incorporation of its costs in the regular budget of the Organization.

There is no doubt that the effective performance of all the tasks facing our organization will be possible only in an atmosphere of world-wide peace. The situation prevailing at present in Viet-Nam and in the Caribbean area as a result of the armed intervention of the United States is certainly not contributing to the establishment of such a climate. Only in conditions of general peace will it be possible for the enormous resources hitherto set aside for armaments to be used for the improvement of the state of health of all the world’s peoples. And this would at the same time help to lighten the financial burdens that weigh so heavily on many Member States.

The constant increase in the budget of WHO entails a corresponding increase in the assessment of Member States, including Poland. We should therefore like to invite this honourable Assembly to consider the feasibility of certain modifications in the system of collection of contributions so as to enable part of these amounts to be paid in local currencies. We will go into this matter in more detail during the discussion of the relevant item of the agenda.

The President (translation from the Spanish): Thank you, Dr Titkow.

3. Award of a Prize for Research Work on Mental Subnormality

The President (translation from the Spanish): Ladies and gentlemen, yesterday we announced that today at this time we would turn to item 1.14 of the agenda. Accordingly, we shall now proceed to the award of the prize for research on mental subnormality. You have already received the report of the Léon Bernard Foundation Committee,¹ acting as a selection committee, on the choice of a scientist whose work has made, inter alia, an important contribution to deeper insight into the nature and causes of mental subnormality. The report of the Committee on its consideration of this matter is contained in document A18/2.¹

I call on Dr Turbott, Chairman of the Léon Bernard Foundation Committee, to be so kind as to present this report.

Dr Turbott, Chairman of the Léon Bernard Foundation Committee: Mr President, delegates all and guests, the President has invited your attention to the document pertaining to this item, which describes the origin and purpose of the prize and reports on the deliberations of the Committee, which I will now present to you.

In 1964, a gift of 2200 Dutch florins was made available to WHO to be used for the award of a prize for work in the field of research on mental disability. Upon accepting this gift, the Executive Board requested the Léon Bernard Foundation Committee to act as a selection committee in the choice of a scientist whose work has made an important contribution to a deeper insight into the nature and causes of mental subnormality.

On the instruction of the Executive Board the Director-General wrote to all Members and Associate Members asking them to submit nominations of candidates for the prize. Indication was given that the term “mental disability” was to be understood as “mental subnormality”. Seven candidatures were proposed. The Léon Bernard Foundation Committee met in January to review these, and after due deliberation decided unanimously to select Professor Lionel Sharples Penrose, for his lifetime dedication to research on mental subnormality, the breadth of coverage of his work in this field, its high scientific quality and its impact on the better understanding of the nature and causes of mental subnormality.

The President (translation from the Spanish): Thank you, Dr Turbott.

Has any of the delegates any comments or observations to make on the report?

If not, I propose that the Assembly should adopt the draft resolution contained in the report. May I ask Dr Dorolle, the Deputy Director-General, to be kind enough to read the draft resolution?

The Deputy Director-General (translation from the Spanish): Mr President, the draft resolution contained in document A18/2 reads as follows:

The Eighteenth World Health Assembly,

Recalling resolution EB34.R22 of the Executive Board;

Noting the report of the Selection Committee,

DECIDES to award the prize of 2200 Dutch florins, for work in the field of research on mental subnormality, to Professor L. S. Penrose.

That is the text submitted by you, Mr President, for the approval of the Assembly.

The President (translation from the Spanish): The draft resolution is submitted to the Assembly for consideration. Does any delegate wish to comment on it? The resolution is adopted.

I also have to announce that Professor Penrose, to his great regret, is unable to attend this plenary meeting. In his absence, I shall invite Sir George Godber, Chief Delegate of the United Kingdom of Great Britain and Northern Ireland, to be good enough to come up to the rostrum.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) went up to the rostrum.

The President (translation from the Spanish): Ladies and gentlemen, I feel extremely fortunate in having today the agreeable task of presenting the prize for research on mental subnormality. Professor Penrose, the prize-winner, is well known to people working in that speciality. Since he qualified in 1930, he has been associated with work undertaken by the Medical Research Council in London. His first studies were on the causative factors of mental deficiency, with detailed investigations of the clinical and genetic aspects. In 1949 he published a book on the biology of mental defects, which is now in its third edition and has aroused great interest internationally. Professor Penrose has also contributed to the development of mental tests applied to normal populations and to psychotic and defective patients. In 1945 he was appointed Galton Professor at University College, London, which has served as a focus of international education, and opened new avenues for the prevention of such conditions.

As far back as 1939, after demonstrating that the incidence of mongolism is not significantly related to the order of birth or to the age of the father, he formulated the hypothesis that it might be attributable to chromosomai translocation. In 1960 he succeeded in proving by the cytological analysis of a family the correctness of this interpretation. Professor Penrose has also described a number of clinical entities such as the Klinefelter mongol and a new syndrome with epilepsy.

Professor Penrose's overriding merit, however, is that, by his very personality, his perseverance and his continuing interest over thirty years in the problems of subnormality, he has clarified some of the essential biological causes underlying mental retardation and greatly contributed to focusing the attention of the medical profession on the need for action in favour of the mentally deficient, in the fields both of medicine and of education, and opened new avenues for the prevention of such conditions.

Ladies and gentlemen, it is now my great pleasure to hand the prize to the Chief Delegate of the United Kingdom of Great Britain and Northern Ireland, Sir George Godber, who will in turn hand it to Professor Penrose on an appropriate occasion.

Amid applause, Sir George Godber (United Kingdom of Great Britain and Northern Ireland) received from the President, on behalf of Professor Penrose, the prize for research work on mental subnormality.

Sir George Godber, the prize-winner, is well known to people working in that speciality. Since he qualified in 1930, he has been associated with work undertaken by the Medical Research Council in London. His first studies were on the causative factors of mental deficiency, with detailed investigations of the clinical and genetic aspects. In 1949 he published a book on the biology of mental defects, which is now in its third edition and has aroused great interest internationally. Professor Penrose has also contributed to the development of mental tests applied to normal populations and to psychotic and defective patients. In 1945 he was appointed Galton Professor at University College, London, which has served as a focus of international education, and opened new avenues for the prevention of such conditions.

This honour will be a great stimulus to Professor Penrose in the new work he is about to begin, and it is a source of pleasure and pride to his countrymen. Mr President and fellow delegates, I thank you all.

The President (translation from the Spanish): Thank you, Sir George.


The President (translation from the Spanish): Ladies and gentlemen, as we announced at the opening of the meeting, we are now going to close the list of
speakers for the general discussion. Before doing so
I shall ask Dr Dorolle to be kind enough to read out
the names of the delegations that have so far indicated
their wish to participate in the discussion.

The Deputy Director-General (translation from
the French): Mr President, the list of speakers at
present contains the names of the following thirty-
seven countries: Mauritania, Brazil, Ceylon, Pakistan,
Iraq, Panama, Guinea, Upper Volta, Mauritius,
Argentina, the United Arab Republic, Togo, the Union
of Soviet Socialist Republics, the Democratic Republic
of the Congo, Yugoslavia, Mongolia, Mexico, the
United States of America, China, the Ivory Coast,
Iran, India, Mali, Algeria, the United Kingdom of
Great Britain and Northern Ireland, El Salvador,
Belgium, Somalia, Cameroon, Libya, Trinidad and
Tobago, Turkey, Ghana, Albania, Cuba, Spain and
Chad. Those are the countries listed at the moment,
Mr President.

The President (translation from the Spanish):
Thank you, Dr Dorolle. Delegations wishing to add
their names to the list may do so now.

The Deputy Director-General (translation from
the French): Mr President, the following delegations
have just this moment asked for their names to be
added to the list: Dahomey, Liberia, Congo (Brazza-
ville), Bulgaria, Senegal, Romania.

The President (translation from the Spanish):
Ladies and gentlemen, if there are no further requests
to be included, we hereby close the list of delegations
wishing to take part in the general discussion. I
declare the list closed.

I now give the floor to the delegate of Albania.

Dr Ohri (Albania) (translation from the French):
Mr President, excuse my asking for the floor a second
time, but I am forced to.

You yourself, Mr President, and the Director-General
of WHO, Dr Candau, in addressing the Assembly
yesterday, stressed that the main task of our organiza-
tion is protecting the health of all the world's
peoples. The delegation of the People's Republic
of Albania in its speech only reaffirmed this eminently
humanitarian task of our organization.

It is often said that WHO is not a political organi-
ization, and I too would rather not dwell on political
questions, but how can we close our eyes to the
American aggression in Viet-Nam? How can we look
on supinely while the American imperialists kill
entire populations?

That is why the delegation of the People's Republic
of Albania brought up the question of American
intervention in Viet-Nam and expressed its con-
demnation of these criminal and inhuman acts. The
delegation of South Viet-Nam took issue with the
opinion of the delegation of the People's Republic
of Albania regarding the situation in Viet-Nam, but
everyone knows by now that for several years the
United States have been waging a barbaric war against
the heroic people of South Viet-Nam, which is
fighting for liberty, independence and self-determi-
ation. In face of the unflinching resistance of this
people, united in its National Front and determined
to die rather than submit, the foreign interventionists
and their puppets in Saigon are fast heading for
collapse, for total, inescapable defeat.

As everyone knows, the American imperialists
perpetrated an unprovoked aggression in the Gulf of
Tonkin, and since then their military aircraft and their
warships have continued to commit provocations
and outright acts of war against the Democratic
Republic of Viet-Nam. The false allegations that the
Democratic Republic of Viet-Nam is intervening in the
internal affairs of South Viet-Nam are utterly absurd.
It is common knowledge that the Democratic Republic
of Viet-Nam, an eminently peace-loving country, has
serenely respected the Geneva agreements on
Indo-China, and that it is in fact another Power which
has intervened in the civil war in Viet-Nam, sending
its armed forces and waging war against the South
Viet-Nam people. That is why the delegation...

The President (translation from the Spanish): The
delegate of Albania will please excuse me for inter-
rupting his speech at this point. It is my duty as Pre-
sident to point out to the honourable delegate that
he was given the floor to reply to a certain remark
that he considered called for an answer. I would
therefore request him not to make a further speech on
behalf of his delegation, but to deliver the reply his
delegation considers it necessary to put before the
Assembly.

Dr Ohri (Albania) (translation from the French):
Thanks very much, Mr President, I have almost
finished. Thank you.

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

The meeting rose at 12.40 p.m.

The President (translation from the Spanish): Ladies and gentlemen, the meeting is called to order. This afternoon we continue with agenda items 1.10 and 1.11.

There are now forty-three speakers on my list. Experience tells me that we shall need seven and a half hours of plenary meeting to finish the discussion. We must therefore try to organize ourselves as best we can. I therefore propose that this afternoon's meeting be prolonged to 6 p.m. instead of 5.30 p.m. For the same reasons, I would once again ask you to be brief so that we may finish these agenda items as quickly as possible.

The first speaker on my list is the delegate of Mauritania, Mr Diagana, to whom I give the floor.

Mr DIAGANA (Mauritania) (translation from the French): Mr President, honourable delegates, I should first like to congratulate you, Mr President, on your election to the presidency of our illustrious Assembly and express the hope that under your leadership the Eighteenth World Health Assembly will work in an atmosphere of mutual understanding.

On behalf of the Islamic Republic of Mauritania, I greet all the nations met together in this Eighteenth Assembly, united in the same faith in human well-being and in world health and peace.

By its geographical situation, Mauritania forms a link between North and West Africa. Its population consists mainly of Moors—both white and of mixed blood—who are mostly nomadic, and there is a large minority of sedentary negroes. These races live together in a complete harmony, which has been achieved over the centuries by a fervent attachment to Islam and an unshakeable faith in the future of the country.

The climatic conditions and the different ethnical groups give rise to a variety of public health problems. As a rule, the pathology of our country has not the multi-focal character of that in other West African States. In the north, the larger part of the country, tropical diseases are not very serious, but in the south, over a strip about 100 kilometres wide extending from Rosso to Nema, the problems with regard to malaria, leprosy, bilharziasis and dracontiasis, are the same as in other tropical areas.

My Government is particularly concerned about tuberculosis. A survey made by a WHO advisory team from January to April 1964, has shown that Mauritania, long considered free from this disease, has in fact a high tuberculosis rate. My Government has just signed an agreement with the Federal Republic of Germany regarding radiography surveys for tuberculosis case-finding. Tuberculosis will therefore be a heavy burden on our medical and social institutions for many years. We shall need help in providing effective treatment for tuberculous patients. We are considering launching a BCG vaccination campaign immediately.

Malaria is widespread in the areas along the Senegal river, and for the last two and a half years WHO experts have been carrying out a pre-eradication programme. We are expecting a great deal of this action by WHO which deserves our full confidence and our gratitude. Nevertheless, malaria will continue its ravages unless project "Mauritania 9" can now enter the active phase.

The problem of leprosy exists but causes us less anxiety since there are fewer than 2000 registered cases. Four mobile teams are engaged on case-finding, surveillance and treatment of patients throughout the country.

The bilharziasis rate is high, as several surveys have shown. The importance of this disease is well known. We feel that the time for prolonged surveys is over; our people would appreciate our programmes better if we were to provide preventive or curative measures.

In Mauritania, as elsewhere, people who are continually subjected to examinations and to various
vaccinations very quickly tire of these operations unless their usefulness is clearly made evident in spectacular and immediate results. What makes chemoprophylaxis in trypanosomiasis so successful is the quick drop in the number of new cases and the rapid and regular execution of the campaigns. The proliferation of our activities contributes to this feeling of lassitude on the part of the people. Our various campaigns should be co-ordinated and grouped, even—and particularly—if they concern several States simultaneously.

The establishment of a solid infrastructure in the field of maternal and child health is already giving good results. For the past three years, with the aid of UNICEF, we have been training medico-social nurses in Mauritania itself to run our many maternal and child health centres.

Our nursing staff, midwives and physicians still have to be trained in Senegal or in France, but from October 1965, when our national hospital at Nouakchott will have been built it will be possible to train nurses and midwives on the spot.

Many public health problems have yet to be solved in Mauritania. Planning is difficult because it has to cover two ways of life and two different pathological conditions. There is no lack of things to be done in our country and we are tackling our tasks with sustained enthusiasm. We are resolved ourselves, by our own means, through our own determination, tenacity and civic sense, to do as much as can be done. Nevertheless, we do not a priori reject the aid which certain States and certain organizations are ready to give us.

Before concluding, I wish to thank all the States, and all the organizations, which have helped us to set up a health infrastructure which can be developed to combat effectively the main endemic diseases and to enter on the first stage of training our own personnel. I wish in particular to pay a well-deserved tribute to the Director-General of WHO and to the Regional Director for the unflagging attention they have given to the whole of our health problems.

The desire for collaboration expressed by all the previous speakers convinces me that international solidarity and mutual aid will in the end overcome poverty, suffering and hunger in the world, and restore to man his full stature.

The President (translation from the Spanish): Thank you Mr Diagana. I now call upon the delegate of Brazil, Dr de Britto.

Dr de Britto (Brazil) (translation from the French): Mr President, fellow delegates, first I must congratulate our eminent President Dr Olguín on his election to the high office conferred upon him by this Assembly.

I wish also to congratulate the Director-General on the informative Report which he has presented to us in so masterly a manner.

In taking part in this Assembly, Brazil is fully conscious of the role the Assembly plays in protecting the health of the peoples of the world and of the warm sympathy and profound respect it enjoys. Twenty years ago, the World Health Organization was created on the proposal of my much regretted compatriot Geraldo Paula Souza and of the representative of China, Dr Sze.

The presence of the Brazilian Minister of Health at the Eighteenth World Health Assembly is no mere formality; I would say rather that it reflects the long-standing wish of my country to pay homage to an institution which has attributed to itself the aim of ensuring "the happiness, harmonious relations and security of all peoples" and which considers health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Brazil feels that it has a duty to reaffirm, through its representative, its sincere and disinterested intention—in complete conformity with the policy of its present Government—of collaborating actively with the Organization, convinced that its efforts will be appreciated and shared.

Within the limits of its resources, Brazil is preparing to put into operation a health plan based on the principle that the health of a nation is the surest guarantee of its economic development. It is in this spirit, and with this aim, that Brazil intends to act; that is why it will welcome enthusiastically and confidently the detailed and thorough studies being made of economic, social and health planning, which aims especially at the development, deployment and adaptation of manpower resources. This is certainly one of the most important aspects of the question and it is here that there arises in an acute form the shortage of technical personnel which confronts many countries—including the one I have the honour to represent. Before any public health work can be started, technical health personnel must be trained. I shall not take up your time with a detailed account of our achievements which testify to the Brazilian Government's determination to promote the health of its people by seeking to ensure their well-being and to develop their productivity.

By developing the activities already in progress and starting new campaigns, Brazil has tackled many problems, some of which are of considerable interest to this Assembly.

Essential sanitation work, and especially the provision of water supplies, is a subject of special concern—not only because of their importance for health and human comfort, but also because of their
use in irrigation and the production of electric power, i.e., for economic development which will provide the country with the conditions necessary to enable it to exploit its immense natural resources.

Regarding the health aspects, the Ministry I have the honour to direct has concluded agreements with other technical and administrative institutions in Brazil and abroad (particularly in the United States of America) with a view to providing water-supplies in 1965 and 1966 to 200 Brazilian towns, where this improvement will help decisively to wipe out various endemic diseases and reduce infant mortality. At the same time, we are continuing to extend water-supply services in the large towns.

Brazil is taking part—with its own resources only, as it were—in the smallpox eradication campaign which has made considerable progress in the country: nearly 17 million vaccinations have been recorded during the past two years and eradication is expected to be achieved by 1968.

By 1970 another objective should be attained, namely, malaria eradication, the Government of the United States of America having opened a credit of US $6 500 000 to enable the measures already adopted by the Brazilian Government to be reinforced. In Brazil malaria is present over wide areas, where working conditions are often very difficult, but I hope that my country will be able to announce a victory of even greater significance than the victory over Aedes aegypti, throughout Brazil, which covers an area equivalent to a whole continent.

Another endemic disease which is definitely on the way to eradication is yaws, the incidence of which has dropped to a very low level in the formerly highly endemic areas.

Brazil is also making a determined effort to control other endemic diseases such as tuberculosis, leprosy and schistosomiasis; and the recent reorganization of its attack programmes should lead to an intensification of the campaigns against each of these diseases.

It goes without saying that no health programme can be successful without simultaneous arrangements for training the necessary personnel. The National School of Public Health is designed to meet this need, and its activities will be much increased before the end of this year with the completion of a new building for 480 students specializing in various subjects. The establishment of the school in its new building will not solve the problem completely, but it will certainly be a considerable step in the right direction.

In a country like ours there is a very high consumption of drugs, both for preventive and therapeutic purposes, and the Government has fixed the prices of the indispensable drugs, while at the same time encouraging the development of the pharmaceutical and chemical industries. Moreover, a large proportion of the indispensable therapeutic and prophylactic substances are supplied by the official laboratories.

This rapid survey shows that Brazil, with its 80 million inhabitants, is sparing no effort to secure for its people—in the interests also of other nations facing the same health problems—the means to enable them to achieve the noble aim the country has set itself, that is, to ensure human well-being and health.

The developing countries have to face many problems, which, in present conditions they will be unable to solve until a way has been found to break out of the vicious circle, whereby the health of a people depends upon its economy, and the economy of a country depends on the health of its people. We must, therefore, break this sequence, let health prevail and thus ensure that economic standards are raised. To do this, to achieve the aims of the World Health Organization, we must proceed shoulder to shoulder and help each other, and this mutual help, far from belittling or humiliating us, will ennoble us all.

By expressing the feelings of the Brazilian people in this way before this Assembly, we hope, with the help of the many understanding and enlightened persons here present, that our goals will become those of the Organization.

We came here full of hope, and we shall return to Brazil with the comforting certainty that our ideal of perfection in matters of health will always have the strong support of the World Health Organization. In the name of Brazil, I thank you, and I greet you most cordially as the representative of a country where health and education are the foundation of an economic development which should place Brazil on a level with the most highly developed countries of the world.

The President (translation from the Spanish): Thank you, Dr de Britto. I call upon Dr Gunaratne, delegate of Ceylon.

Dr Gunaratne (Ceylon): Mr President, distinguished fellow delegates, ladies and gentlemen, on behalf of my Government and my delegation let me congratulate you on your election to the exalted and coveted office of President of this august Assembly. My delegation is convinced that you will bring to bear your vast experience in successfully conducting the proceedings of this important session of the Assembly.

We should also wish to extend our congratulations to the outgoing President and Vice-Presidents and our good wishes to the new Vice-Presidents and the Chairmen of the two main committees; and also to the new Member countries.
It is a matter for gratification to observe that the Organization is continuing from year to year to enlist the international co-operation deemed so necessary for the promotion of the health of the people.

We have with great interest read the annual review of the activities of the Organization presented in a very lucid and instructive manner by the Director-General. We wish, therefore, to place on record our tribute and grateful thanks to him and his staff for this excellent Report. This Report, no doubt, deals with a vast number of subjects of a global nature. I would, however, crave your indulgence and patience to present some information relevant to my country, and do hope that these references may be beneficial to my colleagues facing similar problems in their respective countries.

Malaria eradication: After a period of eighteen years of residual insecticide spraying for the effective control of malaria, the entire country, with a population of 11 million, came into the consolidation phase in April 1964, which entailed the intensification of case-detection mechanisms and other remedial measures for the prevention of transmission. Measures were also adopted against the importation of the disease from outside. This brings us to a very important aspect of the eradication programme, particularly when this organization is intent on embarking on global eradication of this age-old scourge. It is considered absolutely essential that where malaria is endemic an eradication programme should have pre-eradication activities planned and operated in all countries concurrently. It is only in this manner that quarantine measures in regard to malaria, to prevent the importation of active cases, can be reduced to a minimum until global eradication is finally achieved.

In my country, within a few months of the cessation of residual spraying it was observed that vector-breeding became widespread throughout the hyperendemic zone. In 1964, up to the end of September, there were 27 positive cases of which 13 infections were imported and 14 were local. Epidemiological investigations of these 14 cases revealed that 10 were indigenous infections, two resultant from blood transfusions; the nature of infection of the remaining two cases could not be established definitely. The situation became quite disturbing as the number of cases increased to 144 at the end of the year. A noteworthy feature of this focal outbreak was the marked reduction of Plasmodium vivax, which was the predominant species accounting for over 75 per cent. of positive cases detected in previous years. In this outbreak there were 71 cases of P. malariae and 60 cases of P. falciparum.

This experience in Ceylon reveals the difficulty of determining the exact point in an eradication programme at which complete withdrawal of residual spraying could be safely effected. It is unfortunate that owing to this outbreak the maintenance phase, which was scheduled to commence on 1 May 1966, has now to be delayed till transmission is completely interrupted and the foci of this recent outbreak eliminated.

Communicable diseases: In the field of communicable diseases, I agree with the Director-General's introductory remark in his Report that "the control of communicable diseases is still the most important health challenge facing mankind".

It is with a sense of gratification that I wish to state that my country has been free from the major communicable diseases like smallpox, cholera, plague. In view of the fact that these diseases are still prevalent in other parts of the world—and some in close proximity to us—we have been forced to adopt strict quarantine measures in accordance with international sanitary regulations.

We are indeed happy to note that the Director-General has taken necessary action to implement resolution WHA17.43, in respect of smallpox, whereby national governments could launch effective eradication programmes with a view to its global eradication. Recently in my own country, although smallpox is not endemic, we have taken necessary action to use freeze-dried vaccine, in consultation with the Regional Director for South-East Asia.

The epidemiological unit which has been established in the central administration is continuing to perform a very valuable function in regularly obtaining epidemiological data as promptly as is possible regarding various communicable diseases prevalent throughout the country. The "Epidemiological Bulletin", which is a quarterly publication, is distributed to all health administrators. This has helped in no small measure to keep track of important diseases of communicable nature, so that adequate measures could be taken to prevent possible outbreaks.

I wish now to refer briefly to some of the diseases referred to by the Director-General in his Report, under Chapter 2.

Tuberculosis: Although my Government has been alive to the danger of the spread of tuberculosis from the beginning of this century, and instituted measures for its prevention by the appointment of the first Tuberculosis Commission in 1910, and for compulsory notification in 1925, it was only after 1948 that tuberculosis was recognized as a major public health problem second only to malaria. In the planning and organization of an effective tuberculosis control programme, the much-needed international assistance received since then from countries such as Australia, Canada, and the United Kingdom is greatly appreciated. In our efforts to consolidate the national
tuberculosis programme, mention must be made of the
proposed pilot project sponsored by the World Health
Organization. The assistance given through UNICEF
has contributed in no small measure to the main-
tenance of the planned activities under the programme.

As a developing country, it is heartening to note the
observations made by the Expert Committee on Tuber-
culosis which reaffirm the efficacy of BCG as an
immunizing agent, and its recommendation of direct
vaccination without tuberculin testing. This allows
a large coverage of the population within a shorter
period of time.

My Government is particularly happy to note the
continuing interest taken by the Director-General in
arranging for international training courses and inter-
regional tuberculosis seminars, for these projects, we
are convinced, have been of great benefit in the
planning and organization of national programmes for
the effective control of this menacing condition.

We are also happy to report that the programme
launched to immunize newborn babies is making
satisfactory progress.

Filaria: At the beginning of this century we had
to contend with two types of filarial infection: (i) in-
festation due to Brugia malayi, and (ii) infection due
to Wuchereria bancrofti. I am happy to report that
the former has been eradicated, but the latter is
causing considerable concern. Bancroftian filaria has
been found to be prevalent in the south-western coastal
belt of the Island, involving a population of approxi-
mately two million.

We are thankful to the World Health Organization
for sponsoring a control project in my country. We
feel that more research in regard to the transmission of
this disease has to be carried out before an effective
control programme can be instituted. I would also wish
to thank the Regional Director for his assistance in
obtaining consultants to help my officers to develop
a suitable programme of control against this disease.

Diarrhoeal diseases: The incidence of diarrhoeal
diseases of a non-specific nature had created a number
of problems both from the point of view of public
health as well as the provision of medical care.

In view of the seriousness of the problem it was
possible with the co-operation of the Regional Direc-
tor, to obtain the services of a team of experts in 1962.
The project, which is known as the diarrhoeal diseases
project, is now functioning with a WHO bacteriologist
working in collaboration with officers of our depart-
ment. Already there are signs of success, in that
specific pathogens have been isolated from specimens
reported as non-specific.

Smallpox: While agreeing with the conclusions of
the Expert Committee on Smallpox that global eradi-
cation is feasible, I would like to reiterate that assistance
should be granted to all countries where national
programmes are being carried out in endemic regions.

Environmental health: Diseases due to defective
sanitation continue to affect adversely the health of the
people. Water-borne infections such as typhoid fever,
infective hepatitis, poliomyelitis, dysenteries, hel-
minthic infestations due to substandard conditions in
the environment and poor housing conditions con-
tribute in no small measure to the overcrowding in
medical institutions and cause avoidable problems
in the orderly development of a medical care pro-
gramme in accordance with rapidly advancing medical
knowledge. It is felt that whilst action is taken to
improve the socio-economic conditions of the people
it seems justifiable to intensify immunization pro-
grammes where such measures are available for these
diseases. My Government is fully alive to these
problems and proposes taking suitable action to
provide safe and adequate water supplies not only to
urban populations but also in regard to large com-
munities which are being settled under colonization
schemes. However, my delegation considers it neces-
sary that the World Health Organization should
assist my Government to accelerate the provision of
safe water supplies to the entire community, according
to a phased programme.

Public health services: As health planning is the
subject for the technical discussions at this session I
do not wish to speak at length on this subject.
However, suffice it to mention that the public health
services in my country have been planned and organi-
ized with a view to improving the general health of the
people since 1926, when the first health unit was
established as a pilot project and later extended to
cover the entire island from 1937. The results achieved
through this planned programme of activities are
reflected by the reduction in the mortality rates.

In respect of medical care my delegation would like
to emphasize the need for assistance to secure training
facilities for medical officers in hospital administration.
The numerous steps taken by the World Health
Organization to organize training courses and seminars
are greatly appreciated.

In regard to health education, the departmental
health education section has participated in a variety
of public health projects such as those for the pro-
motion of nutrition programmes, the prevention and
control of specific diseases such as malaria and fila-
riasis for over a decade. My delegation therefore feels
that the time is now opportune to review and evaluate
the progress made in the field of health education in
my country.

Maternal and child health services have been
operating successfully for nearly half a century. These
services have been planned and organized according
to a long-term policy since 1926. The success of this programme is seen in the reduction of maternal and infant mortality rates. I am happy to state that, in collaboration with the World Health Organization, my Government is preparing to review the present position with a view to planning and organizing a programme of activities in accordance with the new concepts of obstetrics and gynaecology.

In regard to health protection and promotion I am glad to report that my Government is taking adequate steps to establish planned programmes of activities in respect of most of the subjects referred to in the Director-General's Report. Cardiovascular diseases, cancer, mental health and dental care are being recognized as problems of particular importance, but in a developing country such as ours it is considered necessary to view public health problems in their proper perspective, so that priorities may be worked out according to the urgent claims of each category of disease, so that not only national resources but also international assistance is utilized judiciously and to the maximum advantage.

Medical research: It is encouraging to note that the Organization is continuing to support national research ventures, and my delegation feels that there is room for co-ordination of these national endeavours by the Organization.

In view of the fact that recently the medical care services have expanded rapidly both in the number of institutions as well as specialties, the Department of Health Services has delegated more responsibilities at district and peripheral levels. The most recent change in the development of medical care services took place when the services of government specialists to the private sector were channelled through a "secretariat" administered by the Central Government. It is, however, too premature to make any comments on this service at the present juncture, but its operation is being closely watched. I am indeed grateful to the Regional Director for the assistance given in organizing a three-month course in hospital administration which was conducted in Colombo.

I am glad to mention that considerable attention is being paid to the training of nursing personnel and other personnel required for auxiliary services. In regard to the training of nurses it is felt that the curriculum should be cast in such a manner as to give the new recruit a practical knowledge of an integrated service where not only the nursing care of patients but also the requirements necessary for the promotion of the health of the community is stressed, so that eventually the nursing personnel, too, will be geared to the success of an integrated preventive and medical service.

Finally, I would wish to refer to the chapter on Biology and Pharmacology. In a developing country like Ceylon, where nearly all the pharmaceutical preparations are imported and where the establishment of small industries is being encouraged, it has become a matter of urgent and vital importance to ensure that the quality of drugs and other preparations used in the treatment of disease complies with accepted international standards. For this purpose the primary need is the establishment of a national quality-control laboratory for pharmaceuticals. This problem is considered so very important and urgent that we would urge the assistance of the World Health Organization to establish such a laboratory.

In conclusion, my delegation wishes to convey the deep appreciation of my country to the World Health Organization for the generous assistance given, and to the Regional Office in particular for the consistent co-operation extended.

The President (translation from the Spanish): Thank you, Dr Gunaratne. I give the floor to the delegate of Pakistan, Dr Haque.

Dr Haque (Pakistan): Mr President, fellow delegates, on behalf of my delegation and myself, I wish to express the most cordial congratulations to you, Mr President, on your election to this high office of President of the Eighteenth World Health Assembly. Your election to this august office is a tribute not only to your personal abilities but also to your country, which has always taken a leading part in the affairs of this organization. My delegation looks forward to a very productive session under your guidance, and hopes that the Assembly will carry out successfully the difficult and onerous tasks that lie before it. Allow me also to offer my felicitations to other colleagues who have been elected as the Vice-Presidents and as the Chairmen, Vice-Chairmen and members of the various committees. Permit me, Mr President, once again to express the gratitude of my Government for the honour and the distinction which the Seventeenth Health Assembly bestowed on my country by electing Colonel Afridi as its President. My delegation is much pleased to note that Colonel Afridi, during his term of office, has discharged with great efficiency and thoroughness the exacting task of the office which was entrusted to him.

The Director-General's Report on the work of WHO during 1964 admirably describes, in factual rather than ideological terms, the bold and decisive action which the Organization has undertaken during the past year in solving the various health problems that confront the Member nations. The Report fully reflects the sentiment that the statistics of smallpox vaccinations performed or the number of doses of antituberculosis drugs distributed are not in themselves
indicative of any measure of success achieved, but are in fact only a pointer to the task that still lies ahead of the Organization. Indeed such statistics are only symbols that represent our failures in achieving the targets. My delegation congratulates the Director-General for his appreciation and analysis of these statistics in their true perspective. We believe it is the manner of the vision that decides the shape of things to come, and in the ultimate analysis it is the sharpness of the vision which lays the foundation of success.

The Director-General in his Report has, among other points, laid special emphasis on the efforts being made by the Organization in the field of national health planning and medical research. Without repeating the views that I expressed during the Seventeenth Health Assembly on the subject of health planning, I would like to suggest that in future training programmes emphasis be laid on the relationship between economic growth and the betterment of society as a whole, and that this question, which involves complex issues, be subjected to detailed study. It is, we believe, the moral obligation of the international, bilateral, and multilateral agencies involved in the development effort of the emerging nations to ensure that economic growth and increases in production as expressed in statistical terms are in fact directed towards a commensurate improvement in the well-being of the masses of the people, as judged by their health and social standards.

We in Pakistan are vitally interested in finding ways and means of promoting research in the medical field. We believe that the proposed World Health Research Centre would afford to research workers from nations placed in a similar situation to our own an opportunity to place their problems before eminent research workers of international repute and thus initiate a chain reaction that would bring these nations a step closer to their objectives. However, to accelerate this process and to investigate specific problems it may be necessary for the Organization to establish research units in various countries. Through these units the Organization could play an active part and develop associations with the research activities of these countries.

I propose to describe in some detail one important development which has taken place in my country during the last year and which is likely to prove of great benefit eventually to the health services of the country. As the malaria eradication campaign progressed in the country and as districts passed into the consolidation phase, it became necessary to take steps to integrate the programme with the general health services to ensure an efficient infrastructure for the maintenance phase. It soon became clear that if the resources of a number of projects, both national and international, that were in operation through various bilateral, multilateral and international agencies, were pooled, effective procedures for continuous surveillance of malaria and overall health cover could be evolved. To study the problems and implications of this process of integration two pilot projects, one in the Dinajpur district of East Pakistan and the other in the Sheikhupura district in West Pakistan, have been established. In the Sheikhupura district a council under the chairmanship of the director of health services of the region has been set up. The council is being assisted by five sub-committees charged with the responsibility of evolving a practical approach to the integration of all health services. This would include the job description of all categories of health staff and, where necessary, supplementary training of the different categories of the health workers to prepare them for their new, extended responsibilities. During this process we found that, by the very nature of his responsibilities, the WHO representative was in a very favourable situation to advise the Government on integration not only of WHO-assisted projects but also of other projects being sponsored by various agencies. The working relationships that the WHO representative had established with various agencies were of immense value to the Government.

While on the subject of this co-ordination, I would like to place on record that the establishment of the post of the WHO representative has been found by us to be very useful and it has paid dividends by evolving an effective system of liaison between the national Government and the Organization. As WHO is by its Constitution the Organization responsible for assistance in the field of health, the role of the WHO representative is of definite importance in establishing an effective co-ordination not only between the Organization and the Government but also with the other United Nations and bilateral agencies assisting in health programmes. It is obvious, to my mind, that this task can be fulfilled only by a person who is technically competent and well conversant with the public health problems.

Before concluding I feel it is my pleasant duty to pay a tribute to the dynamic personality of our Regional Director, Dr Taba. He has, through his untiring zeal and sympathetic understanding of the complex problems, assisted the countries of the Region in the early realization of their cherished objectives. My delegation acknowledges his services with grateful appreciation.

We in Pakistan have great faith in the United Nations and its various specialized agencies, as we believe that the impressive progress that is being made by the emerging nations owes a great deal to these agencies. WHO has over the past decade most convincingly
demonstrated that this organization's concept of international co-operation and goodwill is the most valuable asset that the present generation could leave for posterity. Let us make the Organization stronger and work together so that it may prosper for the benefit of all mankind.

In conclusion, I hope that during the deliberation in this session of the Assembly the same spirit of cooperation will prevail that has always been the distinctive aspect of the proceedings of this Assembly.

The President (translation from the Spanish): Thank you, Dr Haque. Dr Al-Wahbi, delegate of Iraq, will address the Assembly.

Dr Al-Wahbi (Iraq): Mr President, fellow delegates, on behalf of the delegation of the Republic of Iraq, I have the pleasure to extend to you, sir, and the three Vice-Presidents and the Chairmen of the main committees, our sincere and hearty congratulations on the occasion of your election to your high offices. To our past President, Dr Monawar Afridi, we express our admiration and thanks for the job so well done. In welcoming the new Members to our organization—namely, Malawi, Malta and Zambia—I simply will reiterate the Iraqi delegation's statement to the Fourteenth World Health Assembly in New Delhi, in 1961, and I quote: "My delegation believes, however, that the concept of universality is the cornerstone of the World Health Organization. We anxiously look forward to the end of colonialism on earth once and for all, when all peoples everywhere will take their rightful places as Members of WHO. Then, and only then, can we achieve our lofty objective—the attainment by all peoples of the highest possible level of health”. May I express our gratitude to the Chairman of the Executive Board, Dr Turbott, and to our Director-General, Dr Candau, for their clear and lucid statements introducing their excellent reports to this distinguished Assembly.

Mr President, right from the birth of our organization and during the seventeen years of its existence, year in and year out, the Assembly and all concerned in this organization have devoted a great deal of time, effort and energy to one very important item—the budget. Two years of study in depth, concerted efforts and co-operation of States Members, regional committees and the Director-General and his expert staff produce and recommend the effective working budget. This is then studied, discussed and scrutinized by the Standing Committee on Administration and Finance and referred to the Board. The Director-General has recommended a budget of US $42 380 000; the Executive Board, on the other hand, has recommended an effective working budget of US $42 442 000, that is by resolution of the thirty-fifth session of the Board—resolution EB35.R26. This state of affairs merits very careful consideration by this House. If my memory serves me well this situation is the first of its kind in the history of the Organization. To raise the budget ceiling is a very serious matter. It has to have its full justification and should be attempted only when there is utmost necessity and urgency, which to my mind does not exist in this case. Fellow delegates, it is not the amount of the increase but the principles and the long tradition that I am concerned with: this, I am afraid, will constitute a very dangerous precedent.

For the last ten years a simple request by the overwhelming majority of the Members of the Eastern Mediterranean Region has been deferred year after year. The Board's resolution EB35.R14 notes the resolution adopted by the two Sub-Committees of the Regional Committee for the Eastern Mediterranean and requests the Director-General to keep the matter under review. Mr President, we are disappointed, and feel that it is high time to solve the problem of the use of the Arabic language in the Regional Office, in the interest of the Region and the Organization itself.

Our Director-General has accustomed us to his being frank, comprehensive, and to the point in his Report. This time again, right at the outset in the first page of his introduction, he has confronted us with the naked fact of the world health situation as it stands here and now, emphasizing the priorities that we have to consider. From time immemorial the control of communicable diseases has been the main health problem of the people and community. More than a century ago our wise predecessors, convinced that the control of epidemics and communicable diseases can only succeed by international co-operation and co-ordination, held the International Sanitary Conference in Paris in 1851, and there the concept of international public health had its origin. Now, after all these long and fruitful years, with all the remarkable achievement and progress in medical and sanitary science, we find ourselves confronted with these problems, far from being solved. I am glad the Director-General has reminded us of, and singled out, that bitter fact, giving it the highest priority. This, no doubt, should prompt us to concentrate our efforts and endeavours on stamping out these scourges of the past.

Malaria, tuberculosis, venereal diseases, bilharziasis, the parasitic diseases, smallpox, cholera, plague, infantile diarrhoea and trachoma are only few examples. Civilization, the dynamic progress in all aspects of life, has brought with it new health problems: chronic degenerative diseases, cancer, cardiovascular diseases, diseases of industrialization, and the problems

of the population explosion. All these and others merit our utmost attention.

In order to be able to tackle all these problems with success we have to equip ourselves with the necessary tools and methods of implementation. The role of the Organization in every step in this respect is of paramount importance. The global co-ordination of health work and the assistance to Member States in the execution of these projects are most urgently needed.

Health planning, the subject of our technical discussions this year, is a sound basis for progress. We endorse the statement that it is indeed a serious administrative exercise calling for patience and ingenuity. It is also a highly rewarding one.

It is gratifying to note that education and training, health education of the public, and sanitation have been given a prominent place in the Report. They are no doubt the fundamental pillars of our work.

Medical education and the training of paramedical personnel continue to receive my Government's high attention. The two medical colleges in Baghdad and Mosul admit 400 students every year at present. A third medical college, in Basra, will be established soon. In all these colleges there is at present a substantial number of students from the neighbouring countries. We will be glad to receive more. It is noteworthy that education in the Republic of Iraq is free at all levels—primary, secondary and university.

In our five-year plan more than 26 million pounds sterling have been earmarked for health, in addition to the regular budget. Rural health occupies the top of the list. One hundred and seventy-one primary health centres and 684 secondary health centres with as many mobile clinics are planned. A cancer institute, which will cost over a million and a half pounds sterling, is already under construction and will be completed in the later part of this year. This institute will comprise a 150-bed hospital, modern equipment such as a cobalt 60-unit linear accelerator, deep, superficial and medium therapy units, radioisotopes and a cancer research laboratory; and as medical care in Iraq is free, the benefit of these services will be available to patients from the neighbouring countries within reasonable limits.

Mr President, reading through the Director-General's Report, Official Records No. 139, one cannot but feel pleased with the enormous work that has been accomplished and the splendid way in which it was done. Nevertheless, we also feel the tremendous task that lies ahead of us and the meagre resources at our disposal to cope with it. That is why I have the feeling that we have to be very cautious not to spread our butter thinly, and to do our best to concentrate our efforts according to priorities. Field projects should be at the top of the list. My delegation has always supported higher budget levels in the Assembly, on the assumption and understanding that the larger portion of funds would be used for field activities. But a glance at Annex 9 of the Report reveals that, while the number of posts increased in headquarters and regional offices, it has decreased in the field, in the countries—a dilemma that I could not understand.

Many delegations, including mine, have repeatedly commented on the principle of equitable geographical distribution of the staff in accordance with Article 35 of the Constitution. Again, looking at Annex 10 of the Report, we notice that no substantial change has taken place in the composition of the staff of the World Health Organization from the point of view of nationality for the last few years. Two-thirds of the total membership of the staff come from twenty nationalities; 15 per cent. of them come from one single country. We believe that at this stage many of the developing countries can and should share in the responsibilities and active services of the Organization, thus fulfilling their duties and obligations towards their organization and assisting the Director-General in his task.

In concluding my brief remarks and comments, I would like to thank the Director-General and his staff, and the Regional Director for the Eastern Mediterranean and his staff for the unfailing assistance and cordial co-operation they have displayed at all times to my country, and the fruitful work and services they have rendered to the health of the world.

The President (translation from the Spanish): Thank you, Dr Al-Wahbi. I call upon Mr Moreno, delegate of Panama.

Mr Moreno (Panama) (translation from the Spanish): Mr President, Mr Director-General, ladies and gentlemen, the delegation of the Republic of Panama, which comprises not only the Minister of Labour, Social Welfare and Public Health who addresses you, but also the Deputy-Director of the Public Health Department, Dr Everardo González Gálvez, has a twofold reason for associating itself most warmly with those delegates who have offered you their congratulations, Mr President, on the occasion of your election—together with the Vice-Presidents and the committee Chairmen. On the one hand, your outstanding competence makes you particularly fitted to occupy the presidential chair on behalf of the Region of the Americas and, on the other, it was the modest delegation of my country which had the honour to propose your election to the high office of President, for which from every point of view you are so eminently fitted—a proposal which was supported by the majority vote of this Assembly.
I would take this occasion to offer my own and my country’s most sincere congratulations to the Director-General of the World Health Organization on the very complete and important Report he presented to us yesterday—a report which demonstrates clearly the vastness of the arduous and difficult task which the Organization performed in 1964 so that the inhabitants of the whole world may attain an ever higher level of physical, mental and social well-being. This remarkable Report also mentions in the appropriate places the work my country has accomplished for the improvement of the health of its people and I would like to seize this occasion to emphasize the chief aspects of the progress made in Panama during the past year. May I first of all express to the Assembly my Government’s gratitude for the effective aid which the World Health Organization has given to Panamanian health programmes through the Pan American Health Organization, so ably directed by Dr Horwitz.

Our chief efforts have been concentrated on health planning. Panama has drawn up a national health plan which, while not entirely based on the new methods of health planning as they are today applied in the countries of Latin America, has nonetheless been approved by a number of international bodies which have praised it. The plan, prepared in 1963 by the collective work of Panamanian health officials, has been gradually developed with a view to meeting the general objectives stated in it. Panama being a developing country, the plan clearly had to take account of the contrast between the immense needs to be met and the limited resources available for the purpose. The first thing was, therefore, to increase the means allocated to health activities in so far as the possibilities of the country’s economic and social development permitted; then to establish priorities, and finally to select the most suitable methods for making the best use of the available resources. At the local level, health policy has also included the integration of preventive and curative health services.

The national public health programme, which is part of the country’s economic and social development plan, has been developed thanks to investment in a network of health establishments at strategic places in the Republic.

In accordance with the priorities fixed, we are successfully operating health services for mothers, children and infants—population groups particularly affected by diarrhoea and enteritis, respiratory diseases, and lesions due to pregnancy, childbirth and their sequelae. This has led to the development throughout the country of a new type of health establishment—the “health centre”; these centres comprise maternal and child health and paediatric services and they have helped to reduce infant mortality from 61 per 1000 in 1960 to 56 per 1000 in 1964.

Great importance is attached also to the vertical type of programme. Instead of waiting, as hitherto, for the patients to come to the health establishments for treatment, health teams now go into the field to do preventive work and case-finding in the early stages of disease. The effects are already being felt of the mass vaccination campaigns, particularly the combined vaccination against diphtheria, pertussis and tetanus, and the nationwide poliomyelitis vaccination campaign which was designed to cover the greatest possible proportion of the exposed population. In 1964, only four cases of poliomyelitis were registered, whereas the yearly average of diagnosed cases previously ranged from thirty to forty. Ninety-five per cent. of the medically-diagnosed cases of tuberculosis are under the control of the health services. In the malaria eradication programme certain administrative difficulties arose last year, but they are now being smoothed out and the attack phase is being completed throughout the country.

Clearly, no plan or programme, however excellent, can achieve the desired result unless it is based upon a solid administrative infrastructure which will guarantee its smooth operation. Hence the far-reaching administrative reorganization in the Ministry of Labour, Social Welfare and Public Health during the past few months which is designed to ensure the efficient operation of health programmes.

Considerable progress has also been made in environmental health and in fact the sanitation programme is at the present time one of the most effective. In 1964 there were so many borings for water in rural areas that not a day passed without the sinking of a new well in Panama; and safe water is now being supplied to outlying communities previously without this precious element. Small, scattered settlements are being drawn from their isolation by programmes for penetration into the previously unknown areas.

With regard to the training of personnel, immense efforts have been made in recent years with a view to providing adequate training to a sufficient number of medical and paramedical personnel to staff the health services. Panama, with a population of 1 200 000, had in 1964 about 550 physicians, 800 nurses, 1400 auxiliary nurses and 150 sanitary inspectors. In the last year, the number of first-year students in the faculty of medicine has doubled (from 30 to 60) and the school of nursing issues an average of fifty nursing diplomas every year. I would add that these figures do not take into account our nationals who are training abroad. We have, in all, eighteen physicians who hold the “Master of Public Health” diploma awarded by universities of standing both in the United States of
America and in other parts of the Americas. Three of these, who have studied planning in Santiago, Chile, form the nucleus of a working group in the Ministry. We always take full advantage of the fellowships provided by international organizations and by governments for foreign study abroad.

I cannot allow myself to pass over in silence the increasing participation of the community in health programmes. The public, properly organized and briefed on what it should do to help solve its health problems, makes a valuable voluntary contribution to the implementation of health programmes.

I should like also to stress the close day-to-day co-ordination with other organizations working in fields related to health. The aim is to strengthen and co-ordinate activities so as to constitute a health sector which will comprise elements from the Ministry of Health, from the social insurance organizations, the water supply institute, the housing services etc. The time can already be foreseen when all these elements will work together to improve the social well-being of the people of Panama.

This brief outline of the present health situation in Panama shows clearly that the prospects of improving the level of health, and consequently the general standards of living and development, augur well for the general welfare of our country, provided that we continue, and even intensify, our efforts along the present lines.

To these activities inside my country must be added the efforts made by groups of geographically and culturally related countries for the solution of their common health problems. Such links already unite, for example, the countries of the isthmus of Central America and Panama. Before the opening of this Assembly, the Central American countries met in Washington to discuss a common strategy to be adopted in their respective national countries for the fight against malaria. And in less than two months Panama will have the honour of welcoming a further meeting of Central American ministers of health and technical personnel who will study the general health conditions in each of their countries, as well as certain special programmes relating in particular to nutrition and malaria, for example.

The level of health attained in the little chain of countries which form Central America and Panama cannot fail to have repercussions throughout the Americas and, consequently, throughout the world. And when, year by year, we meet here at future World Health Assemblies to draw up the balance sheet of the work accomplished—as our distinguished Director-General has done in his Report—our joint evaluation will show that we are progressing each day, little by little, towards the greater well-being of the whole world.

The President (translation from the Spanish): Thank you. I call upon the delegate of Guinea, Dr Keita.

Dr Keita (Guinea) (translation from the French): Mr President, honourable delegates, first I should like to bow to tradition and add my congratulations—a modest tribute—to those expressed by the many delegates who have paid well-deserved compliments to Dr Olguin on his brilliant election to the presidency of this illustrious Assembly. So many laudatory remarks have been made that I would not wish to offend his modesty any further. With his experience of the Organization, of its functioning and procedures, we are certain that he will see that the Eighteenth World Health Assembly is conducted competently and that it will produce decisions and resolutions of high quality which will enhance the Organization's efficacy. I have great pleasure also in congratulating the three Vice-Presidents and the Chairmen of the two main committees of our Assembly.

In thanking Dr Candau, our Director-General, for his informative Report on the work of WHO, I wish also to pay tribute to his whole team for their unflagging work to provide us at these meetings every year with perfect services and every attention.

My sincere thanks go, too, to the former personal representative of the Director-General, Dr Lucien Bernard, for the effective work done in our Region; and I associate our new Regional Director, Dr Quenum, with these congratulations.

Coming now to the various reports—those of the Executive Board, and the Annual Report on the Organization's work—I should like to make a few comments arising from a careful examination of the problems they deal with; but I shall confine myself to a few essential points of particular interest from the point of view of my country and also of the efficacy of our organization.

My reading of the Director-General's Report leads me to focus attention on the passages relating to malaria, smallpox and onchocerciasis.

The world programme for the eradication of malaria is apparently making great progress. The report on the development of the programme \(^1\) mentions that the number of people living in areas where eradication has been achieved has increased by 102 million as compared with last year. But these must be areas where eradication programmes have been in operation for many years, since the report states subsequently: "However, the rate at which new areas are entering

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\(^1\) See Off. Rec. Wld Hlth Org. 143, Annex II.
the attack phase is now obviously slower than the rate of progress from attack to consolidation. But later on it becomes clear that there are areas, particularly in Africa, without any eradication programme at all.

The population of these areas reaches some 393 million. Some effort has been made to include some countries in the pre-eradication programmes (eight countries of the African Region in 1964), but the particular situation with regard to endemic malaria eradication on the African continent should be taken into account and measures adopted to ensure more energetic action there than anywhere else. The criteria adopted should be reconsidered with a view to giving preferential treatment to countries in the Region; the methods of work should also be reviewed with a view to speeding up the various phases of the programme without sacrificing efficiency. In fact if we consider the status of malaria eradication in the Regions under the three accepted categories—namely (1) areas where eradication is no longer a problem; (2) areas where some difficulty is being experienced; (3) areas where there is practically no eradication programme—we find that it is only in the African Region that all the countries are in the third category; that means that our organization must intensify its efforts so that Africa may pass quickly to the second category. I would emphasize that the report states: "In Africa a special situation exists which must be met by appropriate means and which now calls for energetic action and much co-operative effort." What I would ask is that in addition to the indications given in this important report, States and their technical personnel should search for concrete solutions to ensure the effective eradication of malaria. To this end, an inventory should be made of the possibilities in order to assess the means at our disposal; then, these means should be rationally distributed according to new demands and priorities based on the urgency of the problems to be dealt with. There are certainly some posts which, if not useless, are at least not indispensable; they might be suppressed or changed to increase other possibilities. Without entering into details, I offer these suggestions for the consideration of the delegates and technicians of all countries.

Although it began in 1959, the smallpox eradication programme does not yet appear to have achieved any outstanding success, particularly in the African Region where the governments of the new States have agreed to make immense efforts. Although the incidence of smallpox appears to have been low in 1964, the report on smallpox eradication seems to invite caution since it is stated: "These figures must, however, be interpreted cautiously since, in many countries, the reporting of cases and deaths is far from complete. The decrease in incidence may reflect the successful application of control measures but may also correspond in part with cyclical declines in incidence in endemic areas." For years the Republic of Guinea has been importing freeze-dried vaccine and has vaccinated its population in annual campaigns organized on the basis of the official duration of immunity. In spite of this effort, there were 300 cases in 1964. The inquiry into the reason for this situation showed that all the new cases came from areas bordering on Portuguese Guinea. Curiously enough, however, Table 3 in the same report mentions very few, if any, reported cases for that territory, where a WHO survey should be made to check the validity of the epidemiological reporting. We are naturally anxious, as neighbours of this territory where there is presumably no national smallpox eradication programme. Further on in the report, it is stated in the section headed "Conclusions": "The smallpox eradication programme will not achieve its objective in the foreseeable future unless it is given a very much greater measure of support than it has received in the past from the governments of the endemic countries, from the smallpox-free countries, and from the international agencies."

I note particularly point 4 of the steps considered necessary to assure the success of the programme: "The development of freeze-dried vaccine production in the endemic countries must be accelerated with immediate regard to the needs for Africa."

I would take this opportunity to recall that in its smallpox eradication programme in the African Region, WHO provided for two centres for freeze-dried vaccine production, one at the Pasteur Institute at Kindia, in Guinea, the other at Yaba in Nigeria. In 1963, a fellowship was awarded to a Guinean to enable him to spend some time at the Lister Institute in London to familiarize himself with the preparation of the vaccine. A modern building is now waiting for the arrival of the material so that work can start—and since September 1964 we have been waiting for the report of the consultant who visited Kindia. With such delays and slow procedures it is impossible to strike the note of efficiency that is necessary in a campaign. This might perhaps be the moment to

restate our anxiety about the clumsiness of the WHO machine.

We should appreciate an assurance from the technical offices or from the Secretariat to the effect that something will be done to accelerate this programme. I would remind delegates that this centre at Kindia, once operating, will be able to manufacture more than 20 million doses of freeze-dried vaccine and thus meet the needs of the countries of West Africa.

With regard to the overall success of the programme it is essential to supplement national efforts by providing the necessary transport and refrigeration material.

Onchocerciasis, in many countries of the African Region, is now the subject of a number of studies dealing mainly with the biology of the vector. The aim of these studies, once they have determined the habits of the vector species, is to interrupt transmission of the disease and thus to prevent the contamination of man. While applied research is giving promising results, the economic development of the young countries is creating conditions that favour the rapid multiplication of Simulium. Here we have a vicious circle. The newly independent countries in the present state of knowledge and with the present means, are obliged, if they are to eradicate onchocerciasis, to forego certain types of economic development—for example, no dams for electricity production, and no rural hydraulic works of certain types. We are therefore faced with very disturbing alternatives and discouraging difficulties. What will happen if Simulium is not controlled and exterminated? Inevitably the riverside villages will be evacuated and the fertile valleys will be deserted and, in the end, agricultural production will collapse.

With the aid of the Federal Republic of Germany, to whose Government we here express our thanks, we are undertaking important studies in Guinea the results of which, we are certain, will contribute substantially to general research on the eradication of this disease. For Guinea—a highly irrigated and therefore essentially agricultural country—onchocerciasis and malaria are the principal endemic diseases which cause us the most concern.

Our Government has decided to redouble its efforts for the rapid eradication of this endemic disease. However, we would wish WHO to envisage immediately the preparation of regional programmes covering certain countries. It would also be useful to study in collaboration with the technical staff of the Ministries of Economic Development, Public Works and Rural Economy, the construction of new types of barrage which would not favour the persistence of the endemic disease—unless other solutions can be found without creating zones with ideal conditions for the breeding of Simulium. It is known, of course, that barrages create rapids and waves of turbulence, which provide an excellent habitat for Simulium larvae.

Without going into certain details which you will find in the report of the entomologists and consultants, I would draw the Assembly's attention to the urgent need for action and for the preparation of regional campaigns with the assistance of UNICEF.

Perusal of the minutes of the Executive Board has led me to the conclusion that subtle and dilatory manoeuvres have been used in order to leave unexecuted a request from the Assembly for precise action. What in fact did the Assembly request in operative paragraph 2 of resolution WHA17.50? It definitely requested the Executive Board and the Director-General to submit to the Eighteenth World Health Assembly formal proposals with a view to the suspension or exclusion from the Organization of any Member violating its principles and whose official policy is based on racial discrimination.

On reading the minutes of the sixth meeting of the thirty-fourth session of the Executive Board one is disturbed by the evident wish to distort the spirit and sense of a vote, and by the possibilities of so doing—or rather, by the obstructive tactics adopted in an obvious determination to oppose the decision of a sovereign body.

I am raising this point not so much for the substance, which will I am sure be better dealt with elsewhere, but because of the form which has been badly handled. I do not think that any jurist here could deny, in view of the present wording of the Constitution, that the Assembly takes precedence over the Executive Board. The matter was certainly not approached with the dignity and finesse that might have been expected in the debates.

How was it that it was concluded that the Board was unable to arrive at a decision? Examination of the situation shows that, having been invited to submit to the Assembly formal proposals concerning suspension or exclusion, the Executive Board, instead of seeking to formulate such proposals, confined itself first of all to ignoring the reasons for the Assembly's vote and therefore the expediency of resolution WHA17.50, which was adopted in Committee and voted in plenary session after thirty hours' discussion. Finally, the Executive Board managed, purely and simply, to call in question this important resolution of the Assembly. In the, sometimes pungent, debates one notices some curious quibbling by people who are nevertheless perfectly familiar with the text of the relevant basic documents but who on this occasion wished to make play with them—even if that meant...
flouting the authority of the Assembly. After the resolution had been adopted by the Seventeenth World Health Assembly, when the voices in this great conference hall were silent and the curtain lowered, another of the Organization’s bodies, the Executive Board, which normally receives instructions from the Assembly, took a step which it is difficult to qualify and called in question the decisions of the supreme body. Dr Evang even went so far as to define the functions of the Executive Board by citing paragraph (e) of Article 28 of the Constitution while deliberately ignoring paragraphs (a) (b) and (c) which make clear the Board’s subordination to the Assembly. Dr Evang, while recognizing that the Board was not competent to re-open the discussion, did in fact re-open it and submitted to the Board another proposal which entirely nullified the substance of the resolution voted by the Assembly.

My present anxiety is due to the creation of an undesirable precedent whereby resolutions and decisions adopted by the Member States of our organization in the Assembly are called in question by another body.

Immediate action is therefore necessary to define more clearly—if Article 28 is not sufficiently specific or even Article 29 (which mentions the delegation of the Assembly’s powers to the Executive Board)—the exact hierarchical relation of these two bodies.

However, before leaving this subject I should like to quote the statement—or if you prefer—the opinion, of the Legal Adviser on this subject: 1

In his (Mr Gutteridge’s) opinion, the functions in sub-paragraphs (a), (b) and (c) of Article 28 and those in sub-paragraph (e) were alternative possibilities open to the Board. The Board undoubtedly had to give effect to the decisions and policies of the Health Assembly, and it had to perform other functions entrusted to it by the Health Assembly. If, however, the Board felt that there were compelling reasons for it to recommend to the Health Assembly some course of action—which was what Dr Evang had proposed—he would think that the Board was entirely free to do so: to submit advice or proposals to the Health Assembly on its own initiative. It should be stressed, however, that in doing so the Board would be taking the position that the course of action which the Health Assembly wished it to carry out was not a suitable one and the Board would therefore have to take full responsibility for its action and bear the consequences.

There is the conclusion of the Legal Adviser. It is now for the Assembly to form its opinion.

During the Seventeenth World Health Assembly it was my duty to stigmatize the detestable policy of Portugal. At the fourteenth session of the Regional Committee for Africa I formally warned the delegates of the reactionary Government of Salazar that their presence in the meetings of the Regional Committee would not be tolerated in the future unless there was a radical change in the policy of the Lisbon Government in regard to the Portuguese territories in Africa.

We are met together here to promote the health of our peoples by creating the most favourable conditions for that purpose. If you happen to visit those territories, even the capital cities, you will find the worst health conditions in Africa. If the school attendance rate hardly reaches one per cent, the health situation is not merely deplorable but positively dangerous for neighbouring countries and for the world as a whole. I said just now that the new cases of smallpox were imported into our country from Portuguese Guinea where the infrastructure of health services is practically non-existent outside the capital. Moreover, it is hardly likely that Portugal, the most underdeveloped country of Europe, can bring prosperity to her colonies which it calls by the pompous name of “Lusitanian Provinces”.

If, to all this misery, are added the consequences of the repressive wars, of the genocide perpetrated by the Portuguese colonizers, you will appreciate the extent to which the territories under Portuguese domination suffer and are decimated by famine and disease. The hospitals in our frontier areas are bursting with patients, mainly in a lamentable physical state or wounded. In order to deal with this stream of patients fleeing from extermination, we have had to increase our personnel, equipment and medical supplies.

Portugal must be made aware of the failure of her colonial policy—which is more anachronistic than that of any of the other former imperialist countries—and decide to liberate her colonies unconditionally. If they do not take that decision we shall not cease to harrass them, using every means in every field in order to give freedom to these peoples who have shown their firm determination to win it, by starting wars for their liberation. If, however, the Government of the dictator Salazar remains deaf to all appeals, it would perhaps be more effective to apply the method used in India—resort to force against Portugal—in the territories of Cape Verde, São Tomé and Principe, Angola, Mozambique and in what they call Portuguese Guinea. Portuguese colonization is like a chronic sore, an intolerable endemic disease against which proper eradication measures must be adopted urgently.

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1 Extract from the minutes of the sixth meeting of the thirty-fourth session of the Executive Board (reproduced in Off. Rec. Wld Hlth Org. 143, Annex 13).
Mr President, honourable delegates, I apologize for having spoken at some length, ask for your forbearance and thank you for your kind attention.

The President (translation from the Spanish): Thank you, Dr Keita. I now call upon the representative of Mauritius.

Mr Walter (Mauritius): Mr President, I wonder whether I should follow the pattern of the other delegates in congratulating you, or whether I should sympathize with you, especially when you stated that you had to listen to another thirty-seven countries, let alone those you have already heard. But be that as it may, I join with the others and toe the line in offering you, on behalf of Mauritius, my very sincere congratulations, and wish you all the courage you need to live up to the level expected of you from the whole Assembly. The Report of the Director-General reflects not only credit on its author (but also on the retiring President) who surely under his skilful aegis has made it possible to proclaim to the world what we see inside this very careful and skilful report with its mastery of details on the progress that the Organization has made in all fields throughout the world.

The Vice-Presidents, I believe, Mr President, will be of great help to you at times in sharing your patient suffering, because the tasks which are awaiting you are surely onerous.

With this little introduction perhaps it is but proper that I should try to analyse and finally compare the progress that has been made in the war that this august Assembly has waged against disease—but at the same time forgetting that the increase of the healthy population which it entails brings other problems. I know that I am treading on very thin ice when I come to the ultimate consequence of the progress which has been achieved in the field of eradication of disease. But yet I believe that one should say it—for all the nations here present to know that the problem is an acute one. I will try to take a very small example and, without being insular, for a moment I will try to revert to my country, where I believe the activities of the World Health Organization have been such as to warrant the utmost praise. With regard to malaria, today we are on the point of inviting the Organization to come and declare our country malaria-free. When we think that only twenty years ago 3500 cases of malaria were being treated in hospital and that today we have only twenty, it speaks for itself. When we think that the death-rate, which twenty years ago was 25.5, is today 8.6, it again speaks for itself. When we think that last year has seen the lowest infant mortality rate which has ever been registered—here again, these three factors combined prove to you that the work of the Organization, to quote but a very restricted field, is something of which everybody who is directly, indirectly, administratively, financially or even juridically concerned should be proud. Mr President, this is very nice, it is indeed praiseworthy—but what is the result? A population of 417,000 twenty years ago is today 735,000. What I say might appear unchristian, but it is not. I ask you to face reality: we were 417,000 twenty years ago, and we are today 735,000 within the restricted space of 720 square miles. Is it not time that this organization looked at birth control—family planning, to use the better term, so that the pill can be sweetened and swallowed more easily? Is it not time that family planning should be looked at very seriously by the Organization? It has been referred to by the distinguished delegate of Morocco, but I feel in duty bound to bring it up so that the world can be conscious of the problem which is facing us today.

Mauritius is one of the few countries of the world which have got a complete piped water supply system, where 90 per cent. of the country is electrified, where the annual sugar production is practically a ton per head of population, where tea production is coming up in line very quickly to compete with the sugar production, where the standard of literacy is the pride of this country which unfortunately can only be an Associate Member, because whatever it does it cannot shake off the yoke around it. Britain today is governed by a majority of four, and only yesterday the Prime Minister of Great Britain told his followers in the steel nationalization row at the Parliamentary Labour Party meeting that he let the minority know that they cannot rule the Government, and that they can “go to blazes”. Well, if the Prime Minister can say that, surely those who surround him and who are responsible for this decolonization policy on which Britain prides itself... when its leader at the United Nations says that during the past twenty years they have been freeing millions of people—let them free less than a million in Mauritius, a country which has got no subsidy, a country which balances its budget, a country which has got the highest standard of literacy in the Commonwealth, a country which can stand on its own feet. But what happens? It is a little minority—to which Britain listens—a little minority so that the rule of divide and rule can prevail. This is my plea—and I am sorry, Mr President, to bring in this political aspect, but it is so important that in the little poem that I will read to you later, which I wrote whilst listening to the other delegates, you will see how interdependent all these problems are. Of course, “il y a dans toutes les nations des gens pour qui le sens de la dignité est plutôt relatif”—but with us it is not relative. There are people who prefer to be free, and we ask for freedom. This is the forum where I can get myself heard. We
do not want an imposed coalition government: we want our liberty. We are fighting for it and we want to enjoy it. Liberty does not mean idleness. Liberty means, as I saw in one of your pamphlets, the way in which the individual chooses to spend his time freely.

The important point on which I think I would request this Assembly to focus its attention is the question of family planning. I repeat, I am treading on very thin ice, but it is of the utmost importance. Let it be done according to the conscience of everyone. There are no degrees in conscience: each one can adopt the method he wants, as long as the family consciousness can be brought home to every individual. Is it not a crime to bring into this world a child for whom you cannot care? Or is it a crime to allow him to live and say, "Sonny, I have got only one loaf, we will share it between eight". Whatever you do in other fields will be absolutely nugatory unless you can bring the law of supply and demand to commensurate proportions.

In the introduction to his Report the Director-General says that the most important factor in his fight against disease is the problem of communicable diseases—which is still a challenge to mankind. I am proud to state—and I had better touch wood before I say it—that our last epidemic date was in 1913, the last smallpox epidemic. We have never had any quarantinable disease since then. Tuberculosis today is under complete control—there we have but a maximum of seventy cases so far. Poliomyelitis is a thing of the past, with the improvement in the sewerage system of the whole island. If these are the conditions under which Mauritius is today progressing, it is mainly due—not particularly to the efforts of its leaders, to the efforts of those who had the foresight to be able to rule—but certainly to the great contribution that the World Health Organization brought to the materialization of these projects.

Mr President, knowing that you have so many to listen to, perhaps you would allow me to bring in at the end of my speech some lines of modest literature on a humble inspiration which I had while listening to the other delegates:

The World Health Organization this year anew meets To diffuse work manifold to the world's beats. Shortcomings, virtues, failures and omissions Through critical eyes will find lively commissions. Matters of varied nature but all of health fabric Are daily subjected to studies scientific. Here however sometimes appear pure politics To remind us of interdependence of all human statistics. Waging war upon diseases and therefore poverty, The Report of Dr Candau provides the ammunition, And hence with determination and loyalty May we pray for complete success, to its ultimate destination.

The President (translation from the Spanish): Thank you, Mr Walter.

2. Statement by the Representative of the World Medical Association

The President (translation from the Spanish): Before closing the meeting I shall ask Dr Jean Maystre, representative of the World Medical Association, to speak: he wishes to make a brief declaration in conformity with paragraph 3(i) of the Working Principles Governing the Admission of Non-governmental Organizations into Relations with WHO.¹ Dr Maystre.

Dr Maystre (World Medical Association) (translation from the French): Mr President, in thanking you for having kindly given me the floor, I have the honour to convey to you the most cordial wishes of the World Medical Association for the success of the Eighteenth World Health Assembly and to offer you personally, Mr President, our respectful congratulations on your recent election.

My Association greatly appreciates the spirit in which, for more than fifteen years, constant co-operation has been maintained with the World Health Organization, thanks particularly to the efforts of your Director-General; it accordingly wishes to express its gratitude for this spirit.

In 1953 the Sixth World Health Assembly, in its resolution WHA6.40, invited the Director-General to undertake "a preparatory study of the problems relating to international medical law", "with the assistance of appropriate organizations and persons".

In order to assist the World Health Organization in the new task thus assigned to it, and with its agreement, the World Medical Association, the International Committee of Military Medicine and Pharmacy, and the International Committee of the Red Cross established, in 1954, a working group to investigate some of the problems which nowadays face the members of the medical professions at the international level and which relate to international medical law.

The World Health Organization took part in each of the sessions of this working group by sending qualified observers. In addition, the World Health Organization was informed at regular intervals by the three above-mentioned organizations of the progress being made by the working group, in particular in 1956-57 and in 1958.

¹ Basic Documents, 15th ed., p. 69.
The conclusions reached by the working group were set out in the form of two documents entitled: “Code of Medical Ethics in Wartime”; “Rules Governing the Care of Sick and Wounded, Particularly in Time of Conflict.” While the first objective these “Rules” seek to achieve is to ensure effective protection for civilian medical personnel in time of conflict, the essential aim is to guarantee aid and treatment for the sick and the wounded in all circumstances.

The conclusions of the working group were adopted by the three participating organizations—in 1956 by the World Medical Association, in 1957 by the International Committee of Military Medicine and Pharmacy through its International Office of Documentation on Military Medicine. The International Committee of the Red Cross, for its part, communicated them to national Red Cross, Red Crescent, and Red Lion and Sun Societies throughout the world, first by a circular letter (No. 425, 1959), and later by a report which it presented to a meeting of the International Red Cross held in Prague in 1961.

The three organizations I have mentioned consider that the objective aimed at by the “conclusions” of the working group, namely to improve, from the practical point of view, the protection to which the members of the medical professions are entitled during the performance of their duties in time of disturbance and armed conflict, would be largely attained—or at least that a notable step would have been made in that direction—if the authorities of the various countries accepted, expressly or tacitly, the recommended solutions which are at present before them for consideration.

It may be noted, in this connexion, that the solutions recommended have already been given effect by special legislation in certain countries, particularly Brazil, Liechtenstein and Luxembourg.

In 1963, the three organizations concerned addressed a memorandum to the World Health Organization, which kindly communicated it to its Member States by circular letter C.L.24.1963, of 17 July 1963.

Finally, I might mention that the International Committee of the Red Cross has been invited to present a report on this subject to the Twentieth Red Cross Conference, which is to be held in Vienna in October 1965.

The idea launched in 1954 has gained ground, as you can see from this brief report we have had the honour to submit to you.

By associating its efforts with those being exerted by the International Committee of the Red Cross, the International Committee of Military Medicine and Pharmacy, and the World Medical Association, the World Health Organization has greatly helped to speed the solution of one of the major existing problems of international medical law; it has thereby provided a first positive response to the resolution adopted by the World Health Assembly in 1953.

The World Medical Association, on its own behalf and on that of the International Committee of the Red Cross and the International Committee of Military Medicine and Pharmacy, wishes today to pay tribute to the World Health Organization for the valuable assistance it has consistently provided them in this matter, and to express its sincere hope that all the Member States of WHO will support this noble undertaking.

The President (translation from the Spanish): Thank you, Dr Maystre.

3. Announcement concerning the Procedure for Elections to the Executive Board

The President (translation from the Spanish): Ladies and gentlemen, I now have an important communication to make in connexion with the election of Members entitled to designate a person to serve on the Executive Board.

It may be useful to recall Rule 97 of the Rules of Procedure of the Health Assembly which reads as follows:

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

I therefore invite delegates wishing to submit suggestions concerning these elections to be good enough to do so before 10 a.m. on Monday, 10 May, in order to enable the General Committee, at its meeting at noon that day, to draw up recommendations to the Health Assembly on the subject. Suggestions should be sent to the Assistant to the Secretary of the Assembly.

The meeting is adjourned.

The meeting rose at 6.10 p.m.

The Acting President: The Assembly is called to order. The President of the Assembly has asked me to replace him. I should like therefore to take this opportunity of saying how much I appreciate the honour you have done to my country in electing me as Vice-President of this Assembly. May I thank you very warmly in the name of my country and in the name of the delegation of Iraq to this Eighteenth World Health Assembly.

We shall now resume the general discussion on items 1.10 and 1.11. I had thirty-five speakers on my list, but two of them, the delegates of Mexico and of Spain, have informed me that they no longer wish to take part in the general discussion; therefore thirty-three speakers remain on my list.

I now give the floor to the delegate of the United Arab Republic, Dr Shoukry.

Dr Shoukry (United Arab Republic): Mr President, on behalf of my delegation I wish to express my congratulations and best wishes to you and your Vice-Presidents, and to the Chairmen of the two main committees, for the confidence bestowed upon you by delegates of various parts of the world. I am also delighted to greet Dr Afridi for his efforts while conducting skilfully the Seventeenth World Health Assembly. I congratulate also the Director-General and his staff on the comprehensive and elaborate Report on the Work of WHO in 1964, and appreciate his comment upon our well-developed health plan.

I would like to express my deep consideration to our Regional Director, Dr Taba, for his collaboration in the implementation of joint health projects in our Region.

I would like also to extend my sincere congratulations and a warm welcome to the countries that have acquired full membership of our organization, and I am looking forward to Members from the whole world joining and co-operating in the fulfilment of the humanitarian goal of WHO.

As regards malaria eradication in my country, I would like to mention that our health projects in the second five-year plan starting in July 1965, and which are already adopted, include the malaria eradication programme. Meanwhile the malaria control programme is going on.

My Government gives priority to rural health services, and a programme for the creation of a network of rural health units numbering 3000, each serving a population of 5000 individuals, is in operation. These centres already cover more than half our rural areas, which are inhabited by more than two-thirds of the total population, and are going to reach the planned number in the next five years. This network of rural health units will be a great help in the implementation of programmes for pre-eradication and eradication of malaria and for the control of bilharziasis, which is the main health problem of our country.

Particular attention has been paid to environmental health problems by my country, especially after the wide industrialization developing rapidly. All the urban areas and ninety per cent. of the rural community are supplied with potable water. The small remaining part will be covered in a short period.

No cases of smallpox have appeared in my country for many years. Primary vaccination against this disease is obligatory, and at the same time vaccination schemes to cover the whole population every four years are in force. Our laboratories produce 25 million doses of wet vaccine and three million doses of dried vaccine annually. The amounts of the dried vaccine produced enable us to propose our assistance to countries in need of the material, through WHO.

The antituberculosis campaign programme has continued satisfactorily in my country. Legislation has been issued concerning compulsory BCG and poliomyelitis vaccination, in addition to vaccination against other diseases such as smallpox and diphtheria.

My Government is quite aware of the importance of establishing new medical faculties and other medical institutions, and schools for technicians, nurses and other paramedical staff. One thousand doctors graduate every year from our seven faculties of medicine, and the number is going to increase after a few years. A good number of doctors receive special training and qualifications after graduation.
Two thousand highly qualified nurses and ordinary nurses, assistant nurses, midwives and health visitors graduate every year. In this respect we provide our neighbouring countries with a good number of medical experts and specialists, in addition to other paramedical personnel. These countries are also provided with different kinds of vaccines and sera produced in our laboratories. I am pleased to report that my Government reserves ten per cent. of vacancies in the medical faculties and various other public health institutes and schools for applicants from neighbouring countries.

As regards the control of the quality of pharmaceutical preparations and drugs, great attention is paid to this problem. Seventy per cent. of our needs are covered locally now, and it is assumed that production is planned to satisfy all the requirements of the population and will allow us to assist others requiring such material. All these drugs produced, in addition to those imported, are under control both by laboratories in the manufacturing plants and by a central government control laboratory.

In the field of research on our public health problems, we have already in action the well-developed Institute of Nutrition, the Institute of Tropical Diseases, the Institute of Ophthalmic Diseases; and there are also the Cancer Institute and the Bilharzia Institute, both of which are under construction and will function in the very near future.

In our discussion of health problems, I have to repeat and stress what I mentioned here last year concerning the appalling health conditions under which one million refugees are living in our Region, after being driven by sheer force from their own land and property in Palestine.

I would like to add also that the resolution of the Executive Board at its thirty-fifth session concerning the use of the Arabic language in our Regional Office is very disappointing. We hope for a positive approval of this suggestion.

Before concluding, I want to assure you, Mr President and fellow delegates, of my Government's fullest collaboration and co-operation in all the work of WHO.

The Acting President: Thank you, Dr Shoukry. I now give the floor to Dr Vovor, the delegate of Togo.

Dr Vovor (Togo) (translation from the French): The Togolese Republic, its Government and its people, which my delegation and I have the honour to represent, are truly delighted, indeed overjoyed—apart from our great satisfaction in knowing that justice has been done—to see Dr Olguín presiding over this Eighteenth World Health Assembly. His election, first solicited by acclamation, then confirmed by an overwhelming majority, is not only a mark of respect for tradition and logic, but also a tribute to his undeniable merits. My delegation is particularly gratified at this, and we are convinced that throughout the Assembly the prestige of your office, Mr President, added to the qualities of authority and perspicacity that you possess, will guide our various meetings towards positive results, towards a concrete solution for the health problems that face the world as a whole and the uncommitted world in particular.

The retiring President, Dr Afridi, to whose merits we should like to pay tribute, has broken new ground by performing an act with which his name will be henceforth associated: putting again to the vote in plenary session of the Assembly the results of the deliberations of a highly respected committee.

The Director-General's Report, full, concise and rich in ideas, deserves not only praise: it deserves to be thought over and digested, for within a modest compass it gives a conspectus of what is happening throughout the world—this terrestrial world we live in and from which today, before we have even overcome communicable diseases on the Earth, we are seeking to contaminate other planets, aiming at them our microbes which are still resistant to the main drugs available to us. This does not mean that we are not abreast with progress in scientific research. It would have been a good thing for us all to be able to visit this extra-terrestrial world one day, but as healthy tourists, in a state of physical and mental well-being—tourists travelling in amity, secure in the enjoyment of inward tranquillity and outward peace.

Africa on the one hand and Europe on the other are proud to be represented in our august Assembly by three additional countries. My delegation wishes to join those that have preceded it in congratulating these new nations, Malawi, Zambia and the State of Malta. Their admission strengthens our Assembly and fully justifies its label of "World".

To bring help to all who suffer, wherever they may be, is one of the main purposes common to us all as members of the World Health Organization. It remains a fundamental objective of the efforts put forth in my country by WHO and by other organizations such as the French aid and co-operation mission, the United Nations Children's Fund, FAO and the United States Agency for International Development. I have not forgotten, either, States such as the Federal Republic of Germany, which is building us a national institute of hygiene, England and the State of Israel.

All these efforts, reinforcing those of my Government, have made possible the successful implementation of projects that it would otherwise have been difficult for us to carry out. The international French-language training centre for malarialogists has held four courses since 1964. It is not open only to malarial-
logists from French-speaking countries; origins matter little at this centre, and several African, European and Asian countries are using it to train new malarologists of high competence. That is something to be thankful for; if we consider the mortality and morbidity caused by malaria throughout the world, particularly in our African countries, and the great inroads it makes on national budgets. The malaria pre-eradication stage will not be complete until 1968; thereafter the understanding reached with neighbouring countries, especially our predestined associate Dahomey, will enable us to carry on the struggle against this scourge—in co-operation, also, with the two countries that ring us round, Ghana and Nigeria.

Mr President, the assistance of your organization is enabling us to experiment with health centres—centres for integrating the activities of the health services; the immediate consequences of this experiment, despite criticism from certain quarters, nonetheless give us grounds to hope for very promising results. The first such centre to be established in a French-speaking country will certainly reveal secrets that we shall be able to pass on to the Nineteenth World Health Assembly.

I do not need to inform you of the comparatively low resistance of Africans to visceral forms of tuberculosis. It is therefore with pleasurable impatience that the Togolese Republic is awaiting the report on the survey carried out by WHO experts during the past year.

My delegation is happy to add to the deserved tributes received by WHO its congratulations on the theme chosen for the last World Health Day. Smallpox is not yet completely under control in Togo. It is true that slightly over half the population has been vaccinated, but we shall soon need assistance from the Organization in vaccinating the remaining 750,000. Our country will never cease to be grateful for that help, so well do we all know the prognosis of this disease, even if we consider only the unsightly cutaneous effects that are a social handicap to whoever is left with such sequelae.

My country is one of those territories where, contrary to what some believe, there are quite a number of treponematoses. Among them, yaws unfortunately holds pride of place. I should like to pay tribute to the efforts of the Regional Office, through Dr Lucien Bernard, personal representative of the Director-General, as well as those of Dr Quenum and of Headquarters, thanks to which Togo, during the past few years, has never been without the necessary medical staff to treat the disease.

In referring to this type of assistance, I might also mention control of cerebrospinal meningitis and invite the Organization's attention to bilharziasis and the associated problem of drinking-water—one well known to the Organization and not peculiar to Togo, nor to Africa as a whole. Togo is glad to note that the assistance we are receiving from various sources is resulting in a considerable decline in the incidence of typhous fevers, the perforating forms of which were causing, as little as three years ago, considerable mortality.

On the other hand, measles in its sporadic epidemic and endemo-epidemic form is still causing havoc in our child population. The Togolese delegation must place on public record its gratitude to the United States Agency for International Development for the 20,000 vaccinations it has just carried out. I am referring to an experiment which, if it proves successful, may enable us to conquer this scourge, and others such as smallpox, by combined vaccination.

We have had an opportunity to stress how much our Government appreciates the smooth implementation of the various plans of operation of the World Health Organization. The results of the statistical course for medical and paramedical staff conducted by Dr Yves Biraud are already giving an earnest of improvements in our work in health statistics. In the field of planning of health services we are paying particular attention to hospital organization and are hoping that the services of the short-term consultant, whose recent stay was too short, will again be made available to us in the next few months.

An ECE project that has been in operation for some months has enabled my Government to draw up a five-year national plan for socio-economic development, of which the plan for development of the health services forms an integral part.

As you see, the health picture in Togo looks quite encouraging, but it will become fully satisfactory only to the extent that we can get qualified medical and paramedical personnel. Since 1964, apart from the school of nursing, three training schools for paramedical personnel have been in operation in Togo with the assistance of a nursing adviser: a school for health assistants, a school for laboratory technicians, and a school for state midwives. With our present facilities, medical staff can only be trained abroad. I must, however, point out that because Africa is short of medical staff it does not follow that second-class doctors should be trained specially for our Region. Africa needs competent doctors, meeting all the prior conditions for admission to medical faculties and oriented towards public health during their university training.

That, Mr President, is the health situation in Togo. It includes some heartening aspects, thanks partly to the assistance of your organization and others, and some problems to which the discussions of this
Assembly will suggest solutions, as has been the case for other countries.

Of course, the traditionally charming Genevese welcome we are enjoying is not accompanied, as usual, by wonderful, uninterrupted spring sunshine to enliven our stay; but, Mr President, we are certain that, under your guidance, our work will be carried out with the greatest possible efficiency and enable the Director-General to submit to the Nineteenth World Health Assembly, as to the Eighteenth, a succinct, clear and thought-provoking report, which cannot fail to elicit praise, in particular from my delegation.

The Acting President: Thank you, Dr Vovor. I now give the floor to Dr Issa, the delegate of Somalia.

Dr Issa (Somalia): Mr President and fellow delegates, may I congratulate Dr Olguin on his election as President of the Eighteenth World Health Assembly. We were deeply impressed by his presidential address, which reflects his personal eminence and high qualities. I am sure that during his presidency, the Assembly and the Organization will continue in furthering their achievements. May I also congratulate the three Vice-Presidents and the Chairmen of the two main committees on their election, and I wish them all success. On behalf of my delegation I wish to welcome Malawi, Malta and Zambia as new Members of our organization. It is my pleasure to express my delegation's deep appreciation to the Director-General for his illuminating report, and extend our congratulations to him and his staff members on the remarkable and outstanding work accomplished by the Organization during 1964. We note with appreciation the report of the Executive Board.

Before I give you a brief summary of the activities in the field of health in our country, I would like to express, in the name of our Government and the people of the Somali Republic, our gratitude to all friendly countries and to the World Health Organization for the generous help given to us in the present catastrophe, caused by prolonged drought and famine, which has afflicted large parts of our national territory. The proof of solidarity and of practical friendship shown to us during this hour of misfortune has contributed greatly to ameliorating the suffering and strengthening our profound faith in the high ideal of human fraternity. This we shall never forget. The noble and generous help which served to mitigate the horrors of the tragedy will always be gratefully remembered by our Government and the people of the Somali Republic. I am moved when I think of the countries and the international organizations that responded to our call and hastened to our rescue. Encouraged and strengthened by your sympathy, and in the certain hope of better days for all our sister nations over whose health this organization and its regional offices stand guard, we come before you today with hearts full of gratitude.

Five years ago, when our country took its legitimate place in the community of nations, our medical manpower was at its lowest ebb and medical facilities were extremely scarce. In spite of this critical situation we have managed to maintain in operation all hospitals and other medical units, to expand the activities against communicable diseases, develop basic health services and to accelerate the training of health personnel, thanks to the splendid support given to us by some friendly countries, as well as by the World Health Organization and other international bodies.

One of the obstacles to the rapid expansion of health services has been the lack of basic health structures at the different levels of government. This has made us formulate a new establishment which, I am sure, will strengthen the network of health services at all levels. According to this new set-up, the overall strength of health services will be almost doubled. Therefore, to cover our planning needs, we require a considerable increase in technical manpower.

A country-wide pharmaceutical and medical stores service is being developed to raise the standard of pharmacy and rationalize the medical supply system in the country.

Tuberculosis control activities have been stepped up. A tuberculosis centre has been established which serves as a static operational and training centre.

A rural health and demonstration training centre has been established with the object of providing training and experience to health personnel in the development of an integrated public health service in the rural areas.

Training of auxiliary personnel for medical and health services is making satisfactory progress and a number of auxiliary health personnel of different categories have received their diplomas.

Our country is faced with the difficult task of planning and running the health services in a way that will bring the best results from the very limited funds and facilities that are available. The existence of numerous health problems that must be urgently solved with limited resources is precisely the challenge of our country. At the present stage of development of the health services assistance is needed for the expansion of the education and training programme, the control of communicable diseases, the strengthening of the maternal and child health services, and the development of the basic infrastructure of the health services. We would also request assistance and guidance in methods of extending medical facilities to our country's nomadic and semi-nomadic population, which forms a large proportion of the Somali nation.
So far as the malaria pre-eradication programme is concerned I find that the approach suggested by the Director-General in the introductory chapter of Official Records No. 138, page xvi, is most appealing, namely, to conduct field trials of supplementary methods of attack, such as the use of drugs and larvicides.

While we have pressing demands for curative services that are beyond our economic resources, I am convinced that the main emphasis should be on combating preventable diseases. Whatever the method used, this again entails huge expenditure. We are all familiar with the fact that it is not so difficult to attract money from outside for schemes directly connected with economic development, but unfortunately it becomes shy when health projects are concerned.

Mr President, I would like to make it abundantly clear that our country has benefited considerably from the assistance and guidance accorded to her by the World Health Organization and UNICEF and how greatly we appreciate this; but the magnitude of our problem, and the lack of resources in men and money, make it necessary for us to ask for more and more assistance from these specialized and technical bodies. Bearing this in mind, I would request the Director-General and our Regional Director to kindly accommodate more and more our requests, which will continue to be submitted until such time as self-sufficiency is achieved.

Allow me, Mr President, to conclude by wishing the Organization all success in its efforts, so that its objectives are achieved with utmost speed.

The Acting President: Thank you, Dr Issa. Now I give the floor to Dr Serenko, the delegate of the Union of Soviet Socialist Republics.

Dr Serenko (Union of Soviet Socialist Republics) (translation from the Russian): Mr President, fellow delegates, I wish to congratulate Dr Olguin and his deputies on their election to high office in our Assembly, and also to express our gratitude to our previous President, Dr Afridi, for his skilful guidance of the Assembly's labours.

I should like to take this opportunity of congratulating the Director-General, Dr Candau, on his brilliant Report on the work of the World Health Organization in 1964.

For the seventeenth time we are drawing up the annual balance sheet of the activities of our organization, assessing the work done and indicating the way of further progress. The scope of the Organization's activities is widening from year to year, its budget is growing, the number of its staff is increasing, and its technical equipment is improving. Compared with the first year of its existence the potentialities of WHO have increased many times over. Meanwhile, however, the requirements of the people in regard to the improvement of health are still not satisfied. The highly humane principles proclaimed in the Organization's Constitution make it our duty to do everything within our power to see that these requirements are satisfied to the fullest possible extent. Unfortunately the gap between what has already been done and what still needs to be done is in many cases growing wider instead of narrower.

As the Director-General states in his Report, communicable diseases continue to be the main threat to human health. In some areas morbidity from plague increases from time to time; cholera continues as before to carry off thousands of human lives; and smallpox remains a serious menace, despite the fact that it would be possible to eradicate it completely now. In many countries of the world malaria is still far from being eradicated although large sums are being spent on its control. Tuberculosis and venereal diseases are still widespread and virus diseases are not being halted. Furthermore it is not only communicable diseases that now constitute a danger to human health. There is a threat from many non-communicable diseases: cardiovascular affections, mental illness and malignant tumours. The pollution of the environment that is going on all the time is fraught with new and in many ways obscure dangers for mankind. Demographic shifts, particularly the aging of the population in the developed countries, are phenomena which require increasing attention from public health workers.

The question arises of the path which the Organization should follow in order to solve successfully and in the shortest possible time the complex problems of health which exist in the modern world. In view of this I shall venture to dwell in more detail on a matter which is of importance and even vital significance to our organization. I refer to the priority, as we term it here, given to the various measures carried out by the World Health Organization. Of course in public health there are no problems of secondary importance: every measure designed to control disease or to improve human health is important and necessary. However, the social and economic resources and potentialities of many countries (and I have in mind financial, staff and administrative resources) are not being used to the full for improving public health, and the resources of the World Health Organization are limited. For that reason in our activities we must carefully choose main lines of policy that will guarantee in the shortest possible time and to the greatest possible extent the achievement of positive and palpable results. It is essential to determine those lines of activity that will in the first instance meet the essential requirements of humanity.

An analysis of the contemporary international health
scene suggests that the most acute problem in most countries is that of medical staffing. The references that have appeared in a number of national publications to what is called a crisis in the public health services, usually connected with staff shortages, are no accident. The lack of sufficient medical and auxiliary personnel is felt most acutely in the newly independent and developing countries, which have been freed from colonial rule. During the long years of colonial hegemony in these countries, there was a failure to provide not merely sufficient but even a minimum number of medical staff. In some colonial countries, such as the former Belgian Congo, there was not a single doctor belonging to the indigenous population. After the attainment of independence in some countries, the mass exodus of European doctors led to a sharp worsening in the medical staffing position. Many developing countries have encountered an acute shortage of doctors. At the present time the question of providing the population with fully qualified medical staff is particularly serious in Africa, where the largest number of countries that have recently become independent are situated. A special survey carried out by WHO in the African Region in 1963 showed that there are only 7000 doctors there, in an area inhabited by about 150 million persons, i.e. approximately one doctor to every 20 000 people. May I remind you that in the economically developed countries there is an average of one doctor per 700 persons.

The acute shortage of medical staff in the developing countries is the basic obstacle to a swift improvement in the health services. Without the presence of trained staff it is extremely difficult to establish good health services, to carry out disease-control campaigns, and to improve sanitary and hygienic conditions for the population. In view of this the World Health Organization, in our opinion, should now concentrate all its efforts in the first place on solving the problem of training fully qualified medical staff from among the indigenous populations in the developing countries. This approach to the problem will correspond most fully to resolution WHA14.58, adopted by the Fourteenth World Health Assembly in 1961 under the title “Declaration concerning the granting of independence to colonial countries and peoples and the tasks of the World Health Organization”.

Undoubtedly the Organization is capable of considerably improving and extending its work on the training of medical staff. At the present time this work is not being carried out effectively enough, particularly where quantity is concerned. In view of existing needs, the volume of WHO activity in this sphere must be considerably expanded. For its part, the Soviet Union is ready to give the World Health Organization every possible support in this matter. We are willing to examine the question of receiving WHO fellows in the medical faculty of Lumumba University; of organizing in the Soviet Union various courses for the training and further training of staff, including courses in English; and of sending teaching staff to newly established medical teaching institutions in the developing countries.

During the last year the Organization has done a considerable amount of work in the campaign against communicable diseases. However, the desired results have not been attained in all spheres of this work. As the Director-General has admitted, in 1964 the success of the smallpox eradication campaign was considerably below expectation. Although about seven years have elapsed since the decision to eradicate smallpox was taken in 1958 by the World Health Organization, the disease continues to be a threat to the whole of humanity. The epidemiological features of smallpox are such that with the development of air and sea transport it represents a threat not only for countries where there are permanent foci of infection but also for countries thousands of miles away. According to the figures given at the meeting of the Expert Committee on Smallpox in 1964, the number of cases in 1963 increased to some 88 000 from some 73 000 in 1962, with a particularly sharp rise in the number of fatal cases. The smallpox situation is very alarming. The Soviet Union considers that an end must be put to the spread of smallpox. It is no longer possible to accept, in the second half of the twentieth century, the continued existence of a disease for which a radical means of control, i.e. a specific vaccine, was discovered as far back as the eighteenth century. The Director-General in his speech drew attention to the need to increase the active work of countries for a successful campaign against smallpox. The Soviet Union expresses its readiness to take a favourable decision in this matter of supplying smallpox vaccine. Ways to overcome the difficulties in this, in particular the large amount of freeze-dried vaccine required, can no doubt be found in other countries as well as in the Soviet Union.

In 1964 certain successes were achieved in the malaria eradication campaign. While giving due credit for what has been accomplished by the Organization, it must nevertheless be noted that the world eradication campaign is far from developing as was wished, or as was planned, in the first place. Ten years ago, when the resolution to eradicate malaria from the world was adopted, it was planned to bring this work to completion in the main within a ten-year period. However, the lack of sufficient success, and delays in carrying out eradication campaigns in some countries, have disappointed certain governments and health authorities.
Without going into detail on the reasons for this phenomenon, it can be said that the methodological aspect of WHO’s activities in malaria eradication suffers from considerable shortcomings. In some instances when carrying out programmes in various countries the Organization has taken upon itself the functions of the national authorities and to a certain extent has substituted itself for them in this work. It seems to us advisable to undertake a serious review of the methods, principles and strategy of WHO’s malaria eradication activities, in order to assess as objectively as possible the situation that has arisen and to define the role of the World Health Organization in the further carrying out of the programme.

In 1964 the volume of WHO’s activities in the sphere of research considerably increased. The carrying-out of many joint research projects was begun and a number of international and regional reference centres were established. Various scientific conferences were held and meetings of expert committees and scientific groups were called to deal with many important problems of health and medicine. This aspect of WHO’s activities seems to us to be extremely important. Any important discovery in medicine is not only a contribution to the development of science and to the progress of mankind, it also means saving tens and hundreds of thousands of human lives and preserving the health of millions of human beings. The extension of WHO’s activities in medical research merits approval and encouragement. The main direction of these activities in our opinion should be the training and further training of research staff, the co-ordination of the research carried out in different countries, and provision for the maximum possible interchange of information.

This approach to the extension of medical research seems to us more promising than attempts to carry out research directly within WHO itself by setting up WHO research centres. However the purposes and tasks of a WHO research centre were defined, it would not be able to compensate even to a slight degree for the efforts of national research establishments or to avoid duplication of work. Therefore a particularly important task is to make maximum use of all the resources and equipment of the Organization, including the computer installation, to strengthen the information services and scientific research in various countries and to collect and co-ordinate information on the most important problems, such as the study of cardiovascular diseases, virus diseases, malignant neoplasms, medical genetics and so on. This is all the more important in that these problems are becoming extremely serious for many countries as their economic development progresses.

Summing up the work of the Organization as a whole, it must be noted that in carrying out any measures, regardless of their degree of priority, WHO should constantly strive to achieve maximum effectiveness for the least possible expenditure of resources. This question has for a number of years been the subject of an organizational study, the preliminary results of which have been presented to this Assembly. A study of eighty-six projects has shown that in a number of cases WHO’s work in carrying out projects has suffered from some organizational shortcomings. Our task is to overcome all looseness and defects in the activities of the Organization. A very important question, relating to many aspects of WHO activities, is that of determining realistically what basis exists for carrying out projects and programmes. It is now becoming increasingly clear to the majority (and a proof of this was the course of the technical discussions at this Assembly) that no project can be successfully carried out without appropriate socio-economic and technical transformations as the basis for the development of the health services, the setting-up of medical centres and the training of staff. An approach of this kind will help to make our plans realistic and to avoid many premature or unwarranted measures.

Mr President, fellow delegates, every year new States are becoming Members of the World Health Organization, States which have set out on the road of independent development. The Soviet delegation greets the delegations of these countries and expresses its conviction that their participation in the work of our organization will be active and fruitful.

At the same time we should like to draw the attention of delegates to the fact that the resolution on the universality of membership of the World Health Organization, adopted unanimously by the Fourteenth World Health Assembly in 1961, is still not being implemented fully by the Organization. A large number of countries, which in point of population make up almost a quarter of all mankind, are prevented from taking an active part in the work of WHO and this Health Assembly. As a result of this, a considerable proportion of humanity remains outside the activities of the World Health Organization.

It should be noted that among the countries wishing to take part in WHO’s activities but deprived of the opportunity of doing so are countries that have achieved great successes in medical research and in the establishment of a model health system. Among such countries is the German Democratic Republic. The extensive positive experience of the German Democratic Republic as regards many contemporary health problems could be useful for many developing countries and for the Organization as a whole. The Soviet delegation trusts that in the near future measures will be taken to
ensure the implementation of the Assembly's resolution concerning the universality of WHO membership.

Everyone is aware that the World Health Organization sets itself an objective important for the whole of mankind—the attainment by all peoples of the highest possible level of health. In striving to achieve this lofty humanitarian aim, WHO cannot stand aside from the many problems of contemporary life that are closely connected with the health services: the physical and mental well-being of peoples, the protection and consolidation of peace throughout the world, the prohibition of tests of thermonuclear weapons, general and complete disarmament, the development of the health services, and the elimination of the legacy of colonialism in the sphere of health.

All these problems have been considered by our organization in various years. Unfortunately, fellow delegates, we must note that in the practical activities of WHO insufficient attention is still being paid to these most important problems of contemporary life and the decisions taken in respect of them.

The Fifteenth World Health Assembly adopted a resolution on the role of the physician in the preservation and promotion of peace, in which all the participants in the Assembly recognized that peace is a basic requisite for the maintenance and improvement of the health of all humanity and called upon all Member States of WHO to promote the cause of peace. Naturally the overwhelming majority of Member States of the World Health Organization are in favour of this resolution and are doing all in their power to strengthen peace. However there are cases in which particular countries are not carrying out the resolution. Recently the scope of the war of aggression in South Viet-Nam has been extended: in the past few months the United States of America has been extending military operations to the territory of the Democratic Republic of Viet-Nam. The humane aims of WHO and the high moral responsibility which doctors bear for the well-being and happiness of humanity make it our duty to condemn the war of aggression being waged in Viet-Nam by the United States and to demand that it be stopped.

Medical circles in all countries are vitally interested in the preservation and promotion of peace, the threat to which is so acutely felt today, twenty years after the end of the Second World War. We are gathered together here at a time when all the participants in the coalition against Hitler and all progressive humanity are commemorating the twentieth anniversary of victory over fascist Germany. This event is particularly close and understandable to the Soviet people, who lost 20 million people in killed alone. During the last war our people gained victory over the aggressor, defended the freedom and independence of their motherland, and helped to deliver the peoples of Europe and of the whole world from enslavement by fascism. The remembrance by the peoples of the world of the horrors of war and the victims of aggression, among whom there were many doctors and other medical workers, makes it our duty to strengthen our efforts in the campaign for peace and for the averting of a new and bloody tragedy. The humane mission of the World Health Organization is to be in the vanguard of this noble movement.

The Acting President: Thank you, Dr Serenko. Now I give the floor to the delegate of India, Dr Sushila Nayar.

Dr Nayar (India): Mr President and honourable fellow delegates, my delegation would like to join in the congratulations to Dr Olguín on his election as President of the World Health Assembly. We would also like to congratulate the three Vice-Presidents and the Chairmen of the two main committees—Programme and Budget, and Administration, Finance and Legal Matters. My delegation also wishes to extend a hearty welcome to the new Members and Associate Members to this august Assembly. I would also like to add my tribute to the outgoing President, Dr Afridi, for his ability and efficiency in the discharge of his duties as President in the previous year.

May I also take this opportunity to express my delegation's deep appreciation of the excellent Report of the Director-General and, while congratulating the Director-General, I might take the opportunity to draw attention to a few points which my delegation considers of special importance.

In the field of communicable diseases, I must say that these are still a major health problem in my country, as in most of the other developing countries; and in this, inadequate environmental sanitation constitutes a most important hurdle. Schemes for providing safe water supply, drainage and sewerage are very expensive, and besides the shortage of money there is a shortage of trained personnel and the materials for the execution of these schemes. I feel the World Health Organization will sooner or later have to take up this item as a major programme, as it is doing in the case of malaria eradication and smallpox eradication etc., and I also feel the sooner it does, the better it will be for all concerned. Nearly 54 per cent. of the deaths in my country are still caused by communicable diseases, although deaths from malaria have disappeared and from smallpox have become very considerably reduced. Recognizing the need for control and eradication of communicable diseases, India made a provision of 705 million rupees in the

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1 Resolution WHA15.51.
current third five-year plan, as against 231 million in
the first and 640 million in the second five-year plan.
In the fourth five-year plan, which begins next year,
we propose to allocate 1250 million rupees for the
control of communicable diseases.

During the past fourteen years of planned develop-
ment in my country there has been considerable
improvement in the health of the people, as will be
observed from the reduction of general mortality and
infant mortality rates from 27.4 and 182.5 in 1941-50
to 16.3 and 109.1 in the year 1961-62 respectively.
Similarly the expectation of life has been raised from
32 in the years 1941-50 to 49.1 in the year 1961-62, but
much remains to be done.

Malaria eradication, which is now in India in its
seventh year of operation, is rapidly being brought to
a successful completion. It covers the entire popula-
tion and nearly 80 per cent. of the area in the country
is now either in the consolidation or the maintenance
phase. It is expected that by the end of the third five-
year plan—that is, the current year 1965-66—more
than 50 per cent. of the area in the country will be
under the maintenance phase and another 40 per cent.
will go into the maintenance phase by the end of the
first two years of the fourth five-year plan, namely, by
the end of 1967-68. As to the remaining 10 per cent.
of the area, it adjoins neighbouring countries and much
will depend on the progress of the malaria eradication
campaign in these countries—and in this respect the
role of WHO is quite obvious. With the completion
of the malaria eradication programme, the question
of the utilization of the staff which will be thus
rendered surplus—and are already being rendered
surplus—is engaging our attention, and we are trying to
utilize them for strengthening the basic health services
in the country by giving them the necessary orientation
training, so that the requirements of the maintenance
phase of malaria eradication and smallpox eradication
etc. can be taken care of and they can also reach out
other services to the people.

As for the smallpox eradication campaign, it is in its
third year and overall coverage in the country is about
71 per cent. We expect to complete the attack phase
of this programme by the end of the current year. We
are grateful to the Government of the USSR for
supplying us with 450 million doses of freeze-dried
vaccine, and for their offer of another 200 million
doses. This gift has enabled us to implement this
most important programme. Arrangements are now
in hand, with the help of UNICEF and WHO, to
manufacture freeze-dried vaccine within the country,
which will meet the needs of the maintenance phase.
I would also like to thank WHO for arranging small
supplies of freeze-dried vaccine from other countries
at critical moments when our stocks were running out.

Tuberculosis is now a major problem, because
perhaps it is killer number one in India today, and we
hope to spread the control of tuberculosis in a com-
prehensive manner all over the country through domici-
ciliary treatment in the coming five years. The beds
in the sanatoria and hospitals will then mainly deal
with complications and emergencies. Sample surveys
have indicated that 1.5 per cent. of the population is
suffering from radiologically active tuberculosis, and
of these 25 per cent. are infectious cases. We need
help to buy drugs and X-ray films in our own currency,
and to that end we would welcome WHO's assistance.

As for leprosy, it is estimated that there are in India
about two million cases of leprosy. Domiciliary
sulfone therapy of the patients and their immediate
contacts, it is hoped, will solve the problem in the
coming years.

India has also taken up a campaign against trachoma
from last year. We are trying to work out a methodo-
logy which will enable us to treat the entire affected
population of about 120 million during the next five
years or so. We shall appreciate the help of WHO and
UNICEF in this, as in other fields. Particularly we
will appreciate their help in working out a new metho-
dology which will enable us to cover this large popu-
lation in the shortest possible time and utilize such
personnel as may be available in that particular area.

Studies on the epidemiology, immunology and other
aspects of cholera have continued during the year
1964-65 under the Indian Council of Medical Research.
Controlled field trials of different cholera vaccines are
being carried out in Calcutta with the active collabora-
tion of WHO. An international training course is
being organized by WHO in collaboration with the
West Bengal Government for six weeks beginning from
8 May 1965. We propose to tackle the problem of
environmental sanitation in the forty districts covering
eight states where cholera is more or less endemic, or
comes again and again, on a priority basis during our
fourth five-year plan in order to solve this problem.

Filariasis is now causing us considerable anxiety. We
are carrying on researches for finding more effective
methods of control, while continuing such control
measures as are known so far. Environmental sani-
tation, I think, holds the key to both these important
problems of cholera and filariasis control; that is why
I started my remarks by emphasizing the importance
of these programmes.

In the field of medical research, the Indian Council
of Medical Research continues to stimulate and
promote research through the existing medical colleges,
on the one hand, and it also runs certain specialized
research institutions in the country. Concentration is
on problems of urgent national importance, but funda-
mental research and operational research are also
receiving attention. We have set up a permanent research cadre recently and we have also created certain supernumerary posts to give security to research workers and also to enable our scientists trained abroad to return to India and take up research work of their own choice pending their eventual absorption in the permanent research cadre of the Council or in one of the teaching or research institutions in the country. We are also using retired scientists, and they are enabled to continue such research activities as they would like as emeritus scientists of the Council.

My delegation attaches great importance to the role of WHO in stimulating national and regional research activities. Apart from the financial assistance that might be rendered, international co-operation and co-ordination in the field of medical research is considered to be of great value. We hope that the establishment of the proposed World Health Research Centre will not lead to the curtailment of the present activities of WHO in the field of medical research by diverting funds and attention to this one project. We hope that no part of the administrative cost of the WHO research centre, directly or indirectly, would fall on the normal budget of WHO, which I hope will continue to support national and regional research activities as before, and also intensify such activities.

Trained manpower is essential and in India training programmes have been greatly extended. It is expected that by the end of the current year 1965-66 India will have eighty-two medical colleges, with an annual admission capacity of 11,000 medical students. In 1964, about 10,300 medical students were admitted. By 1965-66 the number of trained available doctors is expected to be 85,000 to 86,000, giving a doctor/population ratio of about 1 per 5,800. By the end of the fourth five-year plan, which we will begin next year, we aim to have 120,000 doctors in the country. But even that will not give us a doctor/population ratio of more than 1 to 5,000 or 4,800. Training facilities for nurses and other ancillary personnel have also been greatly extended and this process of expansion will continue in the fourth plan, so that we shall have one nurse and two para-nursing personnel for every doctor in the near future.

An important problem in the extension of medical education that we are facing is the inadequacy of properly qualified teachers. We are, therefore, grateful to WHO for arranging institution-to-institution assistance in this field in the Baroda-Edinburgh experiment and we hope that WHO will be able to expand its activities in this direction. In order to train more teachers and specialists the Government of India is setting up post-graduate training and research institutes in different parts of the country and international collaboration in this venture will be most welcome. We are grateful to the Government of the United Kingdom, which has offered collaboration for one such institute.

Another serious problem is the acute shortage of foreign exchange for the import of certain medical equipment for teaching and research institutions. We are having some assistance from international agencies such as WHO, UNICEF, the United States Agency for International Development and the Rockefeller Foundation, but something more must be done in order to prevent deterioration in the standards of medical education and stagnation of research activities. This difficulty is being experienced, I am sure, by all the developing countries and a resolution was passed at the seventeenth session of the Regional Committee for South-East Asia, requesting the Regional Director to draw the attention of the Director-General of WHO to this problem. We would like the World Health Assembly to consider ways and means of extending assistance to Member States in this field.

My delegation hopes that the Assembly might explore the possibilities of starting a revolving fund of, say, one million dollars to start with, in order to assist Member countries in obtaining equipment from other countries and paying for it in their own currency.

As for drugs, in India the points of entry of drugs are fixed and we have an adequate organization to check the quality of imported drugs. But this is not the case in all developing countries. I hope that exporting countries would agree to exercise such control as would ensure export of quality drugs only. I think WHO should also devise ways and means of controlling new drugs and protecting the under-developed countries against bad drugs. WHO might also set up a network of laboratories to enable importing States to send samples to any one of those laboratories for test purposes if they would like to do so. We will be glad to offer the services of our central drug laboratory at Calcutta for this, though it will need some strengthening for this purpose.

India, with an estimated population of 460 million, is the second most populous country in the world; and the percentage birth-rate, as revealed by the 1961 census, is 2.15 per annum. Thus the population of India is increasing at the rate of nearly 10 million per year. India has organized a nationwide programme of family planning, which we consider as an essential item for the welfare of the family. The programme has three components: training, service and research in the field of family planning. We are glad that WHO is beginning to take interest in this field.

The medical care programmes will continue to be important. The rural population in India, which constitutes about 78 per cent. of the total population, has very poor medical care facilities. The primary
health centre was conceived as a focal point from which all health services could radiate to the villages. We now have about 4300 primary health centres and expect to have some more, so that a total number of 5200 primary health centres will be in existence before long. For each primary health centre six sub-centres are now being set up. The primary health centres and the sub-centres will provide simple curative and preventive services to static clinic services and dynamic domiciliary services all over the country. Efforts are being made to link these up with the district hospitals. The bed/population ratio is very low, in spite of our efforts for extension of this facility, and there will be no more than 0.5 beds per 1000 by the end of the current year. Regionalization of hospitals and interlinking of the peripheral health centres with the district and technical hospitals is being aimed at, to make the maximum use of the facilities that we have. The insurance principle in the medical care programmes needs to be propagated much more, I think, and technical assistance in this field will be very useful and welcome.

Mental health is receiving greater emphasis, but we are only making a beginning in this field. There is need for a new look at the mental hospitals and at the facilities for the promotion of mental health. I think mental health holds the key to peace and prosperity for the whole world, and we would like to see WHO take greater interest in this service than has been possible so far.

I would like to congratulate the Director-General for taking up the subject of health planning for the technical discussions this year. We have had a very useful discussion and a very good discussion, and I would not like to say any more except that health planning is the prime need of the developing countries, to enable them to make the best use of their meagre resources and provide the maximum benefit to their people. To that end health plans have been formulated in India and we feel that to be effective these health plans must be integrated with the plans of other departments such as agriculture, transport, education, housing, industrialization etc. As all these have a bearing upon the health programmes and problems, I do hope that WHO will emphasize to the Member governments that they should bear in mind the health aspects when taking up any development programmes.

Mr President, the World Health Assembly, in selecting you as the President of the Eighteenth World Health Assembly, has bestowed on you a great honour and responsibility. I am sure that under your able leadership WHO will make further progress this year in resolving many pressing problems in the field of health.

In conclusion, I would like to express my deep gratitude to the Director-General and his colleagues in the regional offices and in the field, especially the South-East Asia Region, for their steady work for the advancement of health in this world of ours on a co-operative basis. I hope and pray that the same spirit of co-operation may be forthcoming for resolving all other problems, so that scientific advances can be harnessed for ensuring health and happiness for all mankind.

The Acting President: Thank you, Dr Nayar. Now I give the floor to the delegate of the Democratic Republic of the Congo, Dr Lekie.

Dr Lekie (Democratic Republic of the Congo) (translation from the French): Mr President, ladies and gentlemen, I will first join previous speakers in congratulating the officers of the Assembly on their election.

The delegation of the Democratic Republic of the Congo has read with great satisfaction the Report on the work of WHO during the year 1964 submitted by the Director-General. We take this opportunity to congratulate the Director-General once again on the unfailing care he devotes to the implementation of the programmes of WHO.

We have asked for the floor to bring to the attention of this Assembly some of our country's health problems, to solve which we would be ready to take advantage of any assistance that friends could give us. Do not worry, ladies and gentlemen, I am not going to abuse your patience, but will try to state our position in a few words; for there can be no question of giving you a full account of all the health problems—and they are very numerous—that face us in the Congo.

Let me first refer to smallpox. Owing to the disruption in my country's health services in 1960, an epidemic of smallpox broke out shortly afterwards, at the end of 1962. The result was that in 1963 we recorded the catastrophic figure of 5000 cases, with 700 deaths. This would seem to indicate that the population still possessed, at that time, a remnant of the immunity conferred on it by the medical services of the colonial era. Starting in 1963, our Government launched a smallpox eradication programme, with the result that morbidity was reduced to 2000 cases in 1964—still, unfortunately, with 200 deaths. During the first quarter of 1965, we have had only about 100 cases to record, including a further 20 deaths. Altogether, we vaccinated 800 000 persons in 1963, 550 000 in 1964, and 32 000 during the first quarter of 1965. These are still very low figures for a population of 15 million; but all the same, results are encouraging and are giving us confidence for the future.
Meanwhile, however, we are having enormous difficulty in getting enough vaccine for the country. We do in fact have a vaccine institute that was producing supplies before independence, but it was affected by all the events that took place in our country. Now it has just been brought back into operation, but it can produce only liquid vaccine. To achieve eradication, we must have freeze-dried vaccine. Our Government has realized this need, and since 1963 has made the necessary financial provision in the public health budget. Thus we have for a long time had ready to hand in the Congo the necessary equipment for the manufacture of freeze-dried vaccine, but the specialized personnel that could undertake the work is not at present available in sufficient numbers. It would be a very effective form of assistance for us if a WHO consultant could come for a short stay to get production going and to train senior and general staff.

There would be no point in my dwelling for long on the subject of measles: at present we are in the position of completely helpless victims, for we have not yet been able to carry out a campaign of vaccination against this scourge, which causes heavy infant mortality.

I shall not go into the problems of malaria, trypanosomiasis, leprosy, yaws and other communicable diseases, regarding which the alarm has already been repeatedly sounded. Although these diseases still face us with big problems we are optimistic and hope that, thanks to the techniques of modern medicine, we shall succeed in completely overcoming them.

Before closing, I should like to say a word about the training of national medical staff. Whereas in July 1960, when we attained independence, there was not a single Congolese-born doctor in the country, today we have 140, including 106 trained in France on fellowships granted by WHO, twelve trained in Belgium on fellowships granted by the Belgian Government, and sixteen that have graduated since 1960 from our young Congolese universities.

One hundred and forty doctors for a country of 15 million inhabitants is still, of course, quite inadequate, and that is why we cannot yet do without foreign aid in this field. I am glad to take this opportunity of expressing our gratitude to the friendly countries and organizations that have helped us so generously.

We owe a special debt of gratitude to WHO, and in particular to its Director-General, Dr Candau, assisted by his devoted staff, among whom I have pleasure in mentioning those who have helped us personally: the Deputy Director-General Dr Dorolle, Dr Petitpierre, and our very sedulous adviser Médecin-Général Galiacy—if I say "personally" it is because I am myself one of those who have been granted WHO fellowships.

Let me recall that it is thanks to those fellowships that 106 Congolese doctors have been trained in France and are now practising in the Congo. The number will reach 128 in three months' time, including six doctors trained in Switzerland under the same arrangements. These national doctors are at present occupying posts in our Congolese hospitals, dispensaries and rural centres, where I can assure you they are doing excellent work for the benefit of our fellow citizens, on behalf of all of whom I wish to thank first WHO, and then the friendly countries I have mentioned.

One last word. We have not only learned medical science, we have also learned to adapt it to the needs of our country; and that is why we are trying to build up a modern medical system by developing to the fullest extent our health education and maternal and child welfare services, and in general all our public health, sanitation and preventive services.

We believe that instead of waiting for him at the dispensary, it is better to bring health to the patient in his hut. Prevention is better than cure, and there again, ladies and gentlemen, we shall need WHO to establish the public health training facilities we do not yet have. We are confident that WHO will give us that help.

The Acting President: Thank you, Dr Lekie. Now I give the floor to the delegate of Yugoslavia, Dr Kraus.

Dr Kraus (Yugoslavia): Mr President, distinguished delegates, may I express on this occasion my great satisfaction on the election of Dr Olguín to the presidency of the Eighteenth World Health Assembly and extend to him my heartiest congratulations. I would also like to congratulate you, Sir, and the other two Vice-Presidents, on your election and to wish you all success in leading this Assembly, with your competence and rich experience, to the successful completion of work and the adoption of decisions that will pave the way for future achievements of our organization. I would also like to express on this occasion my delegation's congratulations, and my own, to Malawi, Malta and Zambia and welcome them as new Members of our organization. We wish their peoples all success in developing their countries in happiness, freedom and progress.

This year's Assembly is being held under less favourable conditions than the previous ones. The friction points in various parts of the world threaten to assume the proportions of serious conflict, contrary to the expectations and desire of millions of peace-loving people. The forces denying freedom to nations, and basic rights to enable them to choose freely their
own way of development and their own political system, are becoming more aggressive and are endangering peace in the world.

Although the United Nations, who are celebrating the twentieth year of their existence and fruitful activity, are encountering numerous difficulties in the realization of their objectives, they continue to be, in the eyes of my country, an irreplaceable instrument for peace and international co-operation. We are aware of the fact that the weakening of the United Nations would impair peaceful co-operation and the maintenance of peace. Therefore it is the duty of all democratic forces to help the world to exert new efforts in order to overcome the present difficulties of the world organization. We are deeply convinced that the United Nations and all peace-loving people will secure brighter prospects of peaceful development. The World Health Organization is a member of the United Nations family which has contributed and will continue to contribute to the promotion of international solidarity. Its humanitarian aims and its fruitful activity serve as an example of successful international co-operation, which is of vital importance for the solving of urgent social and health problems and the elimination of enormous differences existing to divide the world. The Yugoslav delegation is of the opinion that we should devote our consideration to these questions as well at the present Assembly. It is our duty to point to the dangers we are facing. We must find ways of overcoming the antagonisms existing in the contemporary world.

As I have already said, there are points of friction in the world which gradually develop into conflicts, causing death and devastation to millions of people. I have in mind here the aggravation of the conflict in South-East Asia, in Viet-Nam, as well as in other parts of the world. Peace-loving humanity is celebrating this year the twentieth anniversary of the victory over the fascist forces and yet we are faced today with the danger of another catastrophe, the worst that ever afflicted humanity. It is the duty of all Members of our organization to stand up against all kinds of war and against all weapons and means of warfare and destruction. It is for us medical workers, who devoted our careers to the noble objective of protecting human life, to do everything in order to prevent further recourse to force in settling international disputes, which have to be solved through peaceful means, through negotiations.

Another problem we have been facing for a number of years is that of the universality of our organization. Some 800 million inhabitants of our globe are not yet represented in our organization—the People's Republic of China, the German Democratic Republic, the Democratic Republic of Viet-Nam and a number of other States have not yet been admitted to our organization—which is impairing its prestige and authority. One of the questions is undoubtedly that of the membership of those States whose policy of racial discrimination and apartheid gives rise to serious concern and calls for urgent solution. This problem is still pending, but the sooner we approach it the stronger will grow the reputation of our organization.

The Director-General, Dr Candau, has given us in his excellent Report a detailed description of the health situation in the world and pointed to numerous problems confronting us here, as well as the national health services and the World Health Organization. The success achieved by the World Health Organization in the past period is very substantial indeed and it can be said that, thanks to devoted and efficient leadership, it has been possible to accomplish many tasks in the sphere of world health problems. We must continue steadfastly along these lines. The resources at the disposal of our organization are rather limited, but the spirit of co-operation and mutual assistance is the most valuable achievement, encouraging us to new actions. The general policy with regard to the crucial problems in the sphere of public health is, in our opinion, well adjusted to the needs, and we believe that in the forthcoming period we ought to move forward even more boldly. Old forms and old experiences are good; however, they are even better if constantly enriched by new forms of activity, new institutional forms, keeping abreast with the spirit and needs of the time. We shall deal with these new forms of activity at this Assembly and I am confident that we shall adopt sound decisions and resolutions. I have in mind particularly the establishment of the World Health Research Centre, and it is our duty to do everything to materialize it.

The programme and budget for the subsequent period have reasonably increased and these give us hope for more successful work. We shall insist, as we have done so far, that the resources be utilized to the maximum advantage and that priority be given to those problems which deserve it. We must, however, admit that notable progress has been made in this respect. It goes without saying that this organization should primarily be concerned with the developing countries and that the greatest part of our funds should be used in assisting the promotion of health services in these countries and in solving their major problems.

We certainly appreciate the move towards training and education of qualified medical personnel, particularly the training of national personnel in the developing countries. However, the setting-up of adequate national or regional educational centres is of primary importance, and in our opinion the World Health
Organization could take a part of this task upon itself.

In the sphere of health, research is obviously the key to progress. In this respect considerable results have been achieved so far, thanks to the policy of co-ordination of planning and stimulation; but very important tasks are still ahead of us. The creation of the World Health Research Centre would undoubtedly be our best achievement in this field, although it is yet early to speak of all the advantages it would offer.

The malaria and smallpox eradication programmes on a large scale should have our full support; if any difficulty should appear it should be discussed openly, and more effective solutions should be sought for the implementation of these programmes on a world-wide scale. The fact remains, however, that our programmes and plans could be far more significant if we had more funds at our disposal. An appeal to the world's conscience and solidarity could, we believe, improve the situation by helping to collect more substantial funds. Our voluntary funds are unfortunately not so large; but have we all made every possible effort to increase them? Is it not our humanitarian task to help to achieve the materialization of the very well conceived plans for water supply, sanitation, and research which could improve the health of millions of threatened people? Have those who are rich fulfilled their obligations towards those who are not—towards themselves in the final analysis? For differences in the level of health present constant hazards for all in the same way as the discrepancy in economic levels causes greater contradictions on the political and social side. We strongly believe in human solidarity and conscience. We fully understand the aspiration of peoples throughout the world towards a better and happier life. And it is international co-operation and coexistence that make possible peaceful development and progress. The World Health Organization, as a forum of international assistance and solidarity, has justified its existence and shown its value. We should endeavour to strengthen it further for the benefit of the working people all over the world, for a happier life for present and future generations. In this year of international co-operation marking the twentieth anniversary of the United Nations, the World Health Organization stands as an example of international solidarity and fruitful co-operation that can restore confidence to millions of people and bring them nearer the ideals of peace and prosperity.

The Acting President: Thank you, Dr Kraus. Now I give the floor to Dr Tuvan, the delegate of Mongolia.

Dr Tuvan (Mongolia) (translation from the Russian): Mr President, ladies and gentlemen, allow me to congratulate the President on his election to this high office. I should like also to congratulate the Vice-Presidents and to wish them success in their guidance of the work of this Assembly.

We are glad to note that the membership of our World Health Organization is expanding from year to year, and this year we can greet new Members of our organization, the delegates from Malawi, Malta and Zambia, and wish them fruitful co-operation with WHO and all its Member countries.

However we must remark that the membership of our organization would expand still more considerably and its activities would really cover the whole world if the delegates of the Chinese People's Republic, as the only lawful representatives of the 700 million people of China, took their rightful place in this Assembly.

It must also be noted that the German Democratic Republic is still outside WHO. We consider that its admission to WHO and co-operation with it would considerably increase the authority of our organization.

This year, at this time, throughout the world, all those who love peace are commemorating a historic event, the twentieth anniversary of the end of the Second World War and of victory over fascism. In commemorating this event, mankind is still filled with alarm at the continuing armaments race, at the intensified militarization of Western Germany and at the ever-increasing spread of the fires of war in Viet-Nam. This war is being waged against an Asian people which is fighting for freedom, equality and independence. Mankind and all its humanitarian organizations, including WHO, must make every effort to ensure that all those immense resources now being spent on armaments and war should be used not for the destruction of man by man but for the well-being and health of humanity.

As we have seen in the Director-General's Report, WHO's activity during 1964 has expanded not only quantitatively but also in many respects qualitatively, embracing more and more areas of the world and new branches of health. However, the basic task of the Organization still remains the control of communicable diseases such as malaria, smallpox, cholera, plague, tuberculosis and others. It may be seen from the Report how much labour and how many resources have been spent on this work.

In our country, where many communicable diseases have been or are being eradicated, tuberculosis and some diseases occurring in natural foci, such as brucellosis, still remain health problems. Our Government and Ministry of Health, in fraternal co-operation with other countries, are waging successful war on these diseases.
We note with great satisfaction that a WHO team co-operating with a Mongolian team is working intensively to study the prevalence of brucellosis in Mongolia. Although the work of these teams cannot cover the whole country, by selecting various zones and population groups they are determining the general pattern of distribution of this disease. On the basis of these investigations a general plan for the control and eradiation of brucellosis from Mongolia will be devised. This year these teams are studying the results of prophylactic vaccination against brucellosis. WHO and our Ministry attach great importance to this work, in which general conclusions are being drawn from extensive field experience in the study of a little-known problem.

In October this year we shall be celebrating the fortieth anniversary of our health services. In 1925 the foundation was laid for the organization of the health services but at that time there was not a single Mongolian doctor and not a single hospital. In the last years we have established an organized network of curative and prophylactic establishments through the whole country, including the most remote and sparsely populated areas.

Teaching establishments have also been set up and are training Mongolian medical staff. In our country today we have 12.5 doctors and 89 hospital beds per 10,000 inhabitants.

Our Government is paying great attention to the protection of the health of the whole people and is setting aside large sums for this work. In addition, our health services are developing in accordance with a carefully prepared plan, which in turn is an inseparable part of the national plan for the development of the economy.

Until 1948 we drew up only annual plans for the development of the health services, but since 1948 we have had five-year plans, and this year we are completing the third five-year plan of development. In 1966 we shall enter upon the next five-year period of planned development. In drawing up these plans we take into account the huge area and sparse population of our country, i.e., the wide radius of action of our medical establishments.

By the end of the next five-year plan of development, i.e., in 1970, the number of doctors will have increased by 37 per cent. and we shall have 19 doctors per 10,000 persons. The number of hospital beds will have increased by 7 per cent., making 90 beds per 10,000 inhabitants.

During that period the main emphasis will be laid on the development of prophylactic establishments and on the introduction of the principle of preventive medicine into everyday practice. Yet another important aim in the planned development of our health services is to bring highly qualified medical care closer to the rural population. By 1970 we shall have medical posts in every somon (i.e., in every administrative and economic unit in the country). Furthermore, in view of the specific conditions present in Mongolia, we shall increase the number of mobile clinics, laboratories, X-ray departments and dentistry units, and these will serve a group of the rural population which for a certain part of the year follows a nomadic way of life (livestock reapers).

In addition to the five-year plans we have a long-term plan for the development of our health services, covering a period of twenty years, and a long-term plan for the development of the whole national economy.

Fruitful co-operation with other countries and with the World Health Organization is of great importance for the planned development of the national health services. We are therefore full of the desire to develop still further our successful co-operation with the Organization.

The Acting President: Thank you, Dr Tuvan. The meeting is adjourned.

The meeting rose at 7 p.m.
Dr Aldea (Romania), Rapporteur of the Committee on Credentials, read the second report of that committee (see page 473).

The President (translation from the Spanish): Thank you, Dr Aldea. Are there any comments on this report? In the absence of any comment, I take it that the Assembly wishes to approve the second report of the Committee on Credentials. The report is therefore approved.

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

The President (translation from the Spanish): We come now to item 1.13 of the agenda—Election of Members entitled to designate a person to serve on the Executive Board.

Document A18/9, which was distributed more than twenty-four hours before this meeting, contains the report of the General Committee and gives a list of twelve Members nominated in accordance with Rule 98 of the Rules of Procedure of the Health Assembly.

In conformity with the same Rule, the General Committee has recommended, from the list of twelve Members, the eight countries which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole.

Does any delegate wish to speak? I call upon the delegate of the Federal Republic of Germany.

Dr Bernhardt (Federal Republic of Germany): Mr President, fellow delegates, the German delegation appreciates very much that the members of the General Committee have designated the Federal Republic of Germany as a candidate for a seat on the Executive Board, with a maximum of votes cast. My Government wishes also to thank Member States for having expressed their willingness to support our candidacy.

Upon the instructions of my Government, I would like to re-state that, as we have already communicated in our note circulated on 7 May, we withdraw our candidacy in favour of the Kingdom of Morocco. In doing so, the Government of the Federal Republic of Germany expresses the hope that, when applying for a candidacy in future, it will receive the same support. I would like to see this statement included in the official records.

The President (translation from the Spanish): Thank you, Dr Bernhardt. The delegate of Burma has the floor.

Mr Thein Aung (Burma): Mr President and distinguished delegates, my delegation has asked for the floor in order to withdraw Burma's candidacy in favour of India, since we do not desire to have a contest for membership of the Executive Board amongst the countries of South-East Asia. Honourable delegates, I thank you all for the support given to my country, and hope that similar support may also be showered upon Burma in the 1966 election.

The President (translation from the Spanish): Thank you, Mr Thein Aung. I call upon the delegate of Argentina.

Mr García Piñeiro (Argentina) (translation from the Spanish): Mr President, the delegation of Argentina wishes to announce the withdrawal of its candidacy for the Executive Board. We think this will help to obtain a balanced geographical distribution as regards the countries in our Region.

I would nevertheless add, Mr President, on behalf of my Government, that we are grateful to all the States which have given us their support in this matter.

The President (translation from the Spanish): Thank you, Mr García Piñeiro. The delegate of Nigeria.

Mr Igbrude (Nigeria): Thank you very much, Mr President, for giving me the floor. Mr President, honourable delegates, the delegation of Nigeria will not press, this year, for support for election to the Executive Board. We intend to support the candidature of Guinea. We fully appreciate the goodwill for Nigeria which has prompted our nomination, and we earnestly request that this goodwill should not be abandoned but should be reserved until the very near future.

The President (translation from the Spanish): Thank you, Mr Igbrude.

May I read you the names of the eight Members whose mandate is expiring: in the African Region, Madagascar; in the Region of the Americas, Canada, Colombia and Haiti; in the South-East Asia Region, Ceylon; in the European Region, France and the Union of Soviet Socialist Republics; in the Eastern Mediterranean Region, Tunisia; in the Western Pacific Region, no country.

Would the Deputy Director-General be good enough to read the Articles of the Constitution and the Rules of Procedure which relate to the elections. They are as follows: Articles 18 (b), 24 and 25 of the Constitution, and Rules 96, 98, 99, 100, and if applicable 101, of the Rules of Procedure of the Health Assembly.

The Deputy Director-General (translation from the French): Mr President, Article 18 (b) of the Constitution is to be found in Basic documents, fifteenth edition, page 6 and runs as follows:

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1 See p. 474.
Article 18:

The functions of the Health Assembly shall be: . . .
(b) to name the Members entitled to designate a person to serve on the Board;

Articles 24 and 25 of the Constitution appear on page 8 of the same publication, and read as follows:

Article 24:

The Board shall consist of twenty-four persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

Article 25:

These Members shall be elected for three years and may be re-elected, provided that of the twelve Members elected at the first session of the Health Assembly held after the coming into force of the amendment to this Constitution increasing the membership of the Board from eighteen to twenty-four the terms of two Members shall be for one year and the terms of two Members shall be for two years, as determined by lot.

These temporary provisions are of course no longer in force. The appropriate rules of the Rules of Procedure of the Assembly appear on page 119 et seq. of the same publication, and read:

Rule 96:

At each regular session of the Health Assembly, the Members entitled to designate persons to serve on the Board shall be elected in accordance with Articles 18 (b), 24 and 25 of the Constitution.

Rule 98:

The General Committee, having regard to the provisions of Chapter VI of the Constitution, to Rule 96 and to the suggestions placed before it by Members, shall nominate, and draw up a list of, 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 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 eight Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole.

Rule 99:

The Health Assembly shall elect by secret ballot from among the Members nominated in accordance with the provisions of Rule 98 the eight Members to be entitled to designate persons to serve on the Board. Those candidates obtaining the majority required shall be elected. If after five such ballots one or more seats remain to be filled no further ballot shall be taken and the General Committee shall be requested to submit nominations for candidates for the seats remaining to be filled, in accordance with Rule 98, the number of candidates so nominated not exceeding twice the number of seats remaining to be filled. Additional ballots shall be taken for the seats remaining to be filled and those candidates obtaining the majority required shall be elected.

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

In any ballots taken under the provisions of this Rule no nominations other than those made in accordance with the provisions of Rule 98 and this Rule shall be considered.

Rule 100:

For the purpose of elections in accordance with Rule 99 Members shall vote in any ballot for that number of candidates equal to the number of seats to be filled and any ballot paper failing to comply with this Rule shall be null and void.

Rule 101:

If in elections under Rule 99 two or more candidates obtain an equal number of votes in such circumstances as would render it uncertain which candidate or candidates would be eligible to fill any seat or seats, the votes cast for such candidates shall be declared inconclusive, and, subject to the provisions of Rule 99, further ballots taken as necessary.

I think, Mr President, I have read the articles and rules you wished to bring to the Assembly's attention.

The President (translation from the Spanish):

Thank you, Dr Dorolle.

Before coming to the vote, I should like, in order to avoid any confusion or error, to emphasize certain points which seem to me to be important. In the first place, I would remind you that it is a question of electing eight Members from among the twelve proposed by the General Committee, that is, from the following countries: Czechoslovakia, Federal Republic of Germany, Guinea, India, Mexico, Peru, United States of America, Morocco, Yemen, Burma, Argentina, Nigeria. The declarations made by the delegations of the countries withdrawing their candidature should, of course, be taken into account.

Another important point is that only the above-mentioned countries can be voted for: in other words, any ballot paper which contains fewer or more than eight countries; or countries that are not among the twelve I have just read to you, or which gives the name of one country more than once, will be considered as null and void. Therefore, in each of the eight spaces in the ballot papers, which are to be distributed to you, you should write the name of one of the countries for which you wish to vote.

Delegations will be called in English alphabetical order. I shall draw a letter by lot to determine by which country the voting will begin. It is the letter "H". Honduras will therefore be the first country to vote.

I designate Dr Amorin, of Togo, and Dr Webb, of Australia, as tellers and I shall be glad if they will come to the rostrum.

The two tellers took their places on the rostrum.
The President (translation from the Spanish): Will any delegation without a ballot paper kindly ask for one. Have all the delegations received their ballot papers? Any delegation that has not received one should kindly notify me.

We now start the voting.

A vote was taken by secret ballot, the names of the following Member States being called in the English alphabetical order, beginning with Honduras:

Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Laos, Lebanon, Liberia, Libya, Luxembourg, Madagascar, Malawi, Malaysia, Mali, Malta, Mauritania, Mexico, Monaco, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Somalia, Spain, Sudan, Sweden, Switzerland, Syria, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Upper Volta, Uruguay, Venezuela, Vietnam, Western Samoa, Yemen, Yugoslavia, Zambia, Afghanistan, Albania, Algeria, Argentina, Australia, Austria, Belgium, Bolivia, Brazil, Bulgaria, Burma, Burundi, Cambodia, Cameroon, Canada, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Democratic Republic of the Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Dominican Republic, Ecuador, El Salvador, Ethiopia, Federal Republic of Germany, Finland, France, Gabon, Ghana, Greece, Guatemala, Guinea.

The President (translation from the Spanish): I should like to be sure that all delegations have been called. Is there any delegate whose country has not been called?

Would the Deputy Director-General be good enough to read Rule 75 bis of the Rules of Procedure, which we provisionally approved at the beginning of this session.

The Deputy Director-General (translation from the French), Rule 75 bis, which appears in resolution WHA18.1, of 5 May 1965, reads as follows:

When the Health Assembly votes by secret ballot, the ballot itself and the check of the number of ballot papers shall take place in plenary meeting. Unless the Health Assembly determines otherwise the counting of votes shall take place in a separate room to which delegations may have access. This counting shall take place under the supervision of the President or of one of the Vice-Presidents of the Health Assembly. The Health Assembly may proceed with its work during the period before the result of the ballot can be announced.

The President (translation from the Spanish): Thank you.

In accordance with the rule which has just been read, I invite one of the Assembly's Vice-Presidents, Dr Engel, to take charge of the counting. In the meantime, we can proceed with our work. The votes will be counted in Room XI and all delegations have access to that room if they so desire. Before the tellers and Dr Engel leave, I would ask them to ascertain in our presence whether the total number of ballot papers in the urn corresponds to the number of delegates who participated in the ballot.

The tellers counted the number of ballot papers.

The President (translation from the Spanish): Since the number of ballot papers corresponds to the number of voting countries, the count can now proceed.

Dr Engel, Vice-President, and the two tellers withdrew to count the votes.

3. Addition of a Supplementary Item to the Agenda

The President (translation from the Spanish): We now come to the proposal to add a supplementary item to the agenda of the Eighteenth World Health Assembly.

I invite the Deputy Director-General to read out Rule 12 of the Rules of Procedure, which is relevant.

The Deputy Director-General (translation from the French): The rule can be found in Basic documents, fifteenth edition, page 100, and reads as follows:

Rule 12

Subject to the provisions of Rule 11 regarding new activities and to the provisions of Rule 94, a supplementary item may be added to the agenda during any session, if upon the report of the General Committee the Health Assembly so decides, provided that the request for the inclusion of the supplementary item reaches the Organization within six days from the day of the opening of a regular session or within two days from the day of the opening of a special session, both periods being inclusive of the opening day.

The President (translation from the Spanish): Thank you. The Director-General received on 7 May, that is, within the time-limit fixed by the rule which has just been read to you, a communication from the delegation of India asking for the addition on the agenda of the Eighteenth World Health Assembly of a supplementary item entitled "Proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training".
The text of this communication is annexed to document A18/1 Add.2, which has been distributed to you. At its meeting on 10 May, the General Committee recommended the addition of this supplementary item to the agenda.

It is now for the Assembly to decide. Is the Assembly in favour of including the proposed item in its agenda? The General Committee also recommended that this new item be referred to the Committee on Administration, Finance and Legal Matters. As there is no objection, the suggestion is adopted.

4. First Report of the Committee on Programme and Budget

The President (translation from the Spanish): We come now to the first report of the Committee on Programme and Budget.

In accordance with Rule 52 of the Rules of Procedure, the report will be read out, since it was not distributed twenty-four hours in advance of this meeting. I therefore invite Dr Vovor, Rapporteur of the Committee on Programme and Budget, to come to the rostrum and read the report.

Dr Vovor (Togo), Rapporteur of the Committee on Programme and Budget, read the preamble and section 1 (Development of the malaria eradication programme) of the first report of that committee (see page 474).

The President (translation from the Spanish): Is the Assembly prepared to adopt the first resolution relating to the development of the malaria eradication programme? There being no comment, the resolution is adopted.

Dr Vovor read section 2 of the report (Committee on International Quarantine: thirteenth report).

The President (translation from the Spanish): Does the Assembly wish to adopt the resolution concerning International Quarantine? There being no comment, the resolution is adopted.

With respect to the third resolution, I hope you will agree that the Rapporteur need not read the whole of the Additional Regulations, as you have the text before you. If nobody objects, the Rapporteur will read the beginning of the resolution only.

Dr Vovor read section 3 of the report (Additional Regulations of 12 May 1965 amending the International Sanitary Regulations, in particular with respect to disinsecting of ships and aircraft, and Appendices 3 and 4: Forms of the International Certificates of Vaccination or Revaccination against Yellow Fever and against Smallpox), without the Additional Regulations and Appendices themselves.

The President (translation from the Spanish): Thank you. Does the Assembly wish to adopt the third resolution relating to Additional Regulations of 12 May 1965, amending the International Sanitary Regulations, in particular with respect to disinsecting of ships and aircraft, and Appendices 3 and 4 (forms of the International Certificates of Vaccination or Revaccination against yellow fever and against smallpox)? There being no comment, the resolution is adopted.

Dr Vovor read section 4 of the report (Joint FAO/WHO Food Standards Programme (Codex Alimentarius)).

The President (translation from the Spanish): Does the Assembly adopt the fourth resolution concerning the Joint FAO/WHO Food Standards Programme (Codex Alimentarius)? There being no comment, the resolution is adopted.

Now that we have adopted all the resolutions, one by one, we have to approve the report as a whole. Since there are no comments on the report as a whole, it is approved.

5. Second Report of the Committee on Programme and Budget

The President (translation from the Spanish): We now pass to the second report of the Committee on Programme and Budget. Since the report was not distributed twenty-four hours in advance of this meeting, it will be read out to the Assembly in accordance with the provisions of Rule 52 of the Rules of Procedure. I hope that this time also you will be good enough to spare the Rapporteur the task of reading the long list of international standards and international units in the draft resolution. Dr Vovor.

Dr Vovor (Togo), Rapporteur of the Committee on Programme and Budget, read the second report of that committee (see page 475), without the list of international standards and units contained in the resolution.

The President (translation from the Spanish): Thank you. Does the Assembly wish to adopt the resolution concerning International Standards and International Units for biological substances, as contained in the report? Since no delegate wishes to comment, the resolution is adopted.

1 See p. 235 and Off. Rec. Wild Hlth Org. 143, resolution WHA18.5.
We have also to approve the report as a whole. In the absence of any comment, the Committee's report is approved. Thank you, Dr Vovor.

6. First Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the Spanish): Next we come to the first report of the Committee on Administration, Finance and Legal Matters. The report was not distributed twenty-four hours before this meeting and will therefore be read out, in conformity with Rule 52 of the Rules of Procedure. May I ask Mr de Coninck, Rapporteur of the Committee on Administration, Finance and Legal Matters, to come to the rostrum and read the report.

Mr de Coninck (Belgium), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the preamble and section 1 (Financial report on the accounts of WHO for 1963, report of the External Auditor, and comments thereon of the Executive Board) of the first report of that committee (see page 476).

The President (translation from the Spanish): Does the Assembly wish to adopt the first resolution relating to the financial report on the accounts of WHO for 1963, report of the External Auditor, and comments thereon of the Executive Board (Articles 18(f) of the Constitution and Financial Regulation 11.5)? There being no comment, the resolution is adopted.

Mr de Coninck read section 2 of the report (Financial report on the accounts of WHO for 1964, report of the External Auditor, and comments thereon of the Ad Hoc Committee of the Executive Board).

The President (translation from the Spanish): Does the Assembly wish to adopt the second resolution relating to the financial report on the accounts of WHO for 1964, report of the External Auditor, and comments thereon of the Ad Hoc Committee of the Executive Board? In the absence of any comments, the resolution is adopted.

Mr de Coninck read section 3 of the report (Status of collection of annual contributions and of advances to the Working Capital Fund).

The President (translation from the Spanish): Does the Assembly wish to adopt the third resolution relating to the status of collection of annual contributions and of advances to the Working Capital Fund? Since no-one wishes to speak, the resolution is adopted.

Mr de Coninck read section 4 of the report (Supplementary budget estimates for 1965).

The President (translation from the Spanish): I would remind you that as regards the fourth resolution, Rule 70 of the Rules of Procedure of the Assembly requires that the decision be taken by a two-thirds majority of Members present and voting. I therefore put the draft resolution relating to supplementary budget estimates for 1965 to the vote. Will delegates in favour of the draft resolution kindly raise the cards bearing the names of their countries. Those in favour? Those against? Abstentions? Thank you.

The results of the voting are as follows: in favour, 100; against, none; abstentions, 7; number of Members present and voting, 100; number required for two-thirds majority, 67. The resolution is therefore adopted.

Mr de Coninck read section 5 of the report (Supplementary budget estimates for 1965: Accommodation for the Regional Office for Africa).

The President (translation from the Spanish): Does the Assembly agree to adopt the fifth resolution entitled “Supplementary budget estimates for 1965: Accommodation for the Regional Office for Africa”? There being no comment, the resolution is adopted.

Mr de Coninck read section 6 of the report (Amendments to the Financial Regulations).

The President (translation from the Spanish): Does the Assembly adopt the resolution concerning amendments to the Financial Regulations? There being no objection, the resolution is adopted.

Mr de Coninck read section 7 of the report (Scale of assessment for and amount of the Working Capital Fund).

The President (translation from the Spanish): Does the Assembly adopt the resolution entitled “Scale of assessment for and amount of the Working Capital Fund”? There being no comment the resolution is adopted.

Mr de Coninck read section 8 of the report (Adjustment in the scales of assessment for 1964 and 1965: United Republic of Tanzania).

The President (translation from the Spanish): Does the Assembly wish to adopt the resolution entitled “Adjustment in the scales of assessment for 1964 and 1965: United Republic of Tanzania”? As there are no comments, the resolution is adopted.

Mr de Coninck read section 9 of the report (Assessment for 1965 of New Members).

The President (translation from the Spanish): Is the Assembly prepared to adopt the resolution relating
to the assessment of new Members for 1965? There being no comment, the resolution is adopted.

We come now to the report as a whole. Does the Assembly approve the report? There being no remarks, I shall consider the report as approved. I thank the Committee's Rapporteur.

7. Second Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the Spanish): The next item on the agenda is the second report of the Committee on Administration, Finance and Legal Matters.

This report was not distributed twenty-four hours in advance of this meeting, and therefore, in accordance with Rule 52 of the Rules of Procedure, will have to be read aloud. Nevertheless, I assume that the Rapporteur need not read the long list of Member States and percentages contained in the resolution on the scale of assessment for 1966, since you have the text before you.

Mr de Coninck (Belgium), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the second report of that committee (see page 476), without the list of Member States and percentages.1

The President (translation from the Spanish): Does the Assembly adopt the resolution on the scale of assessment for 1966? As there is no comment, the resolution is adopted.

We now have to approve the report as a whole. There being no objection, the report is approved. I thank the Committee's Rapporteur.


The President (translation from the Spanish): We shall now continue the general discussion of items 1.10 and 1.11 of the agenda. The list of speakers contains twenty-five names. May I, therefore, ask you to be as brief as possible, so that we can keep to our work programme? I call upon Dr Ayé, delegate of the Ivory Coast.

Dr Ayé (Ivory Coast) (translation from the French): Mr President, honourable delegates, may I first of all, on behalf of the delegation of the Republic of the Ivory Coast, offer you, Mr President, my warmest congratulations on your brilliant election to the presidency of the Eighteenth World Health Assembly. I am certain in advance that you will direct our debates ably and firmly. I also congratulate the outgoing President, Professor Afridi, who, with objectivity and courage, directed the work of the Seventeenth World Health Assembly in such an admirable manner.

May I welcome the delegates of Malawi, Malta and Zambia, whose respective countries have become full Members of the family of the World Health Organization? My delegation is convinced that these new States will make a useful and effective contribution to our organization.

The delegation of the Ivory Coast has examined with great interest the Annual Report on the Work of the Organization in 1964, presented by the Director-General, Dr Candau, whom I would here commend very heartily for the clarity and accuracy of the document in question.

The delegation of the Ivory Coast is particularly interested in the programme for the control of communicable diseases. In this connexion, I would draw the Assembly's attention to the efforts made by my country for the eradication of smallpox and the control of tuberculosis, and to the emphasis it lays on health education in implementing these various programmes.

Since smallpox was the subject for World Health Day this year, it seems appropriate to report on the broad lines of the smallpox eradication campaign inaugurated in 1961 in the Ivory Coast, and on the results obtained. Our large-scale vaccination campaign was carried out on the lines advocated by WHO. Only dried vaccine was used: vaccine from the Institut de Vaccine, rue Ballu, Paris; a total of 926 400 doses of vaccine supplied through the World Health Organization, and the rest provided from the national budget. This shows the extent of my Government's efforts to provide a rapid solution for the smallpox problem.

The eradication programme comprises three phases. The first, or attack, phase covered the period from 17 April 1961 to 24 June 1963, during which 3 629 275 persons were vaccinated. The second, or consolidation, phase ran from August 1963 to the end of January 1964 and permitted re-vaccination of the inhabitants of localities where the immunity level had not been satisfactory, and vaccination of the inhabitants of localities not visited previously; at the end of the phase, a total of 3 724 399 persons had been vaccinated. We have now reached the maintenance phase of this large-scale plan, which we are organizing as two mass vaccination campaigns with a three-year interval, followed by two further campaigns at intervals of five years.

The first of these campaigns is at present under way. Its aim is to re-vaccinate not only the populations vaccinated in 1962, but also the inhabitants of localities visited in 1960-61 during the mass vaccination campaign, i.e., a planned total of 1 061 966 vaccinations. These maintenance activities are conducted at the

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health district level by the departmental Director of Health, who works in close collaboration with the mobile teams of the preventive health services (Major Endemic Diseases Service, Institute of Hygiene). The vaccination programme has been complemented and reinforced by strict legislation and by the exercise of increasingly effective health control at frontiers.

The results obtained seem to us to be eloquent: in 1961, 4214 cases of smallpox were reported, with 272 deaths; in 1962, there were 2111 reported cases, with 153 deaths; in 1963, 282 reported cases, with 28 deaths; in 1964, 13 reported cases. We know that our efforts must be continued without relaxation until something like a hundred per cent. vaccination has been achieved throughout the country and this is the goal fixed for our present vaccination campaigns. Nevertheless, the success of our work cannot be guaranteed unless an overall programme is undertaken in neighbouring countries and our organization should undertake co-ordination of such activities as a primary necessity.

With regard to tuberculosis, we only recently acquired the first indications of the importance of this endemic disease in our towns and rural areas. It is striking that three-quarters of the cases hospitalized in the pulmonary tuberculosis service at Abidjan should be from rural areas. This is very different from the ideas that were accepted a few years ago. We therefore found it necessary to develop antituberculosis services to carry out pre- and post-hospitalization work. The initiative was taken by a benevolent institution set up at the end of 1957. The work was subsequently organized and developed by the public services, a particularly important antituberculosis centre being set up in Abidjan.

Our programme comprises:

1. Exhaustive country-wide survey with tuberculin testing. This has confirmed the seriousness of the endemic disease since, for the under-20 age-group, positive reactions exceeded 65 per cent. in rural areas and reached 90 per cent. in the town of Abidjan.

2. Intradermal BCG vaccination of non-reactors to the tuberculin test. This vaccination will shortly be applied intensively and without prior tuberculin testing to the lowest age-groups.

3. Radiographical case-finding of all positive reactors to the tuberculin test, carried out at permanent centres in Abidjan and by mobile X-ray units in rural areas.

4. Finally, free treatment by chemotherapy of all cases found over a period of at least eighteen months.

In the past three years, more than 350 000 tests and more than 100 000 vaccinations have been carried out. For the tuberculin tests and vaccinations in rural areas, we use a dense network of mobile teams attached to the Major Endemic Diseases Service, so that surveys and preventive work covering the whole population are carried out in the shortest possible time.

The more complicated and costly case-finding by radiography is the responsibility of the Abidjan antituberculosis centre and follows a different rhythm of work. All films are developed and interpreted at the centre, where the best technical facilities are available.

With regard to treatment, we try to ensure that all infectious cases have a short initial period in hospital, for some weeks of intensive treatment and for orientation of patients—an essential element for the continuation of ambulatory treatment, which always lasts over a year. Follow up of treatment is either by health units (nearby hospitals or out-patient clinics) or, where these do not exist, by local benevolent associations organized under the aegis of the national antituberculosis association. This system allows the case-finding programme to proceed unhindered with the search for cases who can be cured most surely and economically.

New centres have been or are to be opened; and these will enable us progressively to achieve country-wide coverage with effective control measures against this endemic disease, which is spreading so alarmingly in most of the developing countries.

Health education forms part of all public health activities in the Ivory Coast, whether large-scale vaccination campaigns, maternal and child health, or sanitation programmes. Designed to facilitate the psychological approach, health education enables us to obtain public support and collaboration for our various activities. In addition the central health-education section has certain specific functions including: preparation and co-ordination of health-education programmes; participation in the training programme for nurses and midwives; preparation of audio-visual material; preparation of radio and television programmes; distribution of articles to the press—and, shortly, the organization of a national health-education centre at Abidjan.

These are the few comments which the Government of the Ivory Coast wished to bring to the attention of the World Health Assembly after reading the Director-General's Annual Report.

I would not like to end my statement without expressing to Dr Bernard my Government's sincere congratulations on his outstanding work in the African Region in his capacity as personal representative of the Director-General. The Ivory Coast delegation is sure that Dr Quenum, the Regional Director, will continue with a firm faith and strong determination the work started by his predecessors, and I wish him every
success. Finally, Mr President, may I say how much my Government appreciates the varied assistance received from the Organization in the implementation of our public health programmes. We are deeply grateful.

The President (translation from the Spanish): Thank you.

9. Election of Members Entitled to Designate a Person to Serve on the Executive Board (resumed)

The President (translation from the Spanish): The votes have now been counted. Here are the results of the election of Members entitled to designate a person to serve on the Executive Board:

- Number of Members entitled to vote: 117
- Absent: 8
- Abstentions: nil
- Papers null and void: 4
- Number of Members present and voting: 105
- Number required for simple majority: 53

The Member States elected are as follows: Mexico—105 votes; Peru—105; Morocco—103; India—102; United States of America—101; Guinea—100; Yemen—100; Czechoslovakia—99.

In view of these results I propose that the Assembly adopt the following resolution:

The Eighteenth World Health Assembly,

Having considered the nominations of the General Committee,

elects the following States as Members entitled to designate a person to serve on the Executive Board: Czechoslovakia, Guinea, India, Mexico, Morocco, Peru, United States of America, Yemen.

Are there any comments? There being no comments, the resolution is adopted.

May I thank Dr Engel, Dr Amorin and Dr Webb for taking charge of the counting of the votes.

The meeting is suspended for a few minutes. An electric bell will ring when the meeting is to resume.

Mr Owusu-Afiyie, Vice-President of the Assembly, will preside over the rest of the meeting.

The meeting was suspended at 4.45 p.m. and resumed at 5.15 p.m. with Mr Owusu-Afiyie (Ghana), Vice-President, in the chair.

The Acting President: Distinguished delegates, the meeting is resumed.

The President of the Assembly has asked me to replace him. I should like therefore to take this opportunity of saying how much I appreciate the honour you have done to my country in electing me as Vice-President of this Assembly. I thank you very warmly in the name of my country and in the name of the delegation of Ghana to the Eighteenth World Health Assembly.


The Acting President: We shall now resume the general discussion on items 1.10 and 1.11. The next speaker on my list is the delegate of Algeria, to whom I give the floor.

Dr Bentami (Algeria) (translation from the French): Mr President, Mr Director-General, honourable delegates, the Algerian delegation is happy to congratulate you, Mr President and the other Vice-Presidents—H.E. the Minister of Health of Iraq and the head of the Swedish delegation—on your election as vice-presidents; and our delegation would be glad if you would tell President Olguin how fully we associate ourselves with the feelings that have been expressed by previous speakers, and how warmly we congratulate him on his brilliant election to the presidential chair. We are convinced that under your guidance and that of Dr Olguin the work of our Assembly will proceed smoothly and will reach a successful conclusion in the atmosphere we all desire and which is appropriate to our mission.

We have read the Director-General's Report very carefully, and have been able to measure the extent of the work of the World Health Organization under the able guidance of the Director-General and of his collaborators, to whom we would here pay tribute for the way in which they have always accomplished their mission, not only in our country but in every country in need of their help. Algeria has had occasion to appreciate the efforts of the World Health Organization and the assistance provided by it and its experts, and we would here once again express particular thanks to the Director-General, who has always approached our problems with the greatest understanding.

At the end of this general discussion, during which we have listened to speeches full of valuable information, my delegation will refrain from repeating what has already been said, and so well said, on the different items of the agenda of the Eighteenth World Health Assembly. We shall confine ourselves to commenting as briefly as possible on a few points. We should like, in particular, to tell you about the programme established by our Government for disease control and public health protection, then to make a few remarks on what we consider to be the important principles that have governed the nomination of the officers of our Assembly over the past few years. We shall also
state our views regarding the problems arising from the presence or absence of certain countries, problems which are embarrassing to-day and are liable to hamper the work of WHO even more in the future if reasonable solutions cannot be found to them as soon as possible.

On the principle that humanitarian and social medicine should benefit all sections of the population, whatever their social or economic standing, our Government has drawn up a programme in which preventive medicine and medical services for the rural populations have a large role. In spite of shortage of medical and paramedical personnel we have been able, with the aid of WHO and bilateral co-operation with certain countries, to face the danger inherent in the medical void which followed the attainment of our independence.

Vaccination, sanitation and health-education campaigns have been organized throughout the country with the active participation of the population, of all the organizations, and in particular of our young people. I would like to mention the considerable contribution made by our young people to health work in Algeria, particularly in view of the fact that, at present, fifty per cent. of the population is under twenty years of age; in 1970 the proportion will be sixty-five per cent. This contribution of youth is so marked that it has not escaped the notice of those who have visited our country for the purpose of assessing the health situation and the activities undertaken by our Government. In this connexion, I would cite the words pronounced by Dr van de Calsayde when he visited Algeria recently: "Progress in the field of health is very rapid here, thanks to the devoted efforts of the young people."

The results have been fully commensurate with the efforts made. Mobile medical teams are now touring the rural areas so that doctors can visit the sick. These teams ensure continuity of treatment and apply preventive measures. By permitting ambulatory treatment to be developed, they help to reduce considerably the number of patients treated in institutions.

Maternal and child health, rehabilitation centres and health education are receiving close attention from the Government. Nutrition problems are being carefully studied and measures varying according to the types of food produced and available in the different areas of Algeria will be taken to remedy the ill effects of undernourishment, malnutrition and nutritional deficiencies.

At the same time, the Algerian Government has been, and is still, making intense efforts to train the medical and paramedical staff needed to carry out our health programmes and without whom there can be no valid health policy. To this end, many paramedical training schools have been opened throughout the departments of Algeria for the training of technical health personnel, male and female nurses, health educators and sanitarians.

As we have already said, Algeria is receiving technical and material aid from the World Health Organization in carrying out the immense task which it has undertaken for the improvement of the nation's health. There is no doubt that the joint effort made by WHO, UNICEF and the Algerian Government to this end has provided very valuable experience.

Nevertheless, the problems of Algeria and of all the developing countries have specific characteristics and their solution calls not only for competence but also, and above all, for full knowledge of local conditions—and I would say even a very intimate knowledge of the problems arising in those countries. We are therefore justified in saying that the fact that for the past three years representatives of the non-aligned countries have been acting as officers of this Assembly is a sign full of promise for the Organization's future work. It is to be hoped that this evolution in thinking, already evident in our organization, will also take place in certain other specialized agencies. It is in keeping with the trend of history and with the nature of things. It has been confirmed by the admission to WHO of a great number of non-aligned countries, including Malawi, Malta and Zambia which we are particularly happy to welcome here today.

We thus come to the problem of the absence or presence of certain States. We feel obliged to express our conviction that the statements which have been made here in opposition to the absence of representatives from a certain State, and even in support of attendance by other undesired delegations, show that the grounds are definitely political. We shall refrain, out of respect for our organization, from engaging in any polemics on this subject, but it is our duty to declare that we cannot be accused of engaging in politics when we ask that the People's Republic of China which has been the subject of many debates here, be represented at this Assembly, or that countries that practise racial discrimination founded on the colour of a people's skin should be excluded from this Assembly. We do not think we are mistaken in saying that no-one in this Assembly can complain if our actions and our efforts are inspired solely by our firm determination to ensure that WHO's help and support are available to hundreds of millions of human beings for the protection of their health, a fundamental element in all human well-being.

This attitude is surely in conformity with the universal mission of WHO? Indeed, we are certain that our organization will not long delay the settlement of these problems, since the least that can be said is that, on the one hand, they involve the fate and health
of several hundreds of millions of our fellow beings and, on the other, failure to solve them will deprive WHO of the valuable co-operation which could be obtained from the countries at present absent from our organization.

Before concluding, we would again say how attached we are to the World Health Organization and take this occasion to express our satisfaction at the co-operation which exists between the World Health Organization and the Health, Sanitation and Nutrition Commission of the Organization of African Unity.

Mr President, ladies and gentlemen, H.E. Ahmed Ben Bella declared recently: "We shall remain very attentive to anything that can reinforce peace in the world. We shall encourage all initiatives. We shall always endeavour to act so that what chance there is of peace may be preserved, and for this reason we shall remain in the United Nations, but we shall endeavour to ensure that the United Nations becomes the responsible body."

My delegation is happy to repeat, on behalf of our Government, that we support the United Nations and its specialized agencies in their battle for liberty and peace.

The Acting President: Thank you, Dr. Bentami. I now give the floor to the delegate of the United States of America, Dr. Terry.

Dr. Terry (United States of America): Mr President, friends, and distinguished colleagues, I am deeply privileged to bring the greetings of my Government to the nations represented at this, the Eighteenth World Health Assembly.

On behalf of my delegation and myself, I wish to congratulate our new President, Dr. Olguín, and our Vice-Presidents on their election. I should also at this time like to congratulate the last President, Dr. Afridi, on the successful completion of the duties of his office. I should also like to congratulate Dr. Candau on the fine Report delivered to this Assembly and on the strong leadership which he has given the Organization.

In the now famous speech made at the Holy Cross Commencement in Worcester, Massachusetts, last June, President Johnson described the great world society as a place where every man can find a life free from hunger and disease—a life offering the chance to seek spiritual fulfilment unhampered by the degradation of bodily misery. He stated the resolve of the United States of America to find new techniques for making man's knowledge serve man's welfare, and our intention to expand our efforts to prevent and to control disease in every continent, co-operating with other nations which seek to elevate the well-being of mankind.

Humanitarianism demands health for its own sake. The economic, educational and social consequences of a healthy society are important, but only secondary to our major purpose. We believe that as economic resources develop they should be employed to attack preventable diseases wherever they occur. There are groups and sectors in the world population which are susceptible to many preventable diseases and which could benefit greatly from control programmes.

The concept of disease eradication, or the elimination of individual enemies of mankind, one by one, although it dates back many years, has been considered feasible only in recent years, and is still considered almost impossible by those who are not familiar with our work in the World Health Organization.

In the United States of America we have seen some amazing results; ten years after licensing of the Salk vaccine, polio has been practically wiped out. It is one of the most dramatic success stories of this generation. In 1964, we had only ninety-three cases of paralytic polio in the entire United States of America. Many other countries have had similar success.

Important as short-term campaigns against individual communicable diseases may be, the greatest profit in all of our countries comes from well oriented, long-range programmes. This is particularly true with diseases such as tuberculosis. Many people now believe that tuberculosis can be eradicated. To reach this goal, however, there must be long-range planning from the beginning. The fact that long-term planning is essential should not be an excuse for delay, but rather should be a stimulus for getting on with the job as soon as possible.

To quote again from President Johnson: "... we have the knowledge to reduce the toll of these diseases, and avert these millions of separate tragedies of needless death and suffering". Knowledge represents responsibility. Recognizing each case of preventable disease as an individual, separate tragedy, the conclusion is unavoidable. Each of us individually, and all of us together in WHO, must call upon all resources available to "control disease in every continent... and elevate the well-being of mankind".

The United States has been interested in the development of a satisfactory method for monitoring adverse drug reactions on an international basis for some time. New drugs are being discovered at a rapid rate and some of these discoveries will be the ammunition for our war on disease. Some may create more problems than they solve, and this is the group with which we are most concerned. We know that the governments of many other countries, like us, are interested in an international system for monitoring adverse drug reactions, and we are prepared to join with them, through WHO, to establish a suitable system.
Expert committees and scientific groups have met on this matter, and these groups are agreed on the urgency of collection and rapid transmission of information on serious adverse drug reactions. The last scientific group meeting in November 1964 urged that a monitoring system be put into effect without delay.

My country, I believe, has a great deal to contribute to such a programme and also will profit greatly from it. The United States of America is prepared to co-operate in the implementation of an international programme through WHO and with WHO Member States that have national programmes. In order to assist in making an international system an early reality, we are happy to offer the facilities and resources of the United States Food and Drug Administration to be a part of the system. This international programme for monitoring adverse drug reactions would include the collection and screening of reports in Member States having national programmes. The international centre might serve in a manner similar to WHO-designated centres which are operating in many fields.

All nations are committed to achieving a higher standard of living for their people—a good health, literacy, education, and gainful employment. An important barrier to the achievement of these goals is the current rate of population growth. If the same rate of growth continues, there will be 12,000,000,000 people by 2035. United States leaders have recently expressed increased interest in this subject. President Johnson, in his State of the Union Message on 4 January 1965, said: "I will seek new ways to use our knowledge to help deal with the explosion of world population and the growing scarcity of world resources".

Vice-President Humphrey has expressed his concern lest WHO continue basic research indefinitely and fail to meet head on the world population problem—by demonstration and other projects.

The United States of America has recently taken steps to increase substantially research programmes in population growth within our own National Institutes of Health, and will take steps to make results of such research freely available to countries requesting assistance. The Agency for International Development (AID) is beginning to receive an increasing volume of informal requests for information and assistance in relation to this problem. AID has, of course, long given assistance in the development of health services and the training of health personnel. Assistance has also been given in developing official statistics, including population censuses and vital statistics. In the past year, AID has begun to furnish countries, upon their request, with general reference materials and technical publications dealing with a wide range of subjects, from demography to family planning. AID is also prepared to respond to requests for technical assistance in fertility control. AID does not advocate any particular method of family planning. Freedom of choice must be the right of all people.

The immediate impact and long-term implications of world population increases are sobering and are recognized as such by our Government, by other governments of the world, and by individual leaders concerned with human welfare. The problem is not an easy one and there is no simple instant solution. The United States of America and other Member countries of WHO, as well as other United Nations agencies, look to WHO as the world leader in medical health affairs. This leadership, so well earned and respected, should not be allowed to falter in an area so vital and fundamental as population growth and its relationship to social, economic, and physical well-being. It is timely for the Health Assembly to take positive action in the adoption of a clear-cut policy that will permit the intensification and expansion of activities in the health and medical implications of population growth. The United States of America believes that it is of the utmost importance that WHO proceed as rapidly as is feasible in expanding the scope of the technical assistance which it is prepared to give upon request of governments, in developing statistical data and research methodology, and in devising programmes related to the health and medical aspects of population growth.

During the last year and a half, several proposals have been made, formally and informally, related to international medical research. Shortly before his death in 1963, President Kennedy proposed in his speech before the General Assembly of the United Nations the establishment of a world centre for health communications under WHO. This would be a centre which would warn of epidemics and adverse reactions of drugs, as well as transmit the results of new experiments and new discoveries. Later the same year, the Ministry of Health of France invited several countries to meet in Paris to consider the possible creation of an international entity devoted to cancer research. A third major proposal was made at the last Health Assembly, by the Director-General, for a world health research centre with main organizational units in epidemiology, communications science and technology, and biomedical research.

The United States of America is on record as favouring the orderly development of WHO's medical research potential. In order for this development to occur in a sound manner, we believe it is essential that basic staff services in fields of communications technology and epidemiology be developed and strengthened. Some of the necessary staff services
already exist in WHO in embryonic form, but these services should be improved and placed so that they will be readily available to all research units, including those designed to deal with specific health problems such as cancer, heart disease, or toxicology.

We believe these services in epidemiology and communications technology would be more appropriately developed as a part of the WHO executive staff financed by the regular budget rather than as a separate world health research centre, as proposed by the Director-General. We are thus unable to support the Director-General’s proposal in its present form.

We support and encourage the development of a world-wide health communications service as an integral part of WHO, building as appropriate upon existing facilities, and we offer the United States National Library of Medicine in Bethesda, Maryland, as a major facility for this programme.

We also encourage and support the development of improved and expanded WHO services in epidemiology as a necessary and integral part of the total WHO research programme. The many facets of this programme must be explored carefully, costs, priority objectives, best use of limited trained manpower, etc. Provision should be made to incorporate funds into the regular budget to support these services.

Regarding the International Agency for Research on Cancer, we are glad to participate with other interested nations in an attempt to find a way to stop cancer. We believe that an international approach to the study of cancer, and especially its epidemiology, may make very significant contributions to our understanding of this baffling complex of diseases.

Mr President, I can assure you that we in the United States of America are ever interested and ready to share our medical knowledge, as well as our training and research facilities, with the other countries of the world. We are prepared to discuss ways in which our Government’s laboratories and other facilities in the field of health can, in the framework of this organization, better serve to improve the health of all peoples of the world.

Mr President, I have been impressed by the statements of the various nations in relation to the real progress which is being made in advancing the world’s health. At the same time, I am disturbed at the repeated attempts made by several delegates to use this Assembly as a political forum. During the course of the last few days, a number of verbal attacks have been made on my country in this Assembly. I shall not be lured into political debate by these remarks. Let me just say that my country values peace and independence, but we recognize that peace cannot exist unless there is independence. We are interested in independence not only for ourselves but also for our world neighbours, especially the small and new countries. Indeed, the record of my country in giving assistance upon request to countries endangered by aggression is well known by the members of this Assembly. However, when political differences exist there is another forum where these matters may be properly debated. Such matters are not proper for this Assembly. Let us not be diverted or divided in our pursuit of the great humanitarian objectives of the World Health Organization, but let us move ahead with a positive, constructive programme to improve the health of all of the people of the world.

The ACTING PRESIDENT: Thank you, Dr Terry. I now give the floor to the delegate of the United Kingdom of Great Britain and Northern Ireland, Sir George Godber.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland): Mr President and fellow delegates, my delegation joins those who have already spoken in congratulating the Director-General and his staff on the work of the year and the succinct record they have presented to us. The Chair has asked us to be brief, and I wish to comment only on three points from the Report.

The Report records many instances of co-ordination of studies in several countries, which would not have occurred without the support of this organization. It mentions particularly active immunization against measles. We urgently need results from well-controlled studies if we are to adopt a satisfactory system for the control of measles. The opportunity to prevent the next biennial epidemic of measles may occur in Britain next year if a safe and effective schedule of immunization for general use can be demonstrated. The need of other countries where measles is still a lethal disease is far more pressing, as Dr Majekodunmi and the delegate of the Democratic Republic of the Congo have reminded us. I hope the Organization can find means of promoting the development and use of more comprehensive combinations of killed antigens than the triple vaccine to which the Report refers. We should be approaching a pattern of active immunization using, as far as possible, combined antigens at selected ages so that we no longer need episodic, expensive and only slowly effective campaigns against individual infections. For this, more research on combined antigens is needed and international collaboration could expedite the results.
Secondly, the report refers to the lack of trained medical geneticists, which my country experiences equally with others. Despite this, we can still develop our sources of information about genetically determined deformities present at birth. We need this not only for purposes of genetic research but much more to ensure proper treatment of defects so detected and preventive action against those types of deformities which are the result of adverse effects on the foetus during pregnancy.

Thirdly, screening tests for pre-symptomatic disease are mentioned and they were the subject of the technical discussions at the last European regional meeting. I hope this organization will promote exchange of information on this, because the extremely rapid advances in automatic analysing apparatus in laboratories and automatic data-processing are out-running our understanding of their practical applications in medicine.

I must also mention the Director-General's emphasis in his opening remarks on the place of medical administration in the future. I agree that we need to ensure a supply of able men trained both in technical medicine and in the organization of medical care systems. But we must recognize that others have an important part to play in such organization. The traditional pattern of training in what has been called "public health" no longer provides all we need. The Organization is rightly concerned with promoting new methods of training, and the Indian initiative that was mentioned earlier in the discussion is encouraging.

While the main effort of the Organization must go into the control of disease in those countries where services are less developed—as the delegate of the Union of Soviet Socialist Republics and the delegate of India have both emphasized—it yet has a vital role in promoting the interchange of new knowledge between all countries, so that the advance of medical science can accelerate as it should. It is essentially in such a co-ordinating role that the Organization should seek to promote both medical research and the application of the fruits of research to the promotion of world health. I support strongly the views expressed by Dr Engel on this subject. We suffer even more from a failure to apply the results already achieved by research than from lack of research itself; and Dr Terry's statements about monitoring adverse reactions and the problems of population dynamics are particularly welcome.

Finally, Mr Vice-President, may I say that it is a pleasure to take part in this Assembly under your distinguished chairmanship, as it has been under the chairmanship of our President, Dr Olguin.

The Acting President: Thank you, Sir George. I now give the floor to the delegate of Upper Volta, Dr Lambin.

Dr Lambin (Upper Volta) (translation from the French): Mr President, fellow delegates, on behalf of my delegation I should first like to associate myself with the speakers who have preceded me in offering warmest congratulations to the President, Dr Olguin, on his brilliant election to the presidency of this august Assembly. With his outstanding career, and long experience of our organization, I am certain that he will guide the work of the Eighteenth World Health Assembly to a successful conclusion. I would also extend my congratulations to the three Vice-Presidents and to the members of the General Committee.

I have another agreeable duty—to express my satisfaction at the increase in the number of WHO Members by the admission of three countries which have recently become independent, Malawi, Zambia and Malta. I should like to welcome these three countries.

May I also express to the Director-General my appreciation of his precise and informative report, covering all the branches of WHO's work, and extend to him and to all his collaborators, without exception, our thanks for the continuous devoted and dynamic work for the improvement of the health of mankind.

Without wishing to take up too much of your time, Mr President, I should like to mention some of my country's public health problems.

The regression of smallpox has continued: 2260 cases in 1961, with 341 deaths; 1550 cases in 1962, with 123 deaths; 335 cases in 1963, with 29 deaths, and only 8 cases in 1964, with no deaths. In 1964, 1516787 vaccinations were performed. Such an effort by a developing country to protect its population cannot be successful unless a regional immunization programme covering a number of countries in the same zone is implemented at the same time; everyone knows that the communicable diseases know no frontiers. WHO is actively engaged in carrying out such regional programmes for the eradication of smallpox in Africa and I hope that its efforts will be crowned with success.

Trypanosomiasis, which was a veritable scourge twenty-five years ago, is today under control. There were 313 new cases in 1964, which corresponds to a new-case rate of 0.014 per cent.

As indicated in the Director-General's Report, the extension of systematic search for $\beta$-macroglobulin in the blood and in the spinal fluid by a method worked out by the Pasteur Institute in Dakar, Senegal, will make it possible, in the residual foci, to detect and treat the great majority of trypanosomiasis cases, some of
whom may not have been detected by the classic diagnostic methods; in this way, it should be possible to arrive at the sterilization of the reservoir of the human virus and subsequently the elimination of trypanosomiasis.

The position with regard to leprosy is that on 31 December 1964 there were 132 798 cases, including 89 396 patients (i.e. 77 per cent. of the "patients to be treated") who had been "treated at least once" and 43 507 patients (i.e. 31.1 per cent. of existing cases) who were reported as no longer showing any clinical sign of leprosy. It may be said at least that about one-third of the existing cases of leprosy are practically cured. This is certainly an extremely encouraging result for it shows that an anti-leprosy campaign can succeed in Africa—contrary to what may sometimes be thought. All who know how much effort has been needed to reach this result will appreciate the difficulties that have been overcome. In any case, this extremely hopeful result should be great encouragement for continued and, if possible, intensified efforts.

I now turn to onchocerciasis, the cause of so much blindness in my country. On the basis of the data compiled over the past two years and taking into account the relationship observed between the proportion of nodule carriers and the proportion of microfilaria carriers, it is estimated that there are between 350 000 and 400 000 cases of onchocerciasis. There are villages where there is 70 to 80 per cent. parasite infestation rate. Because of the biology of the vector, it is in the valleys, i.e. in the most fertile areas, that onchocerciasis is most serious. Not only do many of the inhabitants of these valleys migrate towards more clement areas, but those who remain behind have to care for a sometimes alarming number of blind persons. Onchocerciasis causes ocular lesions properly speaking, but the damage to the iris and chorio-retina is the principal problem. It is not uncommon to find in an onchocerciasis-infected population 8-10 per cent. of persons who have become blind as a result of lesions of the uvea and retina; 15-20 per cent. of patients suffer from serious lesions of the iris and chorio-retina, which means that, in addition to victims of immediate blindness, ten per cent. of onchocerciasis patients are destined to become blind sooner or later. A project for the eradication of onchocerciasis in my country and in two neighbouring countries has been submitted to the European Development Fund.

I must now refer briefly to the studies on food contamination by Aspergillus flavus and other micro-organisms, carried out by laboratories in various parts of the world and by the laboratory of the Organization for African Nutrition and Food Research (ORANA) which is one of the four institutes of the Organization for the Co-ordination and Co-operation of Control of the Major Endemic Diseases (OCCGE) of West Africa, to which my country belongs. After the discovery of aflatoxin, its chemical properties and methods of detecting and assaying it, research workers determined its harmful effects on poultry, rats, pigs and bovines. This toxin provokes death in young animals and in adult animals causes specific hepatic lesions with loss of weight. The existence of these microtoxins in human food and in fodder for livestock may therefore have repercussions on public health and economy. Most of these moulds, particularly Aspergillus flavus, require tropical and sub-tropical temperatures and humidity rates for their development. Experimental studies have been made on 150 white rats of the Wistar strain and on young cynocephalic monkeys. The rats, fed with naturally contaminated peanuts, developed primary liver cancers after a fairly short experimental period, namely, five months. In this connexion my only aim is to draw your attention to the question of primary cancer of the liver in Africa and in particular in black Africa; as you know, this is a form of cancer which affects only the black races. Active pursuit of research on aflatoxin may throw some light on the complicated problem of primary liver cancer in the black races. We feel that our organization should take a special interest in this research work and support it.

Finally I wish to express my deep gratitude to all those who give us effective assistance in our public health programmes: I refer to the World Health Organization, France, the United States of America, the Federal Republic of Germany. Special mention is due to UNICEF which has never grudged us its assistance. May men, whatever their race, colour, religion or social condition, continue to give each other disinterested and mutual assistance in a spirit of love, brotherhood, charity and peace.

The Acting President: Thank you, Dr Lambin. I now give the floor to the delegate of Mali, Dr Dolo.

Dr Dolo (Mali) (translation from the French): Mr President, on behalf of the delegation I have the honour to lead, I also would not wish to miss the opportunity of congratulating you very warmly on your election to the high office of President of the Eighteenth World Health Assembly. Is it really necessary to comment upon this gesture of our noble Assembly? It was no more than an act of equity, a solemn confirmation of your competence, of the contribution you and your country have made to the development of our organization, and an act of justice towards the Region of the Americas. You incontestably deserved your election, Mr President, in spite of the deliberate attempts to flout tradition—which is nevertheless so dear to this learned organi-
zation. You will, however, forgive me, Mr President—for I know your modesty and greatly appreciate it—if I refer at this stage in our work to the little diplomatic incident in this forum of technicians whose thoughts and actions, in spite of its desire to detach itself from politics, are guided by political motives. It is human, of course, and therefore natural, if not logical.

I would also take this opportunity of greeting warmly and fraternally the sister delegations of countries which are here for the first time; I refer to our friends from Malawi, Malta and Zambia. Your people, my dear friends—who have seized their independence to the cry of “Long live freedom”; freedom, that thing we hold so dear and to which the representative of Mauritius referred the other day—are confronted with the hard fact that they must live to preserve that freedom, to preserve it because it is their imperissible right, preserve it so that they can submit their problems objectively to the international organizations—in this case their public health problems and the urgent needs they represent. I am sure that all the delegations here, but particularly those of the African countries, will have welcomed enthusiastically the participation of these three countries in the work of the Eighteenth World Health Assembly. We bid them welcome.

Unfortunately, Mr President and fellow delegates, there are still serious gaps in the ranks of the delegates attending this conference; gaps which should be filled by peoples willing and determined to make a positive contribution to the search for means to promote and protect the health of humanity—peaceful people who constitute more than half the world’s population and who are banned from this organization because they have had the courage and will to oppose imperialism. We should like to see our organization universal, open to all peoples and races, whatever their political opinions. This is what is proclaimed in the preamble to the Constitution of our organization. Should we be silent in the face of these acts of the imperialist vampire, of outdated colonialism, of sectarian neo-colonialism? No. For its part, the Government of Mali, voicing the feelings of its people today as yesterday, persistently and solemnly denounces these aberrations of human nature, the desire to be omnipotent, the whims, the fantasies of imperialism and colonialism. The Government of Mali solemnly proclaims in the name of its people, that the peoples of China, Viet-Nam, Korea, South Africa, Mozambique, Angola and Guinea-Bissau, have the right to an equal chance to enjoy the benefits of international medical science and to contribute to the development of human health.

It is not right, it is not just, that imperialism, defying itself, unfurling its standard of the atomic bomb, of napalm, of poison gas, in contempt of all international moral concepts, should, with the open or tacit complicity of neo-colonialism, bar the international route to physical, mental and social well-being to more than half of the world’s population, thus violating the other declaration contained in the preamble to our Constitution: “The health of all peoples... is dependent upon the fullest co-operation of individuals and States”.

It is therefore inconceivable that sane human reasoning should remain mute in the presence of these acts of imperialist and colonialist dictatorship, in the presence of apartheid, adopted as an official policy in the presence of racial discrimination which is an affront to human dignity, aggravating and multiplying the causes of suffering and therefore of disease and death which are already sufficiently numerous to trouble the conscience of men of goodwill, or of any man.

The peoples of Angola, Mozambique, Guinea-Bissau, South West Africa, South Africa, China, Viet-Nam and Korea have the right and the duty, in the interest of universal solidarity in this field, to help in creating better world health. If this health organization is a world organization, if it wishes to be universal so as to be more effective, it is high time it ceased to be the preserve of a few privileged governments, or rather the tool of those who used to be called “the international policeman”.

After these few remarks of a general order, I should like, in spite of imperfections, deliberate omissions and serious gaps in both the concept and the realization of the common ideal which inspires us, to refer to the Director-General’s Report on the work in 1964. Here again, I will not enter into details, but content myself with a few general remarks. First, I congratulate Dr Candau and his team of enthusiastic collaborators, all moved by a desire to make the work of the Organization universal if they were not hindered by certain artifices and encumbrances.

Many programmes for the betterment of human health have been implemented in the various Regions. Here, there has been marked progress in the fight against malaria, smallpox, treponematosis, tuberculosis; there, pre-eradication programmes are being enthusiastically launched; elsewhere, the health situation is better known thanks to co-operation and the spirit of solidarity which governs the distribution by intergovernmental and international agencies of health information, and of the new techniques and methods which result from the experience and the tenacious research work of the world’s physicians and scientists. Everywhere, fresh progress is recorded, and that incites us to optimism, and also, and above all, to perseverance in our daily battle against suffering, poverty and disease. The frontiers of communicable
in dealing with our health problems, to devise a strategy for epidemic and endemic diseases still take a heavy toll on the world’s population; we must persevere because clearly the slightest progress must be preceded by the prolonged acquisition of new knowledge—under social and economic conditions that are well-known.

In Mali, as in the Ivory Coast and in Cameroon, malaria continues to be a serious challenge; so does smallpox, and also tuberculosis, the disease of the future in the developing countries; onchocerciasis continues to blind thousands of adolescents and young adults in the full force of life; bilharziasis, the treponematoses, cerebrospinal meningitis, measles and other epidemic and endemic diseases still take a heavy toll of the African populations and will long continue to do so. Many fronts to fight on where victory must be won, but few combatants and fewer weapons and ammunitions for the battle. Hence the need for us, in dealing with our health problems, to devise a strategy adapted to our own material and human resources, to our determination and ability to apply strict austerity in the consumption of our products. The developing countries, the young countries of Africa which you have learnt to know in recent years, are confronted with hard realities involving immense and urgent needs and necessitating objectively selected means of action taking into account the uncertainties and whims of external technical assistance, to which some conditions are always attached. These young countries are maturing very quickly and are well aware that it is dangerous to take a hastily chosen short-cut to the happy goal of better health.

We are well aware that arbitrariness and improvisation can lead only to failure and disaster for our people thirsting for happiness and prosperity. This is one of the main reasons why I welcome the subject of the technical discussions at this Eighteenth World Health Assembly and the considerable effort made by the Secretariat to provide the governments of these countries (which are still handicapped by immaturity and subjectivity) with an effective tool in the form of a specially designed medical and social programme permitting rapid improvement of the public health standards.

My delegation considers that the time for describing and cataloguing the endemics, epidemics and other diseases which assail our peaceful population has passed; we all know them, their extent and seriousness. We must now endeavour to adapt our medical and health activities at the governmental and international levels so as to attain, in a few decades, the point now reached by the developed countries after centuries of effort. This is the prodigious task to be accomplished by means of the multilateral co-operation exemplified in the creation of WHO. However, to talk of prodigies sounds unrealistic in view of the many and varied human problems to be solved; the ideal is rarely attained, although mankind—for ever discontented—strains continuously towards it. Only rigorous planning, even if not at all scientific, can extract us from the vicious circle: the immensity of the needs (whether real or imaginary), the meagreness or lack of material and human resources, the aggravation of the health situation which in turn affects economic development; the cycle continues ad infinitum. How are we to escape from it except by strict planning, by the careful establishment of priorities within the general framework of economic and social development, by a more objective and realistic assessment of our present and future potentialities within the framework of international solidarity?

Exceptional situations call for exceptional methods and means. That is why we have been insisting for several years that the structure of our organization should be made more flexible, less rusty, and better adapted to deal with the growing pains of the past four years and to adopt the necessary new remedies to overcome those pains.

How can you expect us, together with Mauritius and the countries of Latin America, to applaud the success of the malaria eradication programme when Mali still registers 400,000 cases of malaria annually amongst its four-and-a-half million inhabitants? As the Director-General has said, malaria and its sister diseases onchocerciasis, tuberculosis and bilharziasis, call for the Organization’s special attention if the national programmes are not to become perennial pre-eradication operations. New techniques and methods must be applied for financing and executing programmes for the control of these major endemic diseases, and our organization should follow the example of UNICEF and adopt a more dynamic attitude to them.

Once again, whilst appreciating the very positive work done by WHO for the achievement of the aim it has set itself, I deplore the heaviness of the machine and the enormous quantity of documents, brochures and other printed matter which it issues at such high cost and which cannot always be profitably used, at least by our young governments. I would suggest that the experts and advisers the Organization sends to us should be less concerned with exoticism and tourism than with the real purpose of their highly humanitarian and generous mission, that the reports and recommendations relating to such assistance
should be followed by action which can be directly appreciated by the population concerned, and that the programmes which WHO launches should be given continuous assistance until their completion. Then and only then will WHO become the twin sister of UNICEF—the favourites of the developing countries.

Here I would say to the Secretariat, which is the counterpart to our governments, that, like our governments, it should operate on the basis of a carefully reasoned, strictly scientific, balanced plan adapted to its means, potentialities, urgent needs, priorities and effective requirements. This brings me to the subject of the grandiose project for the creation of a world medical research centre. For our part we consider that this project is premature, that it does not come within one of the priority categories or, at any rate, is not an activity which WHO should consider to be of immediate urgency. It is all the more inappropriate when one remembers the limited material and human resources available at present.

In our view, WHO's immediate function in the field of research should be not in administration, but in the co-ordination, promotion and the stimulation of new studies and programmes in basic and applied research. Mr Director-General, we are well aware of your interest in this field but, young as we are, we feel that there are other priorities, other urgent needs and also other hard facts which urge us to patience with regard to your proposal.

There are, of course, the feelings and opinions of a young government and a young people, animated by an ardent desire to bridge the gap between development and underdevelopment which separates the peoples of the world, a desire which is ardently shared also by other peoples and their governments within the framework of human fraternity and solidarity.

Unfortunately, man, in his desire to be omnipotent continually conspires and acts against his brother man so that there are daily events in various spheres which jeopardize the advent of the time when man will enjoy the complete “physical, mental and social well-being” which remains the aim of WHO. Similarly, enjoyment of one of the rights which are recognized as belonging fundamentally and imprescriptibly to every human-being—that is, the right to enjoy the highest attainable standard of health—is also jeopardized daily on this shrinking planet. Is this a pessimistic view? No, rather a realistic one, for daily we are witnesses—silent, if not approving—of deliberate aggression against peaceful peoples, of serious attacks upon their sovereignty, their liberty: today it is Angola, Mozambique, so-called Portuguese Guinea, South Africa, the Congo, Viet-Nam, China, the Dominican Republic, Cuba; tomorrow other countries, other States unfortunate enough to be underdeveloped will be threatened by the atomic bomb, by napalm, by poison gas or even by biological warfare, as though we had not enough natural bacteria and viruses, enough causes of death without creating and scattering about fresh causes of death and disability.

“Never have the forces of evil benefited from such collusive silence” said President Modibo Keita at the last conference of the non-aligned peoples, and he added: “We have a solemn duty to be consistent with ourselves, to defend what we believe to be truth, justice and equity”. Yes, to be consistent with itself, our organization cannot call itself the protagonist of the highest level of “physical, mental and social well-being” and at the same time tolerate apartheid, poison gas warfare, threat of atomic war in China, attack on the sovereignty of the Dominican Republic, the out-dated colonialism of Portugal in Africa. To maintain silence in the face of such an unleashing of violence is to repudiate human dignity, solidarity and all the aims of international brotherhood, and therefore life itself. “Death rather than shame.”

Mr President, because of the short time allotted to us you asked us to be brief. We would willingly agree, particularly since more arduous tasks await us in our countries, but there is another reality, another duty we have to perform: we must tell the world what our people really think, compare our ideas so that they may be more fruitful in our search for a true human brotherhood. The supreme aim enfolds the purposes of WHO. Our mandate demands that we shall not devote from that purpose. We must, by action and not a mere pretence of action, achieve co-operation and solidarity in the field of health at the international, universal level. We must therefore denounce all factors that favour, or serve as vectors for, suffering, disease and death, from whatever government they come, especially when they are entirely man-made factors such as the acts of genocide perpetrated in the Congo, Angola, Mozambique and Viet-Nam.

Mr President, every human being without distinction, irrespective of race, religion, sex or political opinion, has an imprescriptible right to seek material and moral progress and spiritual development in an atmosphere of freedom, dignity, and economic security; he has the right to the highest possible level of physical and mental health and to equality of opportunity. Any discrimination in the application of this principle is a crime which should be suppressed by international society.

Apartheid is among the offences and crimes against humanity: it is repulsive to the human conscience. A government whose deliberate, official policy is apartheid can have no place in the friendly circle of international organizations; it is unworthy of our solidarity and brotherly love; it must be excluded from the
group because it is harmful to the group, like a bad seed in a sack of grain. This was the stand taken very clearly and deliberately by the Seventeenth World Health Assembly when it voted resolution WHA17.50 and entrusted the Executive Board and the Director-General with the task of submitting to the present World Health Assembly formal proposals with a view to the suspension or exclusion from the Organization of any Member violating its principles, or whose official policy is based upon racial discrimination.

We underline the words "any Member", that is to say, any government which at any time has signed the Constitution of WHO or accepted it without reservation. And we say "governments" and not "peoples", for governments, like individuals, pass away like dead leaves, whereas the people remain. We wish to stress this fact—that we do not equate governments with peoples. We are not—for we cannot be—against the people of South Africa; they are our brothers and no one better than the Africans can understand their troubles, their suffering, the inhuman living conditions imposed upon them by a white minority. Let nobody, therefore, moved by a cheap emotionalism, if not by Machiavellism, tell us that other governments and peoples feel more deeply the sufferings and misery of our South African brothers than do we, the Africans.

Mr President, I will not try your patience any longer, since this subject is on our agenda. I shall have an opportunity of returning to it in greater detail. For the moment, it is essential that the Assembly should be aware of the extent and gravity of this problem. We shall have time for clarification in committee and this must necessarily lead to the expulsion from WHO of the present government of South Africa. I thank you for your kind attention.

The Acting President: Thank you, Dr Dolo. I now give the floor to the delegate of Libya, Dr Ben Zikri.

Dr Ben Zikri (Libya): Mr President, fellow delegates, first I would like to offer my congratulations to Dr Olguin, the delegate of Argentina, on his election to the presidency of this, the Eighteenth World Health Assembly. I am sure that his guidance and wide experience will be of the greatest assistance to us all in our deliberations. On behalf of the Kingdom of Libya, I would like to extend my congratulations to the three Vice-Presidents and the Chairmen of the two main committees.

I now wish to add my congratulations to our Director-General, Dr Candau, for his lucid and comprehensive Report on the activities of the World Health Organization during the past twelve months, which I am sure we have all studied with the greatest interest. It is very gratifying to note the progress that has been made in so many fields and, in particular, in that of malaria eradication. I would like to express my country's gratitude to Dr Candau and to Dr Taba, Regional Director for the Eastern Mediterranean, for the valuable assistance in several projects, given to the Kingdom of Libya by the World Health Organization. There has been steady progress in all fields of health in Libya in the past year, thus necessitating an increase in professional staff and, fortunately, we were able to obtain a suitable number of recruits to our service. Our malaria eradication scheme is nearing completion and the results even now, by way of a great reduction in cases of malaria, are very gratifying.

The WHO tuberculosis team has started work in Benghazi during the last two years and we look forward to the results of their work. Meanwhile, our governmental antituberculosis service has been active, particularly in Tripoli, where some 6000 new cases are treated each year.

The training school for nurses in Tripoli and the one for sanitary assistants in Benghazi are now both progressing favourably. It is particularly gratifying that the number of girls recruited into the nursing school has shown an increase, which we hope will continue. Midwives continue to be trained at the various maternal and child health centres in the country. In all these projects, we were grateful to have the assistance of the World Health Organization.

I am delighted to be able to inform you that my Government, in its five-year development plan, has allotted the sum of 12,500,000 Libyan pounds for the pursuance of its health projects in that period. The plan will include the provision of some 2000 new hospital beds, some sixty comprehensive health units and some 180 rural dispensaries, besides five motorized mobile dispensaries for use in the desert areas. Extensions of laboratory service are also planned. Other projects in the plan provide for the further control of tuberculosis, trachoma, bilharziasis and malaria. Provision is also made for an extensive training programme in all branches of health work. Some of the funds are also to be devoted to health education, improvements to quarantine services, improvements to school health services, extension of maternal and child health services and to the establishment of a medical statistical section.

I feel sure we can look forward to further assistance from WHO in some of these projects. Having already expressed my country's thanks to the World Health Organization for the assistance which they have given to us, I would like to extend those thanks to UNICEF and FAO for the help which they, also, have given.
The Acting President: Thank you, Dr Ben Zikri. I now give the floor to the delegate of Belgium, Professor Goossens.

Professor Goossens (Belgium) (translation from the French): Mr President, following the example of the many spokesmen who have already addressed you on behalf of their delegations, I wish first of all to convey to Dr Olguín the congratulations of the Belgian delegation on his election to the presidency of this Assembly. We should also like to congratulate the Vice-Presidents of the Assembly and the Chairmen of the main committees, who share with him the heavy responsibility of guiding this important conference to a successful conclusion.

Once again the Report of the Director-General, drawn up with his usual regard for clarity, precision and comprehensiveness, contains valuable lessons for us. It provides both solid grounds for satisfaction and food for salutary thought. For that, we should like to thank him very warmly and, although we have long been accustomed to the high quality of the documents he puts before us, we cannot refrain from congratulating him on the latest of them—the Report on the work of WHO during the year 1964, at present under discussion.

The Director-General tells us in this report that further substantial progress has been achieved in the Organization's various fields of activity during the past twelve months. This is a very encouraging statement, but the Report soon makes clear that the task that remain to be accomplished is still immense. That fact is not, of course, likely to come as a surprise to us, but it needs restating from time to time. Which, then, among the subjects of concern to the Director-General, get first call upon his attention? As is fitting, the communicable diseases, amongst which pride of place goes to malaria and the daring programme for its eradication; tuberculosis and the new techniques for its control; smallpox and the project for its elimination.

If we are to achieve success in the fight against these scourges, and above all if that success is to prove permanent, it is essential to establish health services with a sound structure and staffed by qualified personnel. This, in turn, raises a third problem which is far from solution: that of education and the training of medical and paramedical personnel.

I shall break off at this point my reflections on the Report of the Director-General, hoping that I have shown by these few examples that the traditional tasks of WHO are still its high-priority tasks, calling for the most intense concentration of effort and the greatest mobilization of resources on our part; for it is not essentially our mission, in view of the terrifying inequality in conditions of hygiene throughout the world, to use every possible means to raise health levels in the most underprivileged countries?

The pursuit and, if possible, attainment of the main objectives of the programmes now being implemented is accordingly an urgent priority. Does that mean, however, that we must refrain from any new venture? I am thinking in particular of the proposed world health research centre that has been the subject of very thorough study during the past twenty months and of careful examination by the Executive Board. The position of my delegation, which I shall refrain from restating here, was explained during the last Assembly, and since then the Belgian Government has confirmed it in writing to the Director-General. Considering the pressing obligations under which the Organization lies and which I have just pointed out, the project will necessarily have to be strictly confined so as to comprise only those activities that are of unquestionable interest for the world's population as a whole and which cannot be effectively carried out at the national level.

When resources are limited—as in fact they are everywhere, at both the national and international level—the rule must be “first things” first. Those of WHO, despite the constant increases in its budget, which, I may add, are essential for its very existence, are limited by the contributory capacity of its Member States, which we must be careful on no account to overstrain. In this connexion, we must not forget the often substantial amounts that certain countries are devoting to bilateral assistance; and on that point I completely share the view of the Director-General that, if WHO projects and bilateral projects are to attain full effectiveness, co-ordination between the Organization and the countries concerned is essential.

Belgium, which is devoting considerable amounts to assistance to the new countries, asks nothing better than to strengthen yet further the co-operation it has always maintained in this regard with WHO. Apart from the direct services it is rendering to the developing countries, in particular by putting large numbers of medical staff at their disposal, the Belgian Government pays a substantial subsidy to a private specialized association whose aim is to promote the effective operation of health services by sending drugs, medical equipment and transport and by providing scientific documentation. This association also launches and finances preventive campaigns against the major social diseases and it encourages a number of institutions working locally for the development of health education and medical research in the new countries.

It remains our conviction that a combination of the many individual efforts with the work being accomplished by the World Health Organization will
offer the surest way of attaining the humanitarian objective we have set ourselves.

The Acting President: Thank you, Professor Goossens. I now give the floor to the delegate of China, Dr Chang.

Dr Chang (China): Mr President, fellow delegates, it is a privilege and pleasure on behalf of my delegation to congratulate you, Mr President, on your election to the presidency of the Eighteenth World Health Assembly.

I also wish to congratulate the Director-General for the excellent Report he has presented to this Assembly. We noted that the Director-General has, in his Report, laid special emphasis on the efforts being made by the World Health Organization in the field of national health planning. This is indeed not an easy task. However, with the assistance of WHO, about one-half of the Members of the Organization are already undertaking some form of health planning. We are convinced that, with an accelerated WHO programme and with concerted action on the part of the various governments concerned, there is no reason why this goal cannot be attained within a reasonable period of time.

In our country, a ten-year national health plan has been prepared as an integral part of the overall social and economical development plan. Besides, the programme of family planning has been included in the long-range health plan. As we know, the rapid growth of population should be considered as a major problem in the field of public health. We hope that the World Health Organization is beginning to become interested in this important problem.

We are gratified that a series of seminars on the various aspects of public health planning has been held under the auspices of the Regional Office for the Western Pacific. We found them very helpful to us in preparing our long-range plan.

We are also happy to note that in 1964 mental health was included in the programme of medical research. Mental health now has become more and more important in this accelerated changing world. Yet we know little in this field. The research on the extent and the nature of mental illness in the various areas and among the different peoples should be strengthened. And now is the time to lay emphasis on the preparation of personnel for planning, teaching and services in this field.

In concluding my remarks, I would like to thank the Director-General and his staff and also the Regional Director for the Western Pacific for the most valuable assistance they have rendered to my country.

The Acting President: Thank you, Dr Chang. I now give the floor to the delegate of Cameroon, Dr Happi.

Dr Happi (Cameroon) (translation from the French): Mr President, ladies and gentlemen: allow me to add my voice to the many that have already been heard in this August Assembly and offer you, Mr President, the hearty congratulations of the delegation of Cameroon. Your election, fulfilling as it does the ardent wishes we had formed for you, is but the crowning recognition of all your past efforts to ensure the success of the work of our Assembly. That is why we are sure that, under your guidance, the Eighteenth World Health Assembly will finish as brilliantly as it has begun. I should also like to convey the hearty congratulations of my delegation to the Vice-Presidents on their election to that high office. Last but not least, I wish to congratulate Dr Afridi, who presided so brilliantly over the last Assembly.

The Eighteenth World Health Assembly has hailed the admission of Malawi, Zambia, and Malta as full Members of WHO. We offer them our very best wishes and are confident that they will make their modest contribution to the development of this noble organization.

Our delegation has read the Director-General's Report with great interest. It is an important document, notable for its clarity and precision. After examining the Report in detail, we are able to state that it is not merely of symbolic value, as one might be tempted to suppose, but helps us year by year to take stock of what WHO is doing to promote the physical, mental and social health of the population and thus gauge the magnitude of the effort we still have to make.

The Federal Republic of Cameroon supports very strongly the Director-General's endeavours to help countries, particularly the developing countries, to plan their health services. As the Director-General says himself, "Planning is the product of a creative state of mind and a mature approach to needs and the ways to satisfy them. It calls for the ability to discern an order of priorities and therefore to renounce immediate possibilities for the sake of essential and lasting results." The Federal Republic of Cameroon, for its part, has renounced spectacular campaigns, which, being all too often localized, are transitory and very quickly become out of date. With the valuable assistance of WHO, we in Cameroon have resolutely directed our efforts to the planning of our health services, and our objective is to provide complete health coverage for the population.

Africa is the continent where communicable diseases take the greatest toll. There, more than
anywhere else, it is essential to adopt a co-operative and co-ordinated approach which cannot be applied to the best effect without overall planning. Cameroon approves all the efforts WHO is making to initiate inter-country programmes, and would like to see ten times as many projects of this kind in the future. We are convinced that, through such programmes, WHO will play a great part in laying the foundations of the co-ordination which is indispensable for the control of communicable diseases.

In its second five-year plan, Cameroon has given absolute priority to the mass application of medical techniques in the control of major endemic diseases—in other words to preventive medicine. We are believers in preventive medicine. We have the problem of trypanosomiasis before us as an example to convince the most sceptical. Only twenty years ago, the victims of this disease numbered tens of thousands, and the population of entire regions was decimated; today, thanks to the devoted work of the mobile preventive team, the number of victims is not much over 600 and there are only about twenty or thirty new cases a year. Thus trypanosomiasis, which a few decades ago was a national scourge, is now only a minor public health problem requiring no other action than the tsetse fly control project that is being conducted in the Logone valley jointly with the Republic of Chad and under WHO auspices.

With regard to malaria, about which a great deal has been said, whereas the eradication programme launched in 1954 in a pilot area ended in partial failure in 1960, a new campaign based on a pre-eradication programme and initiated in 1962 is going well. In this connexion, we are hoping that the trials of new insecticides being carried out in neighbouring countries such as Nigeria will be successful, so that we in turn can use them.

However, our health and medical services still have many other problems to solve. There is, for example, the problem of control of venereal diseases, particularly gonorrhoea, which is steadily increasing; tuberculosis, a disease that finds fertile soil in the African slum districts, where the tuberculin index is increasing daily; and measles, which, together with malaria, causes absolute havoc among the child population. Thank to American assistance and the efforts of the Government, we shall soon be launching a vaccination campaign.

In referring to this type of problem, I should also mention bilharziasis and onchocerciasis, regarding which surveys are being organized and new control methods applied, such as the experiments in snail destruction undertaken by the Institut Pasteur of Yaoundé and Professor Deschiens in the ponds of the capital, which WHO has recently recognized as experimental ponds of world-wide interest.

However, all these efforts would be in vain if the overall responsibility for research and planning were not entrusted to highly qualified staff, fully conversant with the problems that have to be tackled in the field. That is why the Federal Republic of Cameroon unreservedly supports the efforts being made by WHO to solve the problem of adapting medical curricula to the needs of the developing countries and to provide those countries with qualified personnel. It is in this context that we are at present studying the problem of training medical and paramedical staff locally and perhaps we shall soon find a solution.

A WHO staff member has been helping us for the past two years to draw up plans for nurse education and nursing administration. We have prepared and discussed with her a programme of nurse education which is perfectly adapted to our requirements and which is to go into operation very shortly.

Thanks to WHO, we have already planned a combined faculty of medicine and pharmacy which is to be established and will enable us to train our own doctors. Being trained on the spot, these doctors will not have to go through the painful process of adjustment that we experienced; all their student life will be spent in the environment where they will be practising later, and the subjects in their curriculum will be those they will be working on once they have qualified. This faculty will also train doctors for some of our neighbour countries in Central Africa. We are counting on all the assistance that WHO and some friendly countries can give us in implementing this project, which we are sure will constitute a nucleus for the development of public health in this Region.

Mr President, we cannot end this statement without drawing your attention to a grave problem which is causing the greatest possible concern to my delegation. At the very moment when the Eighteenth World Health Assembly is meeting to determine the means whereby we can ensure the physical, mental and social health of the world, a certain State is continuing to-day to trample under foot the noble principles that you are so energetically defending. It is continuing, in application of a principle that is unanimously condemned the world over, to practise racial discrimination, penning in human beings as though they were wild beasts. I am referring to the Republic of South Africa. As long as this State goes on cynically applying this principle, there should be no place for it in this august Assembly, and we are sure, ladies and gentlemen, that the Eighteenth Assembly of WHO will take a decision to this effect.

I shall close, Mr President, by thanking the Director-General for his clear and succinct Report, which has
enabled us to take stock of the present world situation. I also thank all his staff, and particularly the Director of the Regional Office for Africa, for all the strenuous efforts to raise the level of health of the African people. Finally, it is to the delegations and to WHO that I convey the thanks of my delegation and my country, for it is through your efforts that we shall soon achieve victory over the great endemic diseases that have too long ravaged our continent.

The Acting President: Thank you, Dr Happi. I now give the floor to the delegate of Trinidad and Tobago, Mr Rose.

Mr Rose (Trinidad and Tobago): Mr President, Mr Director-General, distinguished delegates, the delegation of Trinidad and Tobago is grateful for the opportunity which has been given us to address this august Assembly, comprising, in the main, medical men from almost every country in the world, and who are responsible for implementing the health policies which affect millions of men, women and children.

I should like first of all, Mr President, to congratulate in his absence Dr Olguín on his election at this, the Eighteenth World Health Assembly, to the most distinguished chair to which any medical man may aspire. It is a great honour to him personally, his country, the Republic of Argentina, and to my own country, Trinidad and Tobago, as our two countries, which maintain excellent relations, belong to the same Region—the Americas.

His active participation in the work of the Region of the Americas and in the World Health Organization endow him with the necessary attributes and experience which my delegation is sanguine will enable him to guide successfully the destinies of the Eighteenth World Health Assembly. My delegation, my Government and the people of Trinidad and Tobago extend to him our best wishes for a very successful term of office.

You would permit me also to convey my congratulations and very best wishes to the three Vice-Presidents and in particular to my old friend, the distinguished leader of the delegation of Ghana, who presides over this plenary meeting, also to the members of the various committees and other officers who have recently been elected to serve for the ensuing year.

My delegation also wishes to record an expression of gratitude to Dr Afridi of Pakistan for the contribution which he has made during his recent term of office as President of this Assembly.

My delegation also wishes to convey its respect, and deep sympathy, to the Government and people of El Salvador for the loss and suffering which they have experienced during the recent earthquake.

My delegation welcomes the new Members, Malawi, Malta and Zambia, and looks forward to their full participation in the work of the World Health Organization.

I have heard some delegations express satisfaction when we have confined our observations purely to matters of medicine and health. I hasten to add that my delegation and my Government are of the opinion that the specialized agencies of the United Nations are making a massive contribution to meet the multiplicity of needs of the developing countries and would hope that these agencies would be able to continue to do so, untrammelled by political considerations or ideological differences in the interest of humanity. But I am certain that, in the harsh glare of international scrutiny under which we operate, we would not be realistic if we did not concede that as long as the debate of burning international issues and other matters fundamental to human dignity remains frustrated in the General Assembly, or as long as decisions of the General Assembly are ignored, it is inevitable that these issues, like some endemic infection, will fester and seek an outlet in these agencies.

I am sure that for this reason the distinguished delegates will share with my Government and delegation the hope that the present impasse in the United Nations will soon be satisfactorily resolved. As one of the smallest Member nations, with no illusions of grandeur, we prize the United Nations dearly as one of the guarantors of our independence. It is for this reason that we hold the specialized agencies in such high esteem, and foremost amongst them the World Health Organization, for the great missionary effort it has mounted in its objective of eradicating disease from the face of this earth.

In this respect, Mr President, distinguished delegates, my delegation wishes to congratulate the Director-General for his excellent and massive review of the work of WHO in the year 1964. It is with pleasure that we have noted the progress which is being made from year to year in the various fields of health and in particular in the eradication of malaria, the eradication and control of many of the communicable diseases, and in medical research and health statistics. My delegation has noted with approbation that assistance was given to 114 projects in community water supply, for we are fully appreciative of the significance of this contribution to the ultimate improvement of health.

It must indeed be gratifying to all Member States to observe the continued emphasis which the Director-General places on the education of medical, nursing and other paramedical personnel. While we admire his endeavours in this direction, we should draw the attention of the Assembly to the fact that in my own country we are, from our own resources, spending considerable sums on the education and training of
our people at all levels—primary, technical, university and professional. We are satisfied that this is a sound investment in the future of our people but, nevertheless, the taxpayer is fully cognizant of the heavy burden which he is called upon to bear in the meantime.

Reading through the Director-General's Report one cannot avoid being impressed by his drive towards the considerable goal of eradicating all disease. My delegation thinks, however, that the time has come to concentrate on the eradication of one disease at a time. This is important to note its appreciation of the successful work of Colonel Afriki, the President of the Seventeenth Assembly. May I also extend my warm congratulations to you, Mr Owusu-Afriyie, and the other Vice-Presidents. My delegation welcomes the new Member countries to the World Health Organization. We are extremely pleased to have a chance of working with the delegates of Malawi, Malta and Zambia, besides other delegations, for the promotion of health and the prosperity of mankind.

My delegation is very pleased at having this opportunity to congratulate Dr Candau, the Director-General, for his excellent Report, and to express its great satisfaction with the 1964 activities of the World Health Organization. The development of this organization in the past years, under the leadership of Dr Candau and the Regional Directors, is the source of our hope for better work and greater achievements in this field of international health during the coming years. My delegation also wishes to note its satisfaction with the high efficiency and the devotion of the staff of the headquarters and regions, which play a great role in the successful implementation of the 1964 programme and budget.

The Director-General notes in his Report our new project to reorganize the health services in Turkey. Considering the possible interest of some of my fellow delegates, I wish to give a short account of this work. The first attempt to organize satisfactory health services in Turkey goes back to the early 'twenties. During the last forty years, the health services in Turkey developed as different organizations which were established to deal with special problems independently of each other. Now we have one registered doctor per 2300 population and one hospital bed per 476 population. This may give an idea about the level of health services which we have reached now. I think forty years of experience of a developing country

the World Health Organization, and to pledge our continued support to you, the Executive Board, your officers, and the Director-General and his staff, for the noble work in which you are engaged—the task of eradicating the scourges of disease from the surface of this globe and thus, we hope, improving the social well-being of mankind.

The Acting President: Thank you, Mr Rose. I now give the floor to the delegate of Turkey, Dr Fishek.

Dr Fishek (Turkey): Mr President, on behalf of the Turkish delegation and myself I wish you to allow me to congratulate Dr Olguin on his election to the presidency of the Eighteenth World Health Assembly. I am fully confident that his experience, competence and authority will greatly contribute to the success of this Assembly. It is also a pleasure for my delegation to note its appreciation of the successful work of Colonel Afriki, the President of the Seventeenth Assembly. May I also extend my warm congratulations to you, Mr Owusu-Afriyie, and the other Vice-Presidents. My delegation welcomes the new Member countries to the World Health Organization. We are extremely pleased to have a chance of working with the delegates of Malawi, Malta and Zambia, besides other delegations, for the promotion of health and the prosperity of mankind.

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The Director-General notes in his Report our new project to reorganize the health services in Turkey. Considering the possible interest of some of my fellow delegates, I wish to give a short account of this work. The first attempt to organize satisfactory health services in Turkey goes back to the early 'twenties. During the last forty years, the health services in Turkey developed as different organizations which were established to deal with special problems independently of each other. Now we have one registered doctor per 2300 population and one hospital bed per 476 population. This may give an idea about the level of health services which we have reached now. I think forty years of experience of a developing country
like Turkey in the field of health may be valuable for other developing countries as well.

Our forty years of experience make us believe that health services, including medical care, should be one of the main responsibilities of the State in developing countries. It should be free of charge. Medical doctors in the government services should not practise medicine privately and should be paid fixed, and satisfactory salaries. Health services should be organized as one body which carries out all services, including public health work, prevention of diseases, home and hospital care. These are facts behind our attempt to reorganize our health services and to implement our new Act in order to bring in a new system. The National Health Service Act, which was accepted in 1961, has brought new principles to the health services in Turkey. They are as follows. First, every individual will have equal opportunity to benefit from available health services and it will be the responsibility of the Government to render these services at a satisfactory level. Secondly, medical doctors in the government service will not practise privately, but they will be paid satisfactorily. Thirdly, doctors will be free in choosing whether to work in national health service or practise privately. Their contract will be renewed every three years. Fourthly, patients will be free to choose their physicians, if they are prepared to pay for it. If they wish free medical examination, they have to apply to the physicians assigned to their district. Hospitalization will be free if the physicians concerned refer the patient to a hospital. Fifthly, the health services will be run by a team consisting of public health specialists, consultants in hospitals, general practitioners and paramedical personnel. Sixthly, the main unit in the national health services in Turkey is the health centre. The average population which is served by a centre is 7000. The staff of a centre is one general practitioner, two public health nurses, two to four rural midwives (actually they are public health nurse aides). This team is responsible for all curative and preventive work, including environmental sanitation and health education. They also take part in social and economic activities of the communities. Since they charge nothing for their services and they are the more educated ones in the area, they become quite influential, and it is quite easy for them to motivate peasants for community development. I wish to note that this latter function of the health centre helped us more than the need for medical care in ensuring that the community got high priority to organize rural health services while the first five-year development plan was being prepared.

In the national health services, hospitals and special units for specialized public health work, at district and provincial level, are regarded as units supporting and completing the work of the centres. National health services in Turkey will cover the whole country within fifteen years.

I wish to note that we have eight health projects which are assisted by the World Health Organization. Now we are working on the integration of these projects into our new national health services. I would like also to note our co-operation with the World Health Organization in the reorganization of our School of Public Health. The fellowships which were granted by the World Health Organization in order to train our public health scientists helped us greatly to build up the faculty of the School. When we talk about the School, we do not mean only a training centre, but also a research centre. In fact we have organized the School as a research centre for the Ministry of Health. We consider that research work in the field of public health is of great importance because public health is a science, not a series of administrative works. Needless to say, science and research cannot be separated from each other, so continuous research work is essential, especially epidemiological and operational research, in order to improve the health services.

Secondly, doctors have not much interest in public health. They think that it is dull desk work. As a consequence of this, it is usually very difficult to attract the best of them into the field of public health. The research possibilities offer a way of impressing them and interesting them in health administration and public health.

Thirdly, public health services need research-minded administrators in our time. They have to know how to observe, how to collect data, how to analyse them, how to plan work, how to make an operational experiment. These things can be learned only in a research centre where this kind of work is carried out. We consider that a research centre—or a school of public health, if we name it so—is a necessary part of modern health administration. We are grateful to the World Health Organization for its assistance to Turkey in this project. We hope it will continue in the near future as well.

The work of the World Health Organization in connexion with medical education is of great importance, because success or failure of health services in future will be in the hands of the medical students of today. During the last decades, leading educators and health administrators have been seriously concerned with improving medical education. The world-wide interest in this matter is a good indication of the need, but it is difficult for me to say how much the faculties of the schools all over the world join in the worries of the health administrators and are ready to make some changes in their programmes and methods. I think the co-operation of the World Health
Organization with universities may be more effective than the creation of other national or international bodies. The most critical issue in medical education, especially for developing countries, is lack of enthusiasm of the students for the practice of comprehensive medicine. Students are trained like future specialists and they see nothing but hospital wards or laboratories during their training period. As a health administrator, I wish medical schools would find a way to make students understand the value of general practitionership for the community. It should be made clear that to perform a brain operation is not more credit to the medical profession than to cure a child suffering from pneumonia. Why cannot we find the type of doctors that we need for rural areas and small communities? I think, first of all, it is because of not having rural health training centres and community medicine departments in medical schools.

I wish to note with great satisfaction that two medical schools in Turkey have already decided to have a rural health centre in addition to their hospital wards and laboratories, and to appoint full-time staff to these centres in order to train students in rural areas. They have agreed to send their students regularly to these centres as they send them to other departments for surgery, neurology, and so on. The Ministry of Health has promised to do everything possible in order to facilitate their work.

It is no wonder health services throughout the world need general practitioners more than specialists, especially for small communities. Medical care for the public is mostly based on general practitioners, even in developed countries. Unfortunately, general practitioners' services in most of the developing countries—or at least in my country—are neglected. Seventy-five per cent. of the Turkish doctors are specialists or resident in a hospital. The desire for perfection in the medical profession is one of the reasons for losing general practitioners. So we decided in Turkey to organize post-graduate training for general practitioners and accept community medicine as a specialty.

I wish to thank the Director-General again for his attention to the world problems in medical education.

Mr President, I would now conclude my statement on the Director-General's Report if the representative of the Greek Cyprus Government had not made some absolutely political allegations which do not have any truth in themselves but have the aim of misleading the distinguished delegates. My delegation observes very carefully the principle of not discussing any matter of a political nature in the World Health Assembly. It would observe this principle if no provocation had taken place. Dr Vassilopoulos described in his speech the inevitable self-defence of the Turkish Cypriots as an insurgence. My delegation cannot accept that this accusation should remain unanswered. I am going to reply to him by quoting a passage from his President's speech, which shows very clearly the real reasons for disturbances that have been going on in Cyprus for more than a year. Archbishop Makarios, on 4 September 1962, at the village of Panaia, stated “Unless this small Turkish community forming a part of the Turkish race, which has been the terrible enemy of Hellenism, is expelled, the duty of the heroes of EOKA can never be considered as terminated”. Regarding other points raised by Dr Vassilopoulos on the assistance of Greek Cypriots to the well-being of Turkish Cypriots, my delegation is of the opinion that these are so far from reality that they can be discussed neither here nor elsewhere.

The Acting President: Thank you, Dr Fışek.
The meeting is adjourned.

The meeting rose at 7.25 p.m.

NINTH PLENARY MEETING

Thursday, 13 May 1965, at 3 p.m.

President: Dr V. V. Olguín (Argentina)


The President (translation from the Spanish): Ladies and gentlemen, the meeting is called to order. The delegate of Cyprus asked for the floor at the last meeting and I shall begin by according him the right to reply provided by Rule 58 of the Rules of Procedure I give the floor to Dr Vassilopoulos.

Dr Vassilopoulos (Cyprus): Mr President, I regret that I have been obliged to ask for the floor and I am most grateful to you for having allowed me to take it.

My reason is to reply to the statement made yester-
day in the plenary meeting by the honourable delegate of Turkey. The Turkish delegate has insinuated that I have introduced politics into my speech during the general discussion. This is a misunderstanding. The Turkish delegate has addressed me by my name and stated that I represent the Greek Cyprus Government. I wish to emphasize that the Committee on Credentials and the relevant resolution adopted by this Assembly recognized me as the representative of the Government of the Republic of Cyprus. The delegate of Turkey does not wish to recognize the Government of the Republic of Cyprus as the legitimate Government, as he has shown by alleging that it represents only the Greek Cypriots. This is a contradiction of the statement made by him that he would abstain from introducing politics in this forum.

Apart from what I mentioned in my previous statement concerning the fact that the Government of President Makarios is the legitimate Government of the Republic of Cyprus, I wish to mention the following fact, which may convince the delegate of Turkey: undoubtedly the delegate of Turkey is well aware of the fact that the Government of Turkey has accepted and recognized the credentials of a Cypriot ambassador to Turkey, who continues at the present moment to represent the Government of the Republic of Cyprus in Turkey. Is this not proof of the recognition of the Government of President Makarios as the only legitimate Government of the Republic of Cyprus?

As to the allegation which was made by the delegate of Turkey in his speech which I now quote: “Archbishop Makarios, on 4 September 1962, at the village of Panaia, stated that unless the small Turkish community forming a part of the Turkish race, which has been the terrible enemy of Hellenism, is expelled, the duty of the heroes of EOKA can never be considered as terminated.” The same allegation was made last year by the delegate of Turkey at the Security Council of the United Nations and the Minister of Foreign Affairs of the Government of the Republic of Cyprus denied it categorically. In view of this, I am astonished that the delegate of Turkey has raised the same matter during this Assembly.

I therefore reiterate that this allegation is unfounded and the product of sheer imagination. On the contrary, President Makarios has never made any distinction or differentiation between Greek, Turkish, Armenian, Maronite or any other citizens of different racial or religious denominations living in Cyprus, but he has always nourished the most cordial sentiments towards the Turkish population in Cyprus and it has always been his profound desire to achieve a harmonious co-operation and co-existence between the Greek Cypriots and the Turkish Cypriots, as well as among other communities living in Cyprus, and he has always worked for the welfare of all the citizens without distinction.

As to the last statement made by the honourable delegate of Turkey: “Regarding other points raised by Dr Vassilopoulos on the assistance of Greek Cypriots to the well-being of Turkish Cypriots, my delegation is of the opinion that these are so far from reality that they can be discussed neither here nor elsewhere”, I would like to say to this statement that what I said in my previous statement is correct and indisputable.

The President (translation from the Spanish): Thank you, Dr Vassilopoulos. Ladies and gentlemen, again under Rule 58 of the Rules of Procedure, I am giving the floor to the delegate of Turkey. Mr Alaçam you have the floor.

Mr Alaçam (Turkey) (translation from the French): Mr President, I apologize on behalf of my delegation for taking the floor again and for being obliged to reply to the statement of Dr Vassilopoulos.

Allow me first of all, Mr President, to explain in a few words the attitude my delegation had decided to take at the commencement of our work. We voted against the credentials of the Cypriot delegate because we considered, as we still consider, that those credentials are not established in accordance with the procedures required by the Constitution of Cyprus. We accordingly declared that this delegate could only represent the Greek community of the island.

How well warranted our stand was has subsequently become very clearly apparent. If Dr Vassilopoulos regarded himself as the representative of the whole Republic of Cyprus, he should have included in the rather rosy picture he painted of his country the 3000 houses which have been completely or partially destroyed, the others that have been looted, the complete dislocation of trade, the 30 000 people subjected to every kind of unthinkable pressure, the 27 000 refugees driven from their homes, the 23 000 people unemployed, the 7500 relatives of missing persons, the refugees living in makeshift dwellings, the extremely strict economic blockade applied to a section of the population, etc., as set out in the various reports made by the United Nations Secretary-General—circumstances which have direct repercussions on the health conditions of the country.

My delegation had believed this question to be closed. But at the fourth plenary meeting Dr Vassilopoulos referred to the bloodthirsty attacks made by
the Greek Cypriots upon their Turkish compatriots as an insurance by the Turkish community, and made other statements which no one who has the slightest acquaintance with the distressing Cyprus problem can credit.

What did my delegation say yesterday in its statement on the Director-General's Report? It confined itself simply to denying Dr Vassilopoulos' accusation, quoting a passage from one of Archbishop Makarios' speeches. Dr Vassilopoulos should consult his country's records and the Cypriot press.

Mr President, I have now to choose between two alternatives: to reply to Dr Vassilopoulos again and go into the substance of the question—and that is very easily done—or to refrain from replying to his accusations, solely in order not to waste the valuable time of this Assembly which has met to improve health throughout the world. I have decided in the end—and it was no easy decision—to listen to the voice of reason and to bring this pointless debate in our Assembly to an end.

The President (translation from the Spanish): Thank you, Mr Alaçam. Ladies and gentlemen, the delegates of Cyprus and Turkey have now had an opportunity to give this honourable Assembly their views on the problem under discussion. I should like in the first place to thank them for the information they have thus given on the problem that is pre-occupying them.

Since we have a very full agenda and the time at the Assembly's disposal to discuss adequately the various questions is very limited, I shall suggest to the delegates of Cyprus and Turkey that they kindly bring their discussion to a close, now that they have laid the relevant facts before us. I make this request again under Rule 58 of the Rules of Procedure, which authorizes the President of the Assembly to decide whether or not there is occasion to grant the floor to delegates, after the list of speakers is closed, in exercise of the right of reply. I accordingly ask the delegate of Cyprus, who has asked for the floor, whether he agrees to this procedure, and put the question to the Assembly.

Dr Vassilopoulos (Cyprus): Mr President, I appreciate and respect what you have said and I am not prepared to say any more. But if the honourable delegate of Turkey would like to discuss the political problems of Cyprus I would be delighted to do it, not in this Assembly, but outside the Assembly.

The President (translation from the Spanish): Thank you, gentlemen, and in particular the delegate of Cyprus.

We shall resume our debate, and I hope that the general discussion of items 1.10 and 1.11 of the agenda can be completed during the present meeting. I have still eleven speakers on my list, and once again I urgently request you to be as brief as possible in order to facilitate the Assembly's task. I give the floor first to Mr Owusu-Afriyie, the delegate of Ghana.

Mr Owusu-Afriyie (Ghana): Mr President, distinguished delegates, I wish first of all on behalf of the Government of Ghana and my delegation to congratulate you personally on your election to the high office of President of the Eighteenth World Health Assembly. I should also like to congratulate my colleagues, Dr S. Al-Sammarrai of Iraq and Dr A. Engel of Sweden, on their election to the posts of Vice-Presidents. My delegation further wishes to congratulate the Chairmen of committees, Dr A. L. Mudaliar of India and Professor R. Vannugli of Italy, on their election. I wish now on my own behalf and on behalf of the Government and people of Ghana to thank this august Assembly for electing me as one of the three Vice-Presidents for this Eighteenth World Health Assembly. I wish also to congratulate the Director-General and his assistants on the magnificent work done during the year. His excellent exposition of the work of the World Health Organization during the year 1964, the problems facing the Organization, and the proposals for the future, deserve our highest praise and deepest consideration.

We in the African Region are constantly plagued with the debilitating and killing diseases of malaria and tuberculosis, and it is therefore with pleasure that we note the steps being taken by the World Health Organization along the lines of eradicating these dreadful diseases. It is, however, a matter of great concern to us in Ghana, that the pre-eradication project on malaria has not progressed as fast as it should as a result of handicaps and circumstances over which we have no control. Despite these handicaps our own staff continue to work on the project with unabated effort; last year we launched a malaria eradication campaign which we hope will continue until malaria is completely eradicated from our country. Work on tuberculosis and bilharziasis is also progressing steadily.

My Government realizes that the mere provision of modern hospitals is inadequate for the maintenance of medical care in the country unless it is supplemented by suitable public health measures. The Ministry of Health has therefore directed most of its resources to building up a formidable array of equipment for the provision of preventive and social medicine. At the rural level we have integrated both preventive and curative services in the health centres.
Environmental health is one of the most important problems facing our part of the world today; and here again we note with gratitude the efforts being made by the World Health Organization in helping to establish good water-supply systems. The solution to the problem of sewage disposal has, however, lagged behind, and we shall look forward to improvement in this aspect of environmental health, for it is our belief that with good water-supply and sewage systems we can control and also prevent most of the diseases which at present attack a large percentage of our population.

Our health services continue to expand, and our greatest need at the moment lies in staff and equipment both for services and for training purposes. We hope that in this field the Organization will not fail us when we call on them for help, particularly for teaching staff. Last October our medical school began with the first intake of students, and in this enterprise we are pledged to the kindness of the World Health Organization in assisting us to recruit staff.

We should be failing in our duty if we did not make mention of the supplies and equipment which, in the past, UNICEF and other agencies have given to us. We are grateful to them for these presents and look forward to further assistance in the future.

On behalf of my delegation, I wish to welcome the new Members, Malawi, Malta and Zambia, and to congratulate again the Organization on accepting them. This is a concrete manifestation of the fact that medicine and health know not the bounds of race, colour or creed.

Finally, Mr President, I congratulate you once again, and hope that your year of office will see further progress in the aims and services of the World Health Organization.

The President (translation from the Spanish): Thank you, Mr Owusu-Afriyie. The delegate of Chad, Dr Keïta, has the floor.

Dr Keïta (Chad) (translation from the French): Mr President, Vice-Presidents, ladies and gentlemen, on behalf of the Republic of Chad, which the delegation of which I am the head has the honour to represent in this Eighteenth World Health Assembly, allow me to congratulate Dr Olguin and the officers of the Assembly on their appointment to their respective posts. We are all sure they will do their best to bring the tasks entrusted to them to a successful issue.

I extend cordial thanks in particular to the Director-General for his most informative report on the work of WHO in 1964. This very fully documented work gives anyone who is responsible for public health an irresistible desire to seek WHO assistance.

The public health services of Chad, which are still at the rural stage and financed by external aid from the Fund for Aid and Co-operation and UNICEF and by the country's own slender resources, could turn to no better quarter. You should know, however, that our own efforts, small though they be, are nevertheless real efforts applying to all the fields dealt with in the Report, apart from the subjects of Chapters 7, 9, 10 and 11.

To sum the situation up briefly, we can say that with regard to malaria eradication, we have a long way to go, but we are treating patients in permanent centres and carrying out chemoprophylaxis in some population groups, namely the army and schoolchildren, and at maternal and child welfare clinics.

In the field of communicable diseases tuberculosis is probably fairly widespread and is at present being evaluated by our radiography services; we are also carrying out mass BCG vaccination (1,200,000 in 1964 and 1965). The implementation of WHO project Chad 4—the provision of a medical officer and a public health nurse—is still awaited.

The scourge of measles will, we hope, with the American aid now being provided at Fort Lamy, show a marked drop in mortality.

Trachoma is also rife; our sandstorms are conducive to its occurrence but, with the help of the drugs provided by the Fund for Aid and Co-operation and UNICEF, it is being energetically fought. In the case of trachoma, similarly, we are waiting for the implementation of WHO project Chad 9—the provision of a medical officer and a public health nurse.

Cerebrospinal meningitis occurs, too, but it is less lethal thanks to the sulfonamides that WHO and UNICEF are giving us free of charge.

Smallpox is also far from having been eradicated. Co-ordination action with neighbouring States would be desirable to avoid unfortunate situations like the one that occurred in Chad in March when a focus of twenty-five cases suddenly appeared, detected among Nigerian pilgrims on their way to Mecca.

A word about three other major diseases in Chad: bilharziasis, which affects one person in three among the lakeside population of Lake Chad and the mouth of the Chari; onchocerciasis, which is rife in the south of the country, particularly in Mayo-Kebbi where, it must be confessed, the large-scale and costly campaign against the vector in 1955 ended in failure, judging by the continued importance of the disease and the large number handicapped by it; and lastly, leprosy (51,000 cases), against which a vigorous campaign is being waged, thanks to the assistance provided by WHO, UNICEF and the Fund for Aid and Co-operation: 59 per cent. of cases have been rendered non-infective.
Turning to Chapter 3 of the Director-General's Report, on environmental health, thanks are due to WHO for having made available to Chad a sanitary engineer, whose skill and enthusiasm are beyond question. He has set up a pilot centre and is doing excellent work in directing the environmental sanitation programme in Fort Lamy. Chad also expresses its gratitude to UNICEF for providing the WHO technical adviser with the sanitary equipment needed for his work.

Public health services (Chapter 4 of the Report) are a field in which much needs to be done. We have permanent health centres and a mobile health service covering six sectors, the sixth having just been opened at the end of April. This mobile service is equipped by the Fund for Aid and Co-operation and UNICEF. The medical personnel come from abroad, mainly from the Fund for Aid and Co-operation, while the paramedical personnel is provided partly by the Fund for Aid and Co-operation and mainly by the country itself. It provides free treatment; pharmaceuticals are imported and the service nationalized. These figures may interest you: the local budget of Chad for this allows us to spend 41 CFA francs a year per head of population.

I must also mention that WHO sent us in February 1965 an expert to help launch or rather to reorganize our maternal and child welfare services. He has not, however, yet had time to show his metal. I would add that we are still waiting for the implementation of WHO project Chad 14—the provision of a public health nurse.

Chapter 5 of the Report hardly concerns Chad, but mention should be made of the work being done by UNICEF and FAO in the field of nutrition. The former is providing milk and the latter providing operational staff.

Under education and training (Chapter 6 of the Report) there are two interrelated projects—a WHO project and a UNICEF project—for training paramedical personnel. WHO has provided a nurse educator (but we are still waiting for the midwifery educator) and UNICEF is meeting half the cost of the students' fellowships. The school, which gives a two-year course, takes students with a certificate of primary education and trains about sixty to seventy students every two years for paramedical duties. WHO has also provided three training fellowships for sanitary engineers, who will probably complete their studies in 1967.

In the case of medical personnel, training will take place abroad, mainly in France, and Chad has already lodged twelve requests for fellowships with the Regional Director for Africa—WHO project Chad 201—because Chad has only three indigenous doctors of medicine. Despite the outside aid received by Chad from the Fund for Aid and Co-operation, there is only one doctor to 100 000 head of population and one paramedical worker to 10 000. I should also mention that a small measure of technical assistance is being provided by Israel, in the form of general practitioners.

In conclusion, allow me to draw your attention to the fact that my Government is anxious to improve the country's public health by means of any assistance that can help it effectively.

The President (translation from the Spanish): Thank you, Dr Keita. The delegate of Dahomey, Dr Aubenas, has the floor.

Dr Aubenas (Dahomey) (translation from the French): Mr President, Mr Director-General, ladies and gentlemen, may I first on behalf of the Republic of Dahomey, cordially associate myself with the congratulations that have been presented here to Dr Olguín, the elected President of the Eighteenth World Health Assembly. I should also like to associate myself with all those speakers who have expressed their admiration for and appreciation of Dr Candau for the remarkable work done during the past year and for the lucid and full Annual Report he has presented to us. Lastly, allow me to thank Dr Lucien Bernard, who directed the activities of the Regional Office for Africa with proficiency and success until the appointment of the new Regional Director a few months ago. The appointment of an African as director of the Regional Office shows that the African countries are resolved fully to shoulder their responsibilities. I am sure that Dr Quenum, the new Regional Director, with his ability, organizing skill and efficiency, will be a credit to Africa.

It is less than five years since the Republic of Dahomey attained independence. For a small country with limited resources the difficulties are, as you will realize, immense. In the case of Dahomey, the difficulties have been increased by the mass repatriation of several thousand Dahomey nationals living outside the country. Dahomey had to meet the immediate requirements of the situation and provide those men, women and children with a minimum subsistence. We faced up to the situation. Despite these difficult circumstances the Government of Dahomey is spending 12 per cent. of its budget on health. That shows you the importance we attach to improving the health of our people. I shall not describe all our activities, but I should like, with your permission, to highlight a few special points.

WHO is helping Dahomey in a number of activities including a study of drinking-water supplies in Cotonou and Porto Novo; and communicable diseases control (leprosy, yaws, malaria and tuberculosis) with the
generator co-operation of UNICEF and the Fund for Aid and Co-operation.

In malaria, a pre-eradication programme has just been launched. Dahomey’s late action in this field may seem surprising. But our first plan, which ambitiously aimed at eradication, dates from 1954. Relatively large national funds were allocated to the undertaking. After a few years we were obliged to admit failure. Our health infrastructure was inadequate and the financial resources available were incommensurate with the requirements of such a campaign. We had to go into reverse and, as you know, in this kind of operation, in which the population is mobilized and public funds are spent, failure is always psychologically a very bad thing. Hence our present cautious approach and the need for realistic and stringent planning. We are buckling down to the task with the help of WHO and UNICEF.

We have also prepared a tuberculosis control programme, but prudently we asked WHO to send us an advisory team. The remarkable work done by this team deserves to be generally known and to be publicized. Its main achievement has been to establish that a BCG mass vaccination campaign without prior testing can be undertaken without danger. Mass vaccination without a prior tuberculin test considerably reduces the cost. Our vaccination programme began in 1964 and is to last four years. The French Republic is providing the vaccine and equipment. This is a case of a particularly happy combination of WHO aid with bilateral assistance and national effort.

Smallpox, despite several decades of control work, is still a problem in Dahomey and we have decided to combine antismallpox vaccination with our BCG vaccination campaign. Another serious public health problem is measles, owing to the scale of the epidemics and especially to the mortality rate, which in rural areas reaches 10 per cent. of cases or more. A vaccination campaign has been undertaken, with aid granted by the United States of America to the member countries of the Organization for Co-ordination and Co-operation in the Control of Major Endemic Diseases. My country has also undertaken an anti-polio myelitis vaccination campaign: thanks to the generous aid of the Soviet Union, which provided the vaccine, 300,000 children were immunized in 1964.

The co-ordination of all these measures and of the assistance forthcoming from various quarters, necessitates planning. With the help of WHO we have embarked upon this essential task, and it will be included in the interim economic and social plan now in preparation in Dahomey. The Dahomey delegation is particularly glad, in this connexion, to have an opportunity to benefit from the experience of other countries at this Assembly’s technical discussions.

Although my country’s Government has made considerable sacrifices in order to train qualified medical personnel—an undertaking in which it has, moreover, been successful—Dahomey is cruelly handicapped by a serious shortage of medical staff. Our young practitioners trained in Europe have unfortunately not been prepared to put up with the conditions of medical practice in their own country. Hence our young doctors rush to specialize, in order to take posts in the hospitals of the capital. But such specialists’ posts are very few, and to avoid returning home to work in rural areas Dahomey doctors are staying in Europe with the connivance of certain of their superiors. But it is not Europe that needs them. At present Dahomey has one doctor to 45,000 head of population, and they are very unevenly distributed, since outside the five main towns there is only one doctor to 100,000. This is a very serious problem to which we have unfortunately not yet found a solution.

I realize that you are tired, so I shall cut my statement short. But allow me to mention one final problem which I believe deserves our Assembly’s attention: the problem of drugs—not the testing of drugs, which is already receiving WHO’s attention, but the price of pharmaceutical products. Our budgets are slender and our people poor. Social security is non-existent. Consequently the cost of drugs directly affects our prospects of improving the level of health. A doctor who has examined a patient, made his diagnosis and prescribed an appropriate treatment from the immense range of modern medicines, is not certain that the patient will be able to obtain the drugs essential to his health. Fearful tragedies occur daily among families in rural areas and among young households in the working-class districts of our towns. Is not that a serious problem deserving study and the attention of an Assembly such as ours? It is, I consider, a true public health problem, one shared, moreover, by many countries in the African Region. I realize, too, that it is a delicate problem because it involves extremely powerful financial interests. But I am sure that WHO will deal with this important question with its usual efficiency.

Mr President, ladies and gentlemen, I do not want to impose upon your patience longer, but I cannot close without performing the agreeable task of welcoming, on behalf of my country, the States of Malta, Malawi and Zambia. It is a source of great satisfaction to us that WHO has thus increased its membership by three. But one cannot in this connexion refrain from referring to the great country which is not a Member of our organization, China. Whether we like it or not, China casts its vast shadow over our Assembly and
dogs us with the pangs of conscience. How could it be otherwise? How can an Assembly such as ours disregard one quarter of mankind? It is the hope of my delegation that the World Health Organization will become truly world-wide. Only in that way can it perform its historic mission.

The President (translation from the Spanish): Thank you, Dr Aubenas.

2. Third Report of the Committee on Programme and Budget

The President (translation from the Spanish): We shall now interrupt the general discussion and consider, in accordance with the agenda for this meeting, the third report of the Committee on Programme and Budget (document A18/15), which contains the draft resolution on the effective working budget and budget level for 1966 which the Assembly is recommended to adopt.

In accordance with the provisions of Rule 52 of the Rules of Procedure, this report must be read aloud since it was distributed less than twenty-four hours in advance of the beginning of the present meeting. I request Dr Vovor, Rapporteur of the Committee, kindly to mount the rostrum and read out the report.

Dr Vovor (Togo), Rapporteur of the Committee on Programme and Budget, read the third report of that committee (see page 475).

The President (translation from the Spanish): Thank you. Before proceeding to the vote I would remind the Assembly that in accordance with Rule 70 of the Rules of Procedure of the Health Assembly decisions on the amount of the effective working budget must be made by a two-thirds majority of the Members present and voting. I put to the vote the draft resolution which has just been read out.

I would request delegates kindly to vote by raising the card bearing their country's name, and to lift it as high as possible in order to facilitate the counting of the votes. Those in favour of the resolution? Those against adoption of the resolution? Abstentions? The result of the vote is as follows: number of Members present and voting, 95; two-thirds majority, 64 votes. For, 95; against, none; abstentions, none. The resolution is accordingly adopted.

We have now to approve the report as a whole. Does the Assembly wish to approve the third report of the Committee on Programme and Budget? Any objections? I declare the report approved.
field work in preventive medicine, in one of the rural
medicine, and obstetrics, with a six-month course of
physicians are given a two-year course in paediatrics,
the following educational activities are being carried
the following educational activities are being carried
out: (1) training of nurses, nurses' aides, technicians,
In conclusion, Mr President, I would like to take
this opportunity of expressing, on behalf of the Iranian
delegation, our most sincere congratulations for your
election as the President of the Eighteenth World
Health Assembly. Similarly our congratulations go
to the Vice-Presidents. We wish also to thank the
Director-General for his comprehensive and most
illuminating Annual Report. The Regional Office for
the Eastern Mediterranean has played an important
center in the promotion of health in the Region. For this
we wish to thank Dr Taba, the Regional Director.

The President (translation from the Spanish): Thank you, Dr Samii. The delegate of Liberia, Mr Taylor, has the floor.

Mr Taylor (Liberia): Mr President, distinguished
delegates, another year has afforded us the opportu-
ity to gather here as a family of nations charged
with the responsibility for the health of the peoples of
the world. We look forward to a cordial session in
which our deliberations will be fruitful and beneficial.
We have seen signs of the fulfilment of such a cherished hope since the beginning of this session.

The Liberian delegation wishes at this point to thank our outgoing President, Dr Afridi of Pakistan, for his skill and effectiveness in handling the affairs of the Organization during his incumbency as President.

Mr President, we welcome and congratulate you on your preferment as President of the Eighteenth World Health Assembly. My delegation has no doubt of the quality of work which you will perform in this very important task. Our congratulations also go to the various officers who have been elected during this session. We are confident that under your able leadership they will live up to the trust which they have accepted.

We heartily welcome the new Members: Malawi, Malta and Zambia, who have joined us as full Members during the past twelve months.

The very informative and comprehensive Report of the Director-General, Dr Candau, enlivens our continued faith in the great work which WHO is doing around the world. With a budget less than the national health budgets of some of its Members, WHO has brought the hope of better health to millions of suffering humanity. We must highly commend the Director-General not only for this Report, but for the effective and efficient manner in which he has handled the affairs of the Organization over the years. We wish for him continued success.

It is needless for me to reiterate the many health projects which WHO has initiated and continues to prosecute in my country. However, mention must be made here of the recent aid WHO has given us in the preparation of a systematic and comprehensive health plan, for which we are grateful. Our faith in the work of WHO is unshakable, as evidenced by our continued support. With the combined efforts of all its Members, we are confident that this organization will eventually achieve its cherished hope—that of making a healthier world in which to live.

The President (translation from the Spanish): Thank you, Mr Taylor. The delegate of the Congo (Brazzaville), Mr Gokana, has the floor.

Mr Gokana (Congo, Brazzaville) (translation from the French): Mr President, Mr Director-General, honorable delegates, The delegation of the Congo (Brazzaville), of which I have the honour to be the head at this Eighteenth World Health Assembly, has pleasure in associating itself with the congratulations and the words of encouragement that have been addressed to you on your election to the presidency of this august Assembly by all the countries represented here. As has already been stressed by some distinguished delegates who know you well, we attach the greatest importance to the discussions in this Eighteenth Assembly, which we hope will have a successful outcome. Your long experience of the problems with which WHO is concerned, Mr President, promises us in advance that our hope will not be disappointed. We also congratulate all the members of the General Committee elected with you and cordially wish them fruitful work.

Mr President, I am delighted that the family of WHO has been enlarged by the admission of three new countries—Malawi, Malta and Zambia—and I take pleasure in welcoming them among us. But it is regrettable that, while the door of the World Health Organization is being opened to certain countries, it is being closed by devious, barely veiled manoeuvres to others, some of which, like great China, or the People's China, could have given us the benefit of their cooperation and the fruit of their wide experience. Besides, assistance and cooperation in the health field should know no barriers. We earnestly hope that steps will speedily be taken to remove here the barriers of this ridiculous injustice which, objectively speaking, is nothing but a veiled manifestation of imperialism. Despite a certain reluctance displayed in this connexion by reactionary countries, we believe that their narrow attitude will soon change and that they, like ourselves and the majority of the countries in the world, will recognize that all countries, great and small, without any discrimination at all, must be represented in WHO.

It is customary every year for most Member States to give an account in the Assembly of the health work being done in their countries, its achievements and reverses, and to voice the anxiety felt by the public health authorities, and more particularly by the people, in regard to any disasters that may have occurred in one place or another. All of us, at bottom, realize that mankind will always be confronted with evil and diseases, and that certain apparent triumphs upon which we can justly congratulate ourselves would be empty and illusory if we did not keep on our guard and constantly active. Such is, by an irony of fate, the unhappy prerogative of human destiny. While wisdom indeed counsels us for more than one reason to proceed carefully in our investigations to determine what means of control to use, nevertheless every consideration demands that we should do our utmost to eradicate diseases or at least to get them under control. This brings me to the matter of expressing our views on the Report on the Work of WHO in 1964 presented by the Director-General, Dr Candau, whom we have pleasure in congratulating—together with his colleagues of various ranks, who are entitled to our respect and gratitude, for we realize what pains, what exhausting labours and wakeful nights their work costs them and the frustrations of various
kinds they have to put up with. We do not expect miracles of WHO but, in view of experience gained in connexion with WHO assistance elsewhere, we should like the WHO experts responsible for preparing any particular WHO programme and for carrying it out in the field not to behave so much as though they were masters or teachers dispensing instruction, but descend to the level of those who are intended to benefit from their experience. We underdeveloped countries, well aware of the endemics and epidemics that constantly beset us, know that the chief effort must come from our own nationals, with nothing more than help from international organizations in getting rid of those diseases. Moreover, the decisions on priorities to be given to public health problems should be left to the national authorities after consultation with WHO experts.

My country, the Congo (Brazzaville), is valiantly pressing on with its health activities to drive back death wherever it stalks mankind. For what in the last analysis are we all trying to do in controlling diseases and taking preventive measures, if not to secure a better existence and to drive death further and further back? We shall not give an account here of the advances we have already made. Like all the other countries we are vigorously struggling for the same purposes, using more or less the same, now customary, means, due allowance being made for our different circumstances. While our work to control parasitosis, leprosy and treponematosis is promising, the picture is darkened by some disappointments in the results so far obtained in malaria control. You are well aware of the partisan attitudes adopted by many specialists on the subject of how to eradicate this endemic disease. For our own part we believe that our slender means, given our state of underdevelopment, will never permit our hopes to be realized unless we unite our efforts. Malaria will be wiped from our map in a given region and the measures are sustained with unflagging energy and vigilance for generations. Here the financial assistance of the rich countries would be of great humanitarian value—I purposely stress the word “humanitarian”. The same applies to the other major endemics that flare up periodically. I refer to smallpox and the other eruptive fevers, particularly measles, which is deservedly known as the great killer of children in tropical countries.

In this connexion, I must mention that the hopes we had last year of vaccinating our child population against measles have been disappointed because the source of finance for the campaign, and the vaccine and equipment we had been solemnly promised, were cut off abruptly and without warning. We accordingly request the Director-General, on the recommendation of the Director of the Regional Office for Africa, kindly to resume responsibility for this campaign and count it among the WHO operations to be considered for inclusion among the “Additional Projects” in the budget estimates for 1966.

Venereal diseases have not yet vanished despite the vigilance exercised. So long as those diseases continue to be regarded as shameful, vigilance exercised by health authorities can only be relative and may be illusory. Regarding tuberculosis and malignant tumours, our view is that more thorough-going work should be undertaken under WHO auspices, or simply with WHO’s co-operation, to contain or eliminate them, for they are very expensive to treat—far too expensive for the national budgets of developing countries.

Lastly, turning to another aspect of the Organization’s programme of work, my delegation hopes that next year WHO, through its Regional Office for Africa, will give my country practical aid for the setting up of rural health centres run on modern lines. That will enable us to take preventive medical action against many diseases, which will mean a saving of expenditure.

Mr President, at the session of the Regional Committee for Africa in September 1964 certain resolutions were approved after thorough consideration of the texts submitted by the Secretariat. We shall endeavour, at this meeting of the World Health Assembly, to secure their adoption.

The President (translation from the Spanish): Thank you, Mr Gokana. I give the floor to the delegate of Bulgaria, Dr Kalajdžiev.

Dr Kalajdžiev (Bulgaria) (translation from the Russian): Mr President, ladies and gentlemen, on behalf of the delegation of the People’s Republic of Bulgaria, I should like first of all to express our feelings of profound respect for the President of the Assembly, Dr Olguín, and for the Vice-Presidents and to wish them success in the fulfilment of the responsible and honourable task which has been entrusted to them.

I should like to take this opportunity of expressing our esteem for the Director-General and for all those who have been given the responsible task of guiding WHO’s activities and putting into effect its programme, in a spirit of peaceful co-operation between the peoples, in order to ensure their health and their social and cultural well-being. We wish them every success.

The World Health Organization is striving after very noble aims, which can be attained only under conditions of peace, mutual understanding and co-operation between the peoples. For that reason all
the Member countries of the Organization must contribute through their policy to the establishment of such conditions and to the triumph of peace and freedom in all continents. That is why, during the Eighteenth World Health Assembly, we cannot remain indifferent to, or fail to criticize, the military operations of the United States of America against the peoples of Viet-Nam and other countries fighting for their freedom and independence. Such arbitrary actions run counter to the aims of the World Health Organization.

Mr President, after studying the Report of the Director-General we can state with satisfaction that, despite the immense problems still remaining, the Organization's efforts to promote the health of the peoples have resulted in certain successes. This, of course, is due above all to the material and cultural progress of countries and the development of their national health services, but the aid and assistance furnished by the World Health Organization has made itself felt in this respect.

We fully support the main principles of the Organization's programme and the way in which it gives assistance primarily to the health services in developing countries by concentrating attention on the training of specialists from those countries and providing material aid for the carrying out of a number of important health measures. In this respect the Organization's approach is, as it ought to be, a practical one and in accordance with the nature and needs of each area. In the European Region the Organization's activities largely consist in the joint discussion of important practical problems and problems of medical research, the exchange of experience, and the training of highly qualified staff. During the last year the European Region has organized a number of measures which have been useful to Member States of WHO. We should like to participate more often in the work of conferences, symposia and courses organized by the World Health Organization.

Our country thanks the World Health Organization for the granting of fellowships for the special training of medical staff. It seems to us, however, that these sums assigned under the WHO budget are extremely inadequate for us, and this has unfavourable repercussions on the speedy assimilation of the medical experience of the advanced countries; we should be glad if the sum could be increased and would press for this to be taken into account, at least in the budget for 1967.

I wish to take this opportunity of thanking the representatives of various countries, including France, the United Kingdom, Switzerland and Czechoslovakia, among others, which have given hospitality to our specialists. At this authoritative world conference of persons eminent in the health services, I wish to express our cordial thanks and gratitude to the Soviet Union, which has always given, and is continuing to give, support of every kind to Bulgaria in the development of its health services and medical research.

We have also given help to a number of countries to the best of our ability, and will continue to co-operate with all those who wish to co-operate. During the last two or three years, under bilateral agreements, over 700 of our medical workers have given assistance in many countries of Africa.

The Bulgarian Government is giving great attention and allocating considerable resources to the development of medical research institutes, which are to concentrate their activities on assisting practical medical work and training staff. A number of problems, such as the etiology and epidemiology of communicable diseases, tuberculosis, the detection of cancer in its early stages and so on, are being successfully tackled in Bulgaria as a result of the research work and practical activities of these institutes.

The Bulgarian Government has already included in its investment programme for the coming years the building of a modern research institute for the training of specialists in hygiene, including occupational hygiene and the clinical features of occupational diseases, environmental hygiene, school hygiene, nutrition and social hygiene. By establishing this institute, for which we hope to obtain support from the World Health Organization, we shall be able to make facilities available to the Organization for medical research and the training of specialists from other countries.

Through some of our scientific achievements we could also contribute to the health services in other countries. This was done, for example, by the conference on thalassotherapy held in Bulgaria in 1964. This year an international conference on melanoma will also be held in Bulgaria. At a seminar on public health administration arranged by the World Health Organization, to be held in Bulgaria in 1965, we shall try to communicate to the participants all that our own experience has shown to be useful.

We consider that bilateral or multilateral co-operation is also extremely useful and should always be given support and encouragement by the World Health Organization. Last year Bulgaria laid the foundations for useful contacts with the United Arab Republic and some other countries. The traditional medical co-operation between the Balkan countries—Romania, Yugoslavia, Greece, Bulgaria, Cyprus and Turkey—is also extremely useful.

This year the question of establishing a world health research centre is being raised for the second time at
an Assembly. Despite the fact that special meetings will be devoted to this problem we should like to make a brief statement of our ideas on the subject. To a certain extent we agree with those delegations who have stated their belief that this is a measure on which a great deal of money will be spent, something which, incidentally, must be discussed in detail. This in essence would mean a completely new venture for WHO, and the Organization has emphasized that it has no intention of establishing its own research laboratories but will merely support research institutes, co-ordinate their activities and make sure that their discoveries are put to good use, a position which we consider correct. The centre outlined in the project, if the time should come to establish it, can in our opinion do fruitful work in epidemiology only if there are medical establishments in individual countries whose research and practical activities have been put on a solid basis. This is our main task at the present stage.

Mr President, we greet the new countries joining the ranks of the World Health Organization—Zambia, Malawi and Malta—and wish them fruitful participation in the work of the Organization for the well-being of their peoples. At the same time we support those delegations that have raised time and again the question of the violation of the principle of universality of our organization and the need to admit to membership the People’s Republic of China and the German Democratic Republic, countries against which there should be no discrimination.

The President (translation from the Spanish): Thank you Dr Kalajdžiev. The delegate of Senegal, Dr Wone, has the floor.

Dr Wone (Senegal) (translation from the French): Mr President and honourable delegates, it is with sincere and deep feeling that I bring the greetings of the delegation and the Government of Senegal to the representatives of all the nations assembled together here for the Eighteenth World Health Assembly. We also greet the people of Geneva, the Swiss nation and the Swiss Government and warmly thank them for their unflagging hospitality which seems to us to become warmer and more cordial every year.

It is not just for the sake of convention but with the full force of conviction that I tender you my delegation’s congratulations on your brilliant election to the presidency of our Assembly. I should like to say, very simply, how much everything that we know of you personally, of your past and of your interests, together with our experience during the past week of the efficient and distinguished way in which you discharge your task as President—how much all this inspires in us for the conduct and outcome of our discussions under your distinguished direction. I also take pleasure in congratulating the newly elected Vice-Presidents, the Chairmen of the two committees and their principal colleagues, and all those who share with you, Mr President, the onerous task of directing our debates. We thank Dr Afridi, the very courteous and able President of our last Assembly, for his decisive contribution to our common task.

The Senegal delegation takes pleasure in most warmly congratulating Dr Candau, the Director-General of WHO, both on the excellent Report he has presented to us and on the indefatigable and enlightened work which he, with his deputies and staff, is doing running the Organization with a devotion, impartiality and efficiency which are universally appreciated. We thank Dr Lucien Bernard, the Director-General’s personal representative, for having undertaken a mission at Brazzaville of acknowledged value for all the States of Africa. To the new Regional Director for Africa, Dr Alfred Quenum, we express our congratulations, our fullest confidence and cordial wishes of success.

The delegation of Senegal also offers its compliments and a warm welcome to the delegations of the countries newly admitted to the Organization, and to their peoples: henceforth Malta, Malawi, and Zambia are to be present at our great “rendez-vous de give and take”, which is wholly dedicated to the relief of human suffering. Thus year by year the universality of WHO’s role is more securely established; it is the earnest hope of my country that this tendency will develop still further and that a quarter of the human race will no longer be artificially and arbitrarily shut out from our Assembly. The only States for which, in our view, there is no place here are those which advisedly, officially and openly have elected to base their policy on principles opposed to those of the Organization: on racialism and racial segregation.

In this connexion I must express the concern of my delegation at the position the Executive Board has seen fit to take regarding resolution WHA17.50, adopted by a perfectly valid procedure at our Seventeenth Assembly. This resolution explicitly and quite unambiguously invited the Executive Board to submit to our present Assembly formal proposals with a view to the suspension or exclusion of Members whose official policy was based on apartheid. That is undeniably true of South Africa, which we are thankful to see is not represented at this session and which it is the duty of all of us to exclude utterly and unequivocally before we part company. In saying this, my delegation is not actuated by any kind of inverted racialism; Senegal would hail with much enthusiasm the day on which delegates, white or black, representing the South African people at last delivered from
the supporters of apartheid returned to our forum to play their specific role in the concert of nations.

What appeals to us most in the masterly Report of the Director-General is his strict intellectual integrity and his constant concern for accurately reflecting the real situation. It is typical of this approach that, despite the efforts and the many successes of WHO and of national health services, the Report elects to put the emphasis from the very start, from the first paragraph, from the first sentence of the Introduction, on the size and importance of the problems still facing us. My country, which is now fully alive to these problems, derives great encouragement and convincing reassurance from the almost exact correspondence between its preoccupations in the public health field and those to which the attention of our Health Assembly is invited.

National health planning, the theme of our technical discussions and of an important section of the Report, is for us a highly topical problem in this particular year 1965, which constitutes the pivot between our two four-year plans. For over a year our "Health and Hygiene" planning commission has been applying itself to the preparation of the second plan, in close collaboration both with the Health Service at the local and regional level and with the other national planning commissions, all grouped under the authority of a single ministerial department. The many lessons we shall draw from our discussions—from these fruitful exchanges of ideas and experience—will doubtless serve to guide us in the implementation of our plan and, should the need arise, in re-orienting or revising particular aspects of it.

The delegation of Senegal welcomes the appreciable and continuous progress being achieved in malaria eradication throughout the world. From it we derive encouragement to intensify our efforts for the containment and eradication of this major endemic disease. For the moment, we are establishing the necessary pre-conditions for such an undertaking by training qualified personnel and developing an ever closer-knit and wider-ranging health network. A Senegalese doctor was awarded in 1964 a WHO fellowship to participate in the advanced malaria course held at Lomé, and on his return was assigned a responsible senior post in the National Malaria Control Service; I take the opportunity of again thanking the Organization for this. A WHO project now on the point of being signed is to provide us with further assistance in this field. Finally, as a stop-gap measure until the large-scale pre-eradication activities produce their full effect, we continued and extended during 1964 our programme of mass malaria chemoprophylaxis with nivaquine, effectively covering 90% of the children from 0 to 14 years of age and considerably reducing the prevalence of serious forms of the disease.

The effectiveness of our tuberculosis control organization is constantly increasing; it is now based on a decentralized infrastructure, still admittedly inadequate but by no means negligible. The prevalence of endemic tuberculosis, whose extent was apparently not suspected until recent years, is receiving particular attention in the second plan, which provides among other measures for systematic BCG vaccination of all children from 0 to 14 years of age. WHO, which sent an advisory team to Senegal in 1962, is now making preparations to implement a programme of assistance which will be greatly appreciated.

A speaker intervening as belatedly as I in the general discussion, after so many representatives of various nations have skilfully analysed the Annual Report, must be brief if he does not want to repeat badly what has already been very well said. Aware of this danger and anxious to avoid it, I shall confine myself to mentioning two other points in the Report to which my country attaches great importance.

The first point is training of personnel, the importance of whose role as the essential pre-requisite and driving force for all health work is today universally recognized. Senegal now has all the necessary institutions for training medical and paramedical personnel. The Faculty of Medicine of Dakar, in particular, true to its pan-African and international role, is open to the nationals of both French-speaking and English-speaking States, and is proud to be making an effective contribution to the promotion of health in our countries. Endowed with an Institute of Tropical Medicine and an Institute of Social Paediatrics, our Faculty, which realized early the need to familiarize students with public health problems and provides integrated instruction in the relevant disciplines, offers, together with its associated hospital centre and public health laboratory, ideal conditions for the study of the health problems of our region and is ready to welcome students and research workers from other continents interested in the subject. I should be committing a grave injustice if, in speaking of the Faculty of Medicine of Dakar and its triumphant growth, I failed to offer here a solemn expression of our gratitude to the Government and people of France, who still bear the major part of the cost of its running and development.

The other point I wish to refer to is scientific research. Alongside the impressive results that certain highly developed countries have to their credit, I should like to point to the modest but praiseworthy efforts of the research workers of the University of Dakar on a number of problems: primary cancer of the liver, measles, tuberculosis, etc. The Institut Pasteur of
Dakar has developed a BCG vaccine the latest version of which seems very satisfactory. Last, but by no means least, new and original approaches and techniques, adapted to the climatic and economic conditions of our countries, are being perfected day by day in the field of sanitation, as in those of child welfare and social paediatrics. May I express the fervent hope that WHO will take an interest in this research and give it the backing it needs for full realization of its potentialities? With such encouragement, I am sure our young Faculty will soon be in a position to contribute regularly in its own field to the progress of medical science, for the benefit of all mankind.

In this International Co-operation Year Senegal would like to pay tribute to all the States and all the international organizations that are helping to promote its development. Like all the countries of the uncommitted world, Senegal is always ready to welcome any additional efforts WHO may care to make to increase and render more effective the assistance it is providing. The manifest goodwill of all the delegates assembled here, of the Director-General and his staff, and of the Regional Director for Africa, give us confidence that our hopes will not prove vain.

The President (translation from the Spanish): Thank you, Dr. Wone. I give the floor to the delegate of Romania, Professor Moraru.

Professor Moraru (Romania) (translation from the French): Mr President, delegates, ladies and gentlemen, I wish to join previous speakers in offering you, Mr President, my sincere congratulations on your election to this high office and in wishing you full confidence that our hopes will not prove vain.

I should also like to commend our Director-General, Dr. Candau, and his staff for the remarkable Report on the work of WHO during the year that has just come to an end. The Report submitted to us and the discussions it gives rise to enable us not only to review past activities, but also to lay down guide lines for the future activities of our organization.

In the view of the Romanian delegation, our approach to the general evaluation of the work accomplished by the Organization and to the orientation of its future activities should be based on one of the essential principles laid down in the WHO Constitution. This principle is as follows: "The health of all peoples is fundamental to the attainment of peace and security".

But what is even more important is the fact that peace and security are essential prerequisites for the life and health of all peoples. They are mutually dependent factors. While reviewing the health problems of the world, we cannot ignore the situation with regard to peace and security or the interest of all peoples in the maintenance of peace. In this connexion, we cannot help but draw the Assembly's attention to the dangerous situation created by the aggressive activities of the United States military forces in Vietnam and their possible implications for the peace of the whole world. An atmosphere of peace and international co-operation is a sine qua non for further redoubling of efforts and resources in order to solve the important problems which, despite the results obtained up to now, still persist in many countries.

In the Introduction to the Report, the Director-General shows that the foremost place among the preoccupations of the Organization is occupied by communicable diseases, and that in its efforts to overcome them it is still faced, in certain parts of the world, with serious difficulties due to inadequate development of health services at the country level. The efficient implementation of certain activities and certain health programmes depends first and foremost on economic and social development, on the existence of material resources—health units, equipment, funds—on numbers and quality of health and medical personnel, on sound organization and country-wide distribution of public health services, and also on the manner in which the population is induced to participate in these activities. That is why the Report rightly stresses the importance of development of basic health services and training of personnel within the framework of a national health plan forming an integral part of an overall scheme for the economic and social development of the country.

But the technical assistance provided by WHO may, in the future too, be of equally great service to the underdeveloped countries in their efforts to solve these problems. The situation of each country with regard to patterns of morbidity is such that requirements and the priorities assigned to health problems are very different. But there is just as much diversity in the practical experience of different countries regarding ways of tackling and solving certain similar health problems.

Thus a retrospective analysis of health protection activities in Romania brings out the close interdependence between health programmes, adapted to specific conditions and needs, and programmes of general economic and social development. Whereas at first, in the conditions that prevailed when our economy was weak and disorganized by the destruction resulting from the Second World War, we had to tackle difficult health situations with the modest resources then available to us, later, as our economy progressively developed, we went on to organize and extend the health network on the basis of long-term plans established according to scientific principles and criteria.
Taking into account the need to increase the efficiency of medical care, both preventive and curative, we have begun to establish large hospital units of between 500 and 1000 beds with attached out-patient services, evenly distributed in relation to territorial area and to lines of communication. The hospital on this pattern, equipped according to the requirements of present-day techniques and staffed by specialists, has become a powerful medical centre where high quality medical care is provided; at the same time it represents the methodological basis for specialized training of staff and for co-ordination and technical supervision of medical care services in the territory concerned.

With regard to numbers of medical and health personnel, we have now attained a ratio of one doctor to 696 people and one trained paramedical worker for 256 people.

The improvement in the epidemiological situation which was the major objective of our efforts in the initial period has enabled us to proceed—while continuing to accord these problems due attention—to complex activities for the prevention and control of chronic and degenerative diseases, especially cardiovascular diseases and cancer. With a view to carrying out theoretical studies and orienting the practical activities, we have established and developed institutes for research in the medical sciences differentiated by speciality.

I should like in this context to refer to the importance attached by the Director-General and his staff to the role of scientific research as an important factor in the solution of health problems. As we know, science develops through the contributions made by research carried out in all countries, and in particular through the regular exchange of experience and scientific findings. Accordingly, the idea of establishing a world health research centre is a worthwhile one which should be examined in due course with all the thoroughness it deserves, as there are many possible ways in which it could be implemented.

I should also like to stress the importance of the efforts being made by scientists the world over towards controlling one of the greatest scourges of all, namely cancer. I take this opportunity to express my sympathy for the idea of establishing an international agency for research on cancer. It may be hoped that future co-operation both within this centre and between it and the World Health Organization will give fruitful results from which all mankind can benefit.

Mr President, Romania, committed to a vast enterprise of economic and social construction, is working resolutely for the development of international co-operation and for peace and understanding among peoples, as essential conditions for a continuous rise in standards of living and health. By taking up this position and adhering to it, we intend to contribute, within the World Health Organization as well, to the promotion of ideas and activities that serve the cause of peace and health for the peoples of the world.

The President (translation from the Spanish): Thank you, Professor Moraru. I give the floor to Dr Machado Ventura, delegate of Cuba.

Dr Machado Ventura (Cuba) (translation from the Spanish): Mr President, Mr Vice-President, ladies and gentlemen: First we should like to congratulate the President on his election and, in the name of the Revolutionary Government of the people of Cuba, to greet all the delegates who are gathered together at this Eighteenth Assembly of the World Health Organization. We should also like to commend the Director-General on his Report, which gives a clear picture of the health situation of all the peoples represented here and shows his concern for the great tasks that still remain to be accomplished for the benefit of mankind.

In our country, public health work during the year 1964 followed the same upward curve of development as all the other essential fields of activity under the Cuban Revolution. The basic outlines of public health in our country became yet more plainly discernible, and the health service stood revealed with remarkable clarity as an inherent function of the State, ever more accessible to the general population thanks to the sound development of our infrastructure and the increasing extent to which all our activities are based on scientific and planning principles.

The public health field includes a whole series of problems that have a very important bearing on the development and the activity of the people. Realizing this, the Revolutionary Government is giving ever-increasing weight in its planning to examination and analytical study of the health picture among the population, taking into account its relationship to economic, cultural and political problems.

We not only consider health as the physical, mental and social well-being of man, we conceive it dialectically as the resultant of the interaction between man and the environment to which he is intimately related and to whose varying demands he responds at all times to the best of his capacity.

What is the reason behind the figures for prematurity, maternal mortality and malnutrition, the rates of mortality from acute diarrhoeal diseases, pulmonary diseases, measles, tuberculosis? How do we explain the great differences in mortality in the different regions of the world? Which are the causes of death that are not related to the politico-social system, to economic development, to cultural development, to nutritional resources, to availability of employment and adequate housing?
We can affirm before this Assembly that the Cuban Revolution has alone created the conditions which have made possible the effective development of health plans for the benefit of all our people.

To provide medical care for its people, Cuba now has 0.9 doctors per thousand population, together with a total of 8170 nurses and nursing auxiliaries, 5565 technicians and 48988 other health workers, including 1200 stomatologists and 767 pharmacists. Our public health budget, which represented 3.26 pesos per head in 1958, had risen to 15.72 pesos in 1964. At present, our budget is 28.48 times greater than the 1958 budget with regard to expenditure on medicaments and 5.96 times greater with respect to personnel costs. In the aggregate our present budget is 5.38 times higher than in 1958, before the triumph of the Revolution. The public health budget represents 5.08% of the total budget of the State. This financial provision enabled us to implement all our planned activities for the year 1964.

There now exist in our country 90 urban hospitals, 44 rural hospitals and 19 works hospitals, together with 179 out-patient departments, 51 rural dispensaries, seven regional public health laboratories, 12 district laboratories, 139 hygiene and epidemiology units, 28 homes for the aged, four children's homes, one children's rehabilitation centre, five regional blood banks, one tissue and oxygen bank and 70 clinics, not counting those medical services which are provided locally at places of work and at institutions.

The total number of hospital beds in the country is 47861, or 5.7 per thousand population, including 4.2 per thousand in general hospitals and 1.5 per thousand in specialized institutions. It should be stressed that the rural medical service includes 44 hospitals and 122 dispensaries, with a total of 1155 beds and a staff of 482 doctors, 76 stomatologists, 174 nurses, 34 laboratory technicians, 20 X-ray technicians, 89 administrative staff and 530 service staff.

The year 1964 saw a remarkable improvement in the epidemiological picture among our population. The prevalence of tuberculosis in our country has continued to decline, the rate falling from 10.5 per 100,000 in 1963 to 8.8 in 1964. With regard to tetanus, we also note a reduction in the number of cases notified, the rate having fallen from 4.7 per 100,000 in 1963 to 4.5 in 1964. As for malaria, the number of cases reported in 1964 was 16,851,977, giving an average of 2.3 per person per year. In our general hospitals, the average cost per bed/day is 8.18 pesos and the cost per patient/day 11.23 pesos.

The evaluation carried out in each hospital now takes into account not only the clinical history, but also the qualitative elements of which it is composed. In all hospitals consideration is given to the relationship between the number of emergency consultations and the number of consultations in the regular departments. The average length of stay in each department is analysed, together with the bed-occupation rate, and scientific meetings are held to discuss the main causes of death in each institution and the district as a whole. The average length of stay is 14.7 days in our general hospitals, 16.9 days in the paediatric hospitals, and 4.5 in the maternity hospitals. The average bed-occupation rate for the country is 74.12 per cent. Average mortality in our hospitals fell from 3.2 per cent. in 1963 to 3 per cent. in 1964. Our percentage of caesareans is 6.7, our maternal mortality rate 0.1 per cent., foetal mortality 4.3 per cent., prematurity 7.1 per cent., and the average percentage of autopsies 27.1 per cent. The total number of consultations in 1964 was 16,851,977, giving an average of 2.3 per person per year. In our general hospitals, the average cost per bed/day is 8.18 pesos and the cost per patient/day 11.23 pesos.

The year 1964 saw a remarkable improvement in the stomatological care available to the people, thanks to the establishment of 25 stomatological clinics and the organization of 86 stomatological departments in hospitals, 248 in other institutions, and five maxillo-facial surgery departments.

There now exist in Cuba, to serve the whole population, 595 organized dental units. Stomatological care is provided in two forms: systematic care and care on request. For the moment, priority for systematic care is reserved for the school-age population and holders of fellowships awarded by the Revolutionary Government. Non-systematic care, or treatment on request, is available to all the population, any patient who attends the surgery receiving all necessary services entirely free of charge.

During the year 1964 there was steady improvement in the quality of the work done in all our hospital centres, where clinical history committees have been established; thus in all our hospitals, both urban and rural, adequate care is being taken in the preparation of the document that is the most useful of all in the examination and care of the patient: his clinical history.

The epidemiological picture among our population has been undergoing a transformation. The poliomyelitis vaccination campaigns that have been regularly carried out for four years in succession, and in the course of which up to 97% of the children under fifteen years of age were immunized, have resulted in the disappearance of this disease as a cause of morbidity and mortality in our country. In 1965, we have been vaccinating only the children under five years of age; 1,019,461 of them have now been immunized, which represents 97.4% of that age-group. The prevalence of diphtheria in our country has continued to decline, the rate falling from 10.5 per 100,000 in 1963 to 8.8 in 1964. With regard to tetanus, we also note a reduction in the number of cases notified, the rate having fallen from 4.7 per 100,000 in 1963 to 4.5 in 1964. As for malaria, the number of cases reported in 1964 was 624, a much lower figure than the one recorded in 1963, when 833 cases occurred. In addition, we should state that the percentage of positive cases fell from 0.66% in 1963 to 0.23% in 1964. The national rate per 100,000 population fell from 11.9 in 1963 to 8.6 in 1964.
The *Aedes aegypti* eradication programme continued according to plan. The budget for this work, which totalled 974,000 pesos in 1964, has been increased in 1965 to 1,576,782 pesos, which will enable us to start work on the delimitation, surveying and treatment of the areas found positive in the central province of Cuba.

With regard to tuberculosis, we should make special mention of the fact that the watchword, "No truce for tuberculosis," proclaimed in 1964 by the World Health Organization, was given effect in our country by the launching of our first tuberculosis control programme. The most important results we have to show for that year are: (1) a large-scale programme of health education and dissemination of factual information on the nature of this disease; (2) 748,737 radiographs; (3) the re-organization and expansion of our dispensaries; (4) the bringing up to date of the registry of patients in the dispensaries; (5) intradermal BCG vaccination of 95% of the children born in our maternity hospitals; (6) intradermal re-vaccination with BCG of the children in the first to sixth grades of all schools in the country; (7) training courses for doctors, nurses, auxiliaries and other technicians, secretaries and chauffeurs in mobile units; (8) establishment of treatment schedules for tuberculosis; and (9) co-ordination with mass organizations for following up the children born outside our maternity hospitals. We now have operating in Cuba 40 radiography units, 20 children's tuberculosis clinics, 25 dispensaries, 7 tuberculosis clinics and, in addition, 10 tuberculosis hospitals with 4,922 beds.

With regard to acute diarrhoeal diseases, the control programme launched in 1962 has resulted in a 44% reduction in mortality from this disease, the rate falling from 51.2 per 100,000 population in 1962 to 38.2 in 1963 and 28.8 in 1964.

Throughout the year 1964 programmes of vaccination against various diseases were in operation in the country. Thus, 44.6% of the children under six years of age have now been immunized with triple vaccine and 58.3% of the population between six and nine years of age with double vaccine, while 22.9% of the population over ten years of age has been vaccinated against tetanus.

In accordance with the recommendations of the World Health Organization regarding the desirability of intensifying smallpox vaccination with a view to raising the level of immunity among the population, a national vaccination programme was launched in the country in the second half of 1964.

To make clear the extent to which health work is being furthered by the great changes that are taking place, we must point out that during the year 1964 repairs were carried out on the water-supply systems of 42 towns and also on the sewage systems of ten towns. In addition 13,502 dwellings were repaired and 17,284 new ones constructed; a further 8,577 dwellings now under construction are to be completed within the first six months of 1965.

Following the great campaign for the elimination of illiteracy, we have launched an intensive programme of adult education for workers and peasants with the aim of bringing the mass of our population up to sixth grade level. Education in all branches of science, technology and art is expanding, backed by our Government's fellowship plans.

With regard to medical education, during the year 1964 the number of students in the medical schools was 4,096, together with 776 in the School of Stomatology; intermediate level courses were successfully completed by 599 nurses, 691 nursing auxiliaries and 1,114 technicians of various categories—a total of 2,404 diplomas awarded in 1964. At present 3,266 students are attending the School of Public Health.

As a result of all the work on the public health front in 1964 we can cite the following figures: a mortality rate of 40.1 per 1000 live births; a mortality rate among children under five years of age of 9.8 per 1000; and one of the lowest rates of mortality from all causes in the whole of the Americas: 6.4 per 1000.

An important factor in the work during the year 1964 was the active participation of the masses: public health progress in Cuba was achieved not only for the people, but also by the people. I should also like to place on record that our plans for the present year provide for a special effort to strengthen the entire basic structure of our health service, as well as consolidating the organization within our seven regional services and our thirty-six districts.

A start has also been made on the division of the districts into sectors and the training of field personnel to staff our health teams; these will be working above all on behalf of the basic unit of our society—the family; and, within the family, according to the priority established by our maternal and child welfare programme, on behalf of the wife, the mother and the child.

Notwithstanding the achievements and the progress of public health work in our country, we must nevertheless point out that we have difficulties to overcome, that there exist problems to which we are devoting all our efforts, secure in the knowledge that the necessary resources are being provided by our Revolutionary Government.

We should not like to close without first expressing our opinion on the absence from this Assembly of peoples such as the Democratic Republic of Germany and the People's Republic of China, which, for reasons unconnected with health or humanitarian considera-
tions, are not represented here—a thing we find quite inexplicable. I should also like it to be placed on record in this Assembly that peoples such as the Democratic Republic of Viet-Nam are suffering at this moment as a result of external factors which are causing countless deaths among their population and of which particulars cannot be given here by their delegates since, as we know, for reasons that have been discussed on more than one occasion in this Assembly, no representative of that nation is present here. Nevertheless, we wish to put our view on record and state our opinion. We hope that, thanks to the efforts of all of us, this Eighteenth World Health Assembly will result in decisions and achievements commensurate with our responsibilities in the field of health and disease towards the different regions of the world.

The President (translation from the Spanish): Thank you, Dr Machado Ventura. I now give the floor to the delegate of Argentina, Mr García Piñeiro.

Mr García Piñeiro (Argentina) (translation from the Spanish): Mr President, ladies and gentlemen, the Argentine delegation has great pleasure in offering its congratulations to the officers of the Eighteenth World Health Assembly—the Vice-Presidents and the Chairmen, Vice-Chairmen and Rapporteurs of the main committees. We should also like to express our gratitude to the President of the Seventeenth World Health Assembly, Dr Afridi, for all his outstanding work during his term of office, and to the Director-General and his staff for the work accomplished by the Organization and the high quality of the Report on its activities which they have presented.

The Report of the Director-General, Dr Candau, whose executive ability and whose efficiency at the helm of this organization we all appreciate, brings out once again the scope of the work done and the efforts made for the health and welfare of the whole world.

In stressing the extent of the activities carried on by the Organization, it is important not to forget the many serious problems that are calling for solution. The difficulties to be tackled are numerous and very diversified, health problems are of perennial importance, and the field of activities is extensive and varied.

We believe it would be difficult to find a corner of the globe untouched by the activities of the Organization. It would also be difficult to find a country that has not been visited by its experts and representatives.

Great as is the work accomplished, the requirements in all health fields are no less so, especially if we take fully into account the scope and the complex inter-relationships of the different aspects of modern life. Problems of education, housing and standards of living have far-reaching repercussions on man and his well-being. All these are factors of basic importance in framing a policy for the economic and social development of peoples, the course of whose progress inevitably runs parallel to improvements in its vital indices.

The Report of the Director-General, containing as it does a complete and comprehensive account of the work carried out by the Organization, reflects the full scope of the responsibilities we have to face in our fight for the improvement of world health.

Considered in detail, the present state of development of the programmes under way adds up to an encouraging picture of the overall situation. The progress achieved is living proof of the efforts countries are making and of the importance of the work of the Organization, whose activities are also a real source of encouragement and stimulus towards the attainment of our common health objectives.

Within this joint effort, this general programme of world-wide health activities, regional factors and conditions of various kinds necessitate particular activities aimed specifically at the solution of general and local problems. In my country, the Argentine Republic, we attach fundamental importance to the concept of integration of public health activities. In our economic and social development plans, health is accorded the attention its social importance warrants, and every effort is made through appropriate distribution of available resources and modification of the economic and social structure to promote the productive capacity of the least developed areas of the country, as an effective contribution to the solution of biological, social, cultural and economic problems that have repercussions on health.

Thus we carry out a planning process that ensures better and more effective use of resources and a programming procedure which, with due regard to priorities, contributes to the solution of our health problems. In this connexion we unreservedly share the view expressed in the Report of the Director-General regarding the importance of planning. This is a concept which is rapidly gaining ground in our country and throughout the Americas, where a whole system of doctrine to govern practical activities in this field is in continuous process of development.

All these considerations are taken into account in our programming, which includes large-scale control projects and health campaigns, with priority for the control of maternal and infant mortality, communicable diseases, tuberculosis, Chagas' disease, malaria, and smallpox (by measures in which vaccination campaigns play a prominent part), for health education, for mental health, and for the control of those acute and chronic non-communicable diseases that are most important from the point of view of
prevalence and of their role as causes of morbidity and mortality. A national nutrition policy is being developed which aims at the solution of regional problems. Our programmes for rural sanitation and the provision of drinking-water supplies and other activities designed to promote the well-being of the rural population are an integral part of the major effort that America as a whole is developing in this field. They have received very powerful stimulus from the participation of the Pan American Health Organization and the Inter-American Development Bank, and have all the importance implicit in their health and social objectives of economic and industrial development.

Particular stress is also being laid in this field—and in general in all our health activities—on community development, in view of the great contribution that community participation can make to the long-term solution on health problems; on improvement of statistics and on the preparation, now in its final stage, of a national inventory of resources and services as a rational basis for the effective development of services and programmes; on strengthening of health services, within whose framework the delegation of responsibilities by the Federal authorities—the National Ministry—to the provinces, by ensuring effective technical and administrative decentralization of public health functions to the local level, constitutes an important device to ensure co-operation and co-ordination in national, provincial and community activities, as well as the participation of non-governmental bodies in the work. Stress is further laid on the education, training and supervision of staff at professional and auxiliary levels; on the promotion and development of scientific research, both fundamental and applied, in public health, and the establishment of a Special Research Fund to ensure the necessary tools for scientific work in the various fields relevant to the solution of health problems. We attach fundamental importance to research promotion and the intensification of activities in this field, as it is the essential basis for the development of our scientific and technical potential, particularly at the national level; it must be oriented and applied to the solution of practical problems, at the local and regional levels, and co-ordinated through national and international assistance and provision for adequate reference centres and effective exchange of information. Finally, stress is laid on the development and reform of the legislation that governs the structure of services and ensures their effective operation.

Another current activity of outstanding importance is the review of the technical and administrative structure of the health and welfare services, including the establishment of a community medical care service, with a view to replacing the traditional hospital pattern by institutions on modern lines, with adequate decentralization, including administrative and financial autonomy, and the organization of demonstration areas in various parts of the country (all this as a preliminary step towards a social security system that will provide for better medical care); and the establishment of an Institute of Pharmacology and Control of Medicaments and Biological Products.

A recent project, at present being discussed with the United Nations Special Fund, provides for the expansion of the Pan American Zoonoses Centre—in which the Argentine Government has shown and stated its especial interest—with a view to intensifying activities aimed at solving problems of zoonoses, which have definite social and economic repercussions at the national level, particularly in Latin America.

In the field of social welfare the necessary measures are being taken to provide for the general well-being of the community, particularly with regard to preventive and rehabilitation aspects, through the development of community-oriented services. Our objective is to find a solution to social tensions by eliminating differences in levels of cultural, economic and social, demographic, and historical development.

The various chapters of the Report deserve to be considered with all the attention warranted by their importance within the Organization's programme of work. As we take up the various items on the agenda of the Assembly, we shall have the opportunity to make certain contributions to the discussions with a view to assisting in the consideration of the different aspects of the programme, all of which have important technical and administrative implications and have been developed on the basis of a budget whose figures bear eloquent witness to the extent of the Organization's responsibility and to its indispensable and growing role in the vast field of health problems throughout the world.

In conclusion, Mr President, I should like to say that for the Argentine delegation it is a particular pleasure as well as a duty to convey to the World Health Organization, in the person of its Director-General, Dr Candau, our thanks for its contribution to world health. We are also grateful to the Regional Office for the Americas, and its Director Dr Horwitz, for its unremitting and effective efforts on behalf of the Americas, and to UNICEF, FAO, and the international finance institutions for their important contribution at the international level to the solution of public health problems.

The President (translation from the Spanish): Thank you, Mr García Piñeiro. Ladies and gentlemen, we have now completed the general discussion on
items 1.10 and 1.11 of the agenda of the Assembly. I should like to ask the representative of the Executive Board if he has any comments to make. Thank you, Dr Turbott.

I shall now give the floor to the Director-General.

The DIRECTOR-GENERAL: Mr President, honourable delegates, I should like to thank all of you for the comments made in the discussion of the Report on the work of the Organization in the year 1964. The favourable comments made are greatly appreciated by the Secretariat of your organization, in the same way as we appreciate very much the criticisms and the guidance that we receive. Many of the questions asked in the general discussion, and many of the comments made, refer to matters that are going to be discussed in detail under the different items of the agenda and I believe that your secretariat will have a chance and an opportunity to clarify many of those points.

There were general comments on the heaviness of the structure of the Organization, the excess of documentation, and how that could be improved, and I wish to tell all delegates that I should appreciate very much a more detailed analysis of the problems as seen by the different governments. I am not denying at all that we have some heavy structures, that there are problems, but you will realize that international organizations are not easily analysed from the point of view of the governments unless they can really dedicate some time to looking into all the problems involved for the secretariat of such an organization as the World Health Organization.

There is a small point that I think I have to comment upon if only because it is in the record of the Assembly—as you know, the statements made here are reproduced as a verbatim record of the discussions. One delegate in the general discussion yesterday suggests, and I quote in French: “que les experts et les conseillers que [l’OMS] nous envoie soient moins préoccupés d’exotisme et de tourisme que du véritable but de leur mission fort humanitaire et hautement généreuse”.1 I think it is my duty to say to the Assembly that I believe that the generalization and the general way in which this is said can create a false image of the staff of your organization. As Director-General I should like to say that all the success of our work does not depend on one person, it depends on all members of the staff, and I am a witness of the dedication and efforts of our staff in trying to help the countries to help themselves. I think that, if exceptions exist, the exceptions confirm the rule.

I wish to thank you again for all the comments made and reaffirm that everything has been noted and will be taken into consideration by your secretariat as the guidance we receive from all of you.

The PRESIDENT (translation from the Spanish): Thank you, Mr Director-General. Ladies and gentlemen, I think that, after hearing the statements of the delegates and the comments of the Director-General, we are now in a position to express an opinion in the name of the Assembly regarding the Director-General’s Report on the work of the Organization in 1964. Your President, after hearing the comments of the various delegations, has the clear impression that the Assembly wishes to express satisfaction with the manner in which the Organization’s programme for 1964 was planned and implemented. I therefore invite you to consider the adoption of the following resolution:

The Eighteenth World Health Assembly,

Having reviewed the Report of the Director-General on the work of WHO during 1964,

1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1964, in accordance with the established policies of the Organization; and

2. COMMENDS the Director-General for the work accomplished.

Does the Assembly agree to adopt this resolution?

As there are no comments on the draft resolution, I consider it as adopted.

I should also like, ladies and gentlemen, with reference to the reports of the Executive Board, to thank once again Dr Turbott for the way in which he introduced them. We still have to consider the part of the Executive Board’s report that deals with the proposed programme and budget for 1966, namely Official Records No. 141 (Executive Board, Thirty-Fifth Session, Part I). When the main committees have completed their discussion of this part of the report, your President will propose the adoption at the close of the Assembly’s session of the usual resolution taking note of the reports of the Executive Board.

The meeting is adjourned.

The meeting rose at 5.45 p.m.
TENTH PLENARY MEETING

Monday, 17 May 1965, at 10 a.m.

President: Dr V. V. Olguín (Argentina)

1. Third Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the Spanish): Ladies and gentlemen, the plenary meeting is called to order.

The first item on the agenda of the meeting is the approval of the third report of the Committee on Administration, Finance and Legal Matters. As this report was distributed more than twenty-four hours in advance of this meeting, it is not necessary, in accordance with the provisions of Rule 52 of the Rules of Procedure of the Assembly, to read it aloud.

The document which is now before you for consideration contains ten draft resolutions. I am going to put them to the Assembly, one by one, for adoption.

First resolution: Does the Assembly agree to adopt the first resolution, on Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution? There being no comments, I declare the resolution adopted.

Second resolution: Is the Assembly willing to adopt the second resolution, on amendments to the Rules of Procedure of the World Health Assembly? As there are no remarks by delegates, I declare the resolution adopted.

Third resolution: Is the Assembly prepared to adopt the third resolution, on WHO participation in the Expanded Programme of Technical Assistance? As there are no objections, I declare the resolution adopted.

Fourth resolution: Does the Assembly agree to adopt the fourth resolution, on extension of the agreement with the United Nations Relief and Works Agency for Palestine Refugees in the Near East? As there are no objections from delegates, I declare the resolution adopted.

Fifth resolution: Is the Assembly willing to adopt the fifth resolution, on selection of the country in which the Nineteenth World Health Assembly will be held? As there are no objections, I declare the resolution adopted.

Sixth resolution: Does the Assembly agree to adopt the sixth resolution, on the Annual Report of the United Nations Joint Staff Pension Board for 1963? There being no objections, I declare the resolution adopted.

Seventh resolution: Does the Assembly agree to adopt the seventh resolution, which deals with the appointment of representatives to the WHO Staff Pension Committee? As there are no objections, I declare the resolution adopted.

Eighth resolution: Does the Assembly agree to adopt the eighth resolution, entitled “Headquarters Accommodation” and dealing with the report of the Ad Hoc Committee of the Executive Board concerning headquarters accommodation? There being no objections, the resolution is hereby adopted.

Ninth resolution: Does the Assembly agree to adopt the ninth resolution, dealing with the inaugural ceremony to celebrate the completion of work on the WHO building? As there are no objections, I declare the resolution adopted.

Tenth resolution: Is the Assembly willing to adopt the tenth resolution, dealing with voluntary contributions from Member States for the construction of the headquarters building? There being no objections from delegates, the resolution is hereby adopted.

Now we have to approve the report as a whole. Is there any objection to the approval of the report as a whole? In the absence of any comments, the report is hereby approved.

2. Fourth Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the Spanish): The next item on our agenda is the approval of the fourth report of the Committee on Administration, Finance and Legal Matters. In accordance with the provisions of Article 52 of the Rules of Procedure of the Assembly, the Report, having been distributed more than twenty-four hours in advance of this meeting, need not be read aloud.

As delegates are aware, the report contains two draft resolutions, and I propose to put them to the Assembly one after the other for adoption.

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1 See p. 476.

2 See p. 477.
The first resolution is entitled “Review of the financial position of the Organization: Financial Report, 1964—Voluntary Fund for Health Promotion: World health foundations”. The Chair has been informed that there exists an objection to this draft resolution; I therefore propose to put it to the vote. Would delegates who are in favour of the adoption of this first resolution kindly raise the name cards of their respective countries—I repeat, those delegates who are in favour of the adoption of this first resolution in the fourth report of the Committee on Administration, Finance and Legal Matters. Thank you. Those delegates who are against the approval of the draft resolution. Thank you. Those delegates who wish to abstain from voting on the draft resolution. Thank you.

The result of the voting is as follows: in favour, 77; against, 0; abstentions, 8. The draft resolution is therefore adopted by a majority.

The PRESIDENT (translation from the Spanish): The last item on today’s agenda is the approval of the fourth report of the Committee on Programme and Budget. As this report, too, was distributed more than twenty-four hours in advance of the meeting, it is not necessary to read it aloud, according to the provisions of Article 52 of the Rules of Procedure. This report contains three resolutions, which I propose to put one by one to the Assembly for adoption.

First resolution: Does the Assembly agree to adopt the first resolution, on the fourth general programme of work for a specific period, 1967-1971? Seeing that there are no objections, the resolution is considered as adopted.

Second resolution: Is the Assembly willing to adopt the second resolution, “Programme and budget estimates for 1966: Voluntary Fund for Health Promotion”? There being no objections, I consider the resolution adopted.

Third resolution: Is the Assembly willing to adopt the third resolution, which is the Appropriation Resolution for the Financial Year 1966? As there are no objections, I consider the resolution adopted.

We now have to consider the report as a whole. As there is no objection on the part of this Assembly to the approval of this report as a whole, I declare it approved.

That concludes our work for today. Thank you, ladies and gentlemen. The meeting is adjourned.

The meeting rose at 10.25 a.m.

ELEVENTH PLENARY MEETING

Wednesday, 19 May 1965, at 9.30 a.m.

Acting President: Dr A. ENGEL (Sweden)

The Acting President: The Assembly is called to order.

The President of the Assembly has asked me to replace him. I should therefore like to take this opportunity of saying how much I appreciate the honour you have done to my country in electing me as Vice-President of this Assembly. May I thank you very warmly in the name of my country and in the name of the delegation of Sweden to the Eighteenth World Health Assembly.

1. Expression of Sympathy to Pakistan on the recent Cyclone

The Acting President: The delegate of Iran has asked for the floor in connexion with the recent disaster in Pakistan. If the Assembly agrees, I shall ask him to speak now before we start our programme of work. Dr Samii, you have the floor. Would you please come to the rostrum.

1 See p. 475.
Dr Samii (Iran): Mr President, thank you very much for giving me the floor. As you are aware, during the past week East Pakistan was struck by a devastating cyclone which resulted in a death toll of eleven thousand people, leaving more than five million people homeless and causing an untold amount of property damage. On behalf of the Iranian Government and delegation, and myself, I wish to extend our most sincere sympathy to the people and the Government of Pakistan for this tragic catastrophe. I would like to propose further that the Eighteenth World Health Assembly should offer, if it so approves, its condolences and sympathy to the Government of Pakistan, and to offer, within its possibilities and resources, any assistance if it is so requested.

The Acting President: Thank you very much, Dr Samii. I take it that the Assembly agrees that the President transmit on its behalf our deepest sympathy to the Government of Pakistan.

2. Fifth Report of the Committee on Programme and Budget

The Acting President: We now come to the first item on our agenda today, the adoption of the fifth report of the Committee on Programme and Budget. In accordance with Rule 52 of the Rules of Procedure, this report not having been distributed at least twenty-four hours in advance of this plenary meeting, will be read aloud. The Rapporteur of the Committee on Programme and Budget, Dr Happi, is invited to come to the rostrum and read this report.

Dr Happi (Cameroon), Rapporteur of the Committee on Programme and Budget, read the preamble and section 1 (Quality control of pharmaceutical preparations) of the fifth report of that committee (see page 475).

The Acting President: Does the Assembly agree to adopt this first resolution, on quality control of pharmaceutical preparations? In the absence of any comments, the resolution is adopted.

Dr Happi read section 2 of the report (Organizational study of the Executive Board: Methods of planning and execution of projects).

The Acting President: Does the Assembly agree to adopt the second resolution, on organizational study of the Executive Board: methods of planning and execution of projects? In the absence of any comment, the resolution is adopted.

Dr Happi read section 3 of the report (Smallpox eradication programme).

The Acting President: Is the Assembly prepared to adopt this third resolution, on the smallpox eradication programme? In the absence of any comments or remarks the resolution is adopted.

The delegation of the United States of America has the floor.

Dr Watt (United States of America): Mr President, members of the Assembly, I believe that many delegates have heard over the radio this morning that President Johnson has taken a step to endorse the resolution which you have just passed and announced yesterday his full support for the resolution which just been adopted by this Assembly. I hope that we will be able, from now on, not just to have a resolution, but to count down year by year to the zero point which we have set as a goal for 1975.

The Acting President: Thank you very much, Dr Watt. I feel that I am expressing the feelings of this Assembly when I, on its behalf, extend to the United States of America our sincere thanks and appreciation for its very generous support, that we have heard is not momentary, but will continue for years to come. I thank you very much indeed.

We now have to approve the report as a whole. Are there any further remarks or comments? In the absence of any remarks, may I take it that it is the wish of the Assembly to approve the report as a whole? The report is approved as a whole and I thank the Rapporteur, Dr Happi.

3. Fifth Report of the Committee on Administration, Finance and Legal Matters

The Acting President: The next item on our agenda is the adoption of the fifth report of the Committee on Administration, Finance and Legal Matters. In accordance with Rule 52 of the Rules of Procedure, this report, just as the earlier one, not having been distributed at least twenty-four hours in advance of this plenary meeting, will be read aloud. The Rapporteur of the Committee on Administration, Finance and Legal Matters, Mr de Coninck, is invited to come to the rostrum and read the report.

Mr de Coninck (Belgium), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the preamble and section 1 (Proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training) of the fifth report of that committee (see page 477).

The Acting President: Does the Assembly agree to adopt the first resolution, on the proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training?
training? Are there any comments? In the absence or any comments, the resolution is adopted.

Mr de Coninck read section 2 of the report (Report on operative paragraph 2 of resolution WHA17.50).

The Acting President: Does the Assembly agree to adopt this second resolution, on the report on operative paragraph 2 of resolution WHA17.50? In the absence of any comments, the resolution is adopted.

We now have to approve the report as a whole. Are there any delegates who would like to take the floor for remarks or comments? This does not seem to be the case. In the absence of any remarks, may I take it that it is the wish of the Assembly to approve the report as a whole? The report is approved. Thank you, Mr de Coninck.

4. Review and Approval of the Reports of the Executive Board on its Thirty-fourth and Thirty-fifth Sessions

The Acting President: The next item on our agenda this morning is the review and approval of the reports of the Executive Board on its thirty-fourth and thirty-fifth sessions. You will remember that during the discussion on the reports of the Executive Board it was stated that the customary resolution noting these reports would be presented when the main committees had finished their consideration of the part of the report dealing with the programme and budget estimates for 1966. We are now in a position to adopt this resolution, the proposed text of which I shall read out to you.

The Eighteenth World Health Assembly

1. Notes the reports of the Executive Board on its thirty-fourth and thirty-fifth sessions; and
2. Commends the Board on the work it has performed.

Are there any comments on this resolution? There are none. I take it the resolution is adopted.

5. Announcement Concerning Closure of the Session

The Acting President: I now have to make an announcement on a subject about which many of you have asked, and continue to ask, questions — I refer to the date of the closure of the Assembly. The President has asked me to let you know that in conformity with the provisions of Rule 33, paragraph (f), of the Rules of Procedure, the General Committee has fixed Friday, 21 May, as the date of the closure of the Eighteenth World Health Assembly.

Ladies and gentlemen, we have now concluded our work for today. The meeting is adjourned.

The meeting rose at 10 a.m.

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TWELFTH PLENARY MEETING

Thursday, 20 May 1965, at 2.30 p.m.

President: Dr V. V. Olguín (Argentina)

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1. Communication from the Government of Luxembourg

The President (translation from the Spanish): Ladies and gentlemen, the meeting is called to order.

I first have to announce to the Assembly that the Director-General has just received from the Ministry of Foreign Affairs of the Grand Duchy of Luxembourg a telegram of which he has given a copy to the Chair. This telegram, which I shall ask Dr Dorolle to be good enough to read, raises an issue on which this Assembly will be required to take a decision.

Dr Dorolle, please.

The Deputy Director-General (translation from the French):

Luxembourg, 20 May, 12.35 p.m. STATE PRIORITY CANDAU DIRECTOR-GENERAL WORLD HEALTH ORGANIZATION PALAIS DES NATIONS GENEVA—NO. 65 HAVE HONOUR TO INFORM YOU THAT MR IGNACE BESSLING PERMANENT REPRESENTATIVE OF GRAND DUCHY OF LUXEMBOURG TO EUROPEAN OFFICE OF UNITED NATIONS IS ADDED TO DELEGATION OF THE GRAND DUCHY OF LUXEMBOURG IN CAPACITY OF DELEGATE TO THE EIGHTEENTH WORLD HEALTH ASSEMBLY WITH FULL POWERS FOR PURPOSE PARTICIPATING IN SAID
ASSEMBLY IN ORDER TO EXERCISE THEREIN ALL THE RIGHTS THAT BELONG TO MEMBERS OF THE ORGANIZATION WERNER MINISTER OF FOREIGN AFFAIRS OF THE GRAND DUCHEY OF LUXEMBOURG.

The President (translation from the Spanish): Thank you, Dr Dorolle.

In the light of this communication from the Grand Duchy of Luxembourg, ladies and gentlemen, and in accordance with Article 23 of the Rules of Procedure, it is for the Assembly to decide regarding the validity of the credentials of the delegate referred to in the telegram. Should there be unanimous agreement on the part of Assembly to accept these credentials, we shall proceed accordingly and the delegate concerned may participate from now on in the Assembly. Should the Assembly have any objection to this procedure or to the acceptance of these credentials, the Committee on Credentials will have to meet immediately in order consider the matter in accordance with the provisions of Article 23 and report its findings to the Assembly.

I should therefore like to ask the Assembly whether it is prepared to accept the proposed designation of the delegate of the Grand Duchy of Luxembourg, with the relevant credentials. Is there any objection?

I give the floor to the delegate of Nigeria. Would he please come up to the rostrum?

Mr Igbudu (Nigeria): Mr President, to-day is the last day but one of the Assembly. This Assembly has been on for nearly three weeks, and we do not know the purpose for which the delegate of Luxembourg wants to attend the World Health Assembly as from to-day, nearly the last day. So we would like the Credentials Committee to sit and examine the authenticity or otherwise of this telegram before he can participate.

The President (translation from the Spanish): Thank you, delegate of Nigeria.

I would request the Committee on Credentials to meet immediately in Room XI in order to take a decision regarding the credentials that have been presented for our consideration. This Committee consists of the delegates of the following countries: Brazil, Dahomey, Iran, Ireland, Italy, Lebanon, Nigeria, Philippines, Romania, Switzerland, Thailand and Venezuela, under the chairmanship of Mr Brady of Ireland, with Dr Anouti (Lebanon) as Vice-Chairman and Dr Aldea (Romania) as Rapporteur.

To give the Committee on Credentials time to carry out the task we have just assigned it, the meeting will be suspended for about fifteen minutes. The bell will be rung to announce the resumption of the meeting.

The meeting was suspended at 3 p.m. and resumed at 4.10 p.m.

2. Third Report of the Committee on Credentials

The President (translation from the Spanish): Ladies and gentlemen, the meeting is resumed. Would the Rapporteur of the Committee on Credentials be so kind as to read the Committee’s report?

Dr Aldea (Romania), Rapporteur of the Committee on Credentials, read the third report of that committee (see page 473).

The President (translation from the Spanish): Thank you, Dr Aldea.

I submit to the Assembly for consideration the report of the Committee on Credentials, which has just been read out.

The delegate of Dahomey has the floor. Would he please come up to the rostrum?

Dr Aubenas (Dahomey) (translation from the French): Mr President, I shall be very brief. I have asked for the floor to restate here what I said in the Committee, namely that Luxembourg has already sent credentials entitling three delegates to participate in our Assembly. These credentials have been examined by the Committee on Credentials, accepted by that Committee and confirmed by the Assembly.

The need for the telegram we have just received escapes me. Does Luxembourg want to have four delegates accredited here instead of three? Does Luxembourg want to be over-represented? If the purpose of this telegram is to have four delegates assigned to Luxembourg instead of three which, as I say, we have already accepted here, then, ladies and gentlemen, I need hardly tell you that may answer can only be no. Luxembourg cannot have four delegates in place of the three provided for in our Rules.

The President (translation from the Spanish): Thank you, Sir.

We will continue our consideration of the report. Is there any other comment? I give the floor to the delegate of Guinea. Please come to the rostrum.

Dr Keita (Guinea) (translation from the French): Mr President, ladies and gentlemen, excuse my taking the floor immediately after our friend the delegate of Dahomey. I just want to explain to the Assembly that it is mainly the procedure we objected to: unless there exist precedents we do not know about, this is the first time the President has put directly to this Assembly the approval of the credentials of a delegate. The normal way and the normal timing would have been
to refer the matter first to the Committee on Credentials. Of course that might mean some loss of time, and one can see why it was put to us in the Assembly. To my mind, the normal procedure would have been far preferable. We therefore request that this be mentioned in the report; if the African delegates and their sympathizers abstain, it is mainly in the light of all these factors and of the considerations put forward by our delegations at the level of the General Committee.

The President (translation from the Spanish): Thank you, Sir.

Is there any other comment on the matter under consideration? Is the Assembly prepared to accept the report of the Committee on Credentials? If there are no objections to the report of the Committee on Credentials, I shall consider it adopted.

I give the floor to the delegate of Mali.

Dr DoLo (Mali) (translation from the French): Excuse me, Mr President, but as the delegate of Guinea has spoken of abstaining, I think the report ought to be put to the vote. It was mainly to point that out that I asked for the floor.

The President (translation from the Spanish): Thank you, Sir.

In view of the objections put forward, we shall proceed to vote in plenary session on the report of the Committee on Credentials. Will those delegates who are in favour of approving the report of the Committee on Credentials please raise the cards bearing the names of their respective countries? Thank you.

Those delegates who are opposed to accepting the report before us will kindly raise their cards. Thank you.

Would those delegates who wish to abstain from voting be so good as to raise their cards? Thank you.

The result of the voting is as follows: number of Members present and voting, 35; simple majority, 18; in favour, 35; against, 0; abstentions, 69. The report of the Committee is accordingly approved.

3. Report by the General Chairman of the Technical Discussions

The President (translation from the Spanish): We shall now proceed to the next item on our agenda, which is the report of the General Chairman of the Technical Discussions. Would Dr Karl Evang, General Chairman of the Technical Discussions, please come up to the rostrum and present his report?

Dr Evang (Norway), General Chairman, Technical Discussions: Mr President, thank you for giving me this opportunity to present the report of the technical discussions to the Assembly. The report has been circulated to all delegates and with your approval, Mr President, I will not read the report in full.

In accordance with resolution WHA10.33 of the Tenth World Health Assembly, the Executive Board at its thirty-second session decided by resolution EB32.R15 that the subject to be discussed during the Eighteenth Assembly would be "Health planning". During 1964 a preliminary document in the form of a suggested outline for use by countries in discussing the subject was prepared and forwarded to Member States and Associate Members of the Organization and to interested non-governmental organizations by the Director-General (under cover of circular letter C.L.33.1964) on 28 August 1964. Government health authorities and non-governmental organizations were invited to make available to the Organization a summary report of the discussions held in their respective countries and to answer some twenty-five questions which were put to them in the above-mentioned document. The replies which had been received by 1 March 1965 were used in the preparation of a background document which was then sent on 31 March 1965 to Member States, Associate Members and inter-governmental and non-governmental organizations in official relations with WHO. This document was designed, as has been the case also in other technical discussions, to serve as a basis for the technical discussions during the Eighteenth World Health Assembly. Fifty-six Member States and Associate Members and five non-governmental organizations forwarded their replies to WHO before 1 March 1965. Replies from three additional Member States have been received since that time. Sir John Charles, former Chief Medical Officer, Ministry of Health, London, was the consultant for the preparation of the background document. In accordance with normal procedure, the background document aimed at presenting an analysis of replies received and, further, focused attention on the limited number of major questions and issues which appeared to arise from therefrom. In this case, six such major issues were listed and summarized in a suggested agenda for the background discussions, namely the following:

I. The preconditions and prerequisite data for health planning.

II. Having regard to the state of development of a country, the approach to health planning—the choice of the planning organization and the arrangements for co-ordination.

III. The place of environmental improvement in the health plan.
IV. The use and practicability of standards and norms in the preparation of the health plan.

V. The characteristics of a realistic health plan.

VI. The financial aspects of the health plan.

The attendance was most encouraging. Not less than 203 persons entitled to do so registered as participants. These were divided into eight groups and all groups were invited to consider the six agenda items during two sessions on the first day, subsequent to an introductory address by the General Chairman at the opening plenary session of the technical discussions on 7 May. A deviation was made from the traditional procedure in that the individual group discussions only took place on one day, Friday, and were followed by a joint meeting of the groups on the morning of Saturday, 8 May, at which, after a general review by the Chairman of the reports prepared by the groups, a general discussion could ensue in the whole group. This gave also the Chairmen and Rapporteurs of the groups an opportunity to participate in the discussions more freely and on an equal level with the other participants. The discussion at this joint meeting then brought forward additional valuable observations and comments which were then included in the draft final report. The draft was discussed at the closing session of the technical discussions on 17 May. Several amendments were accepted and included in the final report before you. Let me draw your attention just to a very few of the many points which were brought up.

To judge from the discussions, health planning both as a separate exercise and as an integrated part of over-all socio-economic planning was attracting more than keen interest in most countries of the world. It had in fact in many places become an urgent task. This is due perhaps to the combined and cumulative effect of several factors which we all know very well. First and foremost, the rapid advances in medical science technology and the mounting understanding of the peoples of the world of the potentialities of our day’s medical insight. The increased purchasing power of the population reflects itself in a demand for health services which in most countries at present go far beyond the supply.

While most countries at present seem to be undertaking health planning in some form or another, only very few countries have had long experience. The first country which introduced health planning in the meaning of that term today was the Union of Soviet Socialist Republics in the 1920’s—from the start as part of the overall planning. Most other European countries started their health planning on a more systematic scale only after the Second World War. There are exceptions to this rule, however, especially if you include the analysis of the socio-economic factors related to health which were undertaken in several European countries in the 1930’s. I need, in this connexion, only to mention the Beveridge Report in the United Kingdom to remind you of what I am thinking.

The keen interest of developing countries in health planning was reflected in many ways. More specifically I would like to mention the most valuable experience gathered in India which, starting under difficult circumstances, has on a pragmatic basis built up its planning organs step by step, including health planning.

In Latin America also an interesting and encouraging development is taking place. Especially during the last four years, intensive collective work has been carried out in these countries to develop methods for health planning, including some interesting pioneering.

Health planning is a social process and not only an exercise or function at the technical level. Therefore the way in which health planning is approached and carried out will be highly conditioned by the economic, political and administrative system of the country concerned. It was agreed that health planning can and should take place at all levels of social and economic development. It might therefore on occasions be necessary to undertake planning with only the minimum of data. In such cases these data should not be regarded as final. Upon simple and even primitive data, it was possible by patience and persistence to build over the years more reliable statistical systems for the periodic review and correction of operating plans from which future plans would benefit. Health planning must be a continuous process with the inclusion of a “feedback” system for new data during the planning itself.

One of the main reasons why health planning has now been accepted by most countries as an indispensable function of government for the establishment of health services adapted to the needs and resources of the country, seems to be the realization by economists and politicians of the close inter-relationship between health and wealth. At present, however, there is only a limited amount of accurate information as to the economic benefits, both immediate and future, which can be attributed to specific improvements in health conditions. There are also important questions arising as to the comparative operating costs of different types of health services, which are of particular interest not only to developing countries, but also to technically highly developed countries where costs of health services are soaring. Here is important scope for research, the results of which will be of considerable assistance to health planning in the future.
It was stressed that one of the important prerequisites for health planning was to undertake a population projection, both from the point of view of providing institutions of adequate capacity, and in order to anticipate the number of personnel which will be required to staff the steadily enlarging services. Also, of course, it is necessary to know what will be the size of the manpower pool from which potential health personnel can be obtained at specific dates in the future.

A considerable number of recommendations for further action were forthcoming. As far as the future activities of WHO are concerned it was, inter alia, recommended that the World Health Organization should institute or support experimental research into the establishment of norms of provision for use in the planning of health services.

Further it was recommended that the World Health Organization should institute or support courses of training in health planning for the appropriate types of personnel and that the Organization should provide guidelines in health planning, with a view to facilitating planning operations in developing countries.

We live, Mr President and fellow delegates, in the United Nations Development Decade, starting 1963. Unfortunately, world events have taken a turn which is not very conducive to the realization of the noble idea of the Development Decade, namely the promotion of economic and social development all over the world, and more specifically in the newly emerged and other rapidly developing countries. This is the more tragic, as such developments in the long run are the only hope which can be held out for a world able to live in peace.

Under these circumstances, health planning and its integration with economic and social planning generally acquire an importance far beyond that which we were accustomed to attach to it before. The available personnel must be deployed in such a way as to reach a high degree of efficiency. Institutions must be built and equipped, based on sound economic planning and so forth. The position of the health administrator is strengthened if the budgetary demands are clearly stated, detailed and supported by reliable data as to the needs of the population for promotion of health, prevention of disease, curative and restorative medicine. His arguments should be directed to convince the economist that expenditure on health is an investment with great potentialities. It is, however, of fundamental importance that the humanitarian aspect of health services never be lost sight of. Health is a human right and it is not always possible to use money as a yardstick for measurement. This is in the end the strongest argument and one which can never be taken away from the health administrator in

his fight for a fair share of the national income for health services.

In thanking all participants and members of the Secretariat, I can only express the hope that these technical discussions have contributed towards clarification in a field in which we have so much to learn from one another and so much to do in the near future.

The President (translation from the Spanish): Thank you, Dr Evang.

I am quite sure that I am expressing the feelings of everyone in this Assembly, as well as my own, in congratulating you, Dr Evang, and thanking you for the masterly and brilliant way in which, as General Chairman, you conducted the technical discussions.

The address you have just delivered has given us a very clear picture of the work carried out; similarly it was the one you delivered at the opening of the discussions which inspired in the various groups the enthusiasm they displayed throughout their deliberations. I hope that the conclusions you have just summed up for us so clearly will be taken into account by everyone concerned with the important work of health planning.

Now that the report has been submitted to the Assembly, I should like to know whether any delegation wishes to make any comments or observations. I should like to remind delegates that the technical discussions organized in connexion with the Eighteenth World Health Assembly do not form an integral part of the proceedings of the Assembly. Accordingly I suggest that, as at previous Assemblies, the report should be noted.

I should like once again to thank Dr Evang for his assistance and express our appreciation to all those who have contributed to the success of the discussions, particularly the group chairmen and rapporteurs.

Does the Assembly agree that we should proceed to take note of the discussions? There being no comment, I declare that the Assembly has taken note of the report.

4. Sixth Report of the Committee on Programme and Budget

The President (translation from the Spanish): The next item on our agenda is the consideration of the sixth report of the Committee on Programme and Budget.

In accordance with the provisions of Rule 52 of the Rules of Procedure, the report has to be read aloud, because it was not distributed to delegations 24 hours in advance. Would Dr Happi, Rapporteur of the Committee on Programme and Budget, be so kind as to come up to the rostrum and read the report.
Dr Happi (Cameroon), Rapporteur of the Committee on Programme and Budget, read the preamble and section 1 (Adverse drug reaction monitoring system) of the sixth report of that committee (see page 475).

The President (translation from the Spanish): Does the Assembly agree to adopt the first resolution, on the adverse drug reaction monitoring system? There being no comments, the resolution is adopted.

Dr Happi read section 2 of the report (Proposal for the establishment of a World Health Research Centre).

The President (translation from the Spanish): Is it the wish of the Assembly to adopt the second draft resolution, on the proposal for the establishment of a World Health Research Centre? There being no observations, the resolution is adopted.

Before going on to the next resolution, I should like to say that I hope the Assembly will agree to spare the Rapporteur the trouble of reading the Statutes annexed to the draft resolution, the text of which you have before you. If this procedure is acceptable to the Assembly, the Rapporteur will read the third draft resolution.

Dr Happi read section 3 of the report (Establishment of an International Agency for Research on Cancer), omitting the Annex.

The President (translation from the Spanish): Does the Assembly agree to adopt the third resolution, which deals with the establishment of an International Agency for Research on Cancer? In the absence of any observations, the resolution is adopted.

Dr Happi read section 4 of the report (Decisions of the United Nations, specialized agencies and the International Atomic Energy Agency affecting WHO's activities: Programme matters).

The President (translation from the Spanish): Does the Assembly agree to adopt the fourth resolution, entitled “Decisions of the United Nations, specialized agencies and the International Atomic Energy Agency affecting WHO's activities: Programme matters”? There being no comments, the resolution is adopted.

Dr Happi read section 5 of the report (Single Convention on Narcotic Drugs, 1961).

The President (translation from the Spanish): Does the Assembly agree to adopt the fifth resolution, which deals with the Single Convention on Narcotic Drugs, 1961? There being no observations, the resolution is hereby adopted.

Dr Happi read section 6 of the report (Control measures for certain dependence-producing drugs).

The President (translation from the Spanish): Does the Assembly agree to adopt the sixth resolution, on control measures for certain dependence-producing drugs? There being no observations, I declare the resolution adopted.

We now have to approve the report as a whole. I should like to know whether anybody has any comments on the report as a whole. There being no comments, the report is approved.

Thank you, Dr Happi.

5. Sixth Report of the Committee on Administration, Finance and Legal Matters

The President (translation from the Spanish): The next item on the agenda is the approval of the sixth and last report of the Committee on Administration, Finance and Legal Matters.

Mr de Coninck (Belgium), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the sixth report of that committee (Preamble and amendments to Article 7 of the Constitution) (see page 477).

The President (translation from the Spanish): Thank you, Mr de Coninck.

Ladies and gentlemen, Mr de Coninck, Rapporteur of the Committee on Administration, Finance and Legal Matters, has just read the report on the proposed amendment to the Constitution—in French only, but, as is explained in the document, the texts in Chinese, English, French, Russian and Spanish are equally authentic, and are reproduced in the annexes to the report which you have before you.

We will now put the draft resolution to the vote. According to the provisions of Articles 60(a) and 73 of the Constitution, and Rule 70 of the Rules of Procedure of the Assembly, decisions modifying the Constitution have to be approved by a two-thirds majority of the Members present and voting.

1 See Off. Rec. Wld Hlth Org. 143, 27.

Thank you, Mr de Coninck. The delegate of the United Kingdom.

Mr Roffey (United Kingdom of Great Britain and Northern Ireland): Mr President, this has been a very important and controversial item on our agenda, on which opinions have been seriously divided. It has been discussed very fully and with great restraint in the Committee on Administration, Finance and Legal Matters and the records of that discussion are available. I hope therefore that we do not need any discussion now and can, as you suggest, go straight to a vote.

I think I must, however, request that we should vote by roll-call, under Rule 72.

The President (translation from the Spanish): Thank you, Sir. I now give the floor to the delegate of the Ivory Coast.

Dr Ayé (Ivory Coast) (translation from the French): Mr President, ladies and gentlemen, in a few moments the Eighteenth World Health Assembly is going to take in complete liberty a historic decision which will leave an indelible mark on the life of our organization. We are going to give our verdict on the amendment to Article 7 of the Constitution of our organization, which was submitted by the Government of the Ivory Coast and has been approved by the Committee on Administration, Finance and Legal Matters.

In view of the very biased reports and abusive comments that you may have read in certain sections of the Western press, I feel it is incumbent on me, on behalf of my Government, to state clearly, first, the motives and the spirit behind this amendment and, secondly, the construction my Government places upon this text, so that problems of interpretation will not arise later.

Why have we proposed this amendment? Simply because my Government considers that: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". In the light of this tenet, which has been accepted by the Member States of our organization, my Government considers that any State that violates the humanitarian principles of WHO and prevents the attainment of its objective by applying an official policy of racial discrimination, such as the apartheid practised by the Government of South Africa, should be penalized by our Assembly. The penalty may consist either of suspension or of exclusion.

I should like to request, on behalf of my Government, that this interpretation be mentioned in the record. That is all I have to say, Mr President, thank you.

The President (translation from the Spanish): Thank you, Sir. Your statement has been noted.

As proposed by the delegation of the United Kingdom, we are going to vote on this matter by roll-call. Rule 72 of the Rules of Procedure, as amended by resolution WHA18.22, provides that the English or French alphabetical order of the names of the Members shall be followed, in alternate years, and that the name of the first country to vote shall be decided by lot. In addition, Rule 73 provides that the vote of each Member participating in any roll-call shall be inserted in the record of the meeting. This year, we are following the English alphabetical order and, to start the voting, I shall draw a letter at random to decide which delegation shall vote first.

We start with the letter "W" — Western Samoa.

A vote was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Western Samoa, the letter W having been determined by lot.

The result of the vote was as follows:

In favour: Afghanistan, Albania, Algeria, Argentina, Bulgaria, Burma, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Chile, China, Congo (Brazzaville), Democratic Republic of the Congo, Cuba, Czechoslovakia, Dahomey, Ethiopia, Gabon, Ghana, Guinea, Hungary, India, Indonesia, Iran, Iraq, Ivory Coast, Jamaica, Jordan, Kuwait, Lebanon, Liberia, Libya, Madagascar, Malaysia, Mali, Mauritania, Morocco, Nepal, Niger, Nigeria, Pakistan, Panama, Peru, Poland, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Somalia, Sudan, Syria, Togo, Trinidad and Tobago, Tunisia, Union of Soviet Socialist Republics, United Arab Republic, United Republic of Tanzania, Upper Volta, Venezuela, Yemen, Yugoslavia, Zambia.

Against: Australia, Austria, Belgium, Brazil, Canada, Costa Rica, Denmark, El Salvador, Federal Republic of Germany, Finland, France, Iceland, Ireland, Italy, Japan, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Nicaragua, Norway, Portugal, Spain, Sweden, Switzerland, Thailand, United Kingdom of Great Britain and Northern Ireland, United States of America.

Abstaining: Ceylon, Ecuador, Greece, Guatemala, Israel, Paraguay, Philippines, Turkey, Uruguay, Viet-Nam.

Absent: Bolivia, Colombia, Cyprus, Dominican Republic, Honduras, Kenya, Laos, Malawi, Mexico,
Mongolia, Republic of Korea, Uganda, Western Samoa.

The President: Have the names of all the delegations been called?

The result of the voting is as follows: in favour, 63; against, 29; abstentions, 10; number of Members present and voting (that is to say, Members voting for or against), 94; number of votes required for a two-thirds majority, 63. The resolution is therefore adopted.

We now have to adopt the report as a whole. Does any delegation wish to speak on this matter? The delegate of Argentina has the floor.

Mr Márquez Bello (Argentina) (translation from the Spanish): Mr President, ladies and gentlemen, Argentina shares the present concern regarding the role and function of the international organizations. We notice that, little by little, the technical organizations are becoming politicized, and that at certain times problems and solutions lose much of their technical content by taking on the imprint of incidental political connotations. Thus often a legal problem, logical in conception, such as the revision of a rule, loses its logical framework and is turned into a tactical operation.

Argentina wishes to take this opportunity, first, of stressing the importance, when revising an existing rule, of maintaining a strictly legal approach if the community of mankind is to be given the just laws it requires. But we also declare that that is not enough; that the revised rule, if it is to be invested with the majesty of a legal enactment, must have a fundamentally moral content and a fundamentally humane objective. If law does not contribute to improving man and society, it is not fulfilling its function, which is to achieve justice, since only justice can give every man what he is entitled to—the recognition of his human dignity and the right to exercise it to the full.

Argentina declares that any law or regulation that limits, impairs or offends human rights or dignity is unjust and wrong because it is lacking in moral, humane and social sense. Laws and regulations that establish racial discrimination are anti-human, anti-moral and anti-social.

Argentina has always condemned all racial, religious or ideological discrimination. In 1813, it abolished slavery and forty years later, in 1853, the national Constitution recognized the human dignity of all persons wishing to live on Argentine soil.

Our delegation takes its stand on Argentina's past, and upon its present, to reject all forms of discrimination. It knows it is voicing the legitimate aspirations of sister nations which will not be satisfied with moral condemnations but also demand legal sanctions against those who are violating the sacred rights of the human individual.

Argentina, by voting in favour of this resolution, is expressing its traditional respect for law and justice, for our goal is to bring the individual and social life of man under the sovereign sway of law as the instrument of social justice.

In the second place, we are for the rejection of resolutions or rules put forward from motives influenced by political considerations that debase the purity of the ultimate objectives of law and social justice.

Finally, Argentina wishes to stress that, when the universal issue of racial discrimination is transposed to the health field, the problem should as far as possible be approached and considered mainly from the technical point of view. The interpretation or application of rules for the suspension or exclusion of Member States must be governed by no other considerations than the weight that should be attached to the repercussions of racial discrimination on health and on assistance in the health field.

The President: Thank you, Sir. I give the floor to the delegate of Nigeria.

Mr Igbude (Nigeria): Mr President, I thank you for giving me the opportunity to speak on this august occasion. The passage of this amendment is momentous to every African State here. I do not want to speak for very long. I just want to take this opportunity to thank the friends of Africa who have on this occasion demonstrated, not only by mere words and not only by newspaper publications, but practically, that they are friends of Africa. We are not fighting against any country or against anybody in particular. All of you know very well that in South America, in the United States of America, in Britain, in France, and in other countries there are black men or Africans, who live there. They are given very good treatment. This particular amendment is directed only against any country which is deliberately practising racial discrimination. And none of us here need be afraid; we know very well that there is only one country in this world at the moment which is doing so and that is the Republic of South Africa. What we want to do here is merely to tell them: 'Go back to South Africa, to the Government of South Africa, go back, correct your ways, and then come back to the Assembly.' There is provision for that, so that, if at any time in any other Assembly the Executive Board reports that they have changed those obnoxious principles, we shall be happy to vote them back so that they can participate fully in this Assembly.

I want to urge those who voted in favour of this amendment to go back to their respective governments.
and tell them to deposit the necessary acceptance of the amendment, as provided by the Constitution. Again, as I said in the Committee on Administration, Finance and Legal Matters, there is still room for change. Even though you have voted here against the resolution, or have abstained, you can still go back to your country and follow popular and public opinion, follow the advice of the majority and change in favour of this amendment.

The President (translation from the Spanish): I give the floor to the delegate of Ecuador.

Mr Ponce y Carbo (Ecuador) (translation from the Spanish): Mr President, in view of the crucial importance of this problem, the delegation of Ecuador wishes to explain as succinctly as possible the reasons for its vote, as it did during the discussion and voting in committee.

The delegation of Ecuador holds as a principle that resolutions of a political nature are within the exclusive purview of the United Nations. It is the United Nations, through its General Assembly, which is the body possessing authority to judge and decide political questions concerning Member States, and competence to deal with particular cases.

The specialized agencies of the United Nations are not bodies endowed with authority to pass political judgement on States; their jurisdiction and competence are limited to the consideration and settlement of technical and scientific questions corresponding to their specific fields of interest and their respective constitutions.

The delegation of Ecuador considers that the World Health Organization, as a specialized agency of the United Nations, is not merely a technical organization, but also an organization founded on principles of human solidarity. It therefore seems neither logical nor desirable to advocate constitutional reforms providing for the expulsion of any Member State from the Organization. The very spirit of the Constitution of the World Health Organization, crystallized in its Article 3, aims at bringing together the largest possible number of States. Moreover, if the object is to bring about an improvement in the political conduct of a Member State, its actual expulsion from the World Health Organization would be a self-defeating measure, since, once placed outside the Organization's sphere of influence and control, the State concerned would be immune to any sanctions or other measures that the Organization might apply with a view to inducing it to correct and modify its political line. The expulsion of a Member State would also be undesirable from a practical point of view, since to deprive it in this way of the services of the World Health Organization would affect not only the section of its population which practises discrimination, but—far more serious—the main body of the population who are the victims of discrimination, thereby contradicting those very humanitarian principles put forward as the cause for expulsion. Furthermore, there would be a very great danger that a constitutional amendment making possible the expulsion of a State could be used as a weapon on behalf of political interests, whether acknowledged or not, that are alien to the World Health Organization and should be banished from such a body.

Nevertheless, the present problem has arisen in direct connexion with, and as a result of, the discriminatory practice of apartheid, which has very grave implications for relations between individuals and peoples, and to which the Government of Ecuador has many times clearly stated its implacable opposition. The policy of Ecuador is well known, reflecting as it does the democratic convictions, deeply rooted in our history, which for ever spur us on to fight against all forms of discrimination or attempted discrimination, whether based on racial or any other grounds. True to these immutable principles, the Government of Ecuador has rejected, and rejects, the practice of apartheid.

Faced with these conflicting considerations, the delegation of Ecuador, following the line it took in committee, and taking into account the actual terms of the proposal and the specific provisions contained therein, has decided to abstain from voting.

The delegation of Ecuador requests that this explanation of its vote on so delicate a matter should be adequately reflected in the record of this plenary meeting.

The President (translation from the Spanish): Thank you, Sir. Your statement will be included in the record. I now give the floor to the delegate of Cameroon.

Dr Happi (Cameroon) (translation from the French): Thank you, Mr President. I feel some light regret at having to take the floor after the brilliant statement just made by our dear and esteemed colleague from Nigeria, who has so often been our spokesman, but in view of the importance which my country attaches to this eighteenth session, and which I made a point of stressing at the opening of the Assembly, I cannot refrain from expressing my satisfaction at the decision that has just been taken.

During the very detailed and closely argued discussions that took place on this question, a simile occurred to me. To judge by the statements of a certain number of delegates, one would suppose that if plague, small-
pox or any other pestilential disease had gold, iron or diamond mines, these delegates would continue to work them, but with the sole proviso that plague, or whatever disease it might be, should contaminate only one section of the population. Well now, the World Health Assembly has just said no to those delegates; it has said that these substances must first be cured of all these pestilential diseases before they are exploited for the good of the whole population without discrimination of race or religion. Is it not the role of the World Health Assembly to eradicate all diseases, whatever their origin?

We are very glad that our Assembly has carried out its responsibilities so adequately and we believe that this example may help politicians to accomplish with greater humanity the mission entrusted to them.

The President (translation from the Spanish): Thank you, Sir.

We now have to approve as a whole the report submitted by the Rapporteur of the Committee on Administration, Finance and Legal Matters. If there are no further comments or observations on the report as a whole, it is hereby adopted.

I should like to thank the Rapporteur, Mr de Coninck. That completes our work for today. The meeting is adjourned.

The meeting rose at 5.55 p.m.

THIRTEENTH PLENARY MEETING

Friday, 21 May 1965, at 11 a.m.

President: Dr V. V. Olguín (Argentina)

1. Seventh Report of the Committee of Programme and Budget

The President (translation from the Spanish): Ladies and gentlemen, the meeting is called to order. To-day we have to deal with the last item on our agenda: the approval of the seventh and last report of the Committee on Programme and Budget. As the report was not distributed twenty-four hours in advance of this meeting, it will be read aloud in accordance with Rule 52 of the Rules of Procedure. I would request Dr Happi, Rapporteur of the Committee on Programme and Budget, to be so good as to come to the rostrum and read the report.

Dr Happi (Cameroon), Rapporteur of the Committee on Programme and Budget, read the seventh report of that committee (see page 475).

The President (translation from the Spanish): Is the Assembly prepared to adopt the resolution on “Programme activities in the health aspects of world population which might be developed by WHO”? As there are no comments, the resolution is hereby adopted.

We will now take the report as a whole. Is there any observation regarding the report as a whole? As there are no comments, I take it that the Assembly wishes to adopt the report. The report is approved. Thank you, Dr Happi, for reading the report of the Committee.

Before adjourning the meeting, I would remind the Assembly that the closing meeting will take place at 4 p.m. in this hall. The meeting is adjourned.

The meeting rose at 11.20 a.m.

FOURTEENTH PLENARY MEETING

Friday, 21 May 1965, at 4 p.m.

President: Dr V. V. Olguín (Argentina)

1. Closure of the Session

The President (translation from the Spanish): The meeting is called to order. Several delegations have asked to address the Assembly. The first speaker on my list is the delegate of Australia, Dr Refshauge, to whom I now give the floor.

Dr Refshauge (Australia): Mr President, distinguished delegates, ladies and gentlemen, it is my
pleasant task to speak, not only on my own behalf and that of my delegation, but also on behalf of my colleagues of the delegations of the Western Pacific Region.

Once more, Mr President, a World Health Assembly is coming to a close. Under your wise guidance our work has proceeded speedily and efficiently and we have had a full and widely varied agenda. We have had many speakers on many subjects, and in spite of this once more we are finishing on the allotted day. That this has been possible is due to the ability with which you and the officers of all our committees have directed our activities, and I would like to extend to them our sincere appreciation.

I am sure you will agree that the very efficient organization provided by the Secretariat and so ably led by our highly respected and highly esteemed Director-General, Dr Candau, has contributed largely to the smoothness of our deliberations, and we would like to extend to them too, through you, our sincere appreciation; and also our gratitude to all the staff of the Assembly—secretarial, administrative and technical—many of whom move behind the scenes, but all of whom have assisted us in our work to a smaller or greater degree. I would specially like to mention the interpreters, whose excellence is already known to all of us. It still amazes me that they can transform our Australian language into perfect English, and what is even more amazing, into pretty good French, so I understand!

This World Health Organization, our organization, is a great organization; it transcends the private and personal interests of any individual, indeed of any individual country. It is established to serve human beings everywhere in a human way, and therefore must become a tremendous force for creating goodwill and co-operation among all peoples. I believe that this is why contentious subjects so often are resolved in a common, if not always unanimous, way.

Mr President, our own strong personal relationship—indeed the friendship between you and me—has been built up over the years. In no small measure this has been due to the fact that our two countries are next to each other on the alphabetical list, be it either in English or in French, and so we have sat beside each other through many sessions, both difficult and easy. And so, as you personally know, it has given me warm personal pleasure to have you elected as President, and it has been a privilege to work under you. To you and to all our colleagues, we from the Western Pacific say bon voyage and au revoir.

The President (translation from the Spanish): Thank you. I give the floor to Dr Subandrio, delegate of Indonesia. Would she please come up to the rostrum?

Dr Subandrio (Indonesia): Mr President, Mr Director-General, distinguished fellow delegates, my dear, dear friends and colleagues, the hour has come when we declare our Assembly closed and our work done. This is the hour when we look back to a period of strenuous meetings, enervating deliberations and tiresome discussions which sometimes required preparation during sleepless nights. The flow of work through and through has been endless, statements have been made in a frank and fearless way and the world's principles have been defended in an unrestrained yet friendly manner. In the end we have reached the resolutions which are the outcome of our struggle and our pains.

Mr President, if you ask me whether I am satisfied with the result of our work, then my only answer is a wholehearted "yes". This simple word means to me and to many of my friends the reaffirmation that in the World Health Organization we have found the sole international body where co-operation between countries on a humanitarian basis is possible. This organization serves the great cause of maintaining world peace by the spirit of understanding and compassion which reigns in all its manifestations. Moreover, this organization will prove that it can gather within its scope of membership all the peoples of the world, including—according to my own opinion—the remaining one third of mankind which is still outside it: namely, the hundreds of millions of Chinese, Koreans, Viet-Namese and Germans who are not yet included in its fold. This organization will be able to attract them by the spirit of universality which it stands for, based on humanitarian principles—principles which are its sole leading star. I do agree with the opinions stated here, if they mean that this organization should not be governed by politics—that is, by the big political issues which are troubling our world today, making it a place of unrest, suffering and warfare.

In this organization we should have our own set of values and our own code of behaviour and honour, separate from the ones governing other world organizations which mainly concern themselves with political issues. Our own independence of decision and action is safeguarded when we conscientiously stick to our own code of principles as set forth in the Constitution of the World Health Organization. In my opinion the delegates to this World Health Assembly have duly observed the principles by the great decisions they have taken during the past few days. According to my opinion, and to that of most of my colleagues in the South-East Asia Region, the outcome of the Eighteenth World Health Assembly has been a victory.
of the basic aims of the Constitution of the World Health Organization. It has been a victory of that great saviour of mankind which is called tolerance. Only tolerance should be our main guiding principle of conduct—tolerance in regard to the evils and the miseries of the world. Tolerance will also prove directly to be the best safeguard of the life and the progress of the World Health Organization, as the ideal accumulation of all the forces in the world which are fighting against disease and ill health. Tolerance will safeguard it from the vacillations and the disintegrating influences of world politics. In this respect, the Eighteenth World Health Assembly has shown its value by the resolutions it has taken. It has shown its progressive and independent nature. Is it due to the fact that we are all here together representing the health aspirations of our specific countries, and not merely as representatives of our governments? I do not know, but I do believe that the World Health Organization can be taken as an ideal example in its efforts in establishing both peace and co-operation.

It is in the light of my own thoughts and the opinions of my colleagues of the South-East Asia Region, Mr President, that I wish on their behalf and my own to thank you, and to thank the Vice-Presidents, the Director-General and all his distinguished staff, for the great devotion you all have shown in making this Assembly such a great success. Our thanks also go to the leaders of the two main committees and the technical discussions groups, who have untiringly served the work of the Assembly. Our highest appreciation goes to all the numerous workers—men and women of the Secretariat, who have given us all assistance and who have not left anything undone to make our stay here so pleasant and fruitful. In this respect, great tolerance has been shown by the members of the Secretariat.

And not least I would like to thank all my colleagues, delegates from all countries, for the great tolerance and consideration they have shown during the debates. I wish to thank them for the friendship they have given and the friendship they have taken. I wish them God speed on their way home to their various countries and great success in their work.

I would like now to end this little speech, Mr President, with an Indonesian verse, the translation of which runs as follows:

If there is a well in your garden of love
Let me not beg for water in vain;
If I am given more years from the Almighty above
Let us please meet each other again.

The President (translation from the Spanish): Thank you, Dr Subandrio. The delegate of Syria, Dr El Rabbat, has the floor.

Dr El Rabbat (Syria) (translation from the French): Mr President, dear colleagues, ladies and gentlemen, it is for me a great pleasure and a great honour to take the floor on behalf of the delegations in Subcommittee A of the Eastern Mediterranean Region on the occasion of the closure of the Eighteenth World Health Assembly. Today we have reached the end of our labours. We are about to go our separate ways after working together on various problems, and sometimes taking opposite sides—as is normal in a family of nations.

Mr President, it is thanks to the spirit of mutual respect and understanding and of sincere co-operation that has prevailed, as well as to the wisdom, competence and clear-sightedness with which you have guided the work of the Assembly, that we have been able to adopt decisions and take measures which will help to develop still further the health services of the various countries of the world, particularly the developing nations, and will also contribute to the achievement of the noble humanitarian objectives of our World Health Organization, which aims at the attainment by all peoples of the highest possible level of health and at ensuring their physical, mental and social well-being.

Allow me also to thank and congratulate the Vice-Presidents of the Assembly, the Chairmen, Vice-Chairmen and Rapporteurs of the committees, and all the members of the General Committee, who have done all they can to assist you in this great task. I should like them all to know how grateful we are.

It is also a pleasure for me to express the feelings of all my colleagues, as well as my own, by congratulating and thanking our distinguished Director-General and his assistants, as well as the regional directors and their staff, for all the proofs of their devotion and for their great and unremitting efforts to achieve the objectives of this organization. I also take this opportunity of extending my sincere thanks to the interpreters, the translators, the précis-writers and all the staff of the Secretariat who have worked for the Assembly with discretion and efficiency, and of paying a tribute to their devotion.

In conclusion, I should like to extend best wishes to all present for a happy return to their respective countries and homes; to all nations for well-being and prosperity; and to our great organization for continued success in its work on behalf of mankind.

The President (translation from the Spanish): Thank you, Dr El Rabbat, I give the floor to the delegate of Turkey, Dr Fişek.

Dr Fişek (Turkey): Mr President, honourable delegates, on behalf of the delegations of the countries in the European Region, I am privileged to express our
great satisfaction at the successful completion of the Eighteenth World Health Assembly. I am sure it will be no exaggeration if I say that this Assembly had more important items on its agenda than many other previous Assemblies, such as the fourth general programme of the World Health Organization, quality control of pharmaceuticals, the extension of research activities of the World Health Organization, human reproduction and health aspects of population dynamics, and so on. The work which we accomplished during the Assembly is the expected outcome of your competence, Mr President, the spirit of harmony of the delegations and the high efficiency of the Secretariat. Mr President, I wish you to accept our humble thanks for your invaluable contribution to the success of this Assembly. We shall always remember you as one of the most distinguished Presidents of the World Health Assembly.

I would fail in my duty if I did not recall the excellent work done by the Vice-Presidents of the Assembly, the Chairmen, Vice-Chairmen and Rapporteurs of the main committees and of the technical discussions.

It is a real pleasure for me to have this opportunity to congratulate and thank Dr Candau, the Director-General, once again for his invaluable contributions to the great achievements of the Organization. We believe that his leadership is the main source of our hope for a more brilliant future for this organization.

I should also express our thanks to all the members of the Secretariat among us or working hard behind the scenes. Mr President, I have always had a great admiration for the mastery of our interpreters in helping delegates to communicate. Their contribution to our success is beyond any word of praise.

It would not be fair to conclude without mentioning the high qualities and especially the co-operative attitude of the members of all delegations, which helped in creating a mutual understanding and in reaching a unanimous conclusion on most of the items of our agenda.

I wish all delegates, on behalf of the delegations of the countries of the European Region and myself, a happy journey back home and I hope to see them again during coming Assemblies. I also wish them great success on the way to the betterment of the health of their peoples.

The President (translation from the Spanish): Thank you, Dr Fišek. I give the floor to the delegate of the Ivory Coast, Dr Ayé.

Dr Ayé (Ivory Coast) (translation from the French): Mr President, honourable delegates, ladies and gentlemen, here we are, then, at the end of the work of the Eighteenth World Health Assembly. It is for my country and for me personally a great honour and a pleasant duty to express to you, Mr President, on behalf of the delegations of the countries of the African Region, our deep gratitude and our thanks. Your competence and your objectivity, your calm and gracious manner, have enabled you to guide our discussions with distinction and success. I should like to include in this tribute the three Vice-Presidents and the Chairmen of the committees. I also take pleasure in conveying our congratulations to the Director-General and the staff of the Secretariat for their efficiency and kindness. I should like to make a special point of warmly commending the interpreters, those admirable instruments of the success of our meetings, for the clarity, accuracy and high quality of their interpretations and translations.

Finally, I should like to tell the honourable delegates of Member States how greatly and with what good reason the African Region has appreciated the high level of our discussions, the wonderful spirit of understanding and friendship in our joint search for truth, the shared resolve and the shared faith in the achievement of the humanitarian aims of our organization. Is that not a proof of our maturity and of the vitality of our organization? The Eighteenth World Health Assembly, by adopting in particular the proposed amendment to Article 7 of our Constitution, has taken a historic decision that will leave an indelible mark upon the life of our organization. After the ratification of this amendment by our Governments, it will still remain for the Assembly to use this weapon with the wisdom and discernment that always characterize its decisions.

In wishing members of delegations a happy return to their countries and their homes, I also wish to thank the Member States of the African Region for the great honour they have done my country by giving me the opportunity to address the Assembly from this rostrum.

The President (translation from the Spanish): Thank you, Dr Ayé. I give the floor to the delegate of Ghana, Dr Schandorf.

Dr Schandorf (Ghana): Mr Chairman, Mr Director-General, fellow delegates, once again we come to the end of our Assembly. In a few minutes or few hours from now, some of us will be flying back or motoring back to our respective homes in the far corners of the world. On behalf of the African Region, of my delegation, and on my own personal behalf, I would like to convey our heartfelt thanks and warmest congratulations to the President of the Assembly, Dr Olguín, to the Vice-Presidents, and to the Chairmen of committees, for the able way and untiring energy with which they have carried these
heavy burdens in order to bring this Assembly to its successful end. Many important resolutions have been approved and decisions taken on vital issues. These are no mean headaches for people charged with the running of this mighty organization. We are grateful to them all.

To the Director-General, Dr Candau, his Deputy, Dr Dorolle, his Assistants, Mr Siegel, Dr Kaul, Dr Grundy, Dr Izmerov, and Dr Bernard, and his able Regional Directors, Dr Horwitz, Dr Fang, Dr van de Calseyde, Dr Taba, Dr Mani and, last but not least, Dr Quenum, we extend our thanks. I hope you will excuse me for singling out Dr Quenum, our Regional Director, for this is the first opportunity I have had of congratulating him. I feel very much impressed by the able manner in which he tackles our problems and the way in which he presented our problems to the committees. We wish him, the youngest member of our family of regional directors, many years of fruitful work in our Region.

And now to you, my fellow delegates, I wish to say "thank you" for the privilege of seeing you again and renewing acquaintances. True, we have not seen eye to eye on many issues, but it is because we come from different countries with different backgrounds, and it is for this very reason that some of us look forward to coming here year after year, to meeting each other and to exchanging views. I wish to thank you for the fresh outlook you have brought to our discussions and for your kind support on vital issues. Once again I say to you: bon voyage, and good luck.

The President (translation from the Spanish): Thank you, Dr Schandorf. I give the floor to Dr Ferreira, delegate of Brazil.

Dr Ferreira (Brazil) (translation from the Spanish): Mr President, Mr Director-General, delegates, ladies and gentlemen, every time I am about to enter a lift, people nudge me to the front and I often hear them say: "Age and beauty first!" As the beauty factor can of course be ruled out, it must be the age factor that impels me forward on these occasions.

It is for this reason that the delegates of the Americas have singled me out and placed me in a situation where I feel both honoured and apprehensive—honoured for obvious reasons, apprehensive because to speak in the name of the Americas and say goodbye to you on behalf of all those countries is truly a formidable task.

We have a sixty-two-year-old tradition linking us to this organization, in the form of an international agreement. Before the World Health Organization existed, we created through our own efforts the Pan-American Sanitary Bureau, the oldest health organization in the world. Allow me to recall the names of some of the men who have done so much for health.

To mention only the most recent, I would refer to Dr Hackett and Dr Strode, who have passed on, and Dr Soper—whose perseverance and pertinacity laid the foundations of the institution, which to-day is in the very skilful and devoted hands of Dr Horwitz.

But our service record is not limited to the activities of the Pan-American Sanitary Bureau. In the same hall a few years ago we observed one minute's silence in memory of my compatriot, Dr de Paula Souza, who was considered by Rajkumari Amrit Kaur—then Minister of Health of India—as the father of this organization. And the Americas have continued to play an important part in the Organization through Dr Brock Chisholm, who was the first Director-General, and now through Dr Candau.

I knew Dr Candau in his third year at medical school, when he was young and handsome—indeed so full of charm, youth and beauty that he made us quite envious. Now look what time has done to him: working for us, he has lost his hair and his youth.

As a final example of the historical part played by the Americas in this organization, it is our good fortune to have as President Dr Olguín—of Argentina, of America—under whose guidance we have been lucky enough to see one of the most difficult Assemblies reach a successful conclusion amid flowers and smiles.

Ladies and gentlemen, saying goodbye is always a sad task. I pray God that every time we return we may find more and more countries—all the countries of the world—assembled here to pursue that single common aim which is the source of our strength and the reason for our existence: the protection of world health.

The President (translation from the Spanish): Thank you, Dr Ferreira.

Very many thanks, ladies and gentlemen, for the words you have just spoken and the message they convey.

Honourable delegates, ladies and gentlemen, a further milestone in the life of the Organization has been passed. The Eighteenth World Health Assembly has completed its proceedings, which have been conducted at the high scientific and technical level traditional at our meetings.

Within the universal scope of our decisions we have dealt with the most important problems related to health throughout the world. Health and financial policy; adoption of the general programme of work for the Organization and of a series of co-ordinated health projects confirming the continuity of the Organization's activities in such fields as strengthening of health services, control of communicable and non-communicable diseases, environmental sanitation,
education and training, medical research—as a decisive factor contributing to increased knowledge and laying the scientific and technical foundations of success—international health, co-ordination; approval of the budget, whose overall level and distribution among fields of activity are a true reflection of the different responsibilities of the Organization; the adoption of amendments to the Constitution, the Rules of Procedure of the Assembly and the International Sanitary Regulations; the election of Member States determining the composition of the Executive Board; the medical and health aspects of the world population situation, with reference to population levels, reproduction, the family and society. These are the subjects—all of them of basic importance and in its direct field of responsibility—which the Assembly has considered in the course of a very busy session; and what has emerged is the clear determination, reflected in the resolutions adopted, to find solutions and contribute to consolidating the conditions conducive to the development of community life and to the raising of national living standards.

It is the delegates of 124 countries, the observers and representatives of various organizations, the Secretariat of the Organization—in short, all the participants in this Assembly—who have made it possible thus to attain the goal of our efforts; it is through them that the Health Assembly has been able to raise to a truly exalted level the human, scientific and technical significance of its work.

Gathered together here from the six Regions of the world, we have taken decisions whose true meaning and aims will become clear with the passage of time. Time will tell whether they were the wise and judicious decisions we should have wished to take.

It is my very deep conviction that throughout our work the essential guiding factor has been the high sense of responsibility and the spirit of understanding and conciliation that have prevailed, despite the frequently divergent ideas and points of view on the questions considered. These divergencies were particularly wide whenever we ventured to encroach on the field of politics; for, though politics are inherent in human nature, in the very life of communities and peoples, and while our organization cannot remain aloof from the basic facts and realities of relationships among individuals, which represent the political phenomenon reduced to its simplest possible expression, it is nonetheless true that we should make it our aim to maintain the essentially technical character of the Organization and safeguard the fundamental principles that govern its activities, avoiding those politicizing tendencies that destroy the spirit of its Constitution.

But it is encouraging to note, in spite of everything, that the initial divergencies, or those that arose during the course of discussions on the various items, always had as a common denominator the nobility of the aims and the sincerity of the convictions that guided the thinking of the different parties. This was the main factor that made it possible in every case to reach decisions which, though not representing a consensus, were nevertheless understood or accepted, because the community of ultimate aims essential for the fulfilment of our true mission rests on foundations firmly grounded in those “principles... basic to the happiness, harmonious relations and security of all peoples” that are set out in our Constitution.

Thus, to the gratitude I first expressed at the honour you had done me in electing me President I can now add a sense of satisfaction at the work that has been accomplished. This is because, ardently as I aspired to perform satisfactorily all the duties the presidency entails, I received invaluable assistance from the Vice-Presidents of the Assembly; from the national delegations, which deserve the real credit for what has been achieved; from the Chairmen, Vice-Chairmen, and Rapporteurs of the committees of the Assembly, where the real work of decision-making is done; from the representative of the Executive Board, whose valuable report was considered by the Assembly; from the General Chairman of the technical discussions, who presided brilliantly over those proceedings; from the Director-General, the Deputy Director-General, and the Assistant Directors-General; from the entire Secretariat, the importance of whose work we recognize and whose competence and efficiency are an established tradition; from the Regional Directors, whose contributions to the discussions reflected the importance of the work being accomplished in the Regions; from all the staff of the Organization, which with its tireless devotion has done so much to make possible the smooth running of the Assembly; and last but not least, from the interpreters, who do such an important job. If these responsibilities have been successfully fulfilled, it is due essentially to all this assistance and to the admirable spirit of co-operation shown by all those who, with such outstanding efficiency and sense of responsibility, have participated in the Assembly. For all that I am deeply grateful.

Very full documentation and a visit to the new headquarters building under construction have given us a clear picture of the progress of the work and the scope of the project, and have afforded us further cause for satisfaction in the prospect of shortly seeing realized our ambition that the Organization may display to the world, in the tangible shape of an imposing edifice, the greatness of its spirit and the importance of its mission.
Ladies and gentlemen, in this International Co-operation Year 1965, the events that reflect the harmonious relations and understanding between peoples at this level possess real significance. I have great pleasure in drawing attention to the fact that the oldest of the international organizations, the International Telecommunication Union, is now celebrating its Centenary: one hundred years of fruitful and constructive existence, very expressively summed up in the title of the Centenary Book, "From Semaphore to Satellite". I am sure I am voicing the feelings of the Assembly as a whole in conveying to the International Telecommunication Union our congratulations on this happy occasion.

Ladies and gentlemen, now that we have completed the work of the Assembly for this year and successfully reached a new milestone, as we separate for a while and return to our respective countries and homes, an atmosphere of fraternity and friendship will linger in this hall—the friendship and fraternity that our peoples have so admirably displayed at this Assembly, and which the lofty and sensitive spirit of their representatives have successfully communicated to every aspect of the proceedings.

May God enlighten our minds and our hearts, so that when we meet again next year in this fair land of Switzerland—this city of Geneva, so dear to us because it is the symbol of common aspirations and world-wide understanding—to tackle the next phase of our work, we may be able to take a further step forward on the long road we are travelling together, full of optimism and of faith in the efforts we are making to achieve the happiness of our peoples.

I now declare the Eighteenth World Health Assembly closed.

*The session closed at 5 p.m.*
MINUTES OF MEETINGS OF COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Wednesday, 5 May 1965, at 9.35 a.m.

Chairman: Dr V. V. Olguín (Argentina)

1. Allocation of Agenda Items to the Main Committees

The General Committee decided to recommend the Health Assembly to allocate the items of the agenda as indicated in the provisional agenda (document A18/1) on the understanding that:

(1) Items 3.13.2 (Advances to meet unforeseen or extraordinary expenses as authorized by resolution WHA13.41 (if any)) and 3.13.3 (Advances made for the provision of emergency supplies to Member States as authorized by resolution WHA13.41 (if any)) would be deleted since no advances from the Working Capital Fund had been made for these purposes in 1964;

(2) Item 2.7.3 (Extension of maximum validity of International Certificate of Vaccination or Revaccination against Yellow Fever), contained in the supplementary agenda, (document A18/1 ‘Add.1), would be incorporated and assigned to the Committee on Programme and Budget.

The General Committee noted that item 1.12 (Admission of new Members and Associate Members (if any)) would not be considered by the Assembly since the Director-General had received no request for admission within the terms of Rule 113 of the Rules of Procedure of the Health Assembly.

With regard to item 1.9 (Proposed amendments to the Rules of Procedure of the World Health Assembly), the General Committee decided to recommend the Health Assembly to approve provisionally two amendments to its Rules of Procedure (Rule 75 (bis) and Rule 80), on the understanding that there would be full opportunity for consideration of those amendments in due course during the present session.

With regard to items 1.10 (Review and approval of the reports of the Executive Board at its thirty-fourth and thirty-fifth sessions) and 1.11 (Review of the Annual Report of the Director-General on the Work of WHO in 1964), the General Committee decided to draw the Assembly's attention to the provisions of resolution EB33.R24 of the Executive Board on the conduct of the general debate in plenary meetings of the World Health Assembly.

With regard to item 1.14 (Award of a prize for research work on mental subnormality (report of the Léon Bernard Foundation Committee acting as selection committee)), the General Committee approved the preliminary arrangements made by the Director-General and decided that the award would take place in plenary session on Thursday, 6 May, at 12.15 p.m.

2. Programme of Work of the Health Assembly

The General Committee set the time and the agenda for the meetings on Wednesday, 5 May and Thursday, 6 May. It decided that at the plenary meeting on Thursday afternoon the President should, in accordance with Rule 97 of the Rules of Procedure, request Members to put forward suggestions regarding Members to be entitled to designate a person to serve on the Executive Board. Such suggestions should be submitted by 10 a.m. on Monday, 10 May, at the latest. At its meeting on Monday, the General Committee

3 For agenda as adopted, see pp. 23-26.
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would draw up recommendations concerning the election of Members entitled to designate a person to serve on the Board.

After hearing a brief statement by Dr Evang, the General Chairman of the Technical Discussions, the General Committee decided to recommend the Assembly to approve the programme contained in document A18/Technical Discussions/3 for the technical discussions on "Health Planning" to take place on Friday, 7 May and on the morning of Saturday, 8 May.

It was decided that the plenary and committee meetings would be held from 9.30 a.m. to 12.30 p.m., or to 12 noon (according to the time of the General Committee) and from 2.30 p.m. to 5.30 p.m. The General Committee would meet daily, either at 12 noon or at 5.30 p.m.

The meeting rose at 10.15 a.m.

SECOND MEETING

Thursday, 6 May 1965, at 6.15 p.m.

Chairman: Dr V. V. Olguín (Argentina)

1. Programme of Work of the Health Assembly

After hearing statements by the chairmen of the main committees on the progress of work in their committees, the General Committee drew up the programme of meetings for Monday, 10 May.

The CHAIRMAN reminded the Committee that there were still thirty-five delegates down to speak in the general discussion on the reports of the Executive Board and the Annual Report of the Director-General.

Allowing an average of ten minutes for each speaker on the list, a six hours' debate was to be expected. In addition to the plenary meeting to be held on Monday evening from 5 p.m. to 7 p.m., the general debate would be continued on Thursday 13 May, during the counting of votes and, if time permitted, immediately after the election of Members entitled to designate a person to serve on the Executive Board.

The meeting rose at 6.25 p.m.

THIRD MEETING

Monday, 10 May 1965, at 12.5 p.m.

Chairman: Dr V. V. Olguín (Argentina)

1. Proposed Additional Item of the Agenda

The CHAIRMAN said that he had received, within the time limits set by Rule 12 of the Rules of Procedure of the Health Assembly, a communication from the delegation of India, requesting that an additional item entitled "Proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training" be placed on the agenda of the Eighteenth World Health Assembly.

The General Committee decided (1) to recommend the Assembly to place that additional item on its agenda and (2) to suggest to the Assembly that the item be referred to the Committee on Administration, Finance and Legal Matters.

2. Proposals for the Election of Members to designate a Person to serve on the Executive Board

The CHAIRMAN read Article 24 of the Constitution and Rule 98 of the Rules of Procedure of the Health Assembly, governing the procedure applicable to the election. He drew the attention of the Committee to the following four documents before it:
(a) a table indicating the geographical distribution of the Executive Board by region and giving the names of the outgoing Members in May 1965;

(b) a list of the Members of WHO, showing by region the Members that were, at present, or that had been, entitled to designate persons to serve on the Board;

(c) a list of Members whose names had been suggested in accordance with Rule 97 of the Rules of Procedure of the Health Assembly;

(d) a table showing the composition by region of the Executive Board in 1964-1965.

The Chairman then proposed that the same procedure should be adopted as had been followed in previous years: after a trial vote, the General Committee would first draw up a list of twelve Members, which would be transmitted to the Health Assembly, then a list of eight Members, which in the Committee's opinion would provide, if elected, a balanced distribution of the Board as a whole, in accordance with Rule 98 of the Rules of Procedure of the Health Assembly.

Dr AHMETELI (Union of Soviet Socialist Republics) considered that the reference to "Germany (Federal Republic of)" in the list giving the names of Members suggested should be amended to read "Federal Republic of Germany".

Dr MUDALIAR (India), Chairman of the Committee on Programme and Budget, wondered whether, since only eleven Members had been suggested in the list circulated, the General Committee might be able to proceed forthwith to the following stage and select immediately the eight Members it recommended.

Professor AUJALEU (France) pointed out that the members of the General Committee were competent to add further names to that list of nominations if they wished. Furthermore, the Rules of Procedure were specific on the point that the General Committee was required to submit a list of twelve Members. The customary procedure should therefore be followed.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) supported that view. He suggested that Nigeria, which had served for only one year on an earlier occasion, should also appear on the list.

Dr QUIRÓS (Peru) informed the General Committee on behalf of the delegation of Argentina that that country had withdrawn its candidature.

The CHAIRMAN confirmed that information.

Dr ENGEL (Sweden), Vice-President of the Health Assembly, considered that it was most valuable for the General Committee to hear the views of representatives of the African Region concerning the inclusion of Nigeria in the list.

Dr DOLO (Mali) said that the countries in the African Region would unanimously support the nomination of Guinea.

Dr QUIRÓS (Peru) stated that the nominations of Mexico, Peru and the United States of America had the support of countries in that region.

In reply to queries, the DIRECTOR-GENERAL made it clear that in establishing its list of twelve Members the General Committee was entirely free to include the names of any countries it wished, regardless of region or of any statement which had been made regarding withdrawal of a candidature, since on such points a statement could be made, if necessary, in the plenary meeting of the Health Assembly.

Dr Arreaza-Guzmán (Venezuela) and Mr Saito (Japan) were asked to act as tellers.

A preliminary trial vote was taken by secret ballot. The Committee proceeded to vote by secret ballot for the purpose of establishing the list of twelve Members to be transmitted to the Health Assembly. The following countries were nominated: Czechoslovakia, Federal Republic of Germany, Guinea, India, Mexico, Peru, United States of America, Morocco, Yemen, Burma, Argentina, Nigeria.

The Committee then proceeded to a secret ballot in order to establish the list of eight Members which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole.

The result of the voting was as follows: Guinea, Peru, Mexico, United States of America, Czechoslovakia, Morocco, Yemen and India were nominated.

The CHAIRMAN stated that, in accordance with Rule 98 of the Rules of Procedure, the names of the Members proposed would be transmitted to the Health Assembly in the General Committee's report. The election would take place at the plenary meeting to be held on Thursday morning, 13 May.

3. Programme of Work of the Health Assembly

The General Committee fixed the programme for Tuesday, 11 May.

The meeting rose at 2.30 p.m.

1 See p. 474.
FOURTH MEETING
Tuesday, 11 May 1965, at 5.55 p.m.
Chairman: Dr V. V. OLGUÍN (Argentina)

1. Progress of Work of the Main Committees
The General Committee heard statements from the chairmen of the main committees on the progress of the work of those committees.

2. Transmission to the Health Assembly of Reports of the Main Committees
The General Committee decided to transmit to the Health Assembly the first report of the Committee on Programme and Budget.

3. Programme of Work of the Health Assembly
The General Committee fixed the programme for Wednesday, 12 May.

The meeting rose at 6.5 p.m.

FIFTH MEETING
Wednesday, 12 May 1965, at 12.30 p.m.
Chairman: Dr V. V. OLGUÍN (Argentina)

1. Progress of Work of the Main Committees
The General Committee heard statements from the chairmen of the main committees on the progress of work of those committees.

2. Transmission to the Health Assembly of Reports of the Main Committees
The General Committee decided to transmit to the Health Assembly the second report of the Committee on Programme and Budget and the first and second reports of the Committee on Administration, Finance and Legal Matters.

3. Programme of Work of the Health Assembly
The General Committee fixed the programme of work for Thursday, 13 May.

The meeting rose at 12.40 p.m.

SIXTH MEETING
Thursday, 13 May 1965, at 12.45 p.m.
Chairman: Dr V. V. OLGUÍN (Argentina)

1. Progress of Work of the Main Committees
The General Committee heard statements from the chairmen of the main committees on the progress of work of those committees.

2. Transmission to the Health Assembly of Reports of the Main Committees
The General Committee decided to transmit to the Health Assembly the third report of the Committee on Programme and Budget.

3. Programme of Work of the Health Assembly
The General Committee fixed the programme of work for Friday, 14 May, and Saturday, 15 May.

The meeting rose at 1.10 p.m.
SEVENTH MEETING
Saturday, 15 May 1965, at 12.10 p.m.
Chairman: Dr V. V. OLGUÍN (Argentina)

1. Progress of Work of the Main Committees
   The General Committee heard statements from the
   chairmen of the main committees on the progress
   of work of those committees.

2. Transmission to the Health Assembly of Reports
   of the Main Committees
   The General Committee decided to transmit to the
   Health Assembly the third and fourth reports of the
   Committee on Administration, Finance and Legal
   Matters and the fourth report of the Committee on
   Programme and Budget.

3. Programme of Work of the Health Assembly
   The General Committee fixed the programme of
   work for Monday, 17 May.

   The meeting rose at 12.20 p.m.

EIGHTH MEETING
Monday, 17 May 1965, at 5.40 p.m.
Chairman: Dr V. V. OLGUÍN (Argentina)

1. Progress of Work of the Main Committees
   The General Committee heard statements from the
   chairmen of the main Committees on the progress
   of work of those committees.

2. Date of Closure of the Health Assembly
   The CHAIRMAN said that the General Committee
   would consider the date of closure of the Health
   Assembly at its next meeting on Tuesday, 18 May, in
   the light of the information provided by the chairmen
   of the main committees on the progress of the commi-
   tees' work and the recommendations of the
   Director-General. Its decision would be announced
   at the next plenary meeting, probably on Wednesday,
   19 May.

3. Programme of Work of the Health Assembly
   The General Committee fixed the programme of
   work for Tuesday, 18 May.

   The meeting rose at 5.45 p.m.

NINTH MEETING
Tuesday, 18 May 1965, at 5.30 p.m.
Chairman: Dr V. V. OLGUÍN (Argentina)

1. Progress of Work of the Main Committees
   The General Committee heard statements from the
   chairmen of the main committees on the progress
   of work of those committees.

2. Transmission to the Health Assembly of Reports
   of the Main Committees
   The General Committee decided to transmit to the
   Health Assembly the fifth report of the Committee
   on Programme and Budget and the fifth report of the
   Committee on Administration, Finance and Legal
   Matters.

3. Date of Closure of the Health Assembly
   After consulting the chairmen of the main com-
mittees and the Director-General, the Chairman proposed that the date of closure of the Health Assembly should be Friday, 21 May.

*It was so agreed.*

4. **Programme of Work of the Health Assembly**

The General Committee fixed the programme of work for Wednesday, 19 May.

*The meeting rose at 5.45 p.m.*

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**TENTH MEETING**

*Wednesday, 19 May 1965, at 5.55 p.m.*

*Chairman: Dr V. V. Olgún (Argentina)*

1. **Progress of Work of the Main Committees**

The General Committee heard statements from the chairmen of the main committees on the progress of work of those committees.

2. **Transmission to the Health Assembly of Reports of the Main Committees**

The General Committee decided to transmit to the Health Assembly the sixth and last report of the Committee on Administration, Finance and Legal Matters.


After hearing a statement by Dr Evang, General Chairman of the technical discussions, the General Committee decided that the report on those discussions should be presented to the Health Assembly at its next plenary meeting.

4. **Programme of Work of the Health Assembly**

The General Committee fixed the programme of work for Thursday, 20 May, and Friday, 21 May.

*The meeting rose at 6.5 p.m.*

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**ELEVENTH MEETING**

*Thursday, 20 May 1965, at 12.45 p.m.*

*Chairman: Dr V. V. Olgún (Argentina)*

1. **Progress of Work of the Main Committees**

The General Committee heard a statement from the Vice-Chairman of the Committee on Programme and Budget on the progress of work of that committee.

2. **Transmission to the Health Assembly of Reports of the Main Committees**

The General Committee decided to transmit to the Health Assembly the sixth report of the Committee on Programme and Budget.

3. **Programme of Work of the Health Assembly**

The General Committee decided upon a revised programme of work for Friday, 21 May.

*The meeting rose at 12.50 p.m.*
1. Progress of Work of the Main Committees

Professor Geric (Yugoslavia), Vice-Chairman of the Committee on Programme and Budget, informed the General Committee that the Committee on Programme and Budget had completed its agenda and adopted its last report.

2. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit to the Health Assembly the seventh and last report of the Committee on Programme and Budget.

3. Closure of the Session

The Chairman thanked the Vice-Chairmen, the Chairmen of the main committees, the representatives of the Executive Board and all the members of the General Committee for their constant and efficient collaboration. He also expressed to the Director-General and his collaborators his appreciation of their help and guidance.

Dr Cayla (France), Dr Watt (United States of America), Professor Vannugli (Italy), Dr Haque (Pakistan), Dr Keita (Guinea), Dr Novgorodcev (Union of Soviet Socialist Republics) and Dr Quirós (Peru) congratulated the Chairman on his able conduct of the Committee’s deliberations and thanked the Director-General and his staff for their help.

The meeting rose at 10.50 a.m.
COMMITTEE ON PROGRAMME AND BUDGET

FIRST MEETING

Thursday, 6 May 1965, at 2.30 p.m.

Chairman: Dr A. L. Mudaliar (India)

1. Opening Remarks of the Chairman

The Chairman welcomed the delegates and the representatives of the United Nations, the specialized agencies and the non-governmental organizations.

2. Election of Vice-Chairman and Rapporteur

Agenda, 2.1

Dr Kaul, Assistant Director-General, Secretary, at the request of the Chairman, drew attention to Rule 36 of the Rules of Procedure and read out the third report of the Committee on Nominations (see page 474), in which Professor Gerić (Yugoslavia) and Dr Vovor (Togo) were nominated for the offices of Vice-Chairman and Rapporteur respectively.

Decision: Professor Gerić (Yugoslavia) and Dr Vovor (Togo) were unanimously elected Vice-Chairman and Rapporteur respectively.

Dr Vovor (Togo), Rapporteur, informed the Committee that he would be unable to attend for the whole of the session. He proposed that the delegate of Cameroon be nominated in his place.

Decision: It was agreed that the delegate of Cameroon would replace Dr Vovor (Togo) as Rapporteur when it became necessary.

3. Organization of Work

The Chairman said that the General Committee had recommended that the Committee should meet from 9.30 a.m. to 12 noon or 12.30 p.m., and from 2.30 p.m. to 5.30 p.m.

It was so agreed.

The Chairman invited the Secretary to read the Committee's terms of reference and to indicate the agenda items referred to the Committee by the Assembly.

The Secretary read out the Committee's terms of reference as set out in paragraphs (1), (3) and (4) of resolution WHA15.1. The Assembly had referred to the Committee items 2.1-2.12 of the agenda (see page 46), including the supplementary item 2.7.3.

4. Report on Development of the Malaria Eradication Programme

Agenda, 2.4

The Chairman invited the Secretary to introduce the Director-General's report on the development of the malaria eradication programme.1

The Secretary said that he would introduce the report by chapters, drawing attention to special points for the Committee's consideration and pointing out progress that had been made in the programme.

Chapter 1 outlined general progress, which could be described in two parts: the first covering three-quarters of the population living in malarious areas, where eradication had progressed according to the normal pattern of expected evolution; and the second, covering the remaining quarter of the population at risk, where administrative facilities were not sufficiently developed for the set eradication programme to be undertaken or where residual spraying alone had proved unable to interrupt transmission, because of special technical problems. In the second case, progress towards eradication would depend on the availability of staff and money, the building up of the necessary administrative facilities and the time required to solve the technical problems. During 1964, the number of

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people living in areas where the transmission of malaria had been stopped or final eradication achieved had increased by over 102 million compared with 1963.

The increased population in the maintenance phase amounted to 101 million. Much of the increase was due to the continued success of the Indian malaria programme, which counted over 93 million of the population in the maintenance phase at the end of 1964, with a further 70 million likely to enter the phase during the present year. Successful programmes in Israel, Lebanon and Syria had contributed to the increase by nearly 3 million and increases had also been recorded in Bulgaria, Greece, Romania, the Union of Soviet Socialist Republics, China (Taiwan) and the Ryukyu Islands. Decreases, however, had been notified by Brazil, where the programme had been rephased, and by Albania and Yugoslavia, where stricter criteria for entry into the maintenance phase had been applied during 1964.

Two further countries, Hungary and Spain, had been entered on the official register of areas where eradication had been achieved.

In the South-East Asia Region, the first areas in the Indonesian programme, with a population of nearly 18 million, had been transferred to the consolidation phase. At the end of the year, the whole of Ceylon was in the consolidation phase, but the discovery of a few foci of infection in small areas of the island had necessitated the introduction of focal spraying. Further areas in Afghanistan had been placed in the consolidation phase. Additions had also been made in the consolidation phase in Argentina, Colombia, Costa Rica and Ecuador in the Americas and in Mauritius and South Africa in the African Region. There had been set-backs, however, in Guatemala, Honduras, Iraq, Jordan and Mexico, where surveillance operations had not been sufficiently thorough, and in Brazil and the Philippines, following the reappraisal of programmes. Parts of those countries had thus reverted to the attack phase.

As was indicated in Fig. 1,1 of an estimated total population of 1560 million in the originally malarious areas of the world from which information was available, 1168 million, or 75 per cent. of the population, lived in areas where eradication programmes were in progress or where malaria had been eradicated; 51 per cent. of the population in originally malarious areas of the world were now freed from the risk of endemic malaria. The population of areas where malaria eradication programmes had not yet started amounted to 393 million, which included 80 million in countries conducting their eradication programme by stages and 195 million in countries with pre-eradi-

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programmes and phases for such integration. A seminar on the role of general health services in malaria eradication had been held in Poços de Caldas, Brazil, in June and July 1964, and a similar seminar, in March 1965, for countries of Central America, Mexico, Panama and the Caribbean.

With regard to pre-eradication programmes, the importance of early implementation should be emphasized, since they were the essential and logical first step in any country whose general administration and health services had not reached a level where a malaria eradication programme could be undertaken. It was essential to start with a world-wide development plan and a realistic timetable. In existing pre-eradication programmes, the development of the health structure had generally been slower than hoped for, though in a number of cases sound comprehensive plans had been drawn up and a start made on training auxiliary personnel for the health posts. Training and demonstration areas were being established for building up national malaria services and effective action had also been taken in many pre-eradication programmes regarding the provision of facilities for the treatment of clinical cases of malaria to reduce mortality and morbidity.

Chapter 3 dealt with the registration of areas where malaria had been eradicated. The Organization maintained two registers, which were kept up to date and reproduced twice yearly in the Weekly Epidemiological Record: an official register of areas where malaria eradication had been achieved and a supplementary list of countries or areas where malaria had never existed or where it had disappeared without any specific action. Five countries had been entered on the official register and six had applied for certification of eradication. It was expected that a further fourteen would shortly be in a position to apply for entry on the official register. The supplementary list contained the names of thirty-seven countries.

Chapter 4 dealt with the protection of areas freed from malaria. As long as there were malarious areas in the world from which malaria could be imported into cleared areas there was a need for vigilance to ensure prompt detection and treatment of imported cases. The maintenance of malaria eradication was the responsibility of the general health service of the country concerned. The prevention of reintroduction had become increasingly important with the growth of the number of areas freed from the disease and the matter had been considered by the Expert Committee on Malaria at its 1962 and 1963 sessions and by the Committee on International Quarantine in 1964 and 1965. The Organization provided information twice a year on the epidemiological status of malaria in the Weekly Epidemiological Record, but the dissemination of information internationally did not entirely cover the problem. As malaria ceased to be an endemic disease, national medical officers tended to forget it as a possible diagnosis. It was therefore essential to remind national health services constantly of the danger of reimportation of the disease and to ensure that the medical profession as a whole was kept aware of malaria as a disease entity. It was important for all schools of medicine and public health to continue to give due attention to adequate teaching of the clinical and the public health aspects of malaria.

Chapter 5 was concerned with technical problems in malaria eradication and their solution. The causative factors in problem areas were man, the vector and the parasite. The most important factor was the vector, man and parasite being of limited importance in small areas. The geographical pattern of vector resistance suggested that the agricultural use of DDT, HCH and dieldrin and other "cocktails" of insecticides had often been a more potent agent than the spraying of houses in exerting selective pressure on malaria vectors. During 1964, there had been little increase in the number of vector species reported as resistant to insecticides, the only new one being Anopheles funestus, which had been reported as resistant to dieldrin in West Africa. The Organization had helped in the investigation of problem areas and made recommendations for remedial measures. There was usually more than one factor involved and experience had shown that one remedial measure alone would rarely solve the problem and that integrated action was necessary. Differences in response to drugs shown by different strains belonging to the same parasite species had been observed since the end of the last century, but in view of reports of decreased susceptibility of malaria parasites to the 4-aminoquinolines, a Scientific Group on the Resistance of Malaria Parasites to Drugs had been convened in 1964. In its report the Group had stressed that the areas where evidence of chloroquine resistance had been obtained were few and that there was no evidence that the general situation regarding the usefulness of those drugs had shown any significant change. The Group had proposed criteria for recognition in the field of possible resistance to chloroquine and other 4-aminoquinolines, although final confirmation of drug resistance was not practicable in the field and had to be carried out at a research centre.

Chapter 6 dealt with the promotion of technical methods and procedures. The Organization provided the means by which technical policies, methods and

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procedures could be reviewed at frequent intervals in the light of experience—mainly through meetings of expert committees and study groups. Malaria conferences and technical meetings served the purposes of pooling experience and reviewing progress, and technical information and advice were provided by the preparation and distribution of technical literature. In addition to the meetings in 1964, of the Expert Committee on Malaria and the Scientific Group on Resistance of Malaria Parasites to Drugs, an Inter-regional Malaria Conference had met in Tripoli in November and December of that year. There had also been meetings of directors of national malaria eradication programmes and a number of border meetings to co-ordinate malaria operations between neighbouring countries. The tenth \(^1\) and eleventh \(^2\) reports of the Expert Committee, and the French, Russian and Spanish editions of *Terminology of Malaria and of Malaria Eradication* had been published during 1964.

Chapter 7 outlined the malaria research programme. The Organization's general policy was to give priority to problems having a direct bearing on malaria eradication. Attention had recently been directed to such matters as the quantitative approach to malaria transmission, the development of new immunological techniques of potential value for case detection, investigations of new systemics of *Anopheles* species with different bionomics in various areas of geographical distribution, further studies of resistance of mosquitoes to insecticides and of malaria parasites to drugs, and development of field trials of new antimalarial compounds. The chapter contained details of a number of research projects.

Chapter 8 dealt with insecticide field trials. Four new insecticides which had passed through various assessment stages had been approved for field testing against malaria vectors, by the directors of laboratories collaborating in the insecticide scheme. A trial on malathion, completed in Uganda after two years, indicated that the insecticide could be used in malaria eradication programmes in areas where residual insecticides might be expected to interrupt transmission and could therefore be used where the chlorinated hydrocarbons were no longer effective. Trials with dichlorvos DDVP had not been successful, due to a variety of factors. A trial with OMS-43 was being carried out in Northern Nigeria and negotiations were in progress to establish a similar trial with OMS-33.

Chapter 9 dealt with the training of national malaria eradication staff. Training had continued in the international centres of Lagos, Lomé, Manila, Maracay and São Paulo, with attendance by 203 trainees from fifty countries. The national centres in Ethiopia, India, Indonesia, Iran, Pakistan and Sudan continued to receive support from the Organization, which had awarded 199 fellowships. In pre-eradication programmes, training of public health personnel in malaria eradication techniques was being undertaken and the training of public health workers for their role in the maintenance phase was under way in a number of countries.

Chapter 10 gave details of the Organization's technical advisory services in the malaria eradication programme. The report also contained an appendix devoted to the status of malaria eradication by region and by country.

Finally, he recalled the Director-General's statement in his opening address (at the third plenary meeting) that, while the achievements of the global malaria eradication effort had been impressive in many countries, the programmes in others had suffered from serious administrative and financial difficulties. In some instances, the dramatic results of the first few years of attack operations had not been maintained and followed through to their goal of eradication, because of an apparent lack of sustained interest and loss of priority at national level. That was a matter of great concern to all and called for urgent action by the governments involved.

He drew the Committee's attention to resolution EB35.R17, in which the Executive Board submitted a draft resolution for consideration by the Eighteenth World Health Assembly, reading as follows:

*The Eighteenth World Health Assembly,*

*Noting that the population of the areas in the maintenance and consolidation phases freed from the risk of endemic malaria now amounts to about 813 millions or 52 per cent. of the population of the originally malarious areas of the world;*

*Noting the progress that has been made in pre-eradication programmes and the stimulus these programmes have given towards the development of a network of rural health services in the countries concerned;*

*Appreciating the steps that have been taken to intensify investigations with a view to determining the means of fully interrupting the transmission of malaria in problem areas;*

*Recognizing that, as malaria ceases to constitute a serious public health problem in a country, there is still a need for constant vigilance and for an awareness of the danger of re-establishment of the disease,*

1. **URGES governments undertaking pre-eradication programmes to give priority to the country-wide**
development of a network of rural health services to sustain the malaria eradication programme;

2. **URGES** international agencies and governments providing bilateral assistance to give priority support to meet the extensive material needs of such programmes;

3. **REQUESTS** the Director-General to bring up to date his report on the financial part of the study of the malaria eradication programme carried out in accordance with paragraph 4 of resolution WHA16.23, for submission to a future Health Assembly;

4. **URGES** governments of countries which have reached an advanced stage in their malaria eradication programmes to take steps to stimulate the collaboration of all medical and health personnel in vigilance against the re-establishment of the disease; and

5. **URGES** governments of countries in malarious areas to take steps to ensure adequate teaching on both the clinical and public health aspects of malaria in all schools of medicine and public health.

*Dr Belios* (Greece) said the report showed that good progress has been made during the previous year, although it has been somewhat unequal geographically speaking. It was reassuring to note that the resistance of vectors to insecticides, which had been a serious problem ten years earlier, now seriously affected only one per cent of the population in countries where eradication programmes were in progress. It was true that that percentage represented seven million people, but the Organization had demonstrated flexibility and adaptability which would enable it to help Member countries to deal with the problems presented by biological, social, cultural and economic factors.

As was emphasized in section 5.3 of the report, the principal vector in Greece, *A. sacharovi*, was one of the seven vectors showing double resistance to DDT and dieldrin/HCH groups of insecticides. Numerous sensitivity trials in recent years had revealed a slight tendency to aggravation, but also wide fluctuations in the spectrum and the degree of resistance between different parts of the territory. It had thus been possible to make use of the possibilities still offered by either group of insecticides, and particularly DDT, which had been used again since 1956. With regard to the other group, HCH had been found definitely superior to dieldrin. It would be useful for guidance if slips impregnated with it could once more be included in the material for sensitivity tests distributed by the Organization.

With regard to progress in the eradication programme in Greece, there had been a local post-eradication outbreak with forty-three endemic cases in central Thessaly, caused chiefly by shortage of staff in two of the neighbouring rural centres. The density of the vector had been comparatively low, but the incident was a reminder of the importance of vigilance, as emphasized in the report. Otherwise, there had been only thirteen endemic cases in 1964, in four foci. Two-thirds of the originally malarious areas had reached the maintenance phase and the remainder were in the consolidation phase. Preparations were being made for the final phase of certification of eradication of malaria from the isles of Greece.

*Dr Daeleen* (Federal Republic of Germany) said that, as was indicated in section 7.4 of the report, research work on antimalarial compounds had been carried out by individual scientists in the Federal Republic. The two compounds developed, RC-12 and B-505, had been thoroughly tested against monkey malaria by experts in the United States of America, in co-operation with the Pharmacological Institute at Bonn, and RC-12 had proved to be active against the exoerythrocytic forms of the malaria parasite. Results had been so promising that the co-operation between the two countries would be continued and intensified. The second compound, B-505, was active against the erythrocytic forms of the malaria parasite, but inactive against the exoerythrocytic forms. Its toxicity was rather high and further work was planned in the Federal Republic to obtain less toxic compounds.

*Dr Giebin* (Israel) stressed the importance of the human factor of migration, for people were moving much more easily and faster from country to country than they had once moved from village to village. In the previous year, for example, Israel had had eighteen imported cases of malaria, brought either by students coming into the country or by Israelis returning from service in other countries. A routine blood control had been introduced for all incoming students from malarious countries and of all Israelis returning from them. All immigrants arriving from areas suspected of malaria were treated with chloroquine or pyrimethamine. A country could not be considered free from malaria until enough areas in the neighbourhood had reached the same status and special international measures of protection against reintroduction of malaria had been introduced. There was no doubt that the combination of national and international effort was responsible for the substantial success already obtained by the world-wide malaria eradication campaign. Inter-country meetings, as mentioned in section 2.3 of the report, were of the greatest importance and it was to be regretted that political considerations sometimes interfered with health requirements and hampered such meetings.

He also stressed the importance of the international exchange of information and urged that countries
engaged in malaria eradication should receive the periodic information recommended by the Expert Committee on Malaria in 1963, namely "a list of international ports and airports which, although located in malarious zones, do not present risks of malaria transmission" and "a list of malaria cases imported into all countries in the phase of maintenance, classifying the cases according to the species of parasites and their country of origin".

Dr El Dabbagh (Saudi Arabia) said that the only problem area in his country was the Eastern Province, which included two large oases: Elhassa and Elqatif. The active vector, *A. stephensi*, had shown double resistance to DDT and dieldrin since 1956, but after two years of larviciding with Paris Green on the advice of WHO experts, malaria, which had formerly been a serious health problem, had ceased to be a problem. Active attention was also being given to the detection and treatment of positive cases.

Dr Rao (India), referring to section 2.2 of the report, dealing with pre-eradication programmes, said that his country was reaching the stage where the maintenance phase was becoming more important. Of approximately 393 units, about 80 were now in the attack phase, about 170 in the consolidation phase and nearly 142 in the maintenance phase. Thus almost 80 per cent. of the population was now in the maintenance or consolidation phase. Experience in India had shown that any delay in the organization of the general health service, with the necessary health infrastructure, would result in loss of time and money. The primary health centres established in community development blocks, each with a population of 60,000, had been sub-divided into eight sub-centres with one basic health worker for each 10,000 of the population, to serve not only malaria eradication, but also control of communicable diseases, health education and other programmes. It was important in the developing countries to plan the infrastructure to synchronize with the attack phase, in order to avoid operational and administrative difficulties.

Dr Ferreira (Brazil) said that malaria affected nearly 80 per cent. of the population and territory of Brazil. Control measures had reduced the incidence from eight million to 300,000 cases annually but, as indicated in section 2 of the Appendix to the report, the campaign had been hampered by administrative and economic problems. In that connexion, the delegate of Israel had aptly referred to the difficulties causes by political, bureaucratic and financial problems. In 1930, when Brazil had been invaded by *A. gambiae*, control had been effected, before the advent of DDT, by means of Paris Green and weekly fumigation of houses. The latest eradication plan covered four million houses and would be extended to cover over six million houses treated once or twice a year. With the exception of two areas—the Amazon valley, where DDT was of limited value because of the type of dwelling, and part of Southern Brazil—Brazil was well on the way to achieving eradication. Although faced with certain problems of drug resistance which were being investigated by research institutes, Brazil was confident that eradication would eventually be achieved.

Dr Haque (Pakistan), referring to the Secretary's comments on financial problems, said that the malaria eradication programme was very costly, absorbing a large proportion of funds allocated for health services. He urged that a persistent effort should be made to see if the programme could be conducted more economically.

Although the Secretary had stressed the importance of the maintenance and consolidation phases, the attack phase had been extremely effective in reducing malaria in Pakistan.

In connexion with research, he suggested that it would be useful if WHO could provide a small research unit for countries conducting large malaria eradication programmes, so that other countries could benefit from the experience. Pakistan had not ceased to use DDVP, since its value depended on house construction, which differed in different parts of the country. In certain areas it had been found to reduce malaria. Spraying by DDT was more effective, but more costly. It would be useful, for example, in high altitudes where transmission occurred only for short periods. The drug CI-501 had also proved useful. As it caused a reaction, methods of injection were being investigated and one had been found which produced a milder reaction.

On the question of integration, a committee had been formed for the integration of programmes for East and West Pakistan and a pilot project had been set up to ascertain the staff required. The problem of integration, however, involved other aspects of health as well as malaria.

Dr de Silva (Ceylon) said that his country had entered the consolidation phase on 1 May 1964. From that time until the end of September 1964, there had been twenty-seven cases of malaria, thirteen introduced from the Maldives Islands and fourteen indigenous. Up to the end of 1964, the number of cases had increased to 144, but although *Plasmodium vivax* had been the predominant species in focal outbreaks it had consti-
tuted only a few out of the 144, 71 being *P. malariae* and 60 *P. falciparum*. Focal spraying had been carried out, but it was feared that the maintenance phase, due to start on 1 May 1966, would have to be postponed. The delegate of Israel had rightly stressed the danger of reintroduction, which in the case of Ceylon came from the Maldives Islands where little eradication work was carried out. However, Ceylon was grateful to the Regional Director for organizing a malaria survey for that region. The public health services in Ceylon were well organized and he was confident that they would be able to deal with the maintenance phase when the time arrived. There was one public health inspector per 8000 people, one public health midwife per 3000-4000 people and one public health nurse in the urban areas per 8000 people. There were, moreover, no technical problems, for the prevalent vector was susceptible to the insecticide being used.

_The meeting rose at 4.40 p.m._

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**SECOND MEETING**

_Monday, 10 May 1965, at 9.30 a.m._

_Chairman: Dr A. L. Mudaliar (India)_

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1. **Report on Development of the Malaria Eradication Programme** (continued)  

   **Agenda, 2.4**

   Professor Clavero del Campo (Spain) said that despite the progress indicated in the Director-General's report,\(^1\) there was still much to be done and many obstacles to overcome, particularly in the larger regions. The Eighth World Health Assembly at Mexico had perhaps been a little over-optimistic. Careful planning was now essential, particularly in the areas where eradication was not complete, and WHO should set an example to the countries which were expected to plan their programmes.

   In connexion with the attack phase, he endorsed the comment in paragraph 2.1.3 of the report, on the need for the large-scale use of drugs as well as insecticides. Drugs were easier and cheaper to administer and, as indicated in the report, had been the sole means of interrupting transmission in a number of countries in the Americas.

   Regarding the maintenance phase, the report had shown that a few countries, among them Spain, had obtained certificates of eradication. Some countries had received certificates for part of their territory and he questioned whether it was practicable or advisable to divide a country into parts that were free from malaria and parts that were not. Eradication was difficult to achieve and difficult to maintain. It could never be assumed that malaria had been eliminated once and for all, for the threat was ever present and was liable to increase in the event of political or other disturbances. Malaria was often imported, usually through the seaports, since ships frequently lacked drugs and facilities for diagnosis. In Spain there had been twelve cases of imported malaria in 1964, most of them through members of ships' crews from Africa. More study of the disease was required and countries that had achieved eradication should pursue such study for the benefit of their own and other countries.

   It had been stressed, both in the report under consideration and in the reports of the Expert Committee on Malaria, that the malaria services should be part of the public health services, as was the case in Spain. It should not be forgotten, however, that the study of malaria was a specialized subject which should be given the same independence and the same prestige as the study of other diseases, such as tuberculosis. The importance of the subject could be judged from the fact that twelve meetings of expert committees on malaria had been necessary since 1955.

   Professor González Torres (Paraguay) said that malaria was an important health problem in his country, with periodic epidemics causing high morbidity and mortality, particularly among the rural population. Since 1955, the Government had made every effort to combat the disease and in 1956, on the recommendations of the XIV Pan American Health Conference and the Eighth World Health Assembly, had transformed its programme of attack into a programme of eradication. In September 1957 an initial malaria eradication service had been set up, and implementation of the eradication plan had started in October 1957 with assistance from the Organization of American States, UNICEF and the programme

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of the United States Agency for International Development.

Once the programme was under way, it had been found that the malarious area was far greater than the 42,286 square kilometres originally estimated. At the end of the third year of the attack phase, although the incidence of malaria had been reduced in the areas sprayed, it had not been possible to secure interruption of transmission, owing to lack of sufficient staff and funds to deal with the original area and the new areas discovered as the programme developed. The Government had therefore decided, with the agreement of the technical adviser of the Pan American Health Organization, to stop spraying activities temporarily and to concentrate available resources on studying the epidemiological and entomological aspects of the disease and ascertaining the exact extent of the malarious region.

After extensive and detailed investigations, the authorities were now fully informed on the situation concerning malaria in Paraguay—incidence, vector epidemiology, entomology, the fact that it was endemic, the effect of climate and movement of population—and was ready to start on eradication. Unfortunately, the Government had not sufficient means, but it was hoped that they would be obtained as a result of negotiations now in progress with certain international organizations.

Dr HAMDI (Iraq) said that as a result of the epidemiological situation in 1964, it had been decided in the current year to revise the entire plan of operations in all parts of his country. The whole of the northern region was in the early attack phase, the southern region in the late attack phase and the central region under active surveillance with focal spraying. The resistance of Anopheles stephensi was a problem in the south, as the vector was resistant to dieldrin and had a high tolerance to DDT. An amount of Iraqi dinars 700,000 (US $1,960,000) had been allocated to carry out the programme in the year 1965/1966. The Regional Office for the Eastern Mediterranean was helping in the implementation of the plan of action and the Regional Director had wisely included an entomologist in the malaria assessment team.

Malaria was still a major public health problem in many countries and every effort should be concentrated on eradicating the disease. The studies and research on different aspects of the problem, as described in the report, were a source of optimism for the future.

Dr HUDSON (United States of America) emphasized his country’s interest in malaria eradication and its support for the high priority given to the subject by WHO. While he was glad to note from the Director-General’s report that increasing numbers of people were being protected by the eradication programmes, there were countries, particularly in Africa, whose people did not receive the benefit of WHO’s work. It was essential for eradication programmes to extend to all Member States where malaria existed. It was also important to intensify efforts in some areas, particularly where there were problems with insecticides or drugs or due to social conditions.

International programmes had accomplished a great deal and special appreciation was due to UNICEF for its long-standing work and support, but the real responsibility, and in most cases most of the cost, should be borne by the countries themselves. The greatest success was being achieved in the countries that had established minimum criteria for malaria programmes. It was unfortunate that in some countries successful operations had been hampered by lack of political and financial support. The United States accepted as valid the criteria established by WHO for the success of malaria eradication and considered it vital that there should be no compromise on international standards.

In connexion with the need for countries to review their eradication programmes or their plans for programmes, he drew attention to the international malaria eradication training centre recently established in Manila under the auspices of the Philippines, the United States of America and the World Health Organization. A wide variety of advanced and refresher courses was provided in the various disciplines.

The United States would continue to support the malaria eradication programme and to urge that it should be given the highest priority.

Dr MARTÍNEZ-JUNCO (Cuba) said that the antimalaria campaign was one of the outstanding examples of WHO’s work. In Cuba, the programme was progressing satisfactorily and no difficulties had arisen with insecticides. It was anticipated that by the end of the current year there would be scarcely any cases of malaria. The number had dropped from 3,230 in 1961 to 624 in 1964 and the number so far for 1965 showed a decrease of 50 per cent. on the number for the corresponding period in 1964.

One of the most interesting features of Cuba’s eradication programme was the implementation of the recommendations of the seminar held in Cuernavaca, Mexico, in March 1965, concerning the need to incorporate the antimalaria programmes in the general health services. An interesting result was the increase in the number of blood slides collected—from 126,330 in 1963 to 276,470 in 1964—84.9 per cent. of them having been collected in the course of passive case-detection, not only in the malarious area but also from...
the rest of the country. Of the slides found to be positive, 98.9 per cent. had been obtained from passive case-detection.

Dr Le Cuu Truong (Viet-Nam) said that after ten years of implementation of its programme for the eradication of malaria from the world, WHO was in a position to assess progress achieved and difficulties encountered and to know the best ways of resolving the various problems. The programme was very costly and the most careful preparation was essential. The figures given in the report showed that definite progress had been made and that the programme was based on sound principles and techniques. On the basis of the experience gained, it would be possible to draw up programmes better adapted to particular countries and particular circumstances. He hoped that research would produce new material and knowledge which would lead to the effective eradication of malaria from the world.

The programme in Viet-Nam was now starting its seventh year of operation. Owing to the special conditions in his country, the eradication programme had been changed in 1962 into a pre-eradication programme, the objects being to maintain the existing antimalaria service and improve technical possibilities, to obtain increasing support from the national health services, to continue protecting the population against malaria and to start up eradication operations again as soon as the situation allowed. The parasite rate had decreased considerably between 1958 and 1964, although it was considerably higher in the mountain regions than in the coastal regions, owing to a certain instability caused by floods and other disasters. Nevertheless, 1,500,000 houses had been sprayed and 6,000,000 inhabitants protected in the malarious region in 1964. The programme had progressed normally during 1964, except in certain regions. Special attention had been paid to financial, staffing, training and other administrative problems. There had been only minor difficulties and no resistance to DDT had been observed.

Owing to the situation in the rural regions, the Minister of Health had prepared a new programme for health development, to combine the malaria and rural health programmes so that better use could be made of the general health service. At present, the programme was controlled by a general administrator with the assistance of two deputies concerned respectively with the pre-eradication programme and the rural health programme. The programme was directly responsible to the Ministry of Health.

Mr Bozo (Albania) said it was clear from the report that malaria was still a serious disease and that great efforts were still needed to eliminate it from the areas where it was rife.

In Albania, the eradication programme had made satisfactory progress in 1964. Owing to climatic conditions favourable to mosquitoes and malaria, in addition to the economic and social conditions, the backwardness of the people and the indifference of earlier regimes, Albania had formerly been the most malaria-ridden country in Europe. Thus, in the early years of liberation, half the population had suffered from the disease. Tropical malaria was the chief form and the mortality rate, particularly among children, was one of the chief factors contributing to the general rise in mortality in Albania. The situation had deteriorated during the Nazi and Fascist occupation and the People's Government in power after the liberation in November 1944 had inherited an extremely serious situation in respect of endemic malaria.

Following the country's liberation, urgent attention had been given to the campaign against malaria, and the draining of the marshy regions had resulted in a progressive decrease in the incidence of malaria. The eradication programme had been launched in 1958 and its success could be seen from the following figures: in 1964, out of a total population of 1,762,375, 200,000 were in the non-malarious region, 697,375 were in the maintenance phase, and 865,000 in the consolidation phase. In that year, 134,051 plasmodium tests had revealed 60 positive cases, compared with 98 in 1963. The positive cases comprised fifty-four of Plasmodium vivax, two of P. falciparum and four of P. malariae.

The existence of a wide network of health centres in towns and villages, attended regularly by the inhabitants and providing free medical services, placed the emphasis on passive rather than active detection. Passive detection was extended to the areas under maintenance, as well as those under consolidation, in order to prevent the recurrence of malaria in the areas from which it had been eradicated. Active detection was carried out in the consolidation area, and partially in the maintenance area.

Malaria cases were all treated in hospital and were given periodic checks for a period of two years after leaving hospital. In the epidemic seasons they were given pyrimethamine once a month.

In the foci of infection, measures involved epidemiological investigation of each case, blood tests for the population, dosage with pyrimethamine in the epidemic seasons and spraying of houses with DDT. In January 1965, as a result of a well-organized campaign, the number of people in the maintenance phase had risen to 1,142,375 and the number in the consolidation phase had fallen to 420,000. In the
first part of the current year there had been only one case of malaria—*P. malariae*. It was hoped that the country would be in the maintenance phase in 1967.

Professor Gerić (Yugoslavia) said that he had carefully read the report, which was a very useful one for all countries. He emphasized the importance of supervision in all phases of the programme. In 1964, sixty-seven new cases of malaria had been reported in Yugoslavia, compared with forty-four in 1963. Spraying operations and other measures had been neglected in 1963 in one rather isolated commune of Macedonia, possibly because supervision had not been as strict as in previous years. Nineteen cases had been reported from that area and seventeen cases had been imported from it into other parts of the country. Nineteen cases had been imported from other countries and twelve had been induced following blood transfusion. Local authorities had had to apply stricter measures to deal with the problems, and the greater attention given to supervision, in addition to spraying and chemoprophylaxis, had yielded good results. No new cases had been registered since 1 July 1964 and there was good reason to hope that the entire country would have entered the maintenance phase by 1966.

Dr Aldea (Romania) said that the report reflected the noteworthy success achieved in the world-wide eradication programme that had followed the efforts of individual countries, although some difficulties remained.

The report mentioned that new areas in Romania had entered the maintenance phase. He pointed out that with the passing into the maintenance phase in 1964 of the last of the originally endemic areas, eradication in his country had in fact been realized. The last indigenous case—an isolated case in a mountainous area—had been registered in 1961. The absence of indigenous cases had enabled spraying operations to be discontinued in 1962. Regular evaluation of the programme in Romania had been carried out since 1957 and the results communicated to WHO by means of quarterly epidemiological statistics. The existence of a well-developed network of health units that had from the outset carried out all epidemiological surveillance measures and treatment of cases had made it possible to move from the consolidation to the maintenance phase, without the need for special organizational measures. The integration of the antimalaria units into the public health service had enabled the services of those units to be maintained in such spheres as laboratory examination and treatment of cases.

He emphasized the importance of courses on malaria and parasitic diseases in the training of medical staff, of the constant co-ordination of activities, and of health education of the public.

The final stage of eradication gave rise to new epidemiological problems. The results of recent research into the infective capacity of asymptomatic parasites in local vectors had shown that they could constitute a decisive factor in the maintenance of infection. Infections by *P. malariae*, particularly post-transfusion infections, had for some time called for increasing attention in his country's efforts to achieve an advanced phase of eradication, and it was applying radical measures to reduce such infections.

Efforts had to be concentrated on the prevention of reintroduction of imported malaria. Romanian citizens travelling in malarial countries were given chemoprophylaxis to cover the duration of their travel. He proposed that countries where malaria existed should consider the possibility of introducing haematological control and, where appropriate, thorough treatment of intending travellers before their departure. It was also desirable that the results of epidemiological inquiries should be communicated to other countries, either direct or through WHO. The periodical dissemination by WHO of information received from all regions constituted an important means of defining the measures that should be taken by interested countries. His country had made an important contribution by its scientific research into the subject, as presented in various papers at meetings of the Organization, and by documentary material it had put at the disposal of WHO fellows, together with the experience of the Romanian School of Malariology.

Referring to resolution EB35.R17 (see page 205), he proposed that the words "particularly in regard to the training of personnel" be added at the end of operative paragraph 2 of the draft resolution recommended for adoption by the Eighteenth World Health Assembly; that the following addition be made at the end of paragraph 3: "emphasizing the stage the programme will have reached when financial support by WHO ends"; and that the word "stimulate" in operative paragraph 4 be replaced by the word "ensure".

Professor Corradetti (Italy) congratulated the Director-General on his comprehensive report, and was happy to note that he had followed the lines indicated in resolution WHA17.22, which had provided a more realistic basis for the strategy of world-wide malaria eradication.

The concept that had now been accepted of providing drugs for treatment in areas—mostly in Africa—where there was still no health infrastructure or pre-eradication programme in operation would save many lives. The Director-General also was to be congra-
tulated on the research projects initiated by WHO and described in section 7 of the report. A substantial increase of funds for the purpose was awaited so that research could be intensified, in response to resolution WHA17.22. Advantages of great value should thereby be obtained.

He also expressed appreciation of WHO's work in the detection of problem areas, and of the assistance it had given in overcoming their difficulties. Resistance of malaria parasites to drugs and vector reaction to insecticides were everywhere being given careful attention; training of national staff was receiving increasing support from WHO, and the Organization had supplied greatly increased technical advisory services, as could be seen from Table 4. He hoped that that increase would continue.

The tables in part 7 of the Appendix to the report, which showed the detailed status of malaria eradication by regions, gave a complete picture of the situation. In spite of all the Organization's efforts, it had to be recognized that there were still many obstacles in the way of eradication; a number of governments had not shown sufficient interest in the problem, while others had underestimated the financial consequences of their planned operations; in other cases the potential of the attack had been reduced by sudden lack of funds or shortage of qualified personnel. Some way had to be found to help countries in financial difficulties. Another obstacle in some countries was the political instability and insecurity mentioned in section 1 of the report; a permanent state of alarm in a country might affect malaria eradication just as adversely as did technical problems. The existence of such obstacles, over which WHO had no power, had probably led the Director-General, in the introduction to his Annual Report,¹ to say that malaria was far from being eradicated and that international assistance in financing and organizing campaigns had not yet reached the desired level. Those frank statements of the Director-General showed his realistic and constructive criticism and were intended to call the attention of all governments to the present serious situation of malaria eradication in the world.

Dr Anouti (Lebanon) said that the programme in the Lebanon covered a population of 750,000, living in 1581 villages above an altitude of 1100 metres. There were 1052 villages, covering a population of 500,000, in the maintenance phase and 529 villages, with 264,000 population, in the consolidation phase.

Outlining the task of the surveillance staff in the two phases of the programme, he said that in the regions in the maintenance phase their duties comprised particularly insect control, environmental health activities and detection of fever cases or suspects. In regions in the consolidation phase, active and passive surveillance were carried out on a monthly itinerary in villages and in public establishments, blood samples being taken from fever cases and suspects and from nationals returning from abroad. The health services of Beirut airport drew up weekly lists of names and addresses of nationals returning from malarial countries for periods in excess of one week. All positive cases and their contacts were subjected to periodic surveillance.

Blood samples of 84,267 persons taken in 1964 and the first quarter of 1965 had yielded fifteen positive cases—thirteen among returning emigrants and two induced cases. The vectors in the Lebanon were Anopheles sacharovi—which, until 1958, had frequented large swamps in the Plain of Beq'a on the south coast, but had since disappeared—and A. superpictus, which was still rather widespread, but was sensitive to the chlorinated insecticides, its favourite breeding place being near sunny streams in all regions, including mountainous areas above 1500 metres. No cases had yet been found in treated areas. From 1964 to date, no spraying campaign had been undertaken, but DDT treatment of positive breeding places and some caves and other shelters of the mosquitoes had been carried out, particularly in frontier areas.

Dr Lobo da Costa (Portugal) congratulated the President of the Health Assembly on his election and paid tribute to the Director-General and his staff. He outlined the history of the eradication campaign and mentioned that it had changed from an integral campaign to one aimed at the total extinction of the reservoirs of the virus. The policy followed in pursuing the programme had given rise to high hopes, although he emphasized the difficulties of carrying out the operation to its conclusion.

In spite of the difficulties that had been encountered, means had in general been found for a happy solution of the problem. The present programme was essentially different from previous ones. It had taken account of the universal dimensions of the problem and the world-wide effort needed to solve it, and it would be thanks to the realization of that concept that success would be achieved.

Referring to the eradication campaign in his country, he said that financial means had not been available to achieve total coverage. At the start of the campaign, the funds at the disposal of the health service had constituted less than one-third of the sum necessary to cover the regions with endemic malaria, comprising an area of approximately 43,800 km² with about 2,500,000 population. Although malaria had

never been a particularly grave problem in Portugal, there had been about 100,000 cases a year, with some 10,000 deaths. After outlining its characteristics in that country, he explained the dilemma in which the eradication campaign had found itself: whether to apply total coverage to one-third of the malarious area, or to apply insecticides in limited areas of great endemicity. The latter alternative had been chosen as being better adapted to the financial circumstances and, following its application, it had been found that malaria had disappeared not only from those areas, but also from surrounding districts. After some eight years of partial application of insecticides it was hoped that interruption of transmission would be achieved. He commended that method to the consideration of other countries with limited financial means; the attack phase had cost his country much less than the orthodox method of total coverage would have done.

He pointed out the cost and complexity of door-to-door active surveillance methods in a country like his own. By the end of 1958, there had been no cases of malaria and the country had passed into the consolidation phase, with a plan of control in accordance with the recommendations of the Expert Committee. Active surveillance had started in 1963, but had revealed not a single case of indigenous malaria. The per capita cost of that active surveillance had been greater than that of all the other phases of the campaign.

A large number of carriers of parasites were still arriving in Portugal, not all of whom could be identified by the health services. Therefore, conditions still existed for the reintroduction of malaria. He considered that in order to prevent reintroduction, greater attention to the problem was needed by many countries even after they had passed into the consolidation phase.

After outlining the surveillance activities in his country and the difficulties encountered, he associated himself with the remarks made by the delegate of Spain, which applied also to Portugal.

Dr Tjon Sie Fat (Netherlands) said that his country consisted of three autonomous territories: the Netherlands proper in Europe, and Surinam and the Netherlands Antilles on the American continent. Malaria was prevalent only in Surinam, of which the greater inhabited part was in the consolidation phase, with only six reported cases in 1964. It was still a problem in areas in the attack phase comprising most of the vast jungle area in the interior, with a population of 30,000. That population still lived in primitive conditions, and there had been some opposition to spraying operations.

As an alternative method to spraying, a pilot project for the distribution of medicated salt was in operation.

Dr Novgorodcev (Union of Soviet Socialist Republics) said that, from the documents before the Committee, his delegation had noted with satisfaction that in 1964 some success had been achieved towards malaria eradication. However, while paying tribute to WHO for what had already been achieved, he noted that the malaria eradication programme was not developing along the lines originally planned. Although the incidence of malaria had decreased considerably in many parts of the world as a result of the efforts of the Organization and of Member States, in problem areas the programme was making only slow progress, and there were even some places where operations had ceased entirely. The effect of such delays was that governments and health authorities became disheartened, and that might further slow down the programme.

Without entering into a detailed analysis of the causes, it would suffice to say that there were certain defects in the Organization's work in the field of malaria: in certain countries, the Organization had assumed duties which fell within the competence of the national authorities concerned. Furthermore, it was impossible to form a picture of the world-wide situation since, in its evaluation, the Organization had only taken account of three-quarters of the world's population and had not included the People's Republic of China, the Democratic Republic of Viet-Nam and the Democratic People's Republic of Korea.

From the documents before the Committee, it was evident that there had been a marked decrease in the action against malaria; the population of areas in the maintenance phase was increasing by only 5 to 8 per cent. a year. In 1964, 92 per cent. of the increase had been in India. The increase of areas in the consolidation phase in the last three years had also been mostly in India. In tropical Africa, no real success had been achieved. The main reason—as stated by the Director-General in his report—was lack of funds. The financing of the campaign was of course a matter for discussion by the Committee on Administration, Finance and Legal Matters, but it should be emphasized that the strategy adopted by the Organization did not correspond to the means at its disposal. While appreciating the gravity of the problem in certain countries, it should nevertheless be borne in mind that the Organization's basic role was to advise. It was therefore the opinion of his delegation that the guiding principles governing the malaria eradication programme should be reviewed. To that end, a committee should be set up to evaluate the achievements and defects in WHO's work in malaria eradication over
the previous ten years, to make an objective assessment of the situation and to determine the future role of the Organization. That was all the more necessary in view of the resolution of the Sixteenth World Health Assembly, calling for study of the malaria eradication programme.

Dr Widad Kidane-Mariam (Ethiopia) said that malaria was the most important single obstacle to the development of the economic and social potential of countries such as her own. The malaria eradication programme in Ethiopia had been evolved following certain pilot projects carried out in various parts of the country under the auspices of UNICEF and WHO. As a result, the Ethiopian Government had set up a malaria eradication service within the Ministry of Public Health, with the ultimate objective of affording protection to 8-10 million people. Although a measure of integration had been achieved between the rural health services and the malaria eradication service in the field, the rural health service had made little progress as compared with the malaria eradication service, not only because of lack of adequate funds, but also on account of shortage of professional personnel, and especially the limited resources to train the auxiliary staff required. However, a solution to the problem was being sought, since the importance was recognized of combining the efforts of the two services if the ultimate goal of complete eradication was to be speedily achieved.

Dr Baidya (Nepal) said that the malaria eradication programme had been launched in his country with the help of WHO and of the United States Agency for International Development. It had originally been estimated that the programme would take eight years to complete but, for various reasons, it had been found necessary to advance the date of completion, first to 1970 and then to 1972. The programme's extension by an additional two years not only involved problems of finance, but also meant that vectors would gradually develop a resistance to the available insecticides. In Nepal, more than half the health budget was spent on the malaria eradication programme, the extension of which until 1972 would result in hardship for other programmes. A request had therefore been made for an independent appraisal team to evaluate the work carried out to date, with a view to ensuring malaria eradication by 1972. Lastly, thanks were due to UNICEF, which had assisted the Government of Nepal in developing a health infrastructure which was an essential feature of the surveillance and maintenance phases of malaria eradication.

Dr El Dabbagh (Saudi Arabia) said that malaria constituted one of the main obstacles to a country's development. However, considerable progress in overcoming it had been made, as would be seen from the report before the Committee. One aspect of the matter, of particular interest to him, concerned nomadic tribes, to which he had referred at the technical discussions on health planning. The problem of nomads, who either imported malaria into non-malarious areas or else became infected themselves, required thorough and careful study and was, in his opinion, a matter worthy of the Organization's consideration.

Regarding the international pilgrimages made to Mecca and Medina, both cities had remained free from malaria, as a result of the intense and strict antimalarial measures that had been enforced, upon the advice of WHO experts.

Dr Charles (Trinidad and Tobago) said that WHO had launched the idea of global eradication of disease—a concept which the nations of the world had accepted. The first major disease tackled on a global scale was malaria, but not all countries had embarked upon their programmes at the same time and the world was therefore now at different stages of eradication. While appreciating that certain countries were encountering difficulties in their fight against malaria, he nevertheless called upon them to make an all-out effort for eradication and urged other Member States, where possible, to assist them. In many instances, all that had been achieved was the elimination of the malaria parasite: the problem of vectors still remained and, while that was so, the countries which had eradicated malaria or were in the surveillance phase were vulnerable and liable to a recrudescence of the disease. Trinidad and Tobago were in the surveillance phase and the only cases of malaria which had occurred there in the previous two years had been imported. The Government had spent millions of dollars on eradication, which it had achieved with the help of WHO and UNICEF. At the present time, several hundred thousand dollars were being spent every year on the surveillance phase. It was not possible for a small and developing country to continue to spend such large sums indefinitely, since the money was needed for the improvement of other social services. He therefore trusted that the Organization would submit to the Eighteenth World Health Assembly concrete proposals, involving the minimum of expenditure, regarding the action to be taken to keep a country free from malaria once it had eradicated the disease or was in the surveillance phase. In the same connexion, the Organization should submit some form of draft legislation for consideration by Member States.

Finally, he wished to record that the spraying carried out on aircraft on international flights was perfunctory
and on some flights was not carried out at all. Furthermore, it should be remembered that the first-class compartments on such flights were not exempt from the regulations. His delegation would appreciate having the Organization's further guidance and concrete proposals on the matter, as well as the views of Member States present.

Dr Quiros (Peru) paid tribute to Dr Carlos Alberto Alvarado and requested the Director-General to transmit an expression of gratitude to him for the brilliant service he had rendered in the field of malaria. It was certain that, upon his retirement, his successor, the eminent Indian malariologist, Dr Sambasivan, would pursue the task with the same zeal and efficiency. He rendered homage to the malariologists who had perished in the fight against malaria. In Peru alone, there had been ten such cases since the beginning of the campaign and recently three had drowned in the forest area of Peru.

Referring to the malaria eradication programme in Peru, he said that it was proceeding satisfactorily, although some problems had arisen, mainly as a result of the programmes of economic and social development which led to migration, resulting, in turn, to dissemination of disease. In the coastal zones of Peru, a crucial stage had been reached regarding the organization of the maintenance phase. In the Americas, the problem had been studied thoroughly at two seminars—one held at Poços de Caldas in Brazil and the other at Cuernavaca in Mexico—which had considered ways of improving the health services in charge of the maintenance phase. The question was one of major importance and merited careful study. In that respect, he expressed alarm at the gradual decrease in UNICEF's aid, which was indispensable, particularly when it came to organizing the consolidation phase with a view to achieving the ultimate success of an eradication programme.

Dr Samii (Iran) reported favourable progress of the malaria eradication programme in Iran. Of the population of 15 700 000 originally exposed, 7 300 000 were now in the consolidation phase, 3 900 000 in the attack phase and 3 700 000 in the control and preparatory phase. The future prospects of the programme in Iran depended upon the ability to resolve certain problems. In the first place, the consolidation areas ran the risk of importing cases from the southern part of the country. The main problem was a double resistance to insecticides in the south, which resulted in the transmission of malaria to peoples who, by their large-scale movements, were a constant danger to both attack and consolidation areas in the north. Research was being carried out by the epidemiological unit of the malaria eradication organization and the Institute of Public Health Research, through pilot projects, to find new antimalarial measures and techniques whereby transmission might be interrupted. Lastly, in the area of consolidation, there was the problem of integration with the general public health service.

Dr ADESUYI (Nigeria), referring to paragraphs 2.2.1 and 2.2.2 of the Director-General's report, said that surveys had been carried out in certain regions of Nigeria, from which it had been possible to ascertain the gaps which would have to be filled in order to assure an adequate health infrastructure, failing which it would be futile to proceed with the attack, or any subsequent, phase of the malaria eradication programme. The delegate of the United States of America had stated that there should be no delay in implementing malaria eradication programmes in endemic areas, particularly in tropical countries. However, it was precisely the need to fill the gaps in health infrastructure which was bound to cause delay in many cases. It was evident therefore that the main point upon which to concentrate was the early development of a health infrastructure and any assistance should be directed at planning such programmes. To achieve the health coverage of the whole population would not only ensure the success of the malaria eradication programme, but would also be invaluable in all subsequent health programmes. However, despite the fact that Nigeria was not yet ready to proceed with the attack phase, limited malaria control was being carried out by local health authorities in all areas; the country-wide programme would begin only when the network of health infrastructure was sufficiently strong.

Dr FİŞEK (Turkey) observed that the Director-General had noted, in his report, the integration of the malaria eradication programme with the other health services in Turkey. Early results had proved most promising. The rural midwifery service, the public health nurse-aid service and the malaria surveillance agents had all been combined in one unit, in which the surveillance agents and the rural midwives worked under the supervision of a male public health nurse. The medical personnel in the malaria eradication organization directed their activities, which were mainly concerned with surveillance work in malaria eradication, maternal and child welfare and the improvement of environmental health. The medical personnel also examined and treated patients in the rural area. The arrangement gave great satisfaction to the peasants, who took an interest in the work being carried out.

Several delegates had commented upon the importance of having an adequate health infrastructure, which was essential if eradication was to be achieved.
In Turkey, under the newly nationalized health services, the rural health organization was working most satisfactorily: there was one public health nurse for every two or three thousand members of the population and one medical doctor for every seven thousand. It was hoped that, as a result of such a well-established rural health organization, it would prove possible to eradicate malaria. The first years in the malaria eradication campaign in Turkey had been very successful and the number of cases had dropped from millions to a few thousands. However, over the past six years, the number of cases had remained at four to five thousand. The reason lay in the difficulty of carrying out surveillance in small communities in mountainous areas. It would therefore be advisable if some operational research could be carried out to evolve a more efficient method of surveillance and to look into the possibility of making increased use of local people.

His delegation had particularly appreciated the statement made by the delegate of Saudi Arabia regarding eradication of malaria from the holy cities area. It was important for Moslem countries that the importation of malaria into such areas should be prevented and it was to be hoped that attention would be paid to that matter.

Dr Al-Adwani (Kuwait), referring to the point made by the delegate of Trinidad and Tobago, considered that the importation of the vector to malaria-free areas of the world constituted a real problem. Some research had been carried out on the means of controlling transportation via aircraft and a commercial firm in the United States had discovered that it was not possible to control the vector, despite the spraying of both compartments. Research was now being carried out on the possibility of spraying insecticides into the aircraft’s ventilation system, so that even the luggage compartment would be reached. It was to be hoped that the Director-General and the Organization would pay more attention to the matter.

With regard to the remarks of the delegate of Saudi Arabia, he agreed that the transmission of malaria by nomadic tribes was a serious problem, especially when they travelled from one oasis to another.

Dr Haque (Pakistan) said that, although it was automatically assumed that malaria was eradicated from large towns, in the light of what the delegate of Saudi Arabia had said, he would suggest that WHO should lay down specific methodology for clearing such towns, possibly by means of larvicidal action.

The meeting rose at 11.50 a.m.

THIRD MEETING

Monday, 10 May 1965, at 2.30 p.m.

Chairman: Dr A. L. Mudaliar (India)

1. Report on Development of the Malaria Eradication Programme (continued)  

Dr Kaul, Assistant Director-General, Secretary, said that the Secretariat appreciated all the information provided by the members of the Committee during the discussion on the malaria eradication programme: knowledge of experiences in national programmes would help other countries. Speakers had stressed many important points regarding the various stages of eradication programmes, including the importance of thoroughness in their implementation and of continuing the effort until the objective had been achieved. Stress had also been placed on the necessity of having a minimum health service structure on which to base the eradication programme, and on the role of the public health services during the consolidation and maintenance phases.

It had been said that when the global eradication programme had been started, in accordance with the decision of the Eighth World Health Assembly, the intention had been to complete the programme within ten years. In fact, the principles of malaria eradication adopted by the Eighth World Health Assembly had been based on concepts provided by the Expert Committee on Malaria—namely, a preparatory phase lasting a year or more, an attack phase lasting four years, and a consolidation phase lasting at least three years. Thus the time required for the successful completion of an eradication programme, if undertaken from the beginning on a country-wide basis, would be a minimum of eight years. At the
time of the Eighth World Health Assembly the African continent had been excluded from the global programme, since it was not then clear what methodology should be adopted; but pilot projects had since shown that eradication programmes were feasible in many parts of tropical Africa. He wished to correct any idea that the objective had ever been to achieve global eradication within ten years. Phasing of programmes was inevitable, owing to limited resources in funds and personnel in many countries, and in some cases a phased programme of up to fifteen years had been undertaken.

Regarding methodology, both the Expert Committee on Malaria and the Organization's specialists kept that aspect under constant review, in order to effect improvements and eliminate defects. It should be remembered that the eradication programme had no precedent and it was only from experience that one could learn. Even if progress might appear slow, it did not seem that any fundamental changes of principle were indicated; slow progress was often due to administrative and financial difficulties and lack of resources at the national level. The Organization was giving top priority to finding solutions to the difficulties of the so-called "problem areas", which were limited in extent.

He was pleased to note that stress had been laid on the importance of not relying solely on residual insecticides: chemotherapy and larviciding might also be necessary.

Reference had been made to the costliness of the programme. It should be remembered, however, that the cost decreased as the programme progressed. Also, the Organization was actively seeking more economical methods. In that connexion, there would be no compromise regarding the principles of total coverage and efficiency. The fact that the programme was being implemented in phases, and that it was at different stages in different parts of the world, made it more expensive, since continued vigilance was necessary in those countries where eradication had already been achieved. Both the Expert Committee on Malaria and the Committee on International Quarantine had made recommendations regarding the protection of areas freed from malaria.

The delegate of Greece had referred to the question of susceptibility tests and BHC test papers. Unfortunately, BHC, a fumigant, did not permit the preparation of the same kind of test papers as DDT and dieldrin.

The delegate of Israel had referred to publication by the Organization of the number of imported cases in areas in the maintenance phase. Any such information received by WHO was in fact published in the Weekly Epidemiological Record every six months.

The delegate of Pakistan had referred to research on DDVP. A WHO international team had been carrying out DDVP trials, and the Organization was also collaborating with various countries where other trials were being undertaken.

The delegate of Ceylon had referred to the importation of cases from a neighbouring area. The Organization was assisting the territory concerned to develop a pre-eradication programme.

The delegate of Spain had referred to the integration of malaria services into the general health services. It was perfectly true that, even where the health services could undertake eradication programmes without developing a specialized service, there should at least be a specialized unit in the health service to supervise the programme, and that might be necessary for a number of years after eradication had been achieved.

The delegate of the Soviet Union had referred to the need to assess the programmes of the various countries, and the global eradication programme as a whole. Dr Kaul agreed that such a review was necessary, and pointed out in that connexion that an expert committee meeting was proposed for 1966, to review the whole eradication programme. Was that perhaps the type of meeting the Soviet Union delegate had had in mind when he had referred to the possibility of establishing a committee in order to review the programme?

In connexion with the remarks made by the delegate of Trinidad and Tobago, he drew attention to operative paragraph 3 of the draft resolution contained in resolution EB35.R17 (see page 205), requesting the Director-General to "bring up to date his report on the financial part of the study of the malaria eradication programme carried out in accordance with paragraph 4 of resolution WHA16.23, for submission to a future Health Assembly ". In the past, the Organization had drawn up estimates of costs in so far as information was received from the various governments.

Regarding the drafting of legislation, the Organization was prepared to help any country desiring assistance in that field. Both the Expert Committee on Malaria and the Organization had made various recommendations that might be useful in that connexion.

The disinsection of aircraft and the prevention of importation of vectors by air was one of the most important subjects covered by the International Sanitary Regulations, and a whole section of the thirteenth report of the Committee on International Quarantine was devoted to that item. The delegate of Kuwait had referred to the development of auto-

matic disinsecting systems built into the aircraft's ventilation system. Collaborative research in that field had been stimulated and promoted by the Organization for many years, and the Expert Committee on Insecticides and the Committee on International Quarantine had made recommendations on the subject.

Regarding the amendments proposed by the delegation of Romania (see page 211) to the draft resolution contained in the Executive Board's resolution EB35.R17, he saw no objection to the proposal to add the words "particularly in regard to the training of personnel" at the end of operative paragraph 2. With regard to the proposal to add at the end of operative paragraph 3 the words "emphasizing the stage the programme will have reached when financial support by WHO ends", he was not clear as to the exact implications of that addition. The Organization gave assistance at all stage of malaria eradication programmes for as long as requested by the countries concerned. He agreed that operative paragraph 4 would be improved by substituting the word "ensure" for "stimulate", making the text more explicit.

Finally, he suggested that, in accordance with usual practice, the following be included in the text before the first preambular paragraph: "Having considered the report of the Director-General".

Professor Corradetti (Italy) reminded the Committee that at the Seventeenth World Health Assembly the Italian delegation had pointed out that, of the Organization's total expenditure on malaria, only 2.14 per cent. was devoted to research, and had proposed that the proportion be increased to 10 per cent. Accordingly, he proposed the deletion of the third preambular paragraph ("Appreciating the steps that have been taken to intensify investigations with a view to determining the means of fully interrupting the transmission of malaria in problem areas"), and the insertion of a new operative paragraph, reading as follows:

REQUESTS the Director-General to increase the percentage of the budget destined to research with a view to intensifying investigations for determining the means of fully interrupting the transmission of malaria in problem areas.

Professor Clavero del Campo (Spain) referred to the fourth paragraph of the preamble. If there was a question of maintaining constant vigilance to avoid the risk of reappearance of the disease, then the disease no longer existed in the country, or it had ceased to be a public health problem; it was not that it had ceased to be a "serious" problem. He therefore proposed the deletion of the word "serious".

Regarding operative paragraph 5, he thought that malarious countries would certainly include teaching of both clinical and public health aspects of malaria in medical and public health schools. He therefore proposed that the paragraph be changed to read: "URGES governments in formerly malarious areas to take steps...".

Dr Nayar (India) said it should be borne in mind that the maintenance phase, which would normally follow the completion of eradication, would impose additional financial burdens on Member States. The resolution should therefore make it clear that financing and other types of assistance from WHO should continue during the maintenance phase.

Dr Ayé (Ivory Coast) pointed out that in his report the Director-General had drawn attention to the special situation in Africa, emphasizing that region's lack of resources, staff, equipment and funds. His delegation therefore considered that the sense of operative paragraph 2, which referred merely to the "extensive material needs of such programmes" was too restrictive, and supported the amendment proposed by the delegation of Romania. He proposed that the second line of the paragraph should be amended to read "to meet the extensive needs of such programmes, particularly in the training of personnel and the provision of supplies".

He pointed out, with respect to operative paragraph 4, that in some countries the health service was free from government control. He suggested therefore that the words "ensure or" be inserted between the words "to" and "stimulate".

Dr Belios (Greece) said that his delegation wished to support the amendment proposed by the Italian delegation, regarding the funds allocated to research on malaria eradication. Reference to pages 448 and 449 of Official Records No. 138, showed that during the previous three years there had been no increase in the funds allocated to research.

Dr Aldea (Romania) endorsed what had been said by the delegate of India: the maintenance phase called for large financial contributions to maintain and consolidate the results obtained in the preceding phases.

The Secretary, referring to the observation by the delegate of Italy that there was a need for greater emphasis on malaria research and that there was no additional provision in the budget for that purpose, pointed out that the problem areas had been discussed at the Seventeenth World Health Assembly, which had adopted resolution WHA17.22 on the subject. The implication of that resolution was that countries should be assisted by the Organization. By and large, investigations were being undertaken with a view to
solving the problems of the problem areas in the areas themselves. The Organization assisted in those investigations by providing additional advisory services and technical support. Not only had inter-regional teams been visiting some of the areas, but regional teams from the Organization had assisted governments, and expert and consultant advice had been provided at country level. The intensification of practical efforts to find a solution to the problem areas was reflected in over-all programme expenditure at country level rather than in research expenditure as such. He submitted, therefore, that there had been an increase both in emphasis on and assistance in solving that problem. There had been a reorientation of research activities for which, within the same resources, more funds had been allocated to dealing with some of the questions related to the problem areas.

He felt that the suggestion of the Spanish delegate that the word "serious" should be deleted from the last paragraph of the preamble could be accepted. Similarly, there would be no difficulty in accepting the suggestion of the Indian delegate that the words "bringing out the need for continued assistance from WHO during the maintenance phase of malaria eradication programmes" be added at the end of paragraph 3. He asked the Romanian delegate if the amendment suggested by the delegate of India covered the intention contained in his proposed amendment to that same paragraph.

Dr ALDEA (Romania) replied in the affirmative.

Professor CORRADETTI (Italy), referring to operative paragraph 3 of resolution WHA17.22, asked how programmes of basic and applied research could be intensified if no additional budgetary allocations were made.

The SECRETARY said that it had been brought to his attention that he had not mentioned all the amendments proposed. He regretted that he had not referred to the suggestion of the delegate of the Ivory Coast; he thought the delegate had merely supported the amendment made by the Romanian delegate. If, however, he wished to add to the resolution, his suggestion would be taken into account.

He had not referred to the second point raised by the delegate of Spain because it seemed to be covered by the first part of operative paragraph 5. He requested the delegate of Spain to submit a written amendment if he wanted the matter clarified further.

The CHAIRMAN requested the Secretary to read out the amendments proposed to the draft resolution submitted by the Board in its resolution EB35.R17.

The SECRETARY said that the first amendment, which was suggested by the Secretariat, was that the words "Having considered the report of the Director-General" be inserted between the words "the Eighteenth World Health Assembly" and the first paragraph of the preamble.

It was so agreed.

The SECRETARY said that the next amendment related to the last paragraph of the preamble: the delegate of Spain had proposed the deletion of the word "serious".

It was so agreed.

The SECRETARY said that the delegate of Romania had suggested that the words "and particularly in the training of personnel" be added at the end of operative paragraph 2.

Dr AYÉ (Ivory Coast), referring to operative paragraph 2, pointed out that he had proposed that the word "material" be deleted and that the words "and the provision of supplies" be added at the end of the paragraph, after the words suggested by the delegate of Romania.

Professor CORRADETTI (Italy) pointed out that he had suggested the deletion of the third paragraph of the preamble.

Dr QUIRÓS (Peru) suggested that a working party be set up to redraft the resolution, taking account of the amendments proposed.

The CHAIRMAN said that in his opinion there were not enough amendments to warrant the setting up of a working party. He suggested that the Secretariat prepare a fresh resolution, containing all the amendments, for circulation at the next meeting.

It was so agreed.

(For continuation of discussion, see minutes of the fourth meeting, section 1.)

2. International Quarantine

Agenda, 2.7

Consideration of the Thirteenth Report of the Committee on International Quarantine

Agenda, 2.7.1

The CHAIRMAN invited the Secretary to introduce the thirteenth report of the Committee on International Quarantine.¹

The Secretary said that item 2.7 was divided into three parts. Item 2.7.1 dealt with the report of the Committee on International Quarantine on all items except the proposed amendments to the International Certificate of Vaccination or Revaccination against Smallpox, which were dealt with under item 2.7.2. Item 2.7.3 related to the question of extending the validity of the International Certificate of Vaccination or Revaccination against Yellow Fever. He suggested that the discussion might be divided according to those sub-items, and at the present stage he would introduce the report of the Committee on International Quarantine on all questions except the amendments to the International Certificate of Vaccination or Revaccination against Smallpox.

The Committee on International Quarantine had met in Geneva from 22 to 26 February 1965, when it had considered the annual report of the Director-General on the functioning of the Regulations and their effect on international traffic. That report had been prepared in accordance with Article 13 of the International Sanitary Regulations. The Committee's opinions and recommendations were contained in its thirteenth report, which was before the meeting.

He drew the attention of the Committee on Programme and Budget to the following points in that report. In considering mosquito vectors of disease and aircraft disinsection, the Committee recommended that the International Sanitary Regulations be amended by the insertion of a new article embodying the rights and obligations of States currently covered by paragraph 2 of Article XVII of the International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12 April 1933, opened for signature in Washington on 15 December 1944. The proposed new article was to be numbered 102 and would read:

1. Every ship or aircraft leaving a local area where transmission of malaria or other mosquito-borne disease is occurring, or where insecticide resistant mosquito vectors of disease are present, shall be disinfected under the control of the health authority as near as possible to the time of its departure but in sufficient time to avoid delaying such departure.

2. On arrival in an area where malaria or other mosquito-borne disease could develop from imported vectors, the ship or aircraft mentioned in paragraph 1 of this Article may be disinfected if the health authority is not satisfied with the disinsection carried out in accordance with paragraph 1 of this Article and it finds live mosquitoes on board.

3. The States concerned may accept the disinsection in flight of the parts of the aircraft which can be so disinfected.

A consequential amendment to Article 105 would be the deletion from paragraph 1 (j) of the words "except paragraph 2 of Article XVII".

A draft guide to vessel sanitation had been presented to the Committee on International Quarantine. The Committee had found it compatible with the provisions of the Regulations, and was of the opinion that it contained useful recommendations for health administrations, port health authorities and others concerned. It was now being edited and would be published.

The Committee had been disturbed to learn that some international travellers of diplomatic status appeared to believe that the provisions of the International Sanitary Regulations were not applicable to them. The Committee had pointed out that such travellers were not exempt from application of the Regulations and had requested the Director-General to bring that to the notice of the Member States.

The Committee had reviewed cholera matters and considered results of studies on cholera vaccine in India, Pakistan and the Philippines, and the possible role of carriers. It had noted that most vaccines used were effective, although in a lower degree than would be considered satisfactory, and that the duration of effectiveness appeared to be no longer than six months. It had also noted that studies to improve the effectiveness of cholera vaccine, including the duration of immunity, were under way. The Organization was continuing its support for such studies. The Committee was of the opinion that there was insufficient evidence to consider amending the cholera provisions of the regulations at that time.

The Committee had recommended the adoption of an amendment to Article 96 of the Regulations, which would permit health authorities at the port of arrival to waive routine submission of the Maritime Declaration of Health in special circumstances.

In paragraph 1, after the words "shall ascertain the state of health on board, and ", insert the words: "except when a health administration does not require it ".

In paragraph 2, delete the word "further ".

The deletion of the word "further" in paragraph 2 of Article 97 of the International Sanitary Regulations would be a consequential change.

If it agreed with the recommendations of the Committee on International Quarantine, the Committee on Programme and Budget would have to adopt the report of that committee, since it related to amendment of the

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Regulations. He submitted that the Committee on Programme and Budget should discuss those amendments and decide whether it wished to adopt them. When all three sub-items had been considered, the Committee might adopt an over-all resolution incorporating all the amendments.

Dr Cuenco (Philippines) congratulated the Committee on International Quarantine on its report, which was concise and accurate and fully covered the international problem of quarantinable diseases for the preceding year. His Government firmly supported the proposed amendment to Appendix 4 (for text, see page 226) of the International Sanitary Regulations. At the previous Health Assembly it had been proposed that, for purposes of international travel, smallpox vaccination certificates should contain a reading of reactions six days after vaccination. Alternatively, it had been proposed that two insertions of lymph virus should be sufficient for travel. The purpose of those two proposals was to achieve better vaccination results. Subsequent studies had shown that the proposed procedures did not in any way improve the results of smallpox vaccination for international travel. He therefore commended the Director-General on the success of the studies of the Committee on International Quarantine, which had decided to withdraw those proposals.

At the thirteenth meeting of the Committee on International Quarantine it had been decided that the use of freeze-dried smallpox vaccine should be proposed to the Eighteenth World Health Assembly. Studies had proved that a higher percentage of "takes" was achieved if freeze-dried vaccines were used. In addition, freeze-dried vaccine was easier to transport and could be kept for long periods without losing its potency. The Philippines had not yet begun production of freeze-dried smallpox vaccine, but hoped to be able to do so in the very near future. It realized that the use of that vaccine would, to a large extent, reduce the danger of the international spread of smallpox.

The Chairman reminded delegates that the question of smallpox would be discussed under a separate subject item (see minutes of the fourth meeting, section 2).

Dr Hudson (United States of America) said that his delegation supported the amendments to Articles 73 (not affecting the English text), 96 and 97 of the Regulations and agreed that there should be a new Article 102 to which, however, it suggested the following minor amendments:

(1) in paragraph 1, the words "arthropod-borne" should be substituted for the words "mosquito-borne";
(2) in paragraph 2, the same substitution should be made and the words "or arthropods" should be inserted after the words "live mosquitos";
(3) at the end of paragraph 3, the words "which can be so disinfected" should be replaced by the words "or of the parts of the ship which, during the voyage, can be so disinfected".

The reason for those amendments was that the proposed new Article 102 would not provide States with such wide authority for disinsection of aircraft as the one which it would replace. The amendments proposed by his delegation would remedy that deficiency.

The WHO proposal used basic terms appearing in Articles 73 and 76 concerning the disinsection of aircraft. The changes outlined were consistent with the provisions in Articles 77 and 78 concerning a healthy ship or aircraft coming from an infected local area and with the provisions of the International Sanitary Convention for Aerial Navigation, that were to be replaced.

Dr Webb (Australia) said that, with regard to the amendments to the proposed new Article 102 suggested by the United States delegation, the Australian delegation had no objection regarding paragraph 1, but would make a qualification regarding the disinsection of aircraft.

He reserved the right to comment on other parts of the report at the appropriate time.

Dr Ozaki (Japan) welcomed the comprehensive report before the Committee, which was the result of continuing efforts to improve international quarantine measures. His delegation supported the proposed amendments relating to disinsection of ships and aircraft, but would reserve its views on the proposed amendments concerning the form of the International Certificate of Vaccination and Revaccination against Smallpox for a later stage of the discussion.

The Committee on International Quarantine had expressed the opinion, in its conclusions with regard to cholera,¹ that there was insufficient evidence to consider amending the cholera provisions of the Regulations. His delegation would accept that conclusion at the present time. However, his Government was working in close co-operation with the Government of the Philippines and with WHO on a joint research programme on cholera problems and was convinced that, in the very near future, sufficient data would be forthcoming to justify amending the current provisions.

Mr Chebelu (Romania), referring to recommendations, contained in document E/3590, dated April 1962, of the United Nations Economic and Social Council on international travel and tourism, drew attention to the fact that vaccination requirements for international traffic could be found only in the publications of the World Health Organization; consequently tourists were not fully informed as to what they should do, and sometimes had difficulties when entering a country. Information on the sanitary regulations should be made more accessible to the public, and in that respect travel agencies could play an important part. Special health measures for tourists should be confined to epidemiological needs, which in turn should be analysed more frequently. In areas where insect-borne diseases were prevalent, disinsection measures should be organized in such a way as to create a safety zone at least around international airports.

One difficulty was that of meeting all demands for vaccination within the short time before the date of departure; the many diseases for which vaccination was required constituted a considerable problem for both vaccinator and traveller—one which had been discussed by various expert committees. It would be useful if WHO could collect information on experience throughout the world and, with the help of a committee of experts, draw up the most suitable scheme of vaccinations for a minimum period of time, showing the variations for the different ports and airports.

Dr Kalaldzjev (Bulgaria) said that, owing to its geographical situation between Europe and Asia and its development as a tourist country, his country was studying very carefully the question of international quarantine. The necessary organization, including a sufficient number of medical institutions and staff, already existed and was carrying out sanitary control at the frontiers on travellers entering by air, sea, rail or other means of transport. International quarantine measures were being fully applied. With regard to international quarantine, his Government was guided by the principle that quarantine should be effective; but, at the same time, that the formalities and resultant delays in the international import and export of goods should be reduced to a minimum.

The thirteenth report of the Committee on International Quarantine had been very carefully studied by his delegation, which supported the proposed amendments to Articles 73, 96, 97 and 105. It also considered that the proposed new Article 102, containing certain measures to control malaria, would help in ensuring more effective control, which would serve eventually to eradicate that disease. The proposed text was fully acceptable to his delegation; it considered, however, that other measures designed to prevent the import of malaria should also be studied within the framework of the International Sanitary Regulations.

Dr Ammundsen (Denmark) said that her remarks would be confined to the proposed amendments to Article 96. Her Government was ready to facilitate formalities during short trips such as the one, mentioned in the report (paragraph 83), between Denmark and the Federal Republic of Germany, which took only one hour. Her delegation would vote in favour of the amendments; she reserved her remarks on other parts of the report until a later stage.

Dr Kennedy (New Zealand) made two comments on the proposed new Article 102. The first concerned paragraph 2, which was rather more restrictive on the health authority than was current practice under Article 105, paragraph 1 (j) in one respect: under the new proposal it was not sufficient for the health authority not to be satisfied with the disinsection carried out, it must also find live mosquitos on board. In the proposed paragraph 2, therefore, he would suggest that the concluding phrase read "or it finds live mosquitos on board".

With regard to paragraph 3, there should be some qualification as to what was meant by "disinsection in flight". Did that refer to the techniques described in section 10 of the report? If that was so, then it would be useful if some note to that effect could be incorporated in the appropriate place. Otherwise airlines might think that it referred to the classical aerosol disinsection while the aircraft was in flight.

Dr Novgorodcev (Union of Soviet Socialist Republics) said that, in the opinion of his delegation, the thirteenth report of the Committee on International Quarantine should be accepted. He would, however, make two comments: first, the Soviet Union was concerned about the increase of cholera cases in the last few years. Cholera had been eradicated from the Soviet Union since 1926. The high incidence of the disease in many countries, the increase in the number of carriers, ineffective vaccination measures, the development of international communications, and the spread of air traffic made it, however, a serious problem for his country. The Soviet Union was prepared to take part in the campaign against cholera at the international level; it would provide specialists, vaccines and bacteriophages and would also make available for international trials, with the assistance of its representatives, vaccines and bacteriophages produced in the Soviet Union.

Secondly, additional training for physicians dealing with quarantinable diseases was of particular impor-
tance for countries where such diseases had been eradicated. For that reason, WHO should organize seminars for doctors from those countries, and from countries and territories where the diseases still existed. First of all, seminars of that type should be held in countries where WHO considered that quarantine services were well organized.

Dr Habernoll (Federal Republic of Germany), referring to Article 96, said that International Sanitary Regulations required that the master of a ferry-boat between the Federal Republic of Germany and Denmark should supply a Maritime Declaration of Health. That was a mere formality, since the journey took only one hour, and the delivery of such a certificate should not be required; his delegation was, therefore, in favour of the proposed amendment to Article 96.

Dr Bories (Gabon) said that the proposed amendments to Articles 73, 96 and 97 of the International Sanitary Regulations did not call for any reservations on the part of the Gabon delegation. His delegation felt somewhat concerned about the proposed new Article 102 extending to malaria measures that were already in effect against yellow fever, because it considered that some States would not be in a position to put such measures into effect. Disinsection of aircraft raised no problem, but the systematic disinsection just before the time of sailing of ships leaving ports that were free from Aedes aegypti would undoubtedly tax the health services of countries still affected by malaria. Countries concerned, particularly those on the African coast which had only small port health services, should carefully consider the proposed new Article 102 before undertaking any formal engagement. The subject was so important that several countries, including Gabon, might put forward reservations within the stipulated time-limit even though they fully recognized the need for such measures.

Apart from that comment on the substance, he supported the amendment proposed by the New Zealand delegate, namely that "or" should be substituted for "and" in the last phrase of paragraph 2 of Article 102.

(For continuation of discussion, see minutes of the fourth meeting, section 2.)

The meeting rose at 4.30 p.m.
1. URGES governments undertaking pre-eradication programmes to give priority to the country-wide development of a network of rural health services to sustain the malaria eradication programme;

2. URGES international agencies and governments providing bilateral assistance to give priority support to meet the extensive [material] needs of such programmes, particularly in the training of personnel and the provision of supplies;

3. REQUESTS the Director-General to bring up to date his report on the financial part of the study of the malaria eradication programme carried out in accordance with paragraph 4 of resolution WHA16.23, for submission to a future Health Assembly, bringing out the need for continued assistance from WHO during the maintenance phase of malaria eradication programmes;

4a. Requests the Director-General to increase the amount of the budget for research with a view to intensifying investigations for determining the means of fully interrupting the transmission of malaria in problem areas;

4b. URGES governments of countries which have reached an advanced stage in their malaria eradication programmes to take steps to [stimulate] encourage or ensure the collaboration of all medical and health personnel in vigilance against the re-establishment of the disease; and

5. URGES governments of countries in formerly malarious areas to take steps to ensure adequate teaching on both the clinical and public health aspects of malaria in all schools of medicine and public health.

Preamble

Professor Pesonen (Finland) said that, while most of the amendments proposed were acceptable to his delegation, it could not agree to the suggestion put forward by the delegate of Italy that the fourth paragraph of the preamble should be deleted. In the light of the explanation given by the Secretary of the Committee at the previous meeting and in view of his own opinion that research could be intensified without necessarily incurring additional cost, he favoured the retention of the paragraph as originally drafted.

There being no further comments, it was agreed that the fourth paragraph should be retained.

The Secretary reminded the Committee that the deletion of the word “material” and the addition of the words “particularly in the training of personnel” and “the provision of supplies” had been accepted by the Committee at its previous meeting.

Operative paragraph 2

The Secretary reminded the Committee that the amendment to the paragraph had been proposed by the delegation of India and accepted by the delegation of Romania in place of its own amendment.

There being no comments, the amendment was approved.

Operative paragraph 4a

The Secretary said that paragraph 4a was an addition proposed by the delegation of Italy.

There being no comments, the paragraph was approved.

Operative paragraph 4b

The Secretary pointed out that, at the suggestion of the delegation of Romania, supported, with slight modification, by the delegation of the Ivory Coast, it was proposed to delete the word “stimulate” and replace it by “encourage or ensure”.

Dr Ayé (Ivory Coast) explained that his delegation, in supporting the amendment, did so since it considered that that wording would imply the active participation of a government in securing the collaboration of its medical and health personnel where necessary—which, although automatically the case in countries with a state health service, would not be so in those where the health services had not been nationalized.

There being no further comment, the amendment was approved.

Operative paragraph 5

The Secretary reminded the Committee that the addition of the word “formerly” had been proposed by the delegation of Spain.

Dr Haque (Pakistan) said that he did not understand the need for the addition of the word “formerly”.

Professor Clavero del Campo (Spain) said that he had proposed the inclusion of the word “formerly” in the paragraph since, in his opinion, countries suffering from malaria would obviously teach malariology in their schools of medicine and institutes of health. The danger was that in formerly malarious
areas, which had since eradicated the disease, malariology would cease to be taught or would be taught only inadequately. Furthermore, his amendment would bring operative paragraph 5 into line with the last paragraph of the preamble, which referred to the danger of re-establishment of the disease.

Dr Giebin (Israel) agreed with the views expressed by the previous speaker, but considered it essential that malariology should be taught even in countries where malaria did not exist. He therefore proposed that the words “urges governments of countries in formerly malarious areas to take steps...” should be replaced by the words “urges governments of all countries to take steps...”.

Dr Fisek (Turkey) suggested that, since in many countries universities were independent bodies and governments could not direct their activities, it would be preferable to rephrase the paragraph to take account of that fact.

The Chairman asked the Committee if it could accept the following version of operative paragraph 5, which would take account of the amendments proposed:

5. URGES the governments of all countries to ensure adequate teaching on both the clinical and public health aspects of malaria and requests the cooperation of universities and schools of medicine and public health in this regard.

The paragraph as amended was approved without further comment.

The Secretary said that, as a result of the approval of paragraph 4a of the revised draft resolution, paragraphs 4a, 4b and 5 should be renumbered 4, 5 and 6.

The Chairman then invited the Committee to approve as a whole the revised draft resolution as amended.

Decision: The revised draft resolution, as amended was approved.1

2. International Quarantine (continued from the third meeting, section 2)

Agenda, 2.7

Consideration of the Thirteenth Report of the Committee on International Quarantine2 (continued)

Agenda, 2.7.1

The Secretary said that the delegation of the United States of America and the delegation of New Zealand had put forward amendments to the proposed new Article 102 of the International Sanitary Regulations (see pages 221 and 222): the amendments proposed by the delegation of the United States of America read as follows:

Paragraph 1: Substitute “arthropod-borne” for “mosquito-borne”

Paragraph 2: Substitute “arthropod-borne” for “mosquito-borne”; after “mosquitos” insert “or arthropods”;

Paragraph 3 to be replaced by the following:

3. The States concerned may accept the disinsection in flight of the parts of the aircraft or of the parts of the ship which during the voyage can be so disinfected.

The amendment proposed by the delegation of New Zealand to paragraph 2 of Article 102 read: Substitute “or it finds” for “and it finds”.

Dr Kennedy (New Zealand) said that his delegation was not convinced of the desirability of the United States amendment and considered that, if the word “arthropod” were substituted for “mosquito”, a number of practical problems would result. In particular, the progress being achieved towards satisfactory “in flight” disinsection would be reversed.

The procedures developed by WHO for the disinsection of aircraft had, to date, been directed entirely at mosquitoes, and culicines and anophelines had been the species primarily involved. If the word “mosquito” were replaced by “arthropod” in Article 102, it would immediately also cover ticks, triatoma, lice, fleas, and even cockroaches and bed-bugs. The aerosol formulations, dosages and times of exposure recommended by the Expert Committee on Insecticides, as well as DDVP vapour, were ineffective against arthropods. More potent compounds would have to be used and that could not be done in the presence of passengers or crew. New procedures would therefore have to be developed, which would take a number of years. Moreover, any procedure that could only be carried out in the absence of passengers and crew would cause delays in the movement of aircraft.

Dr Hudson (United States of America) said that his delegation appreciated the problems involved and would defer to the views expressed by the delegate of New Zealand.

The Secretary, referring to the United States proposed amendment to paragraph 3 of Article 102,
suggested that that paragraph might be reworded along
the following lines:

The States concerned may accept the disinsection in
flight, or in the course of the voyage, of the parts of
the aircraft or of the ship which can be so disinsected.

Dr Hudson (United States of America) said that the
formulation suggested by the Secretary was
acceptable to him.

Dr Haque (Pakistan) asked what methodology the
Organization would suggest when it came to the dis-
insection of a ship, which was a far more difficult
undertaking than that for an aircraft, and who was
going to pay for it.

The Secretary said that it was presumed that the
same methods would apply for ships as for aircraft.
However, the Secretariat could make no further
pronouncement on the matter, since it had had no
experience in the disinsection of ships.

Dr Haque (Pakistan) said that, in that case, he would
suggest that the words "or of the ship" should be
deleted until such time as the Secretariat had been
able to carry out the necessary experiments.

Professor Canaperia (Italy) said that, if he had
understood the intent of Article 102 correctly, the
health authority at the port of entry had the right to
ask for a disinsection certificate and, if it were not
satisfied with the situation, could then proceed with
disinsection. He wished to know, however, how the
health authorities of a given country could possibly
know in which areas of the world transmission of
malaria occurred. He asked if the Organization
planned to initiate a method of notification of such
areas for the information of the countries concerned.

In reply to the Chairman, Dr Hudson (United
States of America) said that his delegation could agree
to the following wording of paragraph 3 of Article 102:

3. The States concerned may accept the dis-
insection in flight of the parts of the aircraft which
can be so disinsected.

Paragraph 3 of Article 102, as thus worded, was
approved.

The Secretary then invited the Committee's
attention to the amendment proposed by the delega-
tion of New Zealand: the replacement of the word
"and" by "or" in the phrase "... and it finds live
mosquitos on board" in paragraph 2 of Article 102.

In the absence of any comment, the amendment
proposed by the delegation of New Zealand was
approved. (For text of the Additional Regulations
containing the amendments approved, see page 235.)

Proposed Amendments to Appendix 4 of the Inter-
national Sanitary Regulations (International Certifi-
cate of Vaccination or Revaccination against
Smallpox)

Agenda, 2.7.2

The Secretary, introducing the item, said that the
Director-General, in accordance with resolution
WHA17.42, had sought the views of Member States
on the amendments that had been proposed to the
International Certificate of Vaccination or Revaccina-
tion against Smallpox by the Committee on Inter-
national Quarantine in its twelfth report. The results
of his inquiry, in a circular letter dated 28 July
1964, were contained in Annex A to document
A18/P&B/6.²

An analysis of the sixty-nine replies which had been
received from Member States showed that thirty-one
favoured the amendment as proposed by the Com-
mittee on International Quarantine in its twelfth
report, twenty-three were against the proposal, six
offered no comment and nine gave a reply which was
equivocal or not easily classifiable. In their replies, a
number of States had urged that steps should be taken
to ensure that only fully potent vaccine was used and
some had suggested that the origin and batch number
should be recorded as for the yellow fever vaccination
certificate.

Following the discussion at the Seventeenth World
Health Assembly, the Director-General had arranged
for field trials of smallpox vaccine to be carried out.
Information on the trials was given in Annex B to
document A18/P&B/6.² The results of the trials under-
taken in India and the United States of America and
by the medical service of the United Nations in Geneva
had been available in time to be submitted to the
Committee on International Quarantine in February
1965. Trial I related to the success rate of repeat
revaccinations carried out one week after an unsuccess-
ful attempt at revaccination: in this trial the success
rate of the first revaccination was found to be greater
than 80 per cent. when freeze-dried vaccine was
used; when liquid vaccine was used there was always
a lower rate of success. The repeat revaccination of
those with unsuccessful results at the first attempt
contributed to an increase of 1-6 per cent. in the
overall success rate.

Trial II, on the success rate of the second of two
insertions of vaccine made on the same arm when
the first insertion was negative, showed that the suc-
cess rate from the first insertion alone ranged from
58.5 per cent. to 91.2 per cent. when freeze-dried

² Unpublished.
vaccine was used and from 1 per cent. to 61.5 per cent. when liquid vaccine was used. The contribution of the second insertion to the overall success rate ranged from 4.7 per cent. to 13 per cent. in the case of freeze-dried vaccine and from 0.5 per cent. to 12.5 per cent. when liquid vaccine was used. In general, a higher percentage of takes was obtained with one insertion of freeze-dried vaccine than with two insertions of lymph vaccine, either simultaneously or a week apart.

The Committee on International Quarantine had reviewed the information given and, in section 97 of its thirteenth report, had listed its findings and recommendations. It noted that the most important factor in obtaining successful vaccination was the use of a potent freeze-dried vaccine and a proper vaccination technique. Freeze-dried vaccines had the distinct advantage of stability over liquid lymph vaccine. The Committee had therefore recommended that the International Certificate of Vaccination or Revaccination against Smallpox should be amended, first, so that only freeze-dried vaccine certified to meet WHO recommended requirements should be used and, secondly, to include a series of additional boxes to record the origin and batch number of the vaccine used.

The amendments proposed to that certificate were:

Appendix 4: International Certificate of Vaccination or Revaccination against Smallpox

After the words "has on the date indicated been vaccinated or revaccinated against smallpox " , insert the words "with a freeze-dried vaccine certified to fulfil the recommended requirements of the World Health Organization ".

After the words " a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée ", insert the words " ci-dessous, avec un vaccin lyophilisé. Il est certifié que ce vaccin répond aux normes recommandées par l'Organisation mondiale de la Santé ".

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Show by &quot;x&quot; whether:</th>
<th>Signature and professional status of vaccinator</th>
<th>Origin and batch No. of vaccine</th>
<th>Approved stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indiquer par « x » s'il s'agit de :</td>
<td>Signature et qualité professionnelle du vaccinateur</td>
<td>Origine du vaccin employé et numéro du lot</td>
<td>Cachet d'authentification</td>
</tr>
<tr>
<td>1a</td>
<td>Primary vaccination performed</td>
<td></td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Read as successful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Revaccination</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Revaccination</td>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

The proposed Additional Regulations also contained the following provisions:

**ARTICLE II**

2. Upon the entry-into force of these Additional Regulations, the form of Certificate of Vaccination or Revaccination against Smallpox set forth in Appendix 4 of the International Sanitary Regulations may continue to be issued until the first day of January 1967. A certificate of vaccination so issued shall thereafter continue to be valid for the period for which it was previously valid.

**ARTICLE III**

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

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the Regulations. However, formal rejections or reservations would have little, if any, practical effect since States rejecting the amendment would still need to issue an amended certificate for residents undertaking an international voyage in order to meet the requirements of other countries.

Dr Habernoll (Federal Republic of Germany) said that the views of his Government on the proposed amendment to Appendix 4 had been formally notified to the Organization. Furthermore, since it was difficult to determine the precise reasons for the importation of smallpox into an area which had hitherto been free of the disease, and in the light of the potency of the freeze-dried vaccine, he was of the opinion that the International Certificate of Vaccination or Revaccination against Smallpox should be amended to prescribe its use.

Professor Macúch (Czechoslovakia) said that his delegation was in agreement with the proposals put forward by the Committee on International Quarantine in its thirteenth report 1 and supported the requirement that the International Certificate of Vaccination should be obligatory for all categories of people irrespective of the passport they held. In Czechoslovakia there had been instances of people with diplomatic passports refusing to submit an International Certificate of Vaccination to the competent authorities. The Ministry of Foreign Affairs had therefore been asked to inform all diplomatic missions in Czechoslovakia that it was obligatory, even for people who held a diplomatic passport, to show an International Certificate of Vaccination to the competent authorities, when required to do so.

As far as the form of the Certificate itself was concerned, some consideration should be given to the fact that often it did not record the results of the primary vaccination, only the date of revaccination. Furthermore, the term “revaccination” could lead to error—if, for example, the doctor vaccinating were not well versed in the requirements of the International Sanitary Regulations. It would therefore be useful if the following statement could be included in the International Certificate of Vaccination: “Revaccination shall only be considered to have taken place when a vaccination is effected three years after the primary vaccination or after any subsequent revaccination.”

Dr Scorzelli (Brazil) said that the International Certificate of Vaccination or Revaccination against Smallpox, which was required on international journeys, merely constituted an additional requirement, since the prevention of the disease was really ensured by what each country had been able to achieve within its own territory. Nevertheless, in accordance with Article 83 of the International Sanitary Regulations, a certificate could be required by any country which so desired.

The proposed new form of the International Certificate of Vaccination required the use of freeze-dried vaccine, but did not call for any change in the technique of revaccination. The Brazilian delegation agreed with the proposed amended form of the Certificate, but could not understand why the existing one should continue to be used until 1 January 1967, since it made no mention of the origin or of the batch number of the vaccine—information which was indispensable.

Dr Popescu (Romania) said that the discussion resulting from the circular letter of 28 July 1964 was evidence of the importance that national health authorities attached to measures for protection against smallpox. The International Certificate of Vaccination was an extremely important means of protection, but however much the Certificate was perfected, nothing could be achieved without the direct intervention of national health authorities, who must lay down strict requirements. Regardless, therefore, of the type of certificate agreed upon, the national health authorities must be urged to ensure that vaccinations were properly supervised so that the information entered on the certificate concerning immunity from smallpox could be relied upon.

Passengers should not be allowed to leave infected regions without proof of immunization, whatever the method used.

Subject to the observations he had made, the Romanian delegation endorsed the new draft International Certificate.

With regard to the draft resolution on Additions to the International Sanitary Regulations, he suggested that paragraph 2 of Article II should be transposed to the end of Article IV.

Dr Boniche Vásquez (Nicaragua) drew attention to the problem caused by people who travelled without vaccination certificates, particularly those with diplomatic passports. It was important not only that a certificate should be produced, but that it should be possible to check that the holder really had been vaccinated. It would be useful if it could be made possible for the vaccination scar to be examined.

Dr Webb (Australia) expressed great satisfaction with the two reports under consideration and with the fact that they had been circulated well in advance of the present session of the Assembly. At the thirteenth meeting of the International Committee on Quaran-

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tine, the Director-General had drawn attention to the special importance of the agenda item on the revision of the International Certificate. The Australian delegation at the Seventeenth World Health Assembly had expressed the opinion that because of its wide use it would be unwise to alter the Certificate unless it was certain that no further alteration would be needed subsequently. In his introduction to the item under discussion, the Secretary had pointed out that formal reservations to the amended Certificate would have little practical effect, since the countries making them would still have to issue the Certificate for nationals travelling to other countries.

The Australian delegation was essentially in favour of the proposed amendments, particularly the addition of the space for “Origin and batch number of vaccine”. If, however, as appeared likely, the size of the Certificate remained unchanged, some countries might find the space now provided for “approved stamp” rather limited.

On the question of freeze-dried vaccine, he entirely agreed with the conclusions that had been reached as a result of the trials, but had the following points to make.

First, smallpox vaccination trials showed that the small additional percentage of protected people did not justify the adoption of a procedure for revaccination after seven days, owing to the practical difficulties for physicians and travellers. Secondly, with potent vaccines, two simultaneous injections were not necessary for successful immunization. Thirdly, the most important factor in obtaining successful vaccination was the use of potent vaccine and proper vaccination techniques. Moreover, freeze-dried vaccine was more stable than liquid vaccine, especially in tropical and sub-tropical countries where smallpox was endemic. However, although freeze-dried vaccine was best for eradication programmes, liquid vaccine had been proved to remain potent and stable on carriage in a variety of climatic conditions and had a long history of freedom from complications. In Australia, liquid vaccine had been used with less than one case of encephalitis per million. Australia produced a certain amount of freeze-dried vaccine and could probably produce it in bulk by 1967, but he saw no reason for dispensing with a vaccine of proven value which complied with WHO standards. Moreover, the smallest quantity in which freeze-dried vaccine was supplied was for five people, so that there would be waste where only one or two were to be immunized.

Lastly, he drew attention to the following amendments proposed by his delegation to the text submitted by the Committee on International Quarantine: in the first line of the certification the words “freeze-dried” to be deleted; the French version to be amended to read: “...ci-dessous avec un vaccin certifié conforme aux normes recommandées par l'Organisation mondiale de la Santé”. He stressed that the amendments were not related to the smallpox eradication programme which was to be discussed under agenda item 2.5, for he agreed that freeze-dried vaccine was most suitable for eradication campaigns.

Dr Molitor (Luxembourg) suggested that the term “Approved stamp” in the last column of the International Certificate was misunderstood by many doctors, who thought that they had to place their own stamp on the certificate. Passengers often travelled with certificates overcrowded with stamps which were not the ones required by the regulations. The difficulty might be resolved if the term were replaced by, for example, “Stamp of competent health authority”.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) said that he disagreed with much of what had been said and much of what was contained in the documents. The amendment proposed by the delegation of Australia was entirely justified. The evidence collected from Trial I was by no means invariably in favour of freeze-dried vaccine. It was true that freeze-dried vaccine was better in large campaigns, because of its stability in transport and storage; but that was not so for travellers, who were usually vaccinated individually by their own doctors or at vaccination centres. Liquid vaccine had been used with great success in the United Kingdom, an example being the repeat vaccination of a group of people from a country with endemic smallpox where they had been vaccinated unsuccessfully. The reliability of freeze-dried vaccine depended on strict observance of the requirements for use and storage; it was excellent for large-scale vaccination but had to be used within three hours of reconstitution. It was used in the United Kingdom as part of emergency reserves. Otherwise the United Kingdom relied on liquid vaccine. It would be unreasonable to exclude liquid vaccine from use in connexion with the International Certificate of Vaccination.

He was disappointed at the situation regarding the International Certificate. Recommendations had been made in the previous year’s report to improve its quality as evidence of individual protection. The proposed new draft was far from providing such proof, which could be provided satisfactorily only by positive results recorded by a competent observer. The majority of replies to the Director-General’s circular letter had been in favour of the form of certificate suggested in 1964. He was disappointed that so little progress had been made in safeguards against the import of smallpox into smallpox-free countries. He
supported the amendment proposed by the Australian delegation.

Dr DoLo (Mali) said that he would prefer the words "freeze-dried" to be deleted from the International Certificate, although a supply donated by WHO had been used with satisfactory results. The West African countries had always used liquid vaccine. It would be difficult if they were obliged to use freeze-dried, because it was very expensive to import and they were not equipped to produce it themselves.

Professor Senault (France) said that he could see four adverse effects of insisting on the exclusive use of freeze-dried vaccine. First, there was a danger of world supplies decreasing unduly, seeing that it was not produced by every country. Secondly, the high price of freeze-dried vaccine, which had already been referred to, was a disadvantage in a product that would have to be widely used. Thirdly, the difficulties of the developing countries would only be increased. Fourthly, he wondered whether a requirement for the sole use of freeze-dried vaccine was not an unnecessary complication, since countries with temperate or cold climates had no problems with the liquid vaccine.

For the reasons indicated, the French delegation supported the amendment proposed by the delegation of Australia (see page 239). The adoption of a single freeze-dried vaccine would reduce the means by which smallpox was being combated. Moreover there had yet to be some official pronouncement on the superiority of freeze-dried vaccine. Liquid vaccine properly used gave fairly satisfactory results; it had been used in France for many years. Freeze-dried vaccine misused might produce bad results; it was not therefore the final solution to the problem.

He therefore supported the amendment proposed by the delegation of Australia but suggested that the words "liquid or freeze-dried" should be inserted before the word "vaccine", with a footnote to delete whichever was not applicable.

Dr Cuenco (Philippines) supported the proposed amendment to Appendix 4 of the International Sanitary Regulations. The Director-General was to be commended on his careful study of the earlier proposals and the Committee on International Quarantine on having withdrawn its proposals when it was found that they did not produce the desired effect.

He supported the new proposal by the Committee on International Quarantine to adopt freeze-dried vaccine, because it had been proved to be better than the liquid vaccine. It was easier to transport and could be kept for longer periods without losing its potency. His country was not yet producing freeze-dried vaccine but hoped to be able to start production in the near future.

Dr Tottie (Sweden) said that the discussion had turned on two main questions. The first was the type of vaccine to be used. In his opinion, the important requirement was that the vaccine used should comply with the standards prescribed by WHO and should be of the correct potency. He endorsed the amendment proposed by the delegation of Australia.

The second point concerned the results of revaccination. Despite the discussion at the Seventeenth World Health Assembly and the reports from Member States, he agreed with the delegate of the United Kingdom of Great Britain and Northern Ireland that there had not been much progress in preventing the movement of the smallpox virus through travel. If it were not possible to ensure administrative arrangements for reading the results of revaccination, WHO should at least state that the reading should, if possible, be part of any revaccination procedure.

Dr Charles (Trinidad and Tobago) agreed with the comments made by the delegates of Luxembourg, of Australia and the United Kingdom. He hoped that the Committee would take note of their suggestions.

Dr Benyakhlef (Morocco) opposed the suggested amendments to the International Certificate and was not in favour of the exclusive use of freeze-dried vaccine. Thanks to a four-year plan, using non-freeze-dried vaccine, Morocco had had no cases of smallpox since 1952.

People travelling from Morocco to Europe, however, were required to carry a certificate. To avoid the difficulties and complications that would result from modifying the regulations, he proposed that the modification should not be pursued and that existing formalities should be waived for travellers from Morocco in view of the absence of smallpox in his country since 1952.

Dr Keita (Guinea) supported the amendment proposed by the delegation of Australia. Guinea had produced dry glycerinated vaccine but had ceased because of plans to establish a centre for preparing freeze-dried vaccine. From the limited experience gained, however, the two vaccines seemed to be of equal value, the only problem being storage. Freeze-dried vaccine was practical in tropical and equatorial regions, because it was easy to transport and store. Dry glycerinated vaccine was harder to transport in Guinea and eventually freeze-dried vaccine would undoubtedly be used.

The financial aspect was important since with extensive eradication programmes it was important to reach
the greatest possible number of people. Restriction to the use of freeze-dried vaccine would therefore be inhibiting.

Freeze-dried vaccine was undoubtedly the product of the future, but in countries where storage was not a problem, glycerinated vaccine could be used for many years to come.

Professor UGARTE (Chile) said that the same attention should be given to the practical aspects as to the technical aspects of the problem. Chile exercised a strict control of all international passengers, as did most other Latin-American countries and the United States of America. On his journey to Geneva, however, he had stopped in Portugal and Spain without being required to show a certificate of vaccination. States should be urged to comply with international requirements, otherwise international co-operation could never be achieved.

Dr. SAUTER (Switzerland) said that he too supported the amendment proposed by the delegation of Australia. He would not deny the advantages of freeze-dried vaccine, but its general use would entail certain difficulties, particularly in countries where smallpox vaccinations were carried out by medical practitioners and not solely at special vaccination centres. Freeze-dried vaccine was supplied to medical practitioners in quantities of ten or even 100 doses and it had to be used within three hours of reconstitution. Liquid vaccine was much more suitable for the medical practitioners who normally gave vaccinations singly. The proposal to restrict the number of people authorized to vaccinate international travellers would certainly help in the use of freeze-dried vaccine, but in his opinion it would be unwise to exclude the medical profession from carrying out smallpox immunization. If medical practitioners lost the routine technique of vaccination there could be serious consequences in the event of an epidemic, when vast numbers of people would have to be vaccinated.

Dr. AMMUNSEN (Denmark) endorsed the views of the delegates who had spoken in favour of the amendment proposed by the delegation of Australia. While excellent results had undoubtedly been achieved with freeze-dried vaccine, in many cases the best results had been obtained with liquid vaccine which, as the delegate of the United Kingdom had pointed out, was easier to handle where only few vaccinations were required. She supported the amendment proposed by the delegation of Australia, which was justified for practical reasons.

Dr. SCHINDL (Austria) supported the proposal of the delegation of Australia to delete the words "freeze-dried ".

In Austria, liquid vaccine only was used; its use was compulsory by law, and it had been found to give very good results. He drew attention to his Government's reply to the inquiry made by the circular letter of 28 July 1964, to the effect that it feared that the regulation that there should be no control of the result of a revaccination if two inoculations were given at the same time would greatly diminish the success of the new method. The system of giving two inoculations at the same time had not yet proved to have the same results as the normal system of vaccination, control and revaccination. His Government had suggested that in the case of revaccination the initial period of validity should be limited to eight days, and that thereafter, if a successful reading could be made between the sixth and the eighth day, or if further revaccination was carried out, the validity should extend for a period of three years. In exceptional cases, confirmation of successful vaccination or—if necessary—revaccination could be given abroad. The demand that vaccinations be carried out exclusively by public health authorities would raise insurmountable difficulties in Austria, and probably in other countries.

Dr. DE SILVA (Ceylon) said that Ceylon had been free from smallpox for a number of years, but visitors entered the country daily from neighbouring countries in which the disease was endemic and cases had been imported from time to time. Liquid vaccine was used in his country and had been found to be quite potent and to give satisfactory results. Limited use had also been made of freeze-dried vaccine received as a gift from WHO. While its superiority to liquid vaccine was appreciated, his delegation did not consider that its use should be insisted upon in the case of international travellers; it therefore supported the amendment proposed by the delegation of Australia.

Dr. QUIRÓS (Peru) supported the proposal of the delegation of Australia. He considered that further study should be given to the practical aspects of the problem, as indicated by the delegate of Chile. His country, like many others, had long frontier areas covered by jungle, where it was very difficult to apply the regulations, particularly to the nomadic populations. He consequently proposed that the Committee on International Quarantine should study the question in detail and determine over what proportion of the total of international travellers it was possible to exercise control.
Dr Haque (Pakistan) recalled that in 1964, after a number of cases of smallpox had occurred in Europe, the countries concerned had been very anxious that something should be done to protect them from the disease and the Expert Committee on Smallpox had accordingly made its recommendations. On the initiative of the United States delegation the Organization had been asked to go further into the question in an attempt to avoid the cumbersome procedure of requiring people who had been vaccinated to attend for re-examination after six days.

Experience since that time had shown the freeze-dried vaccine to be vastly superior to liquid vaccine. The vaccination programme in East Pakistan had been carried out with freeze-dried vaccine. Fifty-five million vaccinations had been carried out, and although Pakistan was at that time in the seventh year of its six- to seven-year cycle, only forty-three cases had been recorded. Cases of smallpox had occurred in a neighbouring country where the liquid vaccine had been used, but in spite of a considerable movement of people between the two countries, no secondary cases had occurred in East Pakistan. He failed to understand how, as had happened in parts of Europe, secondary cases could have occurred in countries that used the liquid vaccine, if that vaccine was sufficiently potent.

In West Pakistan, where vaccination by liquid vaccine had been carried out, 80 per cent. of those vaccinated showed a vaccination mark, but some six to seven hundred cases had nevertheless occurred.

He considered that the use of freeze-dried vaccine was very important, particularly for the protection of those countries where eradication of the disease had already taken place. It had the advantage of remaining stable for a very long period. Even some European countries had a hot summer climate, and it could not be proved that individual doctors kept their stocks of vaccine under refrigeration. In a number of persons who had travelled from those countries to Pakistan and who had been vaccinated during a smallpox outbreak in Karachi the vaccination had taken place.

The chief argument advanced against the use of freeze-dried vaccine was its cost, but he had been informed that that represented chiefly the cost of packing. The financial difficulty involved was greater for developing countries, and he could not understand why European countries could not, for the sake of uniformity, use the freeze-dried vaccine.

He referred to the problem of ensuring that people were prevented from obtaining a vaccination certificate without in fact having been vaccinated, and said that the use of freeze-dried vaccine with a batch number would facilitate control.

Many countries had allowed individual doctors and companies to use their own stamps on certificates. It would be advisable for the stamp used by them to be the official stamp of the government concerned, to facilitate checking by the quarantine officials of other countries.

Dr Layton (Canada) supported the proposal made by the delegation of Australia.

Dr Lekie (Democratic Republic of the Congo) said that his country was one of those where the question of control was of vital importance, and he had therefore been following the debate with great interest. It was at present producing and using liquid vaccine with good results, but found it difficult to fulfil all its needs. His delegation fully supported the amendment proposed by the delegation of Australia.

Dr Adesuvi (Nigeria) said that his country had had limited experience in the manufacture of both types of vaccine, and freeze-dried vaccine had been found to cost approximately eight times as much as liquid vaccine, which was entirely satisfactory in areas where long distances of transportation and long periods of storage were not involved. He therefore supported the amendment proposed by the delegation of Australia.

Dr Fışek (Turkey) said that liquid vaccine had been used for many years in Turkey, with satisfactory results. Smallpox was not endemic, all cases that had occurred having been either imported or induced by imported cases. The last case had been in 1948. Although from a domestic point of view the liquid vaccine was satisfactory, the position of other countries must be taken into account, and he found himself unable to support the proposal of the delegation of Australia. The study carried out in India had demonstrated that the freeze-dried vaccine was vastly superior to liquid vaccine. From the public health standpoint a differentiation could not be made between imported cases and others, and a universal solution should be adopted.

The delegate of Mali had mentioned the high cost of the dried vaccine, but he pointed out that the cost of vaccination to an intending traveller was trivial in relation to his total travelling expenses. His delegation would vote for the retention of the text proposed by the Committee on International Quarantine.

Dr Biemans (Rwanda) fully supported the proposal of the delegate of Luxembourg that the words “Approved stamp” be amended to read “Stamp of the health authority”. Officials in many airports often made indiscriminate use of various types of stamp.

Referring to the remarks of the delegate of the United Kingdom of Great Britain and Northern
Ireland concerning the need for using freeze-dried vaccine within three hours of reconstitution, he said that freeze-dried vaccine produced by a British firm and used in his country had still proved to be effective one month after reconstitution, when kept in the freezing compartment of a refrigerator. He considered it an improvement on the older type of vaccine.

He supported the French amendment to the proposal of the delegation of Australia. That suggestion would enable existing stocks of liquid vaccine to be used, while at the same time making possible the wider use of freeze-dried vaccine.

Dr Novgorodcev (Union of Soviet Socialist Republics) supported the amendment proposed by the delegation of Australia. Freeze-dried vaccine was not available in all countries, and liquid vaccine had been found to be quite satisfactory.

As long as smallpox continued to exist anywhere in the world, there was a danger of its being introduced into any country, and appropriate quarantine measures must be taken to prevent it. His Government had been alarmed to find that passengers had often arrived in the Soviet Union in possession of vaccination certificates when they had not in fact been vaccinated. He supported the proposal that had been made by some delegates to the effect that there should be a uniform type of stamp, which should be distributed by the Organization to all countries.

The Secretary said that, as had been indicated, the subject had first been raised in 1963 because many countries that had freed themselves from smallpox had begun to import cases. Those countries had not been satisfied that the protection afforded by the existing international certificate of vaccination or revaccination was effective. The problem had been studied by the Expert Committee on Smallpox and by the Committee on International Quarantine at its twelfth and thirteenth sessions, and some of the points raised by delegates had been discussed.

Smallpox was still endemic in some tropical areas of Asia, Africa and Latin America. As had been proved by sample surveys undertaken in tropical countries, even the most highly potent liquid vaccine did not retain its potency when used in those areas, unless suitable refrigerated conditions were provided for its transport. The better effectiveness of the freeze-dried vaccine had been proved, both for use in eradication programmes and for preventing the export of smallpox. In reply to the question raised by the delegate of France, he confirmed that the liquid vaccine used in trials had been of certified quality. It was for the Committee to decide what action should be taken.

It would not be possible to enforce the use of freeze-dried vaccine in one place and not in another; a uniform application that could achieve uniform results was necessary.

Replying to the question of why a period of one-and-a-half years had been allowed before the coming into effect of the revised certificate, he said that 1 January 1967 had been the date proposed by the Committee on International Quarantine because it had considered that governments would need sufficient notice of the change to enable them to arrange for the availability of freeze-dried vaccine. It would also allow existing stocks of vaccination certificates to be used up and give time for new forms to be printed and distributed.

The question regarding the approved stamp had been considered several times by the Committee on International Quarantine. It was of course desirable to have a uniform stamp, but the Committee on International Quarantine had considered that it was for national authorities to undertake and enforce uniformity in their own territories.

Suggested amendments had been made by the delegates of France and Czechoslovakia, but it was not clear whether they were intended as formal proposals. The Committee on International Quarantine had discussed the point that had been raised by the delegate of Czechoslovakia but had not made a recommendation for it. The Committee had before it the formal amendment proposed by the delegation of Australia.

Dr Webb (Australia) said that his delegation would be prepared to accept the suggestion made by the delegate of France (see page 230). The relevant passage in the International Certificate of Vaccination or Revaccination against Smallpox would then read:

... has on the date indicated been vaccinated or revaccinated against smallpox with a freeze-dried or liquid vaccine certified to fulfil the recommended requirements of the World Health Organization.

Dr Fışek (Turkey) opposed that proposal.

Dr Kivits (Belgium) supported the amendment proposed by the delegation of Australia as amended by the delegate of France. He considered, however, that a footnote would be necessary to the effect that an indication should be given of the type of vaccine that had been used.

Dr Benyakhlef (Morocco) said that in the amended French text, the words “Il est certifié que ce vaccin répond aux normes” seemed to imply that it was the user who certified the vaccine. He therefore proposed the following amended text for the relevant passage in
the International Certificate of Vaccination or Revaccination against Smallpox:

a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée ci-dessous avec un vaccin certifié conforme aux normes recommandées par l'Organisation mondiale de la Santé.

The Chairman put to the vote the amendment proposed by the delegation of Australia, as amended by the delegate of France.

Decision: The amendment was adopted by 81 votes to 3, with 4 abstentions.

The Chairman said that the resolution containing the amendment would be placed before the Committee at its next meeting (see page 235).

Extension of Maximum Validity of the International Certificate of Vaccination or Revaccination against Yellow Fever

Agenda, 2.7.3

The Secretary, introducing the item, said that information was given in document A18/P&B/12 to the effect that recent studies on the subject of the duration of immunity following vaccination or revaccination against yellow fever had shown that the immunity lasted for a much longer period than the six years provided for in the Regulations. As a result of consultations by correspondence with members of the Expert Advisory Panel on Yellow Fever it had been proposed that the validity period be extended to ten years. The proposal had received the unanimous support of the experts consulted, and a similar proposal had been received from the Government of the United States of America. The Director-General had also consulted a number of Member States and had been assured of their agreement. The full results of the consultations had unfortunately not been available when the Committee on International Quarantine had met in February 1965. In view of the fact that there appeared to be technical justification and wide support for the change, the proposal had been brought before the Committee for its consideration.

Dr Ferreira (Brazil) said that his delegation wholeheartedly supported the proposed change. Long before vaccination against the disease had begun, the epidemiological evidence had suggested that a person having had yellow fever never suffered a second attack, and the only reason why vaccination had been used extensively as a prophylactic measure in his country had been to prevent the reintroduction of jungle yellow fever into the cities.

The Secretary read out the following revised text which would, if approved, be included in an overall resolution (see page 235) with all the items so far discussed and would appear in the revised text of the International Certificate of Vaccination or Revaccination against Yellow Fever.

1. The period of validity of an International Certificate of Vaccination or Revaccination against Yellow Fever issued before the entry into force of these Additional Regulations is hereby extended from six years to ten years.

Decision: The revised text was approved.

The meeting rose at 12.30 p.m.

FIFTH MEETING
Tuesday, 11 May 1965, at 2.30 p.m.
Chairman: Dr A. L. Mudaliar (India)

1. International Quarantine (continued)

Agenda, 2.7

Consideration of the Thirteenth Report of the Committee on International Quarantine (continued)

Agenda, 2.7.1

At the request of the Chairman, Dr Vovor (Togo), Rapporteur, read out the following text of the draft resolution on international quarantine:

The Eighteenth World Health Assembly,

Having considered the thirteenth report of the Committee on International Quarantine,

1. thanks the members of the Committee for their work; and
2. adopts the thirteenth report of the Committee on International Quarantine.

Decision: The draft resolution was approved unanimously.

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3 Transmitted to the Health Assembly in section 2 of the Committee's first report and adopted as resolution WHA18.4.
The CHAIRMAN requested the Secretary to read out the revised draft resolution on the Additional Regulations of ... May 1965, amending the International Sanitary Regulations, in particular with respect to disinsecting of ships and aircraft, and Appendices 3 and 4 (Forms of the International Certificates of Vaccination or Revaccination against Yellow Fever and against Smallpox).

Dr KAUL, Assistant Director-General, Secretary, said the draft resolution embodied the additional regulations approved at the previous meeting. He read out the draft resolution as follows:

The Eighteenth World Health Assembly,
Considering the need for the amendment of certain of the provisions of the International Sanitary Regulations;
Having regard to Articles (2k), 21(a) and 22 of the Constitution of the World Health Organization,
ADOPTS, this ... May 1965, the following Additional Regulations:

**ARTICLE I**

In the following articles and in Appendices 3 and 4 of the International Sanitary Regulations, there shall be made the amendments listed below:

*Article 73*
(The English text remains unchanged.)

*Article 96*
In paragraph 1, after the words "shall ascertain the state of health on board, and ", insert the words: " except when a health administration does not require it ".
In paragraph 2, delete the word " further ".

*Article 97*
In paragraph 2, delete the word " further ".

*Article 102* (deleted by the Additional Regulations

Insert as a new Article 102 the following:

1. Every ship or aircraft leaving a local area where transmission of malaria or other mosquito-borne disease is occurring, or where insecticide resistant mosquito vectors of disease are present, shall be disinsected under the control of the health authority as near as possible to the time of its departure but in sufficient time to avoid delaying such departure.
2. On arrival in an area where malaria or other mosquito-borne disease could develop from imported vectors, the ship or aircraft mentioned in paragraph 1 of this Article may be disinsected if the health authority is not satisfied with the disinsection carried out in accordance with paragraph 1 of this Article or if it finds live mosquitoes on board.
3. The States concerned may accept the disinsection in flight of the parts of the aircraft which can be so disinsected.

*Article 105*
In paragraph 1(j), delete the words " except paragraph 2 of Article XVII ".

*Appendix 3: International Certificate of Vaccination or Revaccination against Yellow Fever*

After the words " The validity of this certificate shall extend for a period of ", delete the words " six years " and insert the words " ten years ".
After the words " within such period of ", delete the words " six years " and insert the words " ten years ".
After the words " La validité de ce certificat couvre une période de ", delete the words " six ans " and insert the words " dix ans ".
After the words " au cours de cette période de ", delete the words " six ans " and insert the words " dix ans ".

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

After the words " has on the date indicated been vaccinated or revaccinated against smallpox ", insert the words " with a freeze-dried or liquid vaccine certified to fulfil the recommended requirements of the World Health Organization."
After the words " a été vacciné(e) ou revacciné(e) contre la variole à la date indiquée ", insert the words " ci-dessous, avec un vaccin lyophilisé ou liquide certifié conforme aux normes recommandées par l'Organisation mondiale de la Santé."
Delete the " box " in this Appendix and replace by:

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<th>Date</th>
<th>Show by &quot; × &quot; whether:</th>
<th>Signature and professional status of vaccinator</th>
<th>Origin and batch No. of vaccine</th>
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<td></td>
<td>Indiquer par « × » s'il s'agit de:</td>
<td>Signature et titre du vaccinateur</td>
<td>Origine du vaccin et numéro du lot</td>
<td>Cachet d'authentification</td>
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<tr>
<td>1a</td>
<td>Primary vaccination performed</td>
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ARTICLE II

1. The period of validity of an International Certificate of Vaccination or Revaccination against Yellow Fever issued before the entry into force of these Additional Regulations is hereby extended from six years to ten years.

2. Upon the entry-into-force of these Additional Regulations, the form of Certificate of Vaccination or Revaccination against Smallpox set forth in Appendix 4 of the International Sanitary Regulations may continue to be issued until the first day of January 1967. A certificate of vaccination so issued shall thereafter continue to be valid for the period for which it was previously valid.

ARTICLE III

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

ARTICLE IV

These Additional Regulations shall come into force on the first day of January 1966.

ARTICLE V

The following final provisions of the International Sanitary Regulations shall apply to these Additional Regulations:

- Paragraphs 2 to 6 of 107, 108 and paragraph 2 of 109, substituting the date mentioned in Article IV of these Additional Regulations for that mentioned therein, 110 to 113 inclusive.

IN FAITH WHEREOF we have set our hands at Geneva this ... day of May 1965.

President of the
Eighteenth World Health Assembly

Director-General of the World Health Organization

Decision: The draft resolution was approved unanimously.¹

2. Joint FAO/WHO Food Standards Programme (Codex Alimentarius)

Dr Turbott, representative of the Executive Board, introducing the item, said that the Seventeenth World Health Assembly had discussed the question of including a proportion of the costs of the Joint FAO/WHO Food Standards Programme in the regular budget, but had decided to refer the question of the financial consequences to the Executive Board. The Director-General, in his report² to the thirty-fifth session of the Board, had shown that the financial implications for WHO in 1966 would amount to $620,000.

The Codex Alimentarius Commission was often concerned primarily with fair practices in food trade and the removal of impediments to international food trade; that lay outside the special province of WHO. The Commission's work, however, also had health aspects in the fields of nutrition, food safety and food hygiene. In particular, the assurance of safety in the use of chemicals, either as direct food additives or as aids to agricultural protection, was of interest to WHO. The same applied to the whole area of food hygiene. For many years, WHO had been concerned with the problems of food additives and food hygiene, where appropriate in close collaboration with FAO. Those problems had been given high priority in the Codex programme.

The Board was firmly of the opinion that the matters covered in the programme were important; but as there was no provision for the programme in the proposed budget for 1966, the discussion had centred on the financial implications. The Health Assembly had already decided that WHO should participate in the work and that it was essential for it to do so. Reference to the minutes of the thirty-fifth session of the Board³ would show how hesitant some members had been over the dilemma: the Health Assembly wanted to participate, but was not sure that its share should be paid by way of the regular budget. The final decision had been that the costs of WHO's share of the programme should be included in the regular budget. To avoid increasing assessments on Members, the Board had decided to increase the use of casual income for 1966 to cover that new item. The decision had not been taken lightly and had finally found solid support. The actual voting had been eighteen votes to none for the proposal, with four abstentions. The Executive Board, therefore, had recommended approval of the proposal that the cost of WHO's share of the Joint FAO/WHO Food Standards Programme should be provided for in the regular budget of the Organization, beginning with the financial year 1966.

Dr Grundy, Assistant Director-General, drew the attention of the Committee to the contents of Annex 16 to Official Records No. 140. Paragraphs 2 to 6 of that annex gave an account of the work done at the second session of the Joint FAO/WHO Codex Alimentarius Commission. Paragraph 4 referred to the establishment of an Advisory Group for Europe, and paragraph 5 referred to the establishment of a Co-
ordinating Committee for Europe. Paragraph 7 contained the resolution adopted on the method of financing the Joint FAO/WHO Food Standards Programme from 1 January 1966 onwards, in which the Directors-General of WHO and FAO were requested to bring the resolution to the attention of the thirteenth session of the FAO Conference and the thirty-fifth session of the Executive Board of WHO as well as the Eighteenth World Health Assembly.

The Appendix to Annex 16 gave details of the proposed apportionment between FAO and WHO of costs of the Joint office for the Food Standards Programme. It would be seen that it was envisaged that WHO should bear 20 per cent. of the costs of the Joint Central Office for the Food Standards Programme, with the exception of four items. Duty travel of central office staff, and travel of interpreters would be borne entirely by FAO; and the cost of translation and printing of documents for meetings, and the cost of the meeting of the Codex Alimentarius Commission, would be borne equally by the two agencies. WHO's portion of the costs of this part of the programme amounted to $26,540.

In section 2 of the Appendix to Annex 16, other expenditure under the heading of Personal Services and related duty travel for which WHO would be responsible was shown to amount to $35,460. Footnote 2 to the Appendix showed the number of new WHO posts required to service the programme.

The Finance and Program Committees of FAO had recently held a joint meeting at which proposals on the financing of the programme had been approved for submission to the thirteenth session of the FAO Conference. He thought that the following three extracts from the report of the joint meeting of the FAO Finance and Program Committees might interest delegates:

The Committees noted that following the recommendation of the twelfth session of the Conference, the Director-General, in close co-operation with the Director-General of WHO, had studied the minimum costs involved in the programme of work proposed by the Joint FAO/WHO Codex Alimentarius Commission and its Executive Committee and made a total provision of $236,200. The apportionment of expenditure between the two organizations had been worked out on the basis of actual costs in two previous years and approved by the Codex Alimentarius Commission.

The Committees considered that in view of the importance of the Programme the increases proposed for the FAO budget for 1966-67 were justified.

Dr Daeleen (Federal Republic of Germany) said that her delegation welcomed and would support the recommendation contained in resolution EB35.R11, provided the Commission restricted its activities to the protection of the consumer against health hazards and against deception when buying foodstuffs and did not deal with the establishment of trading rates, which should be left to FAO.

Dr Schindl (Austria) thanked the Chairman of the Executive Board and the Assistant Director-General for their clear introductions to the item. His Government supported the resolution and was satisfied that the trust fund of the Codex Alimentarius Commission would come to an end that year. He did not wish to suggest an increase in WHO's share of the programme, but hoped that the Director-General would ensure that the proportion of WHO's interest and influence in the execution of the programme was higher than 1:2, which was the ratio of the cost of the programme to WHO and FAO.

Professor Muntendam (Netherlands) said his delegation was strongly in favour of the resolution, whereby work on the Codex Alimentarius would be financed out of the regular budgets of FAO and WHO and be no longer financially dependent on the food industry. He hoped WHO would actively develop its work in that field.

Dr Ammundsen (Denmark) said her country was interested in the adoption of the draft resolution. The Codex Alimentarius aimed at protecting consumers' health and ensuring fair practice in the food trade. The co-operation of both WHO and FAO was essential to achievement of that aim.

She drew attention to the successful work on the Code of Principles of Milk and Milk Products and Associated Standards, which in some ways was the forerunner of Codex Alimentarius. The work on the Milk Code had been started by the International Dairy Federation. In 1958 it had been taken over by FAO and since 1963 had come under the Joint FAO/WHO Food Standards Programme. So far the Code of Principles, six standards of composition for dairy products, and five methods of analysis, had been elaborated.

She had mentioned milk and milk products to show how important it was not to permit a one-sided development of the Food Standards Programme, neglecting the public health aspects and consumers' interests in general. The preparatory work of Codex Alimentarius was divided between some fifteen Codex committees, all of which needed to be guided and coordinated. WHO should be ready to accept its responsibilities in that matter. WHO's active participation in the Committee on General Principles for Codex Alimentarius was of special importance. Work on
food hygiene in general was also very important. That work was excellently guided by the United States, but she was sure that useful advice could be obtained from the experienced staff of WHO.

Two Codex committees, under the chairmanship of the Netherlands, were carrying out work of special interest to consumers: the establishment of tolerances for pesticides and food additives. Those two committees had found that there was very little information available about the per capita consumption of various foodstuffs. Before acceptable daily intakes could be used for the establishment of tolerances for chemicals in various foodstuffs, information about the daily intake of foodstuffs was essential. Food intake varied from country to country and, within the same country, from person to person. She understood that the two Codex committees were considering whether a short cut might solve the dilemma. They were going to discuss and probably lay down what they called "high daily intake" of various foodstuffs. She felt that WHO had an obligation to co-operate with FAO in providing a basis for the calculation of daily intakes of chemicals in food. Only in that way could WHO follow up the work of the toxicologists and ensure that practical use would be made of scientific data.

The Danish Government had followed the Food Standards Programme with great interest, and had established a Danish National Codex Committee on which all interested parties were represented. It was a heavy burden for a small country to send representatives to all the meetings of all Codex committees. On some occasions, therefore, her Government might have to participate by correspondence. Another way of saving money would be for a group of countries to agree to sending one representative. The Scandinavian countries had adopted that solution in so far as the committee on methods of analysis was concerned, and Finland, Norway, Sweden, and Denmark would send only one representative appointed by the Scandinavian Committee on Food Analysis.

The Danish Government appreciated that in early years the programme had had to be executed on a trust fund basis; it had contributed to the special trust fund from the very beginning. The food industry had great interest in the programme and had made substantial funds available for the trust fund; the money was, however, always exclusively received through and with the approval of governments.

Her Government felt strongly that WHO should have a staff to work full time on the Codex programme. It was also of the opinion that the Food Standards Programme should be included in the regular programme of WHO in order to ensure that equal importance was given to both public health aspects and other aspects of the programme. She therefore fully supported the proposal that the sum of $62,000 should be made available for WHO's share of the costs for 1966.

Dr. Doubek (Czechoslovakia) said that at the Seventeenth World Health Assembly his delegation had expressed satisfaction at WHO's decision to collaborate with FAO in work on the Codex Alimentarius and had promised assistance. His country had prepared standards for non-alcoholic drinks at the second plenary meeting of the Codex Alimentarius Commission, and had presented a number of suggestions particularly as regards the work of the committee on sugar. Since then, Czechoslovak experts had been working on the committees on sugar, fats, fish products, and methods of analysis.

His delegation considered that the joint FAO/WHO programme would be beneficial because the most important aspect of the evaluation of the quality of foodstuffs was the medical aspect. His country would continue to support the programme.

Dr. Al-Wahbi (Iraq) explained that his delegation was not opposed to the joint programme in principle, but felt that the matter had not been sufficiently studied. He asked how long the programme was intended to last, how it had started, and why at the start it had been financed by a trust fund. His delegation also wanted to know how much the programme would cost: it realized that $62,000 had been allocated for 1966, but wondered what the cost would be in subsequent years. Again, in 1966 the money would come from casual income, but in subsequent years Members' assessments might be affected.

Finally, the Committee and the Health Assembly would have to decide on the degree of priority to be attached to the programme. Speaker after speaker in the general debate in the Health Assembly had emphasized that 75 per cent. of WHO's Members were developing countries, whose main problems were the combat and control of communicable diseases. It seemed unreasonable that the budget ceiling should be raised to accommodate the project under discussion. It appeared that FAO had decided on the programme; but his delegation could not accept the imposition of programmes on WHO, especially after the budget for the year had been prepared.

Dr. Boniche Vásquez (Nicaragua) said his delegation approved the draft resolution whereby the work of the Codex Alimentarius Commission would be financed out of the regular budgets of FAO and WHO instead of being dependent on manufacturers of food products. He explained that in Central America there was an Institute of Technical and Industrial Integration
which claimed the right to establish and enforce standards. The Central American ministers of health, however, considered that the Institute should not concern itself with matters of public health. He suggested therefore that the Committee should recommend the Codex Alimentarius Commission to take steps to ensure that the Codex was respected in all countries, thus supporting the position of the Central American ministers of public health.

Dr Layton (Canada) said he thought it might be helpful, if as a member of the Executive Board at the meeting at which the matter had been considered, he recalled one or two points that might dissipate the confusion with respect to the background of the question.

Article 2(i) of the WHO Constitution stated that it was a function of the Organization "to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene"; and Article 2(u) stated that the Organization should "develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products".

Turning to the question of the time devoted to the matter, he said that the Director-General had obviously been studying the question before the twenty-ninth session of the Executive Board, in January 1962, since he had at that time been able to present a report on the matter of setting up a Joint FAO/WHO Food Standards Programme. The question had been reviewed from time to time, and it was of interest to recall that approval of the matter was contained in operative paragraphs 1, 2 and 5 of resolution WHA16.42. The Sixteenth World Health Assembly had therefore given authority for WHO's increasing participation in what his own delegation regarded as an extremely important project.

It was clear therefore that a considerable amount of time had been devoted to the matter, and the Executive Board had dealt with it very seriously at its thirty-fifth session. From its knowledge of the reports of the two sessions of the Codex Alimentarius Commission his delegation was convinced of the great importance of the programme, which had broad international implications. His delegation was prepared to support fully the recommendation that WHO's share of the cost of the programme should be included in the regular budget.

Dr Quiros (Peru) congratulated the Chairman and members of the Executive Board for the prudent manner in which they had dealt with the subject under discussion. His country faced the same difficulties as had been referred to by the delegate of Nicaragua. A national Codex Alimentarius commission had been set up in Peru, in collaboration with FAO, WHO and other institutions; it had drawn up a food code. In view of the importance of the subject, his delegation supported the draft resolution submitted by the Executive Board.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) said that the Committee should welcome the proposal, since it would put an important international activity on a permanent footing. Food standards were important to developing and developed countries alike. Nutritional and purity standards were of importance to everyone, and it was only right that a body dealing with them should cease to be beholden to those who had a commercial interest in the outcome.

It was important for co-operation with FAO, which was assuming a larger share of the financial burden than WHO, to continue. The matter had been discussed in the Executive Board and at the Seventeenth World Health Assembly. He considered that the Committee should support what was an essential health activity.

Professor Senault (France) said that his delegation recognized the importance of the draft resolution submitted to the Committee and gave it its unrestricted support.

Dr Ba (Senegal) also supported the draft resolution submitted to the Committee. He appreciated, however, the comments made by the delegate of Iraq: many developing countries were faced with such vast and urgent problems that it might seem ludicrous to consider the matter under discussion. If, however, the universal nature of WHO was to be maintained, the Organization should concern itself with all problems, not merely those of interest to the developing countries. The sum of $62 000 a year seemed a reasonable amount to spend on a problem that was of great concern to the developed countries, and which would be of increasing concern to the developing countries.

Dr Grundy, Assistant Director-General, said that the Director-General was indebted to members of the Committee not only for their observations in support of agenda item 2.10, but also for the critical comments and suggestions that had been put forward.

First, he would briefly refer to the valuable suggestion made by the delegate of Denmark. It had been realized by WHO and by FAO that information on the daily intake of foodstuffs must be collected in order to make assessments of the daily intake of food additives,
and it was generally agreed that the best results could be obtained by collaborating with FAO so as to decide on acceptable levels of daily intake. The suggestion related to a means of obtaining adequate standards by having recourse to a short cut, i.e. by a process that would be quicker than the one currently in use.

With regard to the major issue, it had always been quite clear, as the United Kingdom delegate had pointed out, that the proposal represented an important international activity and one which should be placed on a permanent footing; the cost involved would therefore be a recurrent yearly expense in the foreseeable future. It could not as yet be forecast what the ultimate scale would be, but it would be a continuing and permanent activity.

There was no need to comment on the need for WHO to collaborate with FAO in the matter: it was part of WHO’s responsibility in accordance with its Constitu- tion. The matter had been discussed in the Health Assembly and in the Executive Board over the last four years, and resolution EB29.R23 adopted by the Board in January 1962 (which had been mentioned by the delegate of Canada) made it perfectly clear that the governing bodies of both organizations wished for such collaboration. Undoubtedly the programme should be regarded as an important function of WHO. The work had to be carried out, and it was far more effective to do it jointly: WHO would assume responsibility for the health aspects of the programme and FAO would naturally be responsible for facilitating matters in the field of international trade.

Some of the developments now proposed could have been expected in the natural evolution of WHO’s programmes, quite apart from the question of whether the Organization should make a contribution to the Joint Food Standards Programme. Clearly WHO would have to make provision in the domain of food hygiene, and it was intended to include a food hygienist on the staff. WHO had always fully recognized and assumed its responsibilities in regard to the Codex Alimentarius and those responsibilities were clearly set out in the Joint Programme.

At the invitation of the Chairman, Dr Vovor (Togo), Rapporteur, read out the following draft resolution:

The Eighteenth World Health Assembly,

Having considered the report of the Director-General on the Joint FAO/WHO Programme on Food Standards (Codex Alimentarius) presented to the Executive Board at its thirty-fifth session,

DECIDES that, following the recommendation of the Executive Board at its thirty-fifth session, the cost of WHO’s share of the Joint FAO/WHO Programme on Food Standards should be provided for in the regular budget of the Organization beginning with the financial year 1966.

Decision: The resolution was approved unanimously.1

3. International Standards and Units for Biological Substances

Agenda, 2.9

Dr Izmerov, Assistant Director-General, introducing the item, recalled that it was one of the basic functions of WHO to promote the use throughout the world of international standards for biological substances used in prophylactic and therapeutic medicine. That activity had been carried out on an international basis for many decades and the task had been inherited by WHO from its predecessor, the Health Organisation of the League of Nations. The Third World Health Assembly, in resolution WHA3.8, had recommended that countries should recognize a number of international standards and internal units then in existence and incorporate them in national pharmacopoeias of biological substances. Since 1950, a number of additional international standards had been established and others had been replaced. At its thirty-fifth session the Executive Board had examined a report of the Director-General on the international standards and units that had been established and, in its resolution EB35.R9, had recommended a draft resolution for adoption by the Eighteenth World Health Assembly.

Dr Doubek (Czechoslovakia) said that the desire to improve the quality control of pharmaceutical preparations was clearly increasing, and work on that subject was closely linked with the establishment of international biological standards and international reference preparations. One of the tasks of WHO should be to assist countries, where necessary, to avoid the ill effects that could be caused by drugs of insufficiently high standard, by trying to institute effective control. The control of drugs required highly qualified scientific workers and complex equipment, and the creation and maintenance of such services required considerable sums of money. However, considering the enormous sums spent on drugs and the losses that could ensue merely from the fact that poor-quality drugs were therapeutically ineffective, WHO would be justified in assisting its Member States in that field, and should find ways of doing so quickly and effectively.

1 Transmitted to the Health Assembly in section 4 of the Committee’s first report and adopted as resolution WHA18.6.
Help should take the form of training personnel and solving problems of control and legislation, and should be given to countries requiring it by those countries where the quality control of drugs was of a high level. Developing countries were entitled to be sure that the pharmaceutical preparations they purchased abroad were of high quality. It would be very useful if WHO could assist in setting up appropriate national control laboratories in individual countries, and in helping to test the quality of imported or locally manufactured drugs. It might also be possible for developing countries to request the testing of the drugs they imported from countries that had highly developed control services. In Czechoslovakia there was well-organized control of the quality of drugs and an adequate number of highly qualified experts. His country was always ready to give assistance to WHO in that field.

The Chairman pointed out that the Committee was engaged in discussing agenda item 2.9, and that the question of the quality control of pharmaceutical preparations would be discussed at a later stage under agenda item 2.8.

Dr Sadusk (United States of America) said that his country was generally agreed that international standards, as shown in the list in resolution EB35.R9 under discussion, were valuable, but they might not necessarily be officially adopted in the United States. As the United States had both a national pharmacopoeia and national standards, it might not be possible to use international units for substances already covered by that pharmacopoeia or by United States regulations. However, the adoption of their equivalents was more or less current practice in the United States, for example where antibiotics were concerned: there were official national standards for all antibiotics, with definitions of potency for each standard, although they were not expressed in international units but only in units or micrograms that were practically equivalent to international units.

The United States delegation could support the adoption of the draft resolution contained in resolution EB35.R9, with the following amendments:

- in paragraph 1(b), the words “introduced into the ” to be deleted and replaced by the words “cited in the relevant”, and the rest of the sentence after the word “pharmacopoeias” to be deleted;
- in paragraph 1(c), the words “where applicable” to be inserted between the words “that” and “these”, and the word “adopted” to be replaced by the word “recognized”.

The reason for modifying the sub-paragraph 1(b) was that, in the United States, it was not the Govern-
fully prepared to accept them and considered that they improved the text.

(For continuation of discussion, see section 5 of these minutes, below.)

4. First Report of the Committee

At the invitation of the CHAIRMAN, Dr VOVOR (Togo), Rapporteur, read out the draft first report of the Committee.

Dr BIEMANS (Rwanda) expressed his preference for a replacement of the term “Cachet d'authentification” by “Cachet de l’autorité sanitaire” in the heading of the right hand column in Appendix 4 of the International Certificate of Vaccination or Revaccination against Smallpox.

The CHAIRMAN recalled that it had earlier been decided that that suggestion was impractical. It was not possible to reopen the discussion at that stage.

Dr JENNINGS (Ireland) said that the space allotted for the approved stamp in the “box” seemed inadequate and might usefully be enlarged in the certificate format.

The CHAIRMAN said that that suggestion would be taken into account. The “box” in the draft report was merely a sample form.

Decision: The report was adopted (see page 474).

5. International Standards and Units for Biological Substances (resumed)

Professor MUNTENDAM (Netherlands) welcomed the initiative taken by the Director-General towards a decision by the World Health Assembly to recognize officially a number of the international standards and units that had been established. Official recognition of those standard preparations would undoubtedly facilitate their introduction into the national pharmacopoeias.

WHO requirements existed especially in the field of vaccines intended for human use. His delegation would emphasize the desirability of national control authorities taking into account those international requirements when formulating national standards for specific biological products.

With regard to paragraph 1(d) of the draft resolution proposed in resolution EB35.R9 of the Executive Board, he wondered whether, since WHO international requirements did not specify that the potency of the product in international units had to be given on the label, it might not be preferable to omit that subparagraph from the recommendation and to refer it to the Expert Committee on Biological Standardization for further consideration.

The DEPUTY DIRECTOR-GENERAL confirmed the interpretation given by the delegate of the Netherlands of the present position in that regard. He called attention, for instance, to the fact that the seventeenth report of the WHO Expert Committee on Biological Standardization, under labelling provisions for toxoids, specified that the label on the container or the leaflet accompanying it should state the fact that the toxoid fulfilled the requirements of that document; those requirements included a reference to the international units, but the point at issue was not entirely clear. Nevertheless, in view of the fact that that paragraph in the proposed resolution related to a mere recommendation rather than to any definite obligation on Member States, there could be no objection to retaining it in the resolution. The point raised by the delegate of the Netherlands would be referred to the Expert Committee at its next meeting so that a study could be made of methods of implementing that recommendation.

Professor MUNTENDAM (Netherlands) said that he was satisfied with that explanation.

Dr Rao (India) expressed his support for the resolution before the Committee. The Indian pharmacopoeia had adopted similar provisions in respect of the substances mentioned and the label was required to specify duration and means of preservation.

Dr Aldea (Romania) stated that in his country international standards for biological substances used in prophylactic and therapeutic medicine formed the basis of national standardization. He expressed appreciation to WHO and to the Expert Committee on Biological Standardization for the results achieved.

However, in order to obtain comparable data, it would be useful to pursue research into the standardization of methods of state control of those products; work in that sphere was already being done through the International Association of Microbiological Societies. The international reference centres set up by WHO should be expanded, and it would be useful if WHO were to publish periodically information on those centres and on the standards which they could make available.

The DEPUTY DIRECTOR-GENERAL said that he had been most gratified to hear the statement made by the delegate of India.

The remarks made by the delegate of Romania were of great value. Revision of international standards

was carried out as a regular procedure in co-operation with the International Association of Microbiological Societies. Member States had the possibility of consulting laboratories which could provide them with information on secondary standards whenever they wished; the list of such laboratories was published at intervals in the *WHO Chronicle* and it could be published more frequently if delegations considered it necessary.

Professor Senault (France) said that, in the French text, it would be preferable if the word "pertinentes" in paragraph 1(c) were replaced by the word "appropriées".

The Chairman said that that amendment would be made in the French text.

**Decision:** The draft resolution contained in resolution EB35.R9, as amended by the United States delegation in respect of paragraphs 1(b) and 1(c), was approved.

6. Fourth General Programme of Work covering a Specific Period (1967-1971) 

At the invitation of the Chairman, Dr Turbott, representative of the Executive Board, introduced the report of the Executive Board on the fourth general programme of work covering a specific period, 1967-1971.

He recalled that the Executive Board had held a preliminary discussion on proposals for a fourth general programme of work for the period 1967-1971, as a result of which the Director-General had submitted a general programme for consideration at the Board's thirty-fifth session. That programme had accordingly been examined and had been the subject of constructive criticism. A revised document had been presented later in the course of the session taking account of those comments. The document at present before the Committee was therefore the outcome of considerable study by both the Secretariat and the Executive Board.

The general programme proposed was intermediate in scope between the principles declared in the Constitution of the Organization and the details formulated in the annual programmes. He called attention to the main features of the document and to the points on which it laid particular emphasis.

The programme provided an adequate broad policy framework for the formulation of annual programmes within that period. There was greater emphasis on programme co-ordination than in former programmes because of the extending scope of WHO's work. Explicit reference was made to the co-ordination of health with the special economic measures carried out by the United Nations and by the other specialized agencies: water supplies, for example, failed to evolve without a solid economic foundation.

The Executive Board submitted the fourth general programme of work for the approval of the Committee.

Dr Quiros (Peru) considered that the recommendations put forward by the Executive Board with regard to the fourth general programme of work were of the utmost importance. He reiterated the view he had expressed in the general discussion on the Annual Report of the Director-General in plenary session concerning the importance of planning. The general programme of work, together with the reports on the world health situation submitted periodically by the Director-General, provided a fund of information which made it possible to establish priorities on the basis of experience. It was thus possible to draw up both short-term and long-term plans, the former on the basis of programme budgets, as had been decided at the previous World Health Assembly although not yet implemented, and the latter by means of over-all planning of the Organization's programme with a view to making the best use of available resources. There was scope for improvement in that respect.

He proposed that an additional paragraph should be added at the end of the draft resolution recommended in the document before the Committee (see page 254), requesting that the Executive Board should study ways and means of establishing a planning system for the Organization's programme and should report thereon to the Nineteenth World Health Assembly.

Dr Jakovlević (Yugoslavia) said that his delegation had made a thorough study of the proposals submitted regarding the fourth general programme of work and believed that it would provide satisfactory general guidance for the future, particularly in respect of measures against the communicable and non-communicable diseases. He expressed full support, therefore, for that general programme of work which, in his view, constituted an improvement on past years.

Dr Marciński (Poland) considered that the principle that long-range planning, as reflected in the fourth general programme of work, should be based on the differing needs and aims of the various countries had been faithfully followed. The main aspects of the programme, namely, strengthening of health services, measures against the communicable and non-communicable diseases, research, and the education and

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1 Transmitted to the Health Assembly in the Committee's second report and adopted as WHA18.7.
training of medical and paramedical personnel, were in keeping with the guidelines provided by the Executive Board.

It was essential that there should be close co-ordination between the strengthening of health services and general socio-economic measures. There could be no doubt that the best means of improving the health of the population was to improve living conditions as a whole. Research should be intensified in view of the rapid progress of the medical sciences, and the scope of such research should be expanded in accordance with the specific needs of the various countries.

The establishment of rigid priorities which were applicable to all regions constituted a real problem. It seemed to him that it was necessary for a measure of decentralization to be achieved, giving greater autonomy to each particular region than hitherto, so that there could be a fairer distribution of priorities and therefore more positive results in meeting the health situation on a world-wide basis.

Dr Happi (Cameroon) expressed his support for the valuable fourth general programme of work that had been submitted. Not only did that programme maintain the areas of emphasis established in the previous programme, but it also concerned itself in particular with the same diseases, such as malaria, for example. The campaign against malaria had as yet made no head-way in Africa, and it was to be hoped that a start could be made in that direction in the course of the fourth general programme.

The fourth general programme also rightly stressed a number of diseases, such as the treponematoses, which constituted a real problem in the African Region. Leprosy also continued to be a serious health problem, as well as cerebrospinal meningitis, virus diseases and measles, which had a high infant mortality rate.

The emphasis laid on planning was of fundamental importance in the developing countries. Co-ordinated inter-country programmes were highly desirable, as had been stressed on previous occasions. Progress in research and in education and training were also of the utmost importance in combating diseases on a world-wide scale.

Professor UgarTe (Chile) commended the Executive Board on the fourth general programme of work, and more particularly on its references to health planning, which was a subject of the utmost importance as far as Latin America was concerned. He stressed the value of improving the basic statistical information available, which should serve as the basis of all planning and was in many cases inadequate in certain countries. The recommendations, especially those regarding the training of health personnel and the co-ordination of health measures with economic development, should provide valuable guidelines for the future, and he warmly supported the general programme of work proposed.

Dr GieBin (Israel) expressed his appreciation and support for the work done by the Executive Board in preparing the fourth general programme of work.

He was in agreement with the four areas of programme co-ordination outlined in paragraph 12.1. It seemed to him, however, that it would be useful to add a fifth area, namely, the co-ordination of health services within national ministries. WHO should encourage countries to initiate true integration of the various branches of health services at the national level. Such pilot projects under the auspices of WHO could be evaluated at a later stage and should provide useful information.

With regard to the reference made in paragraph 9.4 to the need for more medical schools, he fully supported the suggestion that WHO should assist in the planning and co-ordination of the establishment of educational institutions on an inter-country basis, in view of the present staffing difficulties. With regard to the post-graduate schools in established centres, WHO should seek to encourage such schools to adapt their curriculum to the needs of developing countries.

Dr DouBeK (Czechoslovakia) said that the continuity which was evident between the proposed fourth general programme of work and previous programmes was to be welcomed. While certain areas of emphasis rightly reflected the world health situation and were aimed at improving the level of health of the population of the developing countries, the position of the developed countries, which had problems connected with the aging of populations, had not been overlooked. It was also gratifying to see that, in medical research, the programme would emphasize problems of international importance, particularly the improvement of co-operation between and the exchange of research workers, standardization of methods, etc. He also supported the emphasis laid on basic research, especially in medical biology, and agreed on the necessity for the planners of economic development to be aware of the health aspect.

Dr LamBin (Upper Volta) commended the Executive Board on the fourth general programme of work.

In connexion with the references made to measures against the communicable diseases, he expressed his surprise that inadequate attention would appear to have been paid to onchocerciasis, which constituted a very grave problem in Upper Volta where 400 000 persons out of a total population of five million were affected, and ten per cent. of the cases culminated in
blindness; the disease was particularly prevalent in the valleys and the authorities were concerned that there might be a spread to other regions. The prevalence of the disease also gave rise to a serious economic problem for the country. He wondered whether there was any valid reason for its omission from the proposed general programme of work.

Dr Rao (India) expressed his delegation's satisfaction with the general programme of work proposed. It was especially gratifying to note that it synchronized with the national health plans in India.

He emphasized the need for strengthening the co-ordination of health services, as it was sometimes found that all available knowledge was not put to the best use. WHO should encourage the setting up of an international institute for health administration, which would orientate public health officials towards a more global view of health problems.

It seemed to his delegation that the aspect of providing drugs and equipment had been somewhat neglected in connexion with the control of communicable diseases. WHO should therefore seek to help countries to manufacture their own drugs and to attain self-sufficiency in that respect.

The non-communicable diseases constituted a problem predominantly affecting the economically developed countries. Accordingly, the developing countries should make use of the experience gained by more affluent societies in respect of such problems as geriatrics, cardiovascular diseases, malignant diseases, etc. Such subjects as health education and nutritional disorders also provided material for study.

The co-ordination of national ministries in health planning required emphasis.

Training of teachers and specialists was a field in which WHO could provide valuable assistance. Such training should take place preferably in the candidate's own country. He recalled that his delegation had submitted a proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training. Further emphasis should be laid on the training of students in all specialities, including public health; at present public health was unduly restricted to post-graduate training.

He thought that the proposals for the fourth general programme of work contained useful suggestions with regard to epidemiology and quarantine. As far as research was concerned, it seemed to him that the essential need of the moment was to provide the necessary training and placement for promising students. The selection of such students, together with that assistance, would form a useful part of any research programme.

Co-ordination represented a vital need and he agreed with the delegate of Israel that such co-ordination should be achieved at the national as well as at the international level.

Population dynamics and family welfare were matters of great importance. In the case of India, the nation's health was improving, but that improvement had not been matched by per capita income. A study should be made of the scientific aspects of family control. The welfare of mothers and children was close to the heart of WHO and the spread of some knowledge of family planning was essential for the achievement of their well-being.

It seemed to him that there was scope for self-financing schemes for comprehensive health programmes in countries at differing stages of development. He suggested that a working party could be set up to study how proposals of that type could be prepared.

He commended the general programme of work submitted by the Executive Board.

(For continuation of discussion, see minutes of the sixth meeting, section 2.)

The meeting rose at 5.45 p.m.

SIXTH MEETING

Wednesday, 12 May 1965, at 9.30 a.m.

Chairman: Dr A. L. Mudaliar (India)

1. Second Report of the Committee

Dr Vovor (Togo), Rapporteur, read out the draft second report of the Committee.

Decision: The report was adopted (see page 475).

2. Fourth General Programme of Work Covering a Specific Period (1967-1971) (continued from the fifth meeting, section 6) Agenda, 2.3

Dr Al-Adwani (Kuwait) said that the proposed fourth general programme of work was in keeping

with the steady growth of the Organization's activities and the Director-General and his staff deserved every support in carrying it out. His delegation was pleased to see the emphasis that was being placed on training of personnel and strengthening of national public health services. Any programme of disease control or health promotion would be greatly handicapped if there were a lack of trained staff.

He drew attention to section 8.2 (Environmental Health) which ended with the words: "The environmental health problems arising from urbanization will continue to receive attention", and asked whether accident prevention was covered by that phrase. An accident, though not a disease, could cause suffering, loss of life or disability. The point was an important one, and he would like it to be given specific mention. Many governments and non-governmental organizations were deeply concerned with accident prevention. In Kuwait the germ of a plan existed for establishing a centre for the treatment and rehabilitation of accident victims, with the national orthopaedic hospital as its nucleus.

Dr Haque (Pakistan) said that the Organization was to be congratulated on its fourth general programme of work, which his delegation fully endorsed.

He emphasized the importance of the introduction of evaluation criteria, as mentioned in section 4.3.

With reference to the strengthening of health services, he said it would be helpful if the differing constitutions of the various governments could be borne in mind in health planning at the central and provincial level, since WHO dealt entirely with the central government.

There was no reference in the proposed general programme to social medicine, and he mentioned particularly the importance of the problem of juvenile delinquency, on which the Organization must have a great deal of information. It was becoming a problem in developing countries, and a knowledge of the various factors responsible for it would enable measures to be taken for its prevention. He would be grateful for any information the Organization could collect from developed countries.

The proposed general programme made no mention of metabolic diseases such as diabetes. Information was needed on that subject too in order that preventive measures might be taken. In geriatrics also a great deal of work had been done in developed countries, and with the increase in the number of old people in the developing countries any information available would be of great value.

Referring to section 7.3, he said that his delegation was pleased to note that the Organization was co-ordinating activities and undertaking comparative population studies of an epidemiological-pathological nature. Those activities could be expanded, for example, by making autopsy findings known to countries where post-mortem examinations were not very common in cases of arteriosclerosis. It would be useful, for instance, to know what part nutritional deficiencies might play in the epidemiology of arteriosclerosis.

With regard to education and training, the Executive Board had discussed the possibility of establishing a lending library to give medical students in developing countries access to textbooks which were very expensive and were not produced in those countries. In that connexion he expressed his country's gratitude to the British Council for the library facilities it had made available.

It would be helpful if the Organization would publish guidelines for the planning of hospitals and rural health centres, as had been discussed by the Executive Board. Its experience of all types of countries put it in a unique position for carrying out that task. The same applied to the equipping of laboratories and other establishments.

With regard to the statement in section 9.4 concerning the need for many more medical schools, he pointed out the financial difficulties involved in employing the doctors produced by them. The criterion of one doctor for five or ten thousand people was rather arbitrary, and the Organization might usefully make a study of the number of doctors that should be available according to the economic condition of the country.

He suggested that the Organization should start a small research unit in developing countries that had the necessary nucleus for such an undertaking. The experience that would be gained thereby would be useful not only for the developing country but for the Organization itself.

He was pleased to note that WHO was co-ordinating its activities with those of other United Nations specialized agencies interested in health. He suggested that co-ordination with economists at the highest level was also needed to make them more health-minded. Such co-operation would pay dividends for the health programmes of developing countries.

Dr Wone (Senegal) congratulated the Executive Board on the proposed general programme, which set out clearly the principal problems and tasks to which the Organization should give its attention.

He supported the remarks made at the previous meeting by the delegate of Upper Volta concerning onchocerciasis (see page 244), the importance of which to African countries had been underestimated. In the French-speaking part of Africa alone there were at present more than a million people suffering from the
disease. Its medical and social and economic consequences were aggravated by the following factors: (1) the frequency of blindness, which occurred on an average in more than 10 per cent. of cases; (2) the predominance of the disease in fertile valleys, which confronted the inhabitants with the dilemma whether to remain and face its consequences or risk famine in barren areas; (3) the toll taken of the most active part of the population—those who worked in infected areas; (4) the almost instantaneous distribution of the simuliwm throughout irrigation canals, exposing to the disease both irrigation and farm workers.

The disease was thus both a grave personal affliction and of great concern to society by reason of the large amount of infirmity it caused; it struck his under-developed country in the very areas that should be the most prosperous. He joined the delegate of Upper Volta in his plea that onchocerciasis should be numbered among the major endemic diseases to be fought during the period covered by the fourth general programme of work.

Professor Pesonen (Finland) congratulated the Director-General and his staff on the comprehensive and valuable report, which gave a clear picture on general lines of the planned work of the Organization for the period 1967-1971. A more detailed plan of work developed along those lines would be useful.

He emphasized the importance of the strengthening of health services, dealt with in section 5, where it was stated that national health planning was part of the dynamic and comprehensive attack on the country's general economic and social problems and that maximum effectiveness was obtained when the investigations and proposals of the economic and health planners were either carried out conjointly or closely co-ordinated. He considered that co-ordination with the authorities responsible for primary and secondary education should also be mentioned in that connexion. Literacy was important for the success of public health work, and especially for health education. It was also important to have a sufficient number of people with the necessary primary and secondary education to be accepted into the nursing schools and medical faculties. The ever-increasing need for more health personnel, particularly in the so-called developing countries, had several times been mentioned. It was a problem that could not be solved solely by importing health personnel from other countries; nursing schools and medical faculties had to be established in the developing countries themselves, and one of the basic requirements was that there should be a sufficient number of candidates for them. The necessity for close co-operation between the authorities responsible for education therefore needed to be emphasized.

The discussion on the malaria eradication programme had brought out clearly the importance to its success of an adequate health infrastructure. Without some kind of organized network of public health services no real improvement could be made in the health conditions of the people. The first goal should be to help Member countries in their efforts to establish such an infrastructure. If that could be reached by 1971, all countries would have reason to be satisfied with the progress made during the specific period.

His delegation wished to emphasize the very great importance of research, dealt with in section 11, and especially of research in the field of public health proper. It was necessary to discover the quantity and quality of health services required in the various countries, and to establish the different methods to be used in organizing them.

His delegation gave its full support to the proposed general programme under discussion.

Professor González Torres (Paraguay) commended the fourth general programme of work presented with such clarity in the text before the Committee.

Referring to the question of professional training, he said that the problem lay in the lack not of professional personnel but of the financial means for absorbing them into the country. Another difficulty was that fellows returning from study abroad were often unable to find in their own country the equipment needed to apply the new methods and techniques they had learned. It would be very useful if organizations that offered fellowships could also supply the necessary material for that purpose.

He also mentioned the problem of the scarcity of health personnel of intermediate level to relieve professional personnel of routine work that could not be done by low-level auxiliary personnel.

Dr Keita (Guinea) associated himself with the remarks made by the delegates of Upper Volta and Senegal concerning the importance of onchocerciasis, the economic and social consequences of which to the countries concerned were quite as grave as those of malaria. A study made in his country had shown that the disease was one of the factors responsible for slowing down its economic development. It led not merely, as in the case of malaria, to mass absenteeism, but to final abandonment of work. The countries affected were essentially agricultural countries, and it was in their fertile valleys that the disease—which caused a high rate of blindness between the ages of twenty and thirty—was most prevalent. It was often suggested or implied that the health service of a country was an unproductive service. His country, whose agricultural workers were frequently unemployable after the age of thirty, would, however, rate it as the
most productive of all services and as the support on which the economy rested.

He appealed to the Health Assembly to study the problem and to include it in the general programme of work with a view to assisting the countries concerned: Guinea, Senegal, Mali and Upper Volta.

Dr Fışek (Turkey) said that the fourth general programme of work was one of the most important items on the agenda. The text submitted by the Executive Board to the Committee on Programme and Budget covered most of the important problems, such as strengthening of health services, measures against communicable and non-communicable diseases, environmental health, and education and training. He expressed his Government’s thanks to the Executive Board and the Director-General for their excellent contribution in the preparation of the document. Other delegations had also made valuable recommendations for the future development of WHO’s work.

He emphasized the importance of education and training and of research. WHO should always give the highest priority to projects in those fields. To attain the goal of the highest possible level of health new and better methods for controlling disease, and a sufficient number of well-qualified personnel, were needed. Education and research were not among the activities that gave quick results, and for that reason might be mistakenly regarded as of low priority, but it was upon them that the promise of a better future depended. In his country there was a proverb to the effect that he who would have a better future must be patient.

His delegation considered that WHO should assume greater responsibility in the future for work connected with food and nutrition. The interest of the Food and Agriculture Organization in those subjects should not be regarded as a limiting factor in the extension of WHO’s work on them, but closer and more active co-operation between the two organizations should be sought.

His delegation associated itself with the remarks made by the delegate of India concerning the need for population control. To limit the size of the family was an indispensable measure in maternal and child health. Problems such as juvenile delinquency and child neglect were also closely connected with the size of the family. Population control by means of family planning was of great economic importance too in developing countries. Sections 5 and 11 of the proposed general programme contained references to population problems. His delegation had been pleased to see that the Executive Board had noted the problem, but it had hoped that it would be referred to at greater length. It would like to see more active participation by the Organization in efforts to solve it during the coming years.

Dr Effendi Ramadlan (Indonesia) expressed his delegation’s thanks for the fourth general programme of work. In Indonesia plans had been made to integrate the malaria eradication campaign into a mass campaign for all communicable diseases. That procedure had the advantage of making use of malaria eradication staff to reach villages and carry out case-finding, or to engage in nutrition improvement and other programmes.

Referring to environmental health, he said that the problem in his country was chiefly in the field of environmental sanitation. Improved sanitation would greatly improve the health of the people. Sanitarians were being trained in the Bandung sanitary engineering faculty.

Medical training in his country covered all fields of health, and undergraduate teaching played a great part in its future programme. There were now twelve medical schools in the country, compared with only two during the colonial period. Public health and preventive medicine were being given great emphasis, and all undergraduate medical students were given four years’ theoretical training in those subjects, followed by three months’ practical work in urban and rural areas. Assistance by WHO in the form of fellowships would be much appreciated. A school of public health administration in Djakarta was planned, and it was thus hoped that health planners and public health administrators would in future be trained in the country itself.

His country had many public health programmes in which research could be carried out, but assistance was needed in the form of fellowships. It would also welcome co-operation in the exchange of research workers.

Indonesia’s population problem, which had been confined to the island of Java, had been solved by migration to the other islands. Planned parenthood was carried out only for the personal reason of spacing the family, and with the advice of the maternal and child health centres. He emphasized the importance of paediatric and obstetric training in undergraduate medical teaching.

Dr Le Cuu Truong (Viet-Nam) expressed his delegation’s full support for the fourth general programme of work, which would be of invaluable help to all countries.

He was glad to read, in section 6.4, that the Organization would devote increasing attention to the recurrence of communicable diseases in certain areas, especially cholera, plague and cerebrospinal meningitis. In effect, the Organization’s main task was to
prevent communicable diseases, which was not an easy matter, particularly in developing countries which suffered from an insufficiency of resources and poor standards of environmental health and education. In Viet-Nam, there had been recurring epidemics of cholera in 1927-28, 1937-38, 1947-48 and again in 1954-55. Plague was also beginning to recur and it was not easy to eradicate the disease. The vaccines available were only effective for a year and it simply was not possible to vaccinate millions of people annually. There were many other communicable diseases which could recur, all of which it was the task of the Organization to endeavour to prevent by intensifying research both in the field of epidemiology and in the development of effective measures of prevention.

Finally, in the light of the Organization's aim to lead the peoples of the world to the highest possible level of health—which could be defined as a state of complete physical, mental and social well-being—he asked whether the Secretariat, in its programme of work, had taken account of the social aspects of health.

Dr de Silva (Ceylon) congratulated the Director-General and Executive Board on the proposed general programme before the Committee, which covered most of the important aspects of public health; and expressed appreciation to the Regional Director for South-East Asia for the training programme for public health and medical administrators, organized in Ceylon in 1964.

With regard to communicable diseases, the fourth general programme of work did not contain any specific mention of enteric infections which, in developing countries, were the principle causes of morbidity. In Ceylon, the intensity of infestation by ankylostomiasis, had dropped considerably as a result of environmental health and education.

Doctors of medicine were graduating in Ceylon at the rate of 300 a year, which meant that, in view of the population of only 10,740,000, there would be an adequate number of doctors within three years. The training of nurses had been accelerated and some fifty public health inspectors were being trained every year.

He agreed with the delegate of India that WHO should undertake a study on human reproduction and family welfare. A project on the subject, as well as on the spacing of children, which had a direct influence on the health of the mother and her child, might well be included in a maternal and child health programme.

Dr de Carvalho Sampaio (Portugal) said that his delegation was grateful to the Director-General and the Executive Board for the well-conceived fourth general programme of work before the Committee. There were, however, certain points to which he would call attention and upon which, in his opinion, the Organization would do well to concentrate if the success of future programmes were to be assured.

First, it was essential to strengthen health services if comprehensive programmes of public health were to be carried out, and in his opinion that could be done if WHO made every effort to evolve a methodology of planning, not only by promoting research into the subject, but also by organizing seminars and symposia and by producing monographs on the results. It was not enough to send consultants to a country since, in a short visit, they could not appreciate all the factors involved.

Secondly, there was the question of education and training. The Portuguese delegation was well satisfied with the way in which the subject was treated in the fourth general programme of work, but, asked the Director-General to call the attention of governments to the importance of training their health workers properly and of remunerating them well. In many countries, health workers did not receive an adequate salary, with the result that after an extensive course of training they left the health services for other more profitable employment. The matter was one that deserved the Director-General's special attention.

His third point related to the need for co-ordination—often difficult to achieve. The Portuguese delegation was in full agreement with the views expressed by the delegate of Israel on the matter. Co-ordination could more readily be achieved through the establishment of health institutions, and in that respect many countries, including Portugal, sorely needed the help and guidance of WHO.

Finally, his delegation gave full support to the programme, particularly with regard to research, since only through research would it be possible to find solutions for the problems afflicting mankind.

Dr Aldea (Romania), congratulating the Executive Board and the Secretariat on the fourth general programme of work, said that he was happy to have before him a plan of the Organization's activities for a period which coincided with the Romanian five-year plan for 1966 to 1970.

In the light of the Organization's increased attention to certain new aspects concerning the protection of health, he wished to draw the attention of the Committee to the incidence of endemic nephropathy, which had occurred in a comparatively limited region of south-eastern Europe in the neighbouring territories of Romania, Yugoslavia and Bulgaria. Clinically, the illness manifested itself by chronic renal insufficiency, progressive azotaemia, anaemia, lack of arterial
prove the hypothesis of a regional limitation of the studies on the problem in the rest of the world, to was that it had not been possible, owing to a lack of regard to the disease. But what was worthy of mention number of questions that remained unanswered with from the three interested countries, had revealed the in Sofia in 1960 and 1963 and attended by specialists in Slavia in October 1964, as well as two symposia held at the Regional Office for Europe at Dubrovnik in Yugoslavia.

It generally affected people between the ages of thirty and sixty; cases under the age of twenty were rare. It affected individuals through the years, as the disease was its increased frequency within a limited area and even, in certain cases, within one family. It generally affected people between the ages of thirty and sixty; cases under the age of twenty were rare.

A conference which had been organized by the WHO in Sofia in 1960 and 1963 and attended by specialists from the three interested countries, had revealed the number of questions that remained unanswered with regard to the disease. But what was worthy of mention was that it had not been possible, owing to a lack of studies on the problem in the rest of the world, to prove the hypothesis of a regional limitation of the disease. However, some years previously, an illness of like character had been reported by English research workers in Uganda. It should be possible, with the help of WHO, to bring important new information to light about the morbidity of the disease in other parts of the world, which would greatly facilitate the work of the Bulgarian, Yugoslav and Romanian specialists working in the region to which he had referred.

Dr Novgorodcev (Union of Soviet Socialist Republics) said that the fourth general programme of work was more complete than previous programmes had been and took account of a large number of health problems which affected developing and developed countries alike. His delegation therefore supported its adoption. The programme not only pursued the main elements laid down in earlier programmes but also contained some new elements answering the needs of modern public health. For instance, stress was laid on the need to speed up the eradication of smallpox and other communicable diseases and at the same time mention was made of cardiovascular diseases, mental health and the application of mathematics and technology in biomedical and epidemiological research. The inclusion of such subjects in the programme was all the more necessary since, with the advance in the economies of the developing nations, would come a corresponding levelling out between their problems and those of the developed countries. The programme also accorded due importance to the question of environmental health. However, WHO should be warned not to divert its attention away from its basic aims and tasks: it should not provide material assistance for such activities as the construction of water systems, which was the task of the national authorities concerned. The role of WHO in that, as in the other fields, was to advise, to coordinate scientific research and to assure a proper system of information so that, with less expenditure, greater results would be achieved.

Lastly, as had been pointed out in the seventh plenary meeting by the chief delegate of the USSR, one of the main tasks of the Organization should be to give more effective help to developing countries to train their own national medical and scientific staff, without which it would be impossible to strengthen national health services.

Dr Ferreira (Brazil) said that, as the delegate of the Union of Soviet Socialist Republics had observed, the fourth general programme of work for 1967 to 1971 was an improvement on those of previous years. It was, wisely, formulated without undue detail, although comments had been made during the discussion of the presentation of the programme. But a disease that was endemic in one country might well be totally unknown in another, and the question of overpopulation was of little interest to such countries as his own, which was grossly underpopulated. The proposed general programme therefore was rightly concerned principally with laying down the general philosophy of the Organization with regard to its programme of work. Dr Quiroz of Peru had, at the fifth meeting, proposed an additional paragraph at the end of the draft resolution before the Committee (see page 254) requesting that consideration be given to ways and means of establishing a planning system for the Organization's programme. In his opinion, Dr Quiroz's proposal would automatically come into effect. The Eighteenth World Health Assembly would mark a milestone with its technical discussions on health planning on the one hand and its approval of a programme for a specific period on the other. It was to be hoped that the practice of issuing a programme of work every four years would be continued indefinitely. He further expressed the hope that WHO, as a body of the United Nations but one composed of doctors rather than of politicians, would constitute the forum where Member States would be able to discuss the possibilities for universal understanding. The Brazilian delegation would give its enthusiastic support to the fourth general programme of work.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) said that the delegates of India, Turkey and Ceylon had already reminded the Committee that the important problem of family planning should be considered. Any programme which looked ahead to 1971 should surely include some provision for helping countries which had decided on a programme and sought technical help. An increasing amount of technical knowledge was
becoming available on the subject and WHO could help to ensure that it reached the people who needed it.

With regard to measures against non-communicable diseases, they would undoubtedly involve schemes for earlier diagnosis, preferably before symptoms appeared. New technology was rapidly developing, especially in laboratory work, and the Organization would have to take part in the exchange of information between countries. It would be undesirable for several different countries to take laborious steps, simply because knowledge was not being pooled. WHO's opportunity to co-ordinate national progress and to ensure that the result was available to all was unique and one that it could not afford to miss. Although mentioned in section 11.3 of the proposed general programme, the subject merited more emphasis.

Finally, he said that, as doctors, the members of the Committee well knew that if WHO secured the abolition of smoking a great advance in health would follow: nevertheless, no mention had been made of that at all in the proposed general programme of work.

Dr Sauter (Switzerland) said that his delegation welcomed particularly the inclusion, under section 8 (Environmental Health), of a paragraph on micro-contaminants. The problem was one where international collaboration was particularly important, and where WHO could play the role of co-ordinator and facilitate scientific exchanges. It was extremely costly to engage in research on the biological effects of toxic substances since experiments had to be carried out on animals and required the collaboration of specialists from a number of different fields. The result was that present-day knowledge was inadequate. Chemists were able to establish with precision small amounts of such substances in the atmosphere, and of pesticides on foodstuffs, but they did not know exactly what effect they would have. The problem was of equal interest to industrialized and to developing countries and offered a good example of the levelling out of problems, to which reference had been made by the delegate of the Union of Soviet Socialist Republics. It was because of the universal nature of the problem that his delegation had raised the matter.

Dr Bahri (Tunisia) said that from five to ten per cent. of the operations carried out in the hospitals in Tunisia were in connexion with hydatid cysts of the liver, lung or brain. For that reason, he trusted that WHO would pay due attention to hydatidosis from the point of view of its diagnosis and prevention as well as of research and of co-operation with the veterinary services. In some countries, trials had been carried out to eradicate Taenia echinococcus from dogs and had given excellent results. It might be possible to expand such trials to other countries in the Eastern Mediterranean Region.

Dr Ravoahangy Andrianavalona (Madagascar) said that, as was stated in section 3.1, the fourth general programme of work was designed to consolidate and develop the results that had already been achieved. Thus, in Madagascar, the emphasis was to be placed on the eradication of malaria; the Government was preparing to implement the conclusions of studies made on the spot by WHO experts and, to that end, was devoting five million francs annually to the fight against malaria—a modest sum when compared with the size of the task. Madagascar had sufficient health infrastructure and adequate staff and its Government was therefore convinced that, with substantial help in the form of insecticides and antimalarial drugs, malaria could be eradicated from Madagascar within five years.

Dr Hamdi (Iraq), referring to section 6 (Measures against the Communicable Diseases), emphasized the importance of the problem of parasitic diseases, and particularly of hookworm, in many countries. He also stressed the public health importance of zoonoses, and especially leishmaniasis, which was on the increase in his country. Intensified epidemiological studies were needed. Apart from those points, the general programme of work before the Committee covered most of the important items and his delegation fully supported it.

Dr Badoo (Ghana), expressing his delegation's support for the fourth general programme of work, said that he had noted with satisfaction the Director-General's statement that special attention would be given to measles, especially in tropical areas. Measles competed with malaria as a cause of death among children, particularly in the rural areas, and every measure which would help to control the disease and eventually to eradicate it was welcome.

The Organization's intention to assist developing countries with their educational programmes was also appreciated. Teachers were urgently needed in the newly established medical schools and his delegation was confident that the Organization would support every effort to assist in recruiting them.

Dr Aujoulat (France) said that, under a very modest title, the fourth general programme of work represented the precise structure of a true five-year plan. It was a document of unusual richness. The sections were no doubt similar to those of preceding programmes, but it seemed to have a finer and more precise balance, with the order of work and the relative importance of objectives clearly defined. He did not believe that a five-year programme should be an
enormous document containing a detailed list of achievements: progress could be examined in detail in annual programmes. Nevertheless, on the basis of the Director-General's report, the Executive Board had managed to condense so much material into a few pages that some elaboration on particular points would not have been out of place. The French delegation unreservedly endorsed the programme and looked forward to the statement of the broad principles and methods of national health planning promised in section 5.1. With WHO's substantial and unique experience, which embraced every continent, every level of development and every type of health activity, such a publication would be of great value. In a little more than fifteen years of work, WHO had already stimulated the co-ordination of health work in a large number of countries and he hoped that WHO would pursue that activity in the future to help the well-equipped as well as the developing countries.

There were, however, two omissions. First, he considered that the programme should include onchocerciasis, which had been mentioned by the delegates of Upper Volta, Guinea and Senegal, because it was a serious problem in a number of tropical regions. It was listed among the aims of the organization for co-ordination and co-operation in the control of the major endemic diseases in West Africa, to which France had already given considerable assistance and which the European Economic Community intended to assist. The gravity of the disease was well known and WHO was in an excellent position to undertake any research that was still needed, particularly as he believed that provision had been made for experts to carry out and co-ordinate research.

The second omission was health education. Although it was undoubtedly a factor in dealing with all diseases, whether transmissible or non-transmissible, and also in nutritional problems, he would have liked to see it given its proper place in the programme, particularly as WHO had helped to introduce it in many countries.

The French delegation had noted and approved two main themes in the programme: integration and co-ordination. WHO was to be commended for its efforts to bring out the importance of carefully planned integration; the proposed general programme elaborated on the idea by showing how it could be achieved by strengthening national health services and by explaining the need for co-ordinating particular activities carried out under WHO or other auspices with the activities of the national health services. The idea of integration had led to the idea of decentralization, which was gaining ground throughout the world, and which in turn demonstrated that it was possible and even easy to ensure co-operation between curative medicine, preventive medicine and health education. Thus there was a decisive trend towards co-ordination of activities by both the developing and the better-equipped countries. Earlier programmes had helped to show the fallacy of health activities which did not constitute an integral part of the general plans.

Co-ordination was a vital element and fields of co-ordination were clearly defined in the programme of work. In that respect, WHO seemed to have succeeded in convincing the other specialized agencies and the intergovernmental and non-governmental organizations of the vital influence of health on economic and social development. An important aspect was the need for close co-operation between planners, economists, scientists and health services. He wholeheartedly endorsed the comments in section 12.3.

Professor Clavero del Campo (Spain) joined in the expressions of congratulation on the proposed general programme. He was particularly interested in the problem of non-communicable diseases referred to in section 7. Although they were less dramatic than communicable diseases, they were equally important and they existed in both the developing and the more advanced countries. Much of what he had intended to say had already been said by other speakers, particularly the delegate of France, who had pointed out the omissions of plans for health education of the public, which should have been included in section 9 (Education and Training). Health education was particularly important in combating non-communicable diseases: without individual effort little could be done to control mental, cardiovascular or nutritional diseases or cancer.

Dr Cuenco (Philippines) said that the fourth programme of work represented an excellent and comprehensive five-year plan. Regarding the discussion, he was particularly interested in the comments on tobacco as a factor in lung cancer. Medical observers in his country endorsed the opinion which had been expressed and believed, moreover, that nicotine was a major factor in angina pectoris, coronary deficiencies and possibly coronary thrombosis, although the pace and conditions of life in cities undoubtedly aggravated the cardiac problem. It would be worthwhile for WHO to conduct studies during the coming five years on cigarettes, tobacco and nicotine.

Dr Shoukry (United Arab Republic) congratulated the Director-General and his staff on the new proposed general programme, which surpassed the three preceding ones. He agreed with the comments on health planning, a policy which the United Arab Republic had initiated six years earlier as part of a five-year plan. The second five-year plan was to start in the
current year, and had provided for considerable attention to existing public health services and the setting up of services in parts of the country which as yet had none.

On the subject of evaluating plans and programmes, it would be useful if WHO could explain more clearly the relationship between health and economic development.

As regards education, the number of medical faculties and institutes in his country had been increased in an effort to obtain enough medical and paramedical staff for the projects planned.

Professor Babudieri (Italy) commended the Director-General on the fourth programme of work, which had the Italian delegation's full support. He agreed with the delegate of Brazil that attention should be concentrated on the main features of the programme, although there were a number of items which were not specifically dealt with in it. The Assembly and Board would no doubt go into detail later and prepare more precise programmes, taking into account the various problems affecting public health.

Dr Boniche Vásquez (Nicaragua) said that he too wished to add his congratulations on the remarkable programme of work. The programme should be given unanimous support, with a few reservations.

He wished only to comment on the proposed world health research centre. The subject had been discussed in the Committee on Programme and Budget at the Seventeenth World Health Assembly and comments had included the objection that it would prove too costly and could not be financed from the regular budget. That implied that contributions would have to be made by governments, but although every country was anxious to improve its health programmes and WHO's consistent help was greatly appreciated, difficulties would result if contributions were increased. The Director-General had circulated a letter from the International Society of Cardiology in connexion with the proposed research centre; but there were undoubtedly numerous centres concerned with particular diseases and there was a danger that resources would be too widely diffused. He was reassured to learn that the original idea had been somewhat modified and that the centre would be concerned chiefly with disseminating studies. An important function would be to co-ordinate and stimulate research in individual countries. His own country, for example, was particularly interested in heart disorders, owing to the prevalence of Chagas' disease, but had limited facilities for research.

He asked whether the proposed world health research centre would entail an increase in the contributions of Member countries; if so, to what extent, and whether it would be an annual increase.

Professor Muntendam (Netherlands), after commenting on the excellence of the proposed general programme, drew attention to the importance of the general medical practitioner. The gradual disappearance of the general practitioner was detrimental to the interests of public health. He urged that WHO should keep the problem in mind and endeavour to take some action.

Dr Anouti (Lebanon) endorsed the comments of the delegate of Spain on the importance of health education. There were vast regions in the world inhabited by millions of people who were ignorant of the elementary principles of hygiene. The success of health programmes was largely dependent on the co-operation of the public. In Lebanon, for example, it was difficult to persuade mothers to have their children vaccinated, or to prevent peasants from watering their vegetables with waste water which might be contaminated with typhoid, paratyphoid or intestinal paratyphus. Only through health education could all sectors of the population be made to understand the problems of hygiene and the dangers of negligence.

Dr Yeshurun Berman (Israel) suggested the inclusion of research on infant mortality due to congenital malformation and prematurity, which was a serious problem in Israel.

She agreed with the comments of the delegate of the Netherlands on the importance of the general medical practitioner.

Dr Bories (Gabon) expressed his satisfaction with the programme. The developing countries had special problems, most of which had been mentioned. Onchocerciasis was a serious problem affecting the countries in the Volta region, and Mali, Nigeria, Guinea, Chad, North Cameroon and, to a lesser degree, Gabon. An important element in the solution of problems was the improvement of standards in all fields—financial, agricultural and cultural—by the building of roads and bridges and the promotion of a clearer idea of individual responsibilities to the family and the community. The present-day children, both troublesome and studious, were the parents of the future. For the developing countries, therefore, education was more productive than costly eradication campaigns conducted without education. Health education was of particular importance and should be an integral part

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of health planning. He was pleased to note that the programme covered all the elements he had in mind.

Dr Turbott, representative of the Executive Board, said that he would not attempt to reply to all the comments and questions, since the Secretariat would take note of them from the minutes, when preparing plans. He recalled that the programme was a broad policy framework for the formulation of annual programmes within the period 1967-1971. It was submitted to Member States as a guide in drawing up their annual programmes. In submitting it, the Board had asked Member States, when planning their annual requirements for presentation to WHO, to bear in mind certain priorities, after which they could include the items of national importance.

On the question of non-communicable diseases (section 7), although no specific programmes were set out, the opening sentence gave Member States full scope for action: it was up to them to include what they needed in their programmes.

With regard to the comments on health education, it had never occurred to the Board to mention the subject specifically, since health education was an indispensable part of any programme. The countries needing health education should include it in their programmes.

He hoped that the delegate of Peru would not press his amendment calling for a planning system. The broad programme offered countries unlimited scope which would be restricted if the Board were asked to arrange their detailed planning.

The Deputy Director-General said that the proposed general programme had been prepared by the Executive Board under its constitutional responsibility; the Secretariat's task was to carry out the programme when it had been approved by the Assembly. He confirmed that the Secretariat would take careful note of the discussion as recorded in the minutes and would thus be helped in interpreting the general programme of work and in knowing the wishes of Member States concerning its implementation.

He also endorsed the comment of the representative of the Executive Board on the proposed amendment to the draft resolution approving the programme. He was not at all clear how the Board could draw up a planning system for its own programme. In effect, a system did exist, for the regional committees carried out an annual review of the programme for the past year and the programme planned for the coming year; the Board also examined the annual programme in detail and gave directives for ensuing programmes; and the Assembly took all the comments into account in its decisions. In the Secretariat there was a special unit for formulating and evaluating programmes, whose task was the detailed examination of developments for formulating both the annual programme and the broad policy lines governing the preparation of the four-yearly or five-yearly programme. He felt, therefore, that it would be superfluous to ask for a new system, when one was already embodied in the Constitution and was already in operation.

Dr Kaul, Assistant Director-General, Secretary, at the request of the Chairman, read out the following draft resolution:

The Eighteenth World Health Assembly,
Considering Article 28(g) of the Constitution; and
Noting resolution EB35.R45,
APPROVES the fourth general programme of work for the specific period 1967-1971 inclusive, as prepared by the Executive Board and submitted by it at its thirty-fifth session.

Dr Quiros (Peru) explained that he had proposed his amendment because a number of delegates were concerned over the need for countries to establish priorities, which hitherto had not been a part of planning. The debate had shown that Member States wished to give priority to various aspects of the programme. He therefore wished to see the technique of health planning, which was highly desirable, applied to the Organization's programme.

The Chairman invited the Committee to approve the draft resolution.

Decision: The draft resolution was approved unanimously.

The meeting rose at 12.25 p.m.


2 Transmitted to the Health Assembly in section 1 of the Committee's fourth report and adopted as resolution WHA18.33.
SEVENTH MEETING

Thursday, 13 May 1965, at 9.30 a.m.

Chairman: Dr A. L. Mudaliar (India)

1. Review and Approval of the Programme and Budget Estimates for 1966

Agenda, 2.2

Examination of the Main Features of the Programme; Recommendation of the Budgetary Ceiling

Agenda, 2.2.1 and 2.2.2

The Chairman invited the representative of the Executive Board to introduce the Board’s comments on the programme and budget proposals prepared by the Director-General, and contained in Official Records No. 138.

Dr Turbott, representative of the Executive Board, said that in accordance with resolution WHA7.37 and with established practice, the Standing Committee on Administration and Finance of the Board had made a detailed examination of the Director-General’s proposed programme and budget estimates for 1966 and had also considered the matters of major importance as required under resolution WHA5.62. The Board had carried out its own examination in the light of the findings and observations of the Standing Committee and its conclusions were contained in Official Records No. 141. Its report was divided into five chapters.

Chapter I contained background information on the Organization’s general programme of work, its structure, the sources from which its activities were financed and the budgetary processes and practices governing the preparation of the annual programme and budget estimates. The composition of the regular budget was set out in paragraph 33.

Chapter II explained the classification and computation of the estimates. As was indicated in paragraph 20, the Board, in the light of its review of the principles and procedures followed in the classification and computation, had endorsed the Standing Committee’s finding that they were sound.

Chapter III outlined the content and form of presentation and the main features of the proposed programme and budget estimates for 1966 (Official Records No. 138). There were a number of important changes in the form of presentation as compared with that previously followed.

First, in order to provide a clearer picture of the integrated international health programme, a consolidated summary showing, among other things, the international resources required to finance the programme, had been introduced as Appendix 2 to the Notes on the Presentation of the Programme and Budget.

Secondly, a new summary, showing the number of posts and estimated obligations under all funds administered by WHO, broken down under major subject headings, had been introduced as an appendix to the Introduction, and was followed by a programme index. The summary covered headquarters as well as regional activities and replaced a summary covering regional activities only, which had originally appeared in Annex 2 to the Programme and Budget Estimates.

Thirdly, the cost estimates for activities financed from funds, other than the regular budget, administered directly or indirectly by WHO, had in the past been shown in the columns headed “Technical Assistance”; but for the Region of the Americas the estimates for activities financed from the Pan American Health Organization budget and from other funds administered by PAHO had been shown in the columns headed “Other Extra-budgetary Funds”. The cost estimates for the Americas were now also shown in the columns headed “Technical Assistance” and an additional subject column had been introduced indicating the source of funds by symbols. The innovation, an example of which could be seen on page 311 of Official Records No. 138, provided very useful additional information.

Fourthly, narrative and cost estimates for projects included in Category II of the Expanded Programme of Technical Assistance had always been presented in a separate annex—for example Annex 4 to Official Records No. 130. As such projects could be implemented only to the extent that economies were effected within the funds allotted for the approved Category I programmes, in the matter of financing they were no different from the “additional projects requested by governments and not included in the proposed programme and budget estimates” which, in the past, had been shown in a separate annex. All these projects were now, therefore, included in the same annex as the “additional projects”.
There had also been a number of organizational changes and alterations in titles. In the Division of Biology and Pharmacology, the organizational unit "Addiction-producing Drugs" had been renamed "Pharmacology and Toxicology"; the organizational unit "National Health Planning", previously shown separately, now formed part of the Division of Public Health Services; in the Division of Health Protection and Promotion a new organizational unit, "Human Genetics", had been established. In the Division of Environmental Health the titles of the organizational units "Water and Wastes", "Air and Water Pollution" and "Community Sanitation and Housing" had been changed to "Wastes Disposal", "Environmental Pollution" and "Sanitation Services and Housing" respectively; the title of the former organizational unit "Programme Evaluation" had been changed to "Programme Formulation and Evaluation".

He drew particular attention to the "findings and observations of the Standing Committee" and the "review and conclusions of the Board" on page 22 of Official Records No. 141. Those paragraphs represented the views of the Standing Committee and of the Board on the changes in presentation. The Board had endorsed the Committee's opinion that the modifications had gone a long way towards facilitating both the Committee's and the Board's understanding and examination of the proposed programme and budget estimates.

The Board had also had before it comprehensive programme narratives describing broadly the Organization's activities in various fields, which the Director-General had submitted in response to requests from the Board at its thirty-third and thirty-fourth sessions for additional information on the proposed activities under each major subject heading, so that a comprehensive idea of the total health programme could be obtained. The Board had suggested that the Director-General should consider the possibility in future of making such narratives more specific as regards what was expected to be accomplished in the various fields of activity during the budget year. For example, the amounts it was proposed to devote to the different types of activity, such as medical research, education and training, and field operations, might be shown for illustrative purposes without any commitment on cost distribution.

Chapter IV of the Board's report described the detailed examination and analysis of the proposed programme and budget estimates for 1966 carried out by the Standing Committee on Administration and Finance and by the Board itself. The chapter was divided into three parts.

Part 1 described the main items accounting for the increase in the amount of the proposed effective working budget for 1966 as compared with the level for 1965. As was indicated in paragraph 1, the Board had noted that the comparisons took account of the proposed supplementary estimates for 1965. Part 2 described the examination of the detailed estimates by the Standing Committee and by the Board and set out the Board's conclusions, taking into account the findings and observations of the Committee. Part 3 referred to the programmes and estimates of expenditure under other funds, including the Voluntary Fund for Health Promotion. In that connexion, the Board had adopted resolution EB35.R12, recommending the Health Assembly to adopt a resolution which, among other things, requested the Director-General to implement the planned programmes contained in Annex 3 of Official Records No. 138 within the broad concept of the third general programme of work for a specific period, to the extent that voluntary funds became available through contributions to the Voluntary Fund for Health Promotion.

Chapter V referred to the matters of major importance considered by the Board. It was divided into three parts.

Part 1 set out the Board's views on the matters it had considered in accordance with resolution WHA5.62. As was indicated in paragraph 2 of Chapter V, the Board considered that the estimates for 1966 were adequate for the World Health Organization to carry out its functions in the light of its present stage of development; that the proposed programme followed the general programme of work approved by the World Health Assembly; and that the programme envisaged could be carried out during the budget year.

In considering "the broad financial implications of the budget estimates", the Board had studied material that included the comparative scales of assessment for 1964, 1965 and 1966; the status of collection of annual contributions to the Organization; the amount of casual income available to help in financing the 1966 budget; and the information available on costs expected to be borne by governments in implementing WHO-assisted projects in their own countries or territories. The Board's considerations and its findings and observations were set out on pages 61-65 of its report.

Part 2 of Chapter V contained a summary of the Board's conclusions concerning the effective working budget level proposed by the Director-General. Recalling its recommendation in Chapter IV of its report that the proposed estimates should be adjusted by a reduction of $10 000 in the 1966 provision for the Board and its Committees, and by the inclusion of provision for WHO's participation in the Joint FAO/WHO Food Standards Programme at an estimated cost for
the year of $62,000, the Board had decided in resolution EB35.R26 to recommend to the Eighteenth World Health Assembly that it should approve an effective working budget for 1966 of $42,442,000. As that figure represented a net increase of $52,000 over the level originally proposed by the Director-General, the Board had further recommended a corresponding increase in the amount of casual income to be used for financing the 1966 budget, namely from $500,000 to $552,000.

Part 3 contained the Board’s recommendation concerning the text of the proposed Appropriation Resolution for the financial year 1966.

The Director-General commented on the main features of the proposed programme and budget estimates for 1966, as presented in Official Records No. 138, which were based on an effective working budget level of $42,390,000. As had been explained by the representative of the Executive Board, the budget level recommended by the Board showed an increase of US$52,000 over the figure originally submitted, owing to the Board’s decision to recommend to the Eighteenth World Health Assembly that provision should be added to the 1966 budget estimates to meet WHO’s share (estimated at $62,000) of the costs of the Joint FAO/WHO Food Standards Programme as from 1 January 1966, and its decision to recommend a reduction of $10,000 in the estimates for the thirty-seventh session of the Executive Board.

If the Assembly approved the adjustments recommended by the Board, with which he himself was in agreement, the effective working budget for 1966 would have to be established in the amount of $42,442,000. The proposed figure represented a net increase of $2,935,000, or 7.43 per cent. over the corresponding figure for 1965, inclusive of the supplementary estimates for that year. The percentage increase set out in Official Records No. 138 was based on figures recorded prior to the approval of the supplementary estimates for 1965. The increase would allow for a very modest expansion in the Organization’s work.

An analysis of the budget proposals in Appendix 1 showed that of the various increased requirements totalling $3,999,750, 39.41 per cent. would be used for projects; 15.18 per cent. for medical research; 31.59 per cent. to meet increased statutory staff costs; and 13.82 per cent. to meet other increased requirements for expert committees, headquarters and regional committees. Those requirements were partly offset by decreases totalling $1,064,750 in respect of organizational meetings and common services at headquarters and by two non-recurrent items, leaving a net increase of $2,935,000 over the 1965 level.

In considering the amount of the effective working budget for 1966, delegates should bear in mind that provision had not been included in the proposed programme and budget estimates for a certain number of projects requested by governments and listed in Annex 4 of the estimates. The total estimated cost of those additional projects was a little over $9,000,000.

In his opinion, the programme for 1966 was an extension of the 1965 programme and represented a normal step in the development of the Organization’s work. In establishing the budget level for 1966 he had had to take into consideration the same factors as for the previous year. They included the needs of many areas of the world, the capacity of absorption of the developing countries, and the willingness of Member States to give more money for the Organization’s work.

In the present state of international affairs, it was important that the budget of an organization like WHO should have the support of a substantial majority of Member States, regardless of particular groupings: it would not be healthy if its estimates were not approved by near unanimity. He believed that Member States paying a large share of the Organization’s expenses should take a reasonable attitude and accept the fact that the Organization had to grow, to have more money, and be able to give help to countries needing it. At the same time, the countries requiring help should also be reasonable and not seek to impose on the larger contributors by a narrow majority vote the obligation to provide large amounts of money for an unduly big increase.

Taking everything into consideration, he had come to the conclusion that he should ask for the modest increase in question. No country was expected to make an undue contribution, for in giving according to their means Member States all made the same relative contribution and the same sacrifice. Member States, through their representative at the Committee, must decide how much they were prepared to give to the Organization. He hoped and believed that the proposed budget ceiling for 1966 would be approved by a large majority, as in past years, if not unanimously. That would be an important demonstration to other members of the United Nations family of WHO’s good health.

Mr. Siegel, Assistant Director-General, drew attention to the main financial aspects. In accordance with normal practice, the Committee on Administration, Finance and Legal Matters had, in its report to the Committee on Programme and Budget (see page 477) made a recommendation concerning the amount of casual income to be used to help finance the 1966 budget, the amount recommended being $552,000.
To help the Committee in its work, the Director-General had submitted a draft resolution, in the customary form, showing an amount of $985,000 available by reimbursement from the Special Account of the Expanded Programme of Technical Assistance and the amount of $552,000 available as casual income for 1966. A space had been left blank for the figure of the effective working budget for 1966 to be inserted. It was hoped that the Committee would agree to the insertion of the figure proposed by the Director-General and the Executive Board, namely $42,442,000.

He also drew attention to the fact that Rule 70 of the Rules of Procedure was applicable, and reminded the Committee that the decision would have to be made by a two-thirds majority.

Dr. Williams (United States of America) said that his delegation supported the proposed budget level of $42,442,000.

He had noted a consistent growth in the budget of about 10 per cent. yearly—excluding the period during which the malaria eradication programme had been incorporated in the regular budget. While neither approving nor disapproving the rate of increase, he observed that it was consistent and regular and was producing a mature and effective world-wide health programme. It was worth noting, however, that the rate was many times higher than the rate of growth of the world’s economy, and a time would inevitably come when WHO’s rate of growth would have to be adjusted to that of the rest of the world. When that was likely to happen was uncertain; despite some criticism, the voting pattern had been uniform and countries seemed to feel they were getting their money’s worth.

In recent years there had been considerable discussion in the Committee concerning programme priorities and a large measure of agreement on the need for them. There was, however, little evidence of the fact in the proposed programme and budget. He understood that the programme was based on requests from Member countries; but some selection by WHO staff was inevitable and also desirable.

With regard to specific programmes, he had analysed the rates of growth in the budgets for certain key programmes in comparison with the rate of growth of the whole regular budget, for the years 1962-65, with the following results. Malaria eradication showed a high rate in comparison with the regular budget because of its recent inclusion in the regular budget. For smallpox growth had been faster, but the total was so small as to be inadequate. For tuberculosis, growth had been slow, which was difficult to understand in view of the importance of the problem and the availability of effective vaccines and drugs. He was glad to note a sharp increase in the budget for nutrition, although it was still not sufficient, and urged that that should be maintained. His country had long appealed for more attention to the problem, particularly in connexion with protein malnutrition in pre-school children. Environmental health showed the same rate as the regular budget, but warranted greater emphasis. Water supply showed a good and rapid rate of growth but the total field of environmental health, including water, was not being given enough attention. He was gratified to note that education and training (including fellowships) had kept pace with the total budget. There was, however, a need for greater emphasis on mass training to provide sufficient junior staff.

The programme and budget was well planned and expertly prepared, although he would have preferred to see more attention to specific objectives. It was clearly devoted to a conscientious effort to improve the health of all people and had the wholehearted support of the United States Government.

Dr. Castillo (Venezuela) said that his delegation would vote in favour of the proposed programme and budget for 1966, although it was still concerned over the continued increase and its effect on Member States’ contributions—which in some cases had doubled since 1961. He agreed with the comments of the delegate of the United States of America, but pointed out that the increase was not equal for all countries.

From the information in paragraph 6 of Chapter III of the Executive Board’s Report (page 14 of Official Records No. 141) it would be seen that the proposed budget for 1966 represented an increase of $3,467,000, or 8.96 per cent. over the budget for 1965. More than 96 per cent. of the budget was financed by contributions from Member States. Although the explanations contained in the document under consideration and the statement by the Director-General were satisfactory, he urged that a careful study should be made of the factors contributing to the budgetary increase and that every effort should be made to achieve a reduction.

He welcomed the changes in the presentation of the budget, which had made it clearer and easier to understand.

Dr. Layton (Canada) welcomed the innovations in the presentation of the proposed programme and budget, which greatly helped the examination of a very complex publication. The programme index (on pages xxxii to xxxiv) was particularly useful, grouping various aspects of the major fields of interest under the different sections of the budget. He was also glad to see that assistance to research was included under
each subject in the programme index, since his delegation was of the opinion that research in WHO's programme should largely be directed to field activities. In general, his delegation was satisfied with the rational, constructive and progressive development of the Organization's programme as shown in the proposed programme and budget for 1966 and fully supported the programme.

Dr Lisićyn (Union of Soviet Socialist Republics) said that the form of presentation of the proposed programme and budget estimates for 1966 was an improvement on the corresponding volumes for previous years and enabled the estimates, which were very complicated, to be examined more easily. However, he hoped that further improvements would be possible in the future.

Long-term planning, together with careful preparation of annual programmes, were essential for the successful working of any organization, including WHO.

As had often been pointed out, there had been a radical change in the general picture of public health in recent years. Cardiovascular diseases, malignant tumours, accidents, mental disorders and virus diseases were major problems, particularly in the industrialized countries. The first two were responsible for more than 60 per cent. of all deaths and were a source of increasing concern to the public health authorities of many countries. Those problems were also beginning to affect the developing countries, which were gradually acquiring pathological characteristics which had hitherto been peculiar to the economically more developed countries, and that tendency had to be taken into account by WHO in its programme and budget. He agreed with the delegate of the United States of America that allocations for work against cardiovascular diseases, malignant tumours, mental disorders and virus diseases should be increased and that more effort should be concentrated on the control of tuberculosis, which in many countries was a problem second only to malaria. He drew attention to the fact that, since the Organization's programme covered the intensification of medical research on those problems and on human genetics, and particularly the use of electronic computer equipment not only for epidemiological studies, but also for biomedical research, those activities were reflected in the regular budget.

The effective working budget proposed by the Director-General for 1966 was about seven per cent. higher than that for 1965, or 10.5 per cent. higher if the supplementary estimates for 1965 were disregarded. Even when the change in the method of financing the malaria eradication programme was taken into account, the rate of increase in the budget was, as many delegates had stated, rather high. An annual increase of about ten per cent. had become a tradition and each year the actual sum involved increased; in 1956 it had been about one million dollars, whereas in 1966 it was over four million. Thus over the past nine years there had been a fourfold increase, although the rate of growth had remained constant. Over 60 per cent. of the increase in 1966 was due to statutory salary increases for headquarters staff and other administrative expenses not directly connected with the operating programme.

That rate of increase in the budget, as had been many times emphasized, was one of the reasons for the arrears of contributions.

Another fact worthy of consideration was that, in contrast to the situation in some other specialized agencies, in WHO, funds from the Expanded Programme of Technical Assistance and other extra-budgetary funds were decreasing, so that the extension of its work had to be financed from the regular budget.

It was gratifying to note that more attention had been given to increasing the effectiveness of the Organization's work at headquarters and in the regions. Nevertheless, more could be done and it was hoped that the Director-General's efforts in that direction would continue.

He endorsed the comments of other speakers to the effect that the best criterion for determining the rate of increase in the budget was the rate of increase in national incomes. Either the average increase in the national budgets of Member States or the average increase in their health budgets could be taken for that purpose. The resulting figure would be somewhat lower than the traditional ten per cent.

His delegation would vote in favour of the proposed effective working budget, but hoped that, in continuing to expand its activities, the Organization would make every effort to reduce administrative costs and eliminate unproductive items of expenditure. If that were done, it should be possible to ensure that the rate of increase in the budget did not exceed the average rate of increase in national incomes. Such a balanced rate of increase, with proper programming and policy making, would make a great contribution to the fulfilment of WHO's basic task of improving the health of mankind.

Dr Nayar (India) joined previous speakers in supporting the Director-General's budget proposals, and agreed with the general principle that contributions should be proportionate to the increase of income in the different parts of the world. Because they appreciated the Organization's work, even countries that found it difficult to afford the contributions expected
of them had generally made them quickly and had sometimes gone even further and made voluntary contributions, as her country had done. Some countries, however, had been in arrears for some time, and nothing appeared to have been done to regulate the position. It had been left to the Health Assembly to take action, and that body had found itself in an embarrassing position. She suggested that there should be some built-in provision to deprive Members in arrears of their voting rights, in order to make them aware of the importance of their contributions.

With regard to the programme, she agreed that continued emphasis should be placed on communicable disease control, and that the maintenance phase of the malaria and smallpox eradication programmes would become very important as those programmes neared completion. She hoped that the Organization would help Member countries in such activities as vector control, to ensure that the gains that had been made were consolidated.

She also agreed that tuberculosis control should receive more attention than in the past. It was important to find a way by which X-ray and laboratory facilities and the powerful chemotherapeutic drugs could be made available to all countries that were struggling to control tuberculosis. Sometimes countries otherwise in a position to pay for such supplies were prevented from doing so by foreign exchange difficulties. Perhaps theOrganization could give more thought to the possibility of offering help in that direction.

Attempts had sometimes been made to produce drugs within her country, but it had been found that the cost of importing the necessary raw materials had been greatly in excess of the cost of importing the prepared drugs. She would be glad if the Organization could help countries in the home production of drugs for the control of such diseases as tuberculosis and leprosy by facilitating the import of the raw materials at reasonable cost.

The attention being paid to the early detection of cancer and cardiovascular diseases was very important. The cancer centre at Agra, as well as centres in other parts of the world, had developed certain useful techniques for the early detection of oropharyngeal cancer. She would be glad if the Organization could spread the knowledge of those techniques to enable early detection to become a practical possibility in all countries.

Scientific research had shown some relationship to cardiovascular diseases of the content of saturated fatty acids in food. If the Organization could show to Member countries that hydrogenation—which was becoming so prevalent all over the world and had the effect of converting non-saturated fatty acids into saturated fatty acids—promoted cardiovascular diseases, it would enable them to take action. In every country there were powerful interests in the process of hydrogenation which were very difficult to combat unless WHO could give a clear lead in indicating that it was detrimental to health.

Referring to the nutrition programmes, which were very important, particularly for the pre-school child, she said that it was very necessary to find cheap protein substitutes for milk which, though very important and useful, was not being produced in sufficient quantity to meet the needs of all children. Certain pilot projects had been carried out to produce protein foods from cotton seeds, oilcake, etc., and it had also been stated that certain techniques for mixing lentils increased the nutrition value of the proteins. She would like the Organization to produce pamphlets giving a clear-cut directive concerning suitable protein substitutes. Perhaps action could be taken through the nutrition research laboratories in various parts of the world. Collaboration should also be sought with such agencies as FAO and UNICEF. Such work was vital if the child mortality and morbidity rates were to be brought down.

She pointed out, however, that all those measures would lead to a further aggravation of the population problem, and her delegation considered that WHO should take definite action with regard to that question.

The provision of water supplies formed the first essential in the programme of environmental sanitation; while something had been done in that direction, much more was needed. She suggested that WHO teams should help national governments to study the most economic and satisfactory means of providing safe water supplies. Some of the necessary equipment for drilling and other processes could only be obtained with international collaboration. Perhaps WHO could take up the question with some of the international organizations concerned in the field of economic and industrial development; such action would be in the interests of the health of nations and would at the same time promote their economic development.

She would like to see more effort made in drug standardization and in the adequate control of harmful new drugs and of the quality of drugs exported. Reference laboratories might be set up by WHO for that purpose.

With regard to education and training, she said that the training of paramedical personnel was not an activity in which WHO needed to take a prominent part, beyond informing countries of the methods that had been used in other countries.

Mental health was a field in which the Organization might usefully take a more active part. She realized
that cultural and religious differences in the various countries would require different approaches to the problem. The developing countries had had to concentrate so much on control of communicable diseases that mental health had not received the attention it deserved. It was widely held that action in that field would be premature, but she was not certain that that was the correct attitude. Problems of urbanization and industrialization were rapidly increasing, and what was gained in physical health might not be of very great value unless the other aspects were given due attention.

She supported the working budget proposed by the Director-General, and was gratified to note that of the increase, 42.95 per cent. would be devoted to project activities and 17.4 per cent. to medical research. She had taken note of the fact that the proposed duration of the Executive Board in January 1966 was two weeks, and hoped it would be possible to cover the agenda in that period. Her delegation promised that India would continue its voluntary contributions to the Malaria Eradication Special Account, and her Government would also be happy to contribute the amount of cholera vaccine asked of it.

Dr Ravoahangy Andrianavalona (Madagascar) thanked the Director-General for his presentation of the budget proposals. As a developing country, Madagascar approved the rate of increase for 1966. No project could be carried out without the necessary funds to finance it. He expressed the hope, however, that the rate of future contributions of the developing countries would not be higher than the rate of growth in national income.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) said that his delegation had welcome the opening statement by the Director-General, and was gratified to note that of the increase, 42.95 per cent. would be devoted to project activities and 17.4 per cent. to medical research. She had taken note of the fact that the proposed duration of the Executive Board in January 1966 was two weeks, and hoped it would be possible to cover the agenda in that period. Her delegation promised that India would continue its voluntary contributions to the Malaria Eradication Special Account, and her Government would also be happy to contribute the amount of cholera vaccine asked of it.

Turning to the budget level, he said that many delegates would remember that the French delegation had abstained from voting on the budget for 1965, since it had considered that it represented a rate of growth far in excess of the rate of growth of average national income. His delegation had not been alone in that opinion. He was pleased to note that the Director-General had taken account of the remarks to that effect that had been made by several delegations, and that he had now presented a budget which showed a lower growth coefficient. His delegation would therefore vote in favour of the budget ceiling, in the hope, however, that the Director-General would endeavour in the future to bring the rate of growth even closer to the average rate of growth of national income. Like the delegate of the United Kingdom, he had been very impressed by the words spoken by
the Director-General in introducing the discussion, and had admired his wisdom. In that wisdom his delegation placed its confidence that it would also find itself able to approve the budget estimates for the following year.

Mr Moreno (Panama) joined with previous speakers in supporting the proposed budget level, and congratulated the Director-General on the form in which the document had been presented. He considered, however, that the increase of 10 per cent. allowed for programmes of professional training was insufficient. The Latin American countries were endeavouring to expand such programmes, particularly for intermediate medical and administrative personnel. Perhaps it would be possible to study means of improving assistance to those programmes through the Regional Office for the Americas.

Dr Ozaki (Japan) said that the Health Assembly should review the priorities in the Organization's programme and work out a budget that was within the means of the aggregate of Member States. Such a procedure might entail controlled expansion of the organizational units at headquarters and the regional offices to enable progress to be made with important projects.

The Government of Japan had consistently supported the Organization, but at the same time had always instructed its delegation to sound a note of warning that the expansion of programmes should be kept within the means of the aggregate of Member States. Such a procedure might entail controlled expansion of the organizational units at headquarters and the regional offices to enable progress to be made with important projects.

The malaria and smallpox eradication programmes should be continued, and funds were also needed for other pressing needs, such as the supply of safe drinking-water, disease control, nutrition, environmental health, and education and training.

The Government of Japan had consistently supported the Organization, but at the same time had always instructed its delegation to sound a note of warning that the expansion of programmes should be kept within the means of the Member States, taking due consideration of the growth of the world economy. He was accordingly glad to note the comparatively low rate of increase in the budget for 1966 over 1965. He expressed appreciation of the work of the Director-General and his staff, and said that his delegation would support the budget ceiling.

Dr Lobo da Costa (Portugal) said that he was pleased to express his delegation's approval of the programme and budget estimates for 1966, and joined previous speakers in commending the new form of presentation. The 10 per cent. increase was not excessive, taking into account the health needs of the world.

He considered that the problem of parasitic diseases was not being given sufficient attention, and mentioned particularly onchocerciasis, to which reference had been made by some of the African delegations. WHO should give more attention to that disease, both with regard to research and in assistance to national programmes.

He also emphasized the importance of modern methodology in planning, and of environmental health programmes.

Dr De Silva (Ceylon) expressed appreciation of the Director-General's budget proposals, and endorsed the views expressed by the delegate of the United States of America that greater emphasis should be placed on smallpox eradication, tuberculosis programmes, and provision of water supplies. A small focus of infection of smallpox in any part of the world was a potential danger to all countries, and it was therefore necessary to pool resources and make an all-out attack on it. Tuberculosis was a very important public health problem in his country and many others. Even some of the larger cities in his country were without a safe and protected water supply, and the same was true of most tropical countries; a large proportion of disease was due to that fact.

He agreed with the delegate of India that the prevention of malnutrition in the pre-school child should receive the highest priority. Some countries had offered food-stuffs that were not generally acceptable to the rural population of his country, and it would be appreciated if gifts of food could be of the kinds to which that population was accustomed.

His delegation had pleasure in supporting the Director-General's budget proposals.

Dr Doló (Mali) said that the Director-General and the Executive Board in their analysis of the budget had shown a two-fold concern: on the one hand not to hamper the growth that was so necessary to the Organization, considering the greater effort still needed in the basic health fields such as communicable disease control, provision of water supplies, and training of professional medical and paramedical personnel; and on the other hand, to take into account the financial resources of Member States. In recent years, owing to such factors as the admission of new Members (entailing more projects) and the inclusion of the malaria eradication programme in the regular budget, the growth of the budget had appeared exaggerated in comparison with the increase in national income or national economic growth. But he thought the time would soon arrive when the budget would be stabilized at a level to meet the desires of all concerned, without having to make reductions in the vast programme that the Organization had to carry out in order to attain its humanitarian objectives.

His delegation considered that funds allocated to public health were never lost, and it liked to bring home that fact to its country's economists. As public health administrators, its members always found that
governments gave insufficient attention to public health budgets. The Director-General now found himself in the same position. He appealed to delegates to show understanding at the international level in order better to defend their national programmes.

His delegation supported the proposed programme and budget estimates, as he personally had done in the Executive Board. He would, however, request the Director-General to consider more dynamic action against certain communicable diseases such as onchocerciasis, measles and bilharziasis, which greatly slowed down the economic development of many countries. His delegation also considered that the Organization should revise its malaria eradication strategy in Africa, where attempts to interrupt transmission had suffered setbacks. He supported the programme of training for medical and paramedical personnel and hoped such assistance would continue, particularly as regards training in national schools of the countries concerned.

Dr NABULSI (Jordan) congratulated the Director-General on his presentation of the programme and budget estimates and said that his delegation would vote in favour of the budget proposals.

Professor CANAPERIA (Italy) associated himself with the support given by previous speakers to the Director-General’s proposals. He voiced the concern of his delegation, however, at the constant and fairly substantial rise in the budget level, the repercussions of which on Member States varied: the average rate of increase of the budget was 10 per cent., but for some States the increased rate of contribution was 20, 30 or even 40 per cent.

Although he was sure that it must be very difficult to strike a satisfactory balance between health needs and the financial possibilities of meeting them, he would beg the Director-General to respond to the appeal that had been made by several delegations to keep the rate of growth of the budget within the limits of the growth of national income. Only in that way could the desired balance be found and the unanimity for which the Director-General had appealed be achieved.

He congratulated the Director-General and the Secretariat on the improved presentation of the programme and budget estimates. He had noted, however, that there was a tendency to disperse the Organization’s resources in a number of activities that were not of major importance for the improvement of world health and in which the Organization could not exercise a great deal of influence.

A great deal of discussion had taken place concerning the need for long-term planning, and the delegate of the United States of America had made an interesting analysis of a series of major activities of the Organization and their effect on the rate of growth of the regular budget. It would be useful if an examination could be made from both a financial and a technical point of view. He would like to see some indication in the budget volume of the aims of the work in certain fields. In the case of malaria and smallpox eradication, for example, the programme and its aims were clearly understood; but in many other fields it was very difficult to see the form that the Organization’s activities would take. Perhaps a few paragraphs could be added at the end of the volume summarizing the Organization’s activities and aims in the various major fields, and giving an evaluation of the results already obtained and perhaps an indication of what could be done in the future. A better idea could thus be gained of the priorities that should be accorded to the various activities.

Dr BERNHARDT (Federal Republic of Germany) said that his Government had full confidence in the Director-General and his staff to carry out the difficult task of making the best use of the money available to the Organization in accordance with the wishes expressed by Member States. However, his delegation supported the views expressed by the delegate of France with regard to the rate of growth of the budget. It was evident that, in view of the increasing number of Member States, the budget would have to expand accordingly, but care should be exercised to ensure that the growth was reasonable.

He also supported the statement made by the delegate of Italy concerning the need for a more detailed explanation of the basic aims pursued in a given budget. He had, however, reservations about the views expressed by certain speakers that the growth of national income should be taken as a guiding principle when establishing the rate of growth of the Organization’s budget. He saw no connexion between national incomes and the needs of WHO. If anything, the contrary was the case: where national incomes diminished, the corresponding needs of WHO should increase.

Mr BRADY (Ireland) said that his Government was willing to support the budgetary recommendations of the Executive Board, based upon their revision of the Director-General’s proposals. He associated his delegation with the comments made by the delegates of France and the United Kingdom regarding the desirability of a modest rate of increase in budgetary levels; but he did not consider that the Organization should necessarily restrict itself to any rigid formulation of policy with reference to national or international rates of economic growth. Finally, he considered that the views expressed by the United States
delegate regarding programme priorities and development deserved the Director-General’s careful attention in the formulation of future programmes.

Professor Goossens (Belgium) said that the Director-General, in his introductory remarks, had rightly emphasized the need to achieve a balance between the Organization’s growth and the capacity to contribute of Member States. It would doubtless be useful at some time to explore certain objective criteria such as, for instance, the relation between the rates of growth of national incomes on the one hand, and of the Organization’s budget on the other. But it would be difficult to find an equitable formula and, until such time as one was evolved, the Director-General’s proposals as drafted appeared to be perfectly acceptable.

The difficulty of the Director-General’s task could not be denied, since he was asked at one and the same time to restrict the increase in the budget and to intensify his action in a number of fields. It might however be possible for him to limit the proportion of the budget relating to administrative expenses—as had been suggested by the delegate of the Union of Soviet Socialist Republics—but only if it did not detract from the efficiency of the Organization. The Director-General could perhaps be asked to study the matter. Without wishing to complicate his task, he would, however, ask that tuberculosis should not be neglected, since it was still a world-wide scourge.

The Belgian delegation would vote in favour of the budget proposals.

Dr Doubek (Czechoslovakia) said that the proposed budget had been carefully prepared and the various items of expenditure justified in detail. It was based on the decisions of previous Health Assemblies and reflected the desire to provide for the programme adopted. His delegation also noted with satisfaction that, as compared with 1965, the budget estimates proposed for 1966 showed an increase under operational expenses, while administrative expenses had been curtailed. His delegation would vote in favour of the adoption of the proposed estimates.

Dr Al-Wahbi (Iraq) said that he wished to correct an impression that might have erroneously been gained from remarks he had made in the sixth plenary meeting. He was not opposed to the proposed budget ceiling as such but was merely anxious, as was the Director-General himself, that it should be adopted unanimously.

Turning to the proposed budget estimates before the Committee, he said that many of his views had already been covered by the statements of the delegates of the United States, France and Italy. However, as far as the increase in the 1966 budget was concerned, he did not consider that it was excessive: if anything, he would have preferred it to be greater, so that the Director-General and his staff could give the services requested by Member States. He was, however, a little concerned at the fact that only some 39 per cent. of the increase was allotted to projects, which constituted a direct service to Member States, whereas an almost equal percentage was to be spent on statutory staff costs and expert committees.

It was perhaps time for the Organization to evaluate the whole system of its distribution of functions and priorities. At the thirty-third session of the Executive Board, held in January 1964, the member designated by Japan had suggested that a committee, composed of experts, technicians and scientists, should be set up to evaluate the work done by WHO and to suggest ways and means of implementing its projects and objectives. No decision had been taken at the time, since the matter had many implications. However, he trusted that the Director-General would now consider it in all its aspects and perhaps inform the next session of the Executive Board or the Health Assembly of the possibilities of forming such a committee.

Among the subjects touched upon by the chief delegate of India in her statement was the training of paramedical personnel, who formed the backbone of all health administrations. Every attention should be paid to training them properly, since there was an acute shortage of such staff in many countries; in some, even, the nurse/doctor ratio was inverted: four doctors to one nurse. In according the highest priority to the training of paramedical personnel, the Organization would need to provide teaching equipment and to formulate programmes promoting training courses.

The Executive Board was, of course, an autonomous body but he wondered about its decision to curtail its session by four days, thus economizing $10 000. There were now twenty-four members of the Executive Board. Even when there had been only eighteen, the time allotted had often been insufficient and the Board had sometimes had to sit in the evenings.

In conclusion, he said that the delegation of Iraq would vote in favour of the budget ceiling proposed by the Director-General and the Executive Board.

Dr Fişek (Turkey) said that his delegation would vote in favour of the proposed budget for 1966. It should not be forgotten, however, that the needs of mankind were increasing and that there were many major diseases that still required enormous effort if they were to be controlled. He pointed out that the contributions paid by Member States, whether rich or poor, represented a very small part of their national
Dr Wone (Senegal) expressed his delegation's gratitude to all Member States who had given their support to the budget, and especially to those States that would bear the greatest part of the burden.

He earnestly hoped that priority would continue to be given to the communicable diseases. He could not entirely agree with the delegate of the Soviet Union that the picture of disease in the developing countries was getting closer to that of the economically developed countries. And he hoped that the developed countries, which had the means to meet their own priorities, would allow the Organization to pay maximum attention to the communicable diseases, so that eventually all countries could achieve a comparable standard of living and of health.

Regarding the high cost to the Organization of its staff, he pointed out that the expense would decrease only when the developing countries had enough trained staff of their own. The Organization could then withdraw from those countries its own staff or its visiting experts. In that connexion, he urged that the training of personnel from such countries, and particularly of highly qualified personnel, should be intensified and accelerated. The Faculty of Medicine in Dakar, with its institutes of social paediatrics and of tropical medicine and its laboratory of public health, offered an excellent centre for training people from the African Region, and he hoped that WHO would render assistance in that connexion.

Professor Clavero Del Campo (Spain) said that he supported the proposed programme and budget estimates for 1966 but asked that in future the budget level should not be increased by so much. In his opinion, the suggestion that the increase should be related to that of national income would have the effect of stabilizing the portion of national income allotted to health—something which no health administrator would want.

He agreed with the suggestion of the delegate of Italy that the Organization should concentrate its resources upon the main programmes, and not disperse unduly its resources. In that respect, he felt some concern about the "chronic" character of certain programmes, such as smallpox eradication. He asked the Director-General to apply to the Organization's programme those modern techniques of planning which, according to WHO's own publications, would lead to remarkable results and considerable saving.

Dr El Dabbagh (Saudi Arabia) expressed his delegation's full support for the Director-General's proposed programme and budget estimates for 1966.

Dr Baidya (Nepal) said that he too supported the proposed budget level. The increase involved was fully justified in a growing organization such as WHO.
Mr IGBRUME (Nigeria) said that his delegation would vote in favour of the 1966 budget level.

Although some criticism had been voiced that the proposed estimates were not related to the rate of national economic growth, in his opinion account had been taken of the respective abilities of the smaller and the larger nations to pay amounts for which they were assessed. The proposed estimates showed an increase over those for the previous year, and it was to be hoped that the services provided by WHO in developing countries would increase accordingly.

In Nigeria, as in many other countries, WHO had successfully completed a number of projects; much remained to be done, however, and he wished to be associated with the requests made by the delegate of Mali with regard to malaria and by the delegate of India with regard to tuberculosis and the provision of water supplies. The Organization could also help by providing specialized staff and facilities for training paramedical personnel both in Nigeria and in other countries of the African Region.

Dr FERREIRA (Brazil) referring to page 463 of *Official Records* No. 138, observed that in 1964 the cost of the programme implemented from voluntary contributions had amounted to some $2,600,000. In 1966 the amount of the programme to be implemented if sufficient voluntary contributions were forthcoming was about $7,000,000. It would be seen that, if voluntary contributions were forthcoming from Member States—which was to be hoped, especially from the larger contributors—it would mean a significant expansion of the operations of the Organization in addition to its regular budget.

Dr HAKIMI (Afghanistan), associating himself with the remarks made by the delegates of India and Ceylon, said that the problems of smallpox, tuberculosis and an adequate water supply were common to all countries in South-East Asia. The delegation of Afghanistan would vote in favour of the adoption of the proposed programme and budget estimates for 1966.

Dr BAHRI (Tunisia) considered that the 10 per cent. increase in the proposed budget estimates was justified: to improve the health services of the various countries, particularly of the developing countries, meant that every year there was an increasing number of new public health problems for which WHO's assistance was needed. It was a gigantic task and one requiring adequate funds. For that reason, the delegation of Tunisia would vote for the proposed budget.

Professor MUNTENDAM (Netherlands) said that his delegation had repeatedly underlined that care should be taken not to link the budget too closely with the growth in national income. However, each country should endeavour to accord a growing percentage of its national income to health: in the Netherlands, the proportion had risen from 3.6 per cent. in 1953 to approximately 5 per cent. in 1963.

The delegation of the Netherlands would have pleasure in voting in favour of the proposed budget level.

Dr SAMII (Iran) said that his delegation joined previous speakers in supporting the budget level for 1966 proposed by the Director-General.

Several delegations had spoken of the need to extend the Organization's work to such fields as population control and mental health. Although there were a multitude of problems which the Organization could and should solve, it should, in view of its limited resources, restrict its efforts for the time being to the health problems which were of vital interest to the majority of Member States, namely, the control of communicable diseases, environmental health, education and research. Moreover, in the opinion of his delegation, there was no need to restrict the budget by relating it to national economic growth. An improved health situation would be an important factor in raising the rate of economic growth in most countries.

He supported the view expressed by the delegate of Iraq that greater emphasis should be placed, in the budget, upon field projects. With regard to the question of economizing in personnel, he was not convinced of the value of assigning WHO representatives to Member States: their posts could perhaps be abolished, thus effecting considerable savings which could be used on projects.

The Director-General, expressing his thanks to delegates for the guidance which their statements had given him, said that the Secretariat would take due note of all the comments made and would analyse them for use in future budgets. The discussion had covered the general lines of the programme, but questions of detail regarding certain types of activities would, of course, be discussed at subsequent meetings of the Committee on Programme and Budget.

At the request of the Chairman, Dr KAUL, Assistant Director-General, Secretary, read out the following draft resolution:

The Eighteenth World Health Assembly
DECREASES that
(1) the effective working budget for 1966 shall be US $42,442,000;
(2) the budget level shall be established in an amount equal to the effective working budget as provided in
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paragraph (1) above, plus the assessments represented by the Undistributed Reserve; and

(3) the budget level for 1966 shall be financed by assessments on Members after deducting

(i) the amount of US $985,000 available by reimbursement from the Special Account of the Expanded Programme of Technical Assistance, and

(ii) the amount of US $552,000 available as casual income for 1966.

The CHAIRMAN put the draft resolution to the vote.

Decision: The resolution was approved by 94 votes to none, with no abstentions.1

(For continuation of the discussion, see minutes of the eighth meeting, section 1.)

2. Third Report of the Committee

At the invitation of the CHAIRMAN, Dr HAPPI (Cameroon), Rapporteur, read out the text of the Committee's draft third report.

Decision: The report was adopted (see page 475).

The meeting rose at 12.40 p.m.

EIGHTH MEETING

Friday, 14 May 1965, at 10.25 a.m.

Chairman: Dr A. L. MUDALIAR (India)

1. Review and Approval of the Programme and Budget Estimates for 1966 (continued from the seventh meeting, section 1)

Agenda, 2.2

Detailed Review of the Operating Programme

Agenda, 2.2.3

The CHAIRMAN invited the Committee to take up, section by section, the detailed review of the operating programme for 1966, as contained in Official Records No. 138. The comments made on that programme by the Executive Board at its thirty-fifth session were contained in Official Records No. 141, pages 26-38 and 43-58.

Programme Activities, Headquarters

Section 4.1 Offices of the Assistant Directors-General

There were no comments.

Section 4.2 Research Planning and Co-ordination

Professor PESONEN (Finland) said that he had noted that five new posts would be established in 1966. That was certainly a very modest request and undoubtedly that staff would be required. He had noted, however, that one post called for the recruitment of a scientist; he wondered what kind of a scientist was intended.

Dr FİŞEK (Turkey) said that he was in favour of the increase, but asked the Director-General whether he considered it was sufficient for WHO's expanding activities in connexion with research, or merely the amount that could reasonably be included in the budget for 1966.

The DEPUTY DIRECTOR-GENERAL replied that the point had been dealt with in paragraph 29 on page 28 of the Executive Board's report on its thirty-fifth session (Official Records No. 141), where it was explained that what was intended was a transfer to the regular budget of five posts which had previously been financed from the Special Account for Medical Research, since the resources of that voluntary fund were inadequate. It was not therefore an increase in staff, but a readjustment in the financing of existing staff, who, despite the heavy workload entailed by the expansion of the programme, could cope with it. As regards the nature of the post of scientist referred to by the delegate of Finland, he would be an official in grade P2 and would be required to have university education with a degree in one of the physical sciences and post-graduate training with a certificate in one of the physical sciences or biomedical sciences. He would, therefore, be a young scientist, fairly new to the career, to assist senior staff in research into and analysis and preparation of scientific material used by the Division.

Section 4.3 Health Statistics

There were no comments.

1 Transmitted to the Health Assembly in the Committee's third report and adopted as resolution WHA18.19.
Section 4.4 Biology and Pharmacology

Dr Engel (Sweden) said that he had already had an opportunity to make some remarks on the chapter of the Director-General’s Report dealing with biology and pharmacology at the fifth plenary meeting, during the general discussion. He was reverting to the subject with suggestions for further activities by the Organization in that field. He would be submitting, together with the delegations of Denmark, Finland, Luxembourg and Norway, a draft resolution for control measures for certain dependence-producing drugs (see page 355). The background to the proposal was experience in Sweden, where the abuse of drugs was a matter of concern to the health authorities. Addiction to narcotics in the traditional sense regulated by the Single Convention on Narcotic Drugs was still a serious problem, but during the past decade the abuse of drugs not covered by the Convention had been observed to an alarming extent. The drugs he had in mind were the amphetamines, stimulants, hypnotics and other psycho-active drugs. What in fact made that a new mental health hazard was that the abuse was widespread among young people. There existed gangs, including even teenagers, who might be called “drug dependent”. It was a popular habit to be compared with other hysterical manias of modern life. Furthermore, one hospital, the Hospital for Infectious Diseases, at Stockholm, had received during 1964, 150 patients between sixteen and thirty years of age admitted with the diagnosis of hepatitis related to drug-dependence. There was clear evidence that serum hepatitis virus had been inoculated through the use of a common syringe by different groups. The majority were addicted to preparations of the amphetamine group, others to barbiturates dissolved in water and injected. A smaller group was addicted to preparations of the morphine group.

The Expert Committee on Addiction-Producing Drugs in its thirteenth report 1 had mentioned observations of an epidemic-like outbreak of abuse of hypnotic drugs in a particular region without mentioning hepatitis as a complication.

It was always difficult to make a sound judgment of the quantities of drugs sold on the market, but he would later provide the Secretariat with some figures elucidating the increase in Sweden of the consumption of the drugs under discussion. It was still more difficult to estimate the number of drug-dependent people and their age distribution, but the experience of the police of Greater Stockholm, with its 1 200 000 inhabitants, gave an estimate of approximately 3000.

Measures undertaken by the Swedish health authorities to control the abuse of sedatives, hypnotics and stimulants, had been to a large extent ineffective because it was feasible to buy without prescription in other countries many pharmaceutical preparations which required prescriptions in Sweden. An illicit traffic in many of the dependence-producing drugs had developed between those countries and Sweden. He strongly felt the need, therefore, for immediate international control measures for drugs that could be abused and which were not under international control, such as amphetamines, barbiturates and other sedatives and stimulants. So far as he could see, a campaign against dependence-producing drugs would in the first instance be the task of the United Nations Commission on Narcotic Drugs. The World Health Organization, however, was co-operating with the Commission and advising it from its own experience, mainly through its expert committee.

The proposal that would be submitted would suggest intensifying co-operation between the two bodies and express the hope that joint action would be taken as early as possible; request the Director-General to transmit to the Secretary-General of the United Nations the opinion of the Health Assembly that international action was desirable in regard to the control of the abuse of sedatives, stimulants and other psycho-active drugs not at present classified internationally as narcotic drugs, with a view to having them placed under medical prescription; and finally, request the Director-General to promote further research into the epidemiology of drug dependence.

Dr Kennedy (New Zealand) said that the Swedish delegate had made a very interesting proposal. While he could see the advantage of medical studies of the epidemiology of dependence-producing drugs, he would like to hear from the Swedish delegation more about the international action it was considered should be taken. In narcotic drugs control, the focal point was the import and export permit system and all narcotic drugs in the licit traffic were accounted for quantitatively. The volume of the trade in such drugs as amphetamines and barbiturates was so great that it was doubtful whether any system for its control, parallel to that used in the control of narcotic drugs, was feasible. The answer to the problem lay not so much in international action as in the fulfilment of their responsibilities by national administrations. To make the drugs in question obtainable only on medical prescription and from licensed pharmacies should go a long way towards control, provided that legislation existed to prohibit the acquisition of the drugs other than by authorized means, and the health and police departments co-operated closely to take severe measures against persons found in illicit posses-

tion of such drugs and against pharmacists selling them without prescription.

Dr Haque (Pakistan) said that in one research unit in his country cases of haemolytic anaemia had been found relatively common in certain areas and it had been thought that that might be due to abuse of drugs. He wondered whether any research into that subject had been undertaken, so that the findings could be used for warning persons against possible side-effects.

Dr Quiros (Peru) said that his delegation had a special interest in the subject under discussion because in his country, as in other Latin American countries, there was the problem of coca-leaf chewing. In that respect greater co-ordination was needed between the activities of WHO and other bodies of the United Nations family concerned.

Two years previously, two seminars on the subject had been held at Lima. WHO had been represented at one of them by the chief of the addiction-producing drugs unit, but had not been represented at all at the other.

Peru had signed the Single Convention on Narcotic Drugs and had undertaken to eradicate the habit of coca-leaf chewing within twenty-five years. But, owing to the strong opposition that the measure was encountering in some sections of the country, he was obliged to ask for the full support of the United Nations and the specialized agencies, in particular WHO.

The Deputy Director-General confirmed that the Swedish delegation had handed the Secretariat the text of the draft resolution to which he had referred and, in agreement with the sponsors, it had been placed on the agenda under item 2.12, as it was directly related to the question of the Single Convention on Narcotic Drugs. Moreover, that would give the Secretariat time to consult the appropriate organs of the United Nations in Geneva, so that it would be able to give the Committee any explanations that might be needed when the matter came up for discussion (see page 354).

Dr Ahmeteli (Union of Soviet Socialist Republics) said that he shared the view of the New Zealand delegate. He could appreciate the alarm of the Scandinavian countries, but the draft resolution should give attention not only to raising the problem but also to its solution—to what the Organization would be required to do. Undoubtedly scrupulous registration of addicts would be an important step, but action must be realistic. Many of the activities involved went beyond the strictly medical. Police and customs action would hardly be adequate to reduce the consumption by the population of various medicinal preparations.

As an accessory point, he had been consulting persons who had had many years in narcotics control, shortly before he had left Moscow, and he had found that the experts there were somewhat dubious about the substitution of the term "dependence" for "addiction". That change might be liable to lull public opinion.

The Committee should examine very carefully what, specifically, WHO could do before it adopted any such draft resolution as that to be put forward by the Swedish delegation.

Dr Engel (Sweden) said that he agreed that it would probably be better to discuss the draft resolution when it had been circulated. Delegations would find answers to many of their questions in the text of the draft resolution. His delegation had approached the matter very carefully and had considered two channels for international action—the Commission on Narcotic Drugs and WHO. When the proposal came up for discussion he would make a statement with regard to epidemiological research (see sixteenth meeting, section 2).

Section 4.5 Malaria Eradication

There were no comments.

Section 4.6 Communicable Diseases

Professor Corradetti (Italy) drew attention to the growing importance of parasitic diseases. In 1964, the First International Congress of Parasitology had been held at Rome with the attendance of a thousand scientists from eighty-six countries, who had shown how seriously parasitic diseases affected the health and economy of all nations. More action by WHO was evidently needed. Two of the diseases especially deserving attention were leishmaniasis, which was spreading to new areas, and hydatid diseases, which affected many countries.

Dr Kaul, Assistant Director-General, Secretary, said that he had taken note of the Italian delegate's remarks. Some activities were being undertaken both in leishmaniasis and in hydatid diseases. A reference centre for leishmaniasis had been established, in which certain research activities in connexion with its epidemiology and immunology were being undertaken.

Section 4.7 Public Health Services

There were no comments.

Section 4.8 Health Protection and Promotion

Professor Pesonen (Finland), referring to section 4.8.1 (Social and Occupational Health), observed that one of the serious public health problems was
the great increase in traffic accidents. The Finnish delegation was aware that many national and regional authorities were concerned with the problem and that much had been done on the material aspects and in guiding the population on the prevention of accidents. One aspect, however, had received little, if any, attention: the human aspect of the problem, which was a most important one. Despite increased modern knowledge applied to methods of prevention, the accident rate was steadily increasing in nearly all countries, mainly because of the neglect of the human aspect. The Finnish delegation had no definite proposal to put forward, but would be grateful if the matter could be studied by WHO.

Dr Jennings (Ireland) said, in connexion with section 4.8.2 (Mental Health), that mental health was receiving great attention in Ireland, especially methods for improving the care of the mentally-handicapped. A commission of inquiry had reported in 1965 that suitable care, particularly for the young, could enable many mentally-handicapped to lead an independent life and many of the remainder to contribute to their own maintenance. Appreciation of the benefits of care and treatment and the awakening of the public conscience had led to greatly increased public interest, which had resulted in the provision or planning of residential and special educational facilities, in state aid for the many voluntary associations, including religious orders, in the country, in a steady growth of services for mentally-handicapped persons living at home, and in the dissemination of information on the nature and extent of mental handicap. The report of the commission gave its recommendations on how those services should be provided.

Referring to section 4.8.4 (Dental Health), he said that in 1960 legislation had been enacted making the fluoridation of public water supplies mandatory in Ireland, in accordance with regulations issued by the Ministry of Health. The mandatory nature of the legislation had given rise to widespread controversy and the Act had been challenged in the Courts, on the grounds of possible injurious effects, violation of family and personal rights and interference with the right of education guaranteed by the Constitution of Ireland. The hearing had lasted from March to July 1963 and the case had been dismissed. An appeal against the judgement had also been dismissed by the Supreme Court. Fluoridation of public water supplies became mandatory on local authorities, but only after a dental survey and water analysis had been carried out. The survey and analysis had been completed and the survey had revealed a high incidence of caries. Fluoridation of the public water supplies in the capital and in eight other areas, with a population of 750,000, had been carried out and it was expected to extend it to all the main urban centres by the end of 1965.

Dr Haque (Pakistan) observed, in connexion with section 4.8.1 (Social and Occupational Health), that most developing countries were being rapidly industrialized, but almost nothing was being done about industrial health. WHO should take the initiative before it was too late.

In connexion with section 4.8.3 (Nutrition), a great deal of research was needed in the developing countries, where malnutrition was widespread. It had been found recently that in some groups mothers' milk became deficient after six months, which led to malnutrition in the infant.

Dr Grundy, Assistant Director-General, replying to the delegate of Finland on the growing importance of traffic accidents, in particular as regards the medical aspects, said that WHO had had a programme of investigations, reports and educational meetings for some years. In 1962, WHO had published a study entitled "Road Traffic Accidents: Epidemiology, Control and Prevention" as Public Health Papers No. 12.

In the current year, an inter-regional seminar on the subject would be held at Alexandria. Many of the Organization's other activities had a bearing on the subject. An expert committee on alcoholism would be held in 1966 and would obviously consider what was one of the main factors in road accidents. Procedures relating to the care of casualties in accidents in general were also being studied in the Organization of Medical Care unit. Studies had been begun on medical screening procedures and the technical discussions at the Regional Committee for Europe in 1964 had been on that subject. Thus the Organization had recognized its part with regard to the human aspect of accidents, although it did not have a comprehensive programme devoted exclusively to the subject.

It went without saying that WHO was paying particular attention to mentally-handicapped children. It was also doing work on fluoridation, and amongst its most recent studies was a monograph, soon to be published, on the metabolism of fluoride. A fairly complete statement on dental health had been made to the Seventeenth World Health Assembly in 1964.1

WHO policy with regard to nutritional research was quite consistent with the suggestions made by the

delegate of Pakistan. Many studies were being carried out in the developing countries, especially with regard to vulnerable groups, such as pregnant women, infants and nursing mothers.

Section 4.9 Environmental Health

Dr Aldea (Romania) said that community drinking-water supply was one of the most important problems of environmental health, in view of its effect on the prevalence of a large number of communicable diseases and the general state of health of the population. WHO was rightly giving great importance to that problem and the many programmes connected with it testified to that. Experience showed that all communities, however small and whatever their resources, considered the drinking-water supply as one of their main problems, and sooner or later succeeded in solving it. The solution was harder and not always so correct if it was left to local authorities or to private enterprise. The drinking-water supply, especially in the developing countries, in most of which nothing had yet been done in that respect, required large investment which brought in small returns to private enterprise and was beyond the means of the local authorities.

The solution, therefore, was to concentrate efforts and make water supply a state problem for which the central administration was directly responsible, since it could find the best solutions by planning in stages and with its greater resources. WHO, too, should broaden its concern with the supply of drinking-water to communities. Material assistance in installing essential plant in one or two localities was insignificant in comparison with world requirements. On the other hand, arousing the interest of national administrations, supplying technical assistance, especially as regards technical documentation and training of specialists, would entail less expenditure and would provide more substantial effective assistance.

Another aspect of the problem which was growing increasingly important to mankind was that of the sources that could supply drinking-water of appropriate quality. Rapid industrialization, especially in the chemical and textile industries, the increasing use of chemicals in domestic activities and especially the exaggerated increase in the consumption of detergents were increasingly polluting the surface waters and sometimes even waters to some depth by chemical substances that were extremely harmful biologically. Carcinogenic and allergy-producing substances, detergents, mineral oils, and toxic, caustic, and radioactive substances were increasingly polluting surface water. The physico-chemical and biological treatment of those waters were not really able to eliminate the toxic substances or to reduce concentrations to completely inoffensive limits. His delegation believed that WHO should concentrate on that state of affairs and should stimulate all the bodies which might be equally interested with a view to intensifying research on methods of neutralizing harmful elements in water, promoting strict regulations prohibiting the pollution of surface water, and finding new sources of drinking-water.

Dr Webster (Southern Rhodesia) said that he had noted that the office of Director of the Environmental Health Division at headquarters remained vacant. One reason might be that the office was now generally held by an expert in the sanitary engineering aspects, but there had been a time in the past when the Division of Environmental Health had been headed by a medical officer. If the Organization were to widen its scope of recruitment for that post, a very experienced medical officer might be found for it.

The Secretary said that the delegate of Romania had rightly emphasized the need for the development of drinking-water supply programmes. WHO was giving assistance in that respect to many countries and a number of programmes were in operation. Many requests had been received from governments within the past four years. There were now some fifteen projects, three or four of which had received allocations from the United Nations Special Fund. Others were in the process of detailed costing and would be submitted to the Special Fund in the near future.

WHO was also assisting governments in surveying their own needs and working out detailed plans. It was associated with activities in training personnel and advisers. A large programme had been undertaken in Latin America with very considerable support from the financing agencies. Other programmes were reaching a stage where they would need international financing, which WHO hoped to negotiate for them. The matter had been reviewed in detail at the technical discussions during the Seventeenth World Health Assembly. The stress that the Romanian delegate had placed on the point made it necessary to give him further assurance that WHO was supporting programmes in existence and expanding them as fast as it could, consonant with its resources.

With regard to the point made by the representative of Southern Rhodesia about the Director of the Division of Environmental Health, his point had been noted with interest; the Director-General had the matter under consideration.

Dr Giebin (Israel) remarked that no mention was made, in the section under discussion, of the influence
of noise. That was a subject of some importance to the health of the urban population, and should be studied.

The Secretary said the matter had been kept under review. Expert committees in several fields had brought attention to bear on the study. There were no active programmes, but studies were under way to see whether information could be collected with a view to determining the need for a larger programme.

Dr Ahmeteli (Union of Soviet Socialist Republics) observed that most of the posts in the Division of Environmental Health were at the present time filled by sanitary engineers. Although that concept was acceptable to some countries, others considered that environmental health was the concern of the medical specialist. The Organization should review the matter. In his opinion, doctors, who knew better the biological problems involved, should be recruited to work alongside the sanitary engineers, thus enriching the Organization's work and extending its possibilities.

The Director-General said that the relationship between medicine and public health was growing in complexity and the important question raised by the representative of Southern Rhodesia and the delegate of the Union of Soviet Socialist Republics could apply equally to a number of different fields. It was obvious that there was an increasing tendency—a tendency which, as he had stated in a plenary session, he viewed with concern—in some countries to place responsibility for the medical services in the hands of a general administrator.

As regards environmental health, it was clear that it was a field increasingly concerned with problems of biology and physiology. Nevertheless, his feeling was that at the present time the Director of the Division of Environmental Health should be a man with training in engineering—civil engineering or chemical engineering—who had specialized in environmental health. He should of course be assisted by people from other disciplines, biology for example: a biologist was not necessarily a medical man, and sometimes a biologist was what was required.

It was a problem that would become increasingly complex as time went on, and as Director-General he had, and considered that he should have, discretion to decide on the type of specialization required of the director of the division in question.

Section 4.10 Education and Training

Dr Baidya (Nepal) expressed his Government's gratitude to the Organization for assigning a consultant to explore the possibilities of setting up a medical college in Nepal. As a result, it had been possible to convince the Nepalese planning authorities of the urgent need for such a college and its inclusion in the five-year plan beginning in July 1965 had therefore been approved. It was hoped to admit the first group of medical students in 1968. Thanks were due to the Governments of Pakistan and of India, which had agreed to help in the project. He requested the Organization's assistance in contacting other international organizations, such as the United Nations Special Fund, and member countries of the Colombo Plan in order to ensure the successful implementation of the new medical college's programme.

Professor Pesonen (Finland), referring to section 4.10.2 (Education in Medicine and Allied Subjects), said that the Third World Conference on Medical Education was an extremely important event and one that deserved the Organization's cooperation. Although problems could not be examined in any depth at such large gatherings; an opportunity was provided of addressing a large number of teachers from medical schools in different parts of the world. The Conference offered an excellent opportunity to emphasize the important aspects of social medicine to teachers and it was to be hoped that the Organization would make effective use of the opportunity. The delegation of Finland would appreciate some further information about the part the Organization would play in the Conference.

Dr Haque (Pakistan) said that in his country there were at the present time some 200 foreign students in the medical schools, including WHO and Colombo Plan scholars. Many of them, however, did not have sufficient premedical training and he wondered therefore whether it would be possible for the Organization to ensure that students were suitable for admission to medical schools before being sent to Pakistan. In certain instances it had been necessary to send them to university to be taught English. It was essential therefore to achieve some measure of standardization, so that all Member States would know that their students must possess a minimum qualification for admission to medical college.

Professor Canaperia (Italy) said that he was glad to see, under section 4.10.2, that an expert committee was to be convened in 1966 to study the use of health service facilities in medical education. The expert committee was particularly important because it offered the possibility of ensuring co-ordination between the public health services and ministries of education and would provide useful advice about the way in which public health might be included in medical curricula. With regard to paragraph (2) of section 4.10.2, in which it was stated that the staff would collaborate with other units on the training of
paramedical personnel, he considered that, in view of the importance of such training if the problem of lack of staff in a number of countries was to be resolved, it merited greater emphasis.

Dr Giebin (Israel), referring to section 4.10.3 (Public Health Education and Training), stressed the importance of post-graduate education in public health for all medical practitioners from developing countries. He wished to know if there existed any project of collaboration whereby teaching was first given at an established centre in a developed country and practical experience was then gained in a developing country with the assistance of the local university. In that way, people from developing countries would not only become acquainted with the system of work in the developed countries but would also learn how to carry out practical work in their own type of country with the help both of local people and of people from abroad.

Dr de Silva (Ceylon) expressed gratitude to the Director-General and to the Regional Director for South-East Asia for organizing a training course for medical administrators in Ceylon in 1964. He understood that there was an excellent course in the United Kingdom for medical administrators and his Government would appreciate it if a few fellowships could be granted for the training of senior administrators there.

Dr Samii (Iran) said that the shortage of paramedical staff, and particularly of nurses, to which reference had already been made, existed in most of the countries represented. The main difficulty in expanding the programme of nursing education arose not so much from a lack of qualified candidates or of funds, as from a lack of qualified staff to teach them. He asked whether the Organization could provide experts or consultants for a period of one or two years as teaching staff for new programmes of nursing in developing countries.

Dr Haque (Pakistan) informed the Committee that in his country a school that had originally been established to train people for rural health centres also admitted young people who had completed their premedical course, for training as junior scientists. They were awarded a degree in technology and could subsequently take a Master's degree or even a Ph.D. degree in technology. The centre was open to nationals from other countries who might wish to take advantage of such facilities.

Dr Fisek (Turkey) expressed his delegation's appreciation to WHO for the work which it had already carried out in the field of education and training. It was to be hoped that the programme would be further expanded, especially in the developing countries. Help in the form of fellowships, consultants and short-term lecturers for the medical, nursing and public health schools would be very useful. Efforts made in the field of education and training undoubtedly constituted the best investment for the future welfare of mankind.

Dr Vassilopoulos (Cyprus) expressed thanks to the Organization and to the Regional Director for the Eastern Mediterranean, as well as to the Government of Israel, for awarding undergraduate scholarships in medicine to students from Cyprus. He asked whether the Organization could extend such undergraduate training to other subjects connected with health, such as pharmacy and nursing.

Dr El Atassi (Syria) joined previous speakers in stressing the importance of education and training, which was a basic requirement if the goals of the Organization were to be attained. He thanked the Organization for the help it had rendered to Syria and for the report of the WHO expert, who had recommended the establishment of a new medical school in Syria.

Dr Hamdi (Iraq) said that WHO had, through its Regional Office for the Eastern Mediterranean, assisted his Government with university education, in medicine and related subjects. It had assigned a professor of public health to the University of Baghdad and had also rendered assistance to the College of Nursing and the Institute of Sanitation in Baghdad. In Iraq there were several local schools of nursing, as well as training courses in all the provinces. He expressed agreement with other delegates who had stressed the importance of paramedical personnel in all fields of public health. Nursing was a basic necessity, and for that reason a large number of girls in Iraq were encouraged to follow a short course of some nine months so that they could serve on projects.

Dr Subandrio (Indonesia) said that in her country the fullest attention was paid to the important question of education and training. At the time of independence in 1950, Indonesia had been faced with a serious shortage of trained medical and paramedical personnel, but over the past fifteen years some fourteen medical schools of varying sizes had been established. The largest, in Djakarta, admitted 200 new students every year while, in the smaller provincial capitals, the medical schools admitted some fifty students annually. Doctors had already graduated from about eight of the new medical schools and had been working for the past seven years. As yet, no doctors had graduated
from about six of the schools. At present, the annual increase in the number of doctors in Indonesia was about 500, and the number would be greater when all fourteen medical schools were producing new doctors every year. Thus, although many problems remained, especially with regard to teachers for the medical schools, the most serious problem of shortage of doctors had been overcome. It was now planned to upgrade the education of doctors so that they would be better qualified for public health service.

It was felt in Indonesia that a young doctor who had just graduated from medical school needed additional training to equip him for the public health services, and in the coming years it was hoped to introduce such additional training for the higher level of paramedical personnel as well. Doctors were given at least one month’s intensive training in public health to acquaint them with its practical side, such as dealing with government officials from other ministries and with the local councils and representatives of the people. Similarly, it was hoped to prepare doctors for work in the field of nutrition education and malaria eradication, and plans were under way to give additional training in anaesthesiology to doctors in the surgical departments of the main hospitals. In that field, Indonesia had received assistance from the Government of Czechoslovakia. Furthermore, doctors who were to work in trachoma control projects would be given some training in ophthalmology, without becoming fully qualified specialists in that field.

She had spoken at some length in order to stress the importance of giving additional training in short courses to prepare medical or paramedical personnel for their respective tasks.

Dr Aldea (Romania) said that the training of personnel was a problem of great importance and all Member States were endeavouring to resolve it at the national level. The methods followed, however, varied greatly and there was much experience to be gained from the different countries. It would therefore be very helpful if WHO could provide information on the different training programmes for highly qualified medical and paramedical personnel.

Dr Belios (Greece) said that previous speakers had spoken of the difficulty of recruiting suitable candidates for public health. Obviously, there were practical solutions such as raising the level of salaries and allowances, in order to attract more candidates. However, he wondered whether it would not be possible to give greater prestige to public health doctors. It was not an easy matter, of course, since the fact was that the clinical doctor invariably enjoyed greater prestige than the public health man. There was the added difficulty that the basic training was given at university, and universities and other medical schools were more or less independent of ministries of public health. It might be possible, however, to make future doctors more conscious of the importance of preventive medicine and of hygiene, by giving supplementary courses related to public health as a part of the general courses in hygiene followed by all medical students. Efforts in that direction could perhaps be redoubled.

Dr Boniche Vásquez (Nicaragua) underlined the importance of improving public health training. In Nicaragua, doctors dealt only with curative medicine, but a number of seminars held in various capitals throughout the Americas had aroused a healthy concern in the medical world, and as a result a department of preventive medicine had been set up at the National University of Nicaragua. It was financed by, and under the joint patronage of, the Ministry of Health, which had provided personnel and equipment, and the University, which had provided the chief of the department, who held a degree in public health. The students engaged, from their first year, in practical work of hygiene and preventive medicine. It was hoped thus to influence them in favour of preventive health work, so that they would eventually make suitable candidates to fill posts in the public health field.

Dr Silva (Nigeria) said that her country, in recognition of the importance which the training of health personnel had assumed in the over-all development of health planning, had accorded top priority to the training programme in its current health plan. In addition to the medical school in Ibadan, which had existed before the plan, a second medical school had been established in Lagos and 300-400 doctors would soon be graduating annually from both. Furthermore, the curricula now provided for students to receive a considerable amount of public health training from the beginning of their medical studies, in order to avoid the situation that had arisen in the past, when most physicians engaged in clinical work. She acknowledged the assistance rendered by WHO in the development of the schools, and particularly in the training of auxiliary health personnel. During the past year, her Government had embarked upon a programme of post-basic training for nurses in order to produce nurse tutors and nurse administrators, since it was realized that with the development of medical schools and the graduation of large numbers of doctors a correspondingly greater number of nurses and other paramedical
health personnel would be required. She also acknowledged the assistance of WHO in providing one professor and two lecturers for the new school of nursing in Ibadan, and looked forward to further assistance in the future for schools which her Government planned in the fields of radiography, physiotherapy and laboratory technology.

Dr Grundy, Assistant Director-General, replying to the question by the delegate of Finland with regard to the Third World Conference on Medical Education, reminded the Committee that the matter had been discussed at the thirty-fifth session of the Executive Board, and a reference to it was to be found in Official Records No. 141, Chapter IV, section 4.10. In the final two sentences, the Director-General had expressed virtually the same view as the delegate of Finland. WHO had participated in the two previous World Conferences on Medical Education and they had been of great value to the Organization, providing a means of reaching a wide audience in the medical profession, which was not otherwise easily accessible, as well as a means of ensuring that the Organization's experience was placed at the disposal of the Conference. The major topics of the Conference, which was to be held in New Delhi in November 1966, would be of a social-medical character: social change and scientific advance, their relationship to medical education, medical education and national structure, organization of the medical curriculum to meet the needs of society and planning new programmes in medical education. The Organization had been intimately associated with the programme planning of the Conference right from the start and staff from both headquarters and the regional offices were members of the planning committee.

With regard to the question raised by the delegate of Pakistan on the importance of ensuring that medical students selected for fellowships had the necessary premedical education to benefit from their studies, the matter had been very much in the minds of the Secretariat when the students were selected. An expert committee had met late in 1964 on the subject of undergraduate medical teaching of the natural sciences, and at that meeting reference had been made to minimal standards. The report was shortly to be submitted to the Executive Board. Moreover, the Organization's reviews of fellowships had shown that, although there was a very high proportion of successful fellowships, there was nevertheless some room for improvement in the matching of students to courses, taking account of their language and medical or premedical qualifications.

The delegate of Israel had raised a question of great importance, namely, the extent to which, in postgraduate public health education, it was possible to arrange for a part of the training of students from developing countries to be given abroad in well-established post-graduate schools of medicine and for a part to be undertaken in a country in circumstances similar to those in which the student would have to practise. There was a trend in that direction, but hitherto it had applied only to special fields: for example, post-graduate paediatric training courses were organized jointly by the Great Ormond Street Hospital in London and by the Government of Uganda and nutrition courses were organized jointly by the London School of Hygiene and Tropical Medicine and the University of Ibadan. Also, such courses were being introduced in the field of epidemiology, but so far had not been in public health. Thus far it had only been possible to encourage receiving schools to adapt their post-graduate curricula to the needs of the post-graduate students coming from abroad. The Organization would certainly take account of the suggestion made by the delegate of Israel, confirming, as it did, that the trend in the Organization's thinking—which it was hoped to translate into action—was well received.

Turning to the question of shortage of nurses and the way in which the Organization was making a contribution, the first general principle to which he would refer was that of concentrating on strengthening post-basic training, and particularly that of nurse-tutors who obviously had an important contribution to make in the expansion of nursing services. It had been possible to provide assistance to a school of basic nursing in Iran and the Organization was also providing consultants there to give assistance in the development of basic nursing training courses. Care had also been taken to ensure, particularly in the case of French-speaking nurses, that the Organization's own staff members, who did not always have the necessary specialist post-basic training in nursing, were provided with such training, so that they could assist in the preparation of courses in nursing schools in the countries needing assistance. A complete answer to the question would require the assembly of a great deal of factual information and considerable time but, if required, the Secretariat would be pleased to pursue the matter further.

With regard to the question of the delegate of Romania regarding information about medical schools, the content of their curricula and the description of the work being undertaken in them in different parts of the world, a great deal of such information was to be found in the World Directory of Medical Schools, published by WHO. Where there were omissions, it was due to the fact that the Organization had not received the necessary information in response to
questionnaires; anything that the members of the Committee could do to ensure that fuller information was supplied to the Organization would clearly add to the value of future editions of the Directory. Similar information was now also available in directories of dental, veterinary and pharmaceutical schools and was in the course of preparation for post-basic nursing schools and post-graduate public health schools.

Finally, with regard to the remark made by the delegate of Nigeria that in her country top priority had been accorded to medical education and training in relation to their total health plan, he wished to recall that some three years previously the Director-General had stated that the policy of the Organization would be to give every assistance in the field of medical education at every stage of national health planning.

Professor PESONEN (Finland), thanking the Assistant Director-General for his explanation regarding the Third World Conference on Medical Education, asked whether WHO would appoint lecturers to take part in the Conference.

Dr GRUNDY, Assistant Director-General, assured the delegate of Finland that the Organization would nominate staff members and others as active participants at the Conference.

The meeting rose at 12.30 p.m.

NINTH MEETING
Friday, 14 May 1965, at 2.30 p.m.

Chairman: Professor R. GERIC (Yugoslavia)

1. Review and Approval of the Programme and Budget Estimates for 1966 (continued)
   Agenda 2.2

Detailed Review of the Operating Programme (continued)
   Agenda, 2.2.3

   The CHAIRMAN explained that he was taking the chair at the request of the Chairman, Dr Mudaliar, who was prevented from attending the meeting. He wished to take the opportunity of expressing his appreciation at the honour paid to his country, his delegation and himself by his election as Vice-Chairman.

   He declared open the discussion on the remainder of the Operating Programme.

   Programme Activities, Headquarters (continued)

   Section 4.11 Editorial and Reference Services
   Section 4.12 Programme Co-ordination
   Section 4.13 Programme Formulation and Evaluation
   Section 4.14 Supply
   Section 4.15 Data Processing
   Section 4.16 Interpretation

   There were no comments.

   Section 5 Regional Offices

   The CHAIRMAN explained that section 5 would be discussed in conjunction with Annex 2 (Regional Activities : Summaries and Details) (see below), when the regional directors would make their reports.

   Section 6 Expert Committees

   There were no comments.

   Sections 7 and 9 Other Statutory Staff Costs
   Section 8 Administrative Services
   Section 10 Headquarters Building Fund

   The CHAIRMAN recalled that the above items were being dealt with by the Committee on Administration, Finance and Legal Matters (see page 421).

Annex 2 Regional Activities

Africa

   The CHAIRMAN requested the Regional Director for Africa to introduce the estimates for the Region (Official Records No. 138, pages 101-122 and pages 259-294; and Official Records No. 141, pages 45-47).

   Dr QUENUM, Regional Director for Africa, said that the table on page 259 of Official Records No. 138 showed (under the regular budget, Technical Assistance and other extra-budgetary funds) the total estimated expenditure for the African Region in 1966, which amounted to $11 399 990. More than $10 000 000 would be devoted to field activities in the various African countries. The funds provided in the regular budget and under the Expanded Programme of
Technical Assistance together amounted to $8,403,389, representing an increase of about 6 per cent. over the 1965 figure. The number of posts under the regular budget for field activities showed an increase of about 20 per cent. compared with 1964, whereas the increase in the number of posts in the Regional Office was only 5 per cent. That was interesting in view of the expansion of activities in the Region which naturally had a markedly effect on the volume of work of the Regional Office.

Most of the funds allocated for field activities—about 44 per cent.—would be devoted to communicable disease control, in particular malaria and tuberculosis, which continued to be the chief public health problems of the Region; 16 per cent. would be used for public health administration, and a considerable proportion of the funds shown under malaria pre-eradication programmes would be used for developing the basic health services. Finally, projects relating to environmental health, nursing, and education and training which would account for 10 per cent., 9 per cent. and 7 per cent. respectively of the budget estimates; again, the proportion for education and training was increased by various training activities in the fields of maternal and child health, tuberculosis, etc. The estimates for inter-country programmes, which had increased by 20 per cent., were shown on pages 293 and 294 of Official Records No. 138, the major part again being reserved for the control of communicable diseases.

The budget estimates reflected the principal objectives of the African Region and the lines along which the activities of the Region would develop in 1966. Those objectives, without being specific to Africa, nevertheless had special characteristics and required new solutions to meet the changing realities of a continually changing Region.

The first aim was undoubtedly the control of communicable diseases, most important among them malaria. The problems of eradication in Africa were many and various. The lack of both human and material resources in the rapidly developing countries, inadequate health services, technical problems in certain jungle areas, the resistance of Anopheles gambiae and funestus to dieldrin and the HCH insecticides in certain areas such as Northern Nigeria, Eastern Ghana and possibly some other parts of Africa—all played a negative role in the eradication of malaria. A change in the behaviour pattern of A. gambiae created problems of control in about seventeen countries of the Region, which had not yet started their malaria pre-eradication programmes. There was, therefore, ample justification for the budgetary allocation of over $1,800,000 and the need for more than 100 staff in connexion with malaria; a considerable amount of technical and financial assistance would be required for many years to come.

Tuberculosis was also a serious problem, both from the public health and the social and economic points of view. National programmes to control tuberculosis should be integrated with the general programmes for health promotion and protection. Again, as regards other communicable diseases—leprosy, treponematoses, smallpox, measles, cerebrospinal meningitis—experience showed that specialized programmes alone could not provide an effective campaign against those diseases and that such projects should also be integrated with the more general activities. That was why the Regional Office was endeavouring as far as possible to integrate various health activities into single projects. For example, it was trying to combine the campaign against leprosy with vaccination against smallpox, in several neighbouring countries. That was obviously an economy of the means available, a factor not to be overlooked in an area where the needs were vast and resources limited. The only means by which countries could reach their targets was to strengthen the main health services. Planning problems in the field of public health were therefore at present one of the major preoccupations of the Region, and the first national programmes for health planning, which had received assistance from WHO, would be followed in the coming years by other similar programmes.

In addition to the work of the fourteen WHO representatives, the Regional Office would provide twelve public health advisers to assist ministries of health in developing national health planning programmes. But, however realistic such plans might be, they would not achieve their aims if the necessary staff were lacking. For that reason, the education and training of medical staff were of primordial importance. For the time being, the African Region would have to continue to make use of the resources offered by other regions in education and training. But, at the same time, every effort must be made to develop existing facilities for training and also to plan future activities, particularly at the inter-country level. Consequently the fellowships programme would be intensified but, in that connexion, it was necessary to review and improve the conditions for fellows to bring them more into line with conditions at African universities: measures had been taken to assist eight regional centres for the training of health personnel and a further four regional centres for professional training were envisaged.

In addition to those basic tasks, the Regional Office would continue to pay special attention to environmental health, particularly water supplies, maternal and child health, nutrition and health education.
The proposed programme and budget estimates for the African Region for 1966 aimed at continuity, combined with dynamic expansion and development. Continuity would be achieved by keeping the principal objectives for the coming years in the general framework of the main programmes which WHO had been carrying out for many years. That continuity was an essential factor for the success of the vast and complex tasks to be carried out in the field of public health in the Region; consequently, the new Regional Director for Africa had been very careful to maintain the principal objectives of the programme and budget planned for 1966, which had already been established on broad lines under the guidance of Dr Lucien Bernard, the Personal Representative of the Director-General for the African Region, to whom he addressed his personal thanks and a sincere tribute on the work he had accomplished during his fourteen months at the Regional Office. But continuity did not only mean continuing along the same lines, but also adjusting the tasks to be done to the changing needs of a region in constant development and to the health needs of each country in it, within the general framework of economic and social development. Much, however, remained to be done. For eighteen countries and territories of the African Region, there were additional projects and Category II projects under the Expanded Programme of Technical Assistance amounting to a total of some S1 815 666—an indication of the volume of activities which must be undertaken if the necessary resources became available. For that reason, the Regional Office would continue to devote attention to co-ordination with all international institutions, whether bilateral or multilateral, such as UNICEF, the Economic Commission for Africa, and many others. By such international co-operation, WHO would continue to mobilize all resources for the promotion and protection of public health in the African Region.

Dr BUCUMI (Burundi) said that his country had continued its health programme and the training of medical and auxiliary staff along the lines that had been established in the country by the Belgian administration. In that connexion, he wished to pay sincere tribute to Belgium, France and Israel. As in the past, Belgium was continuing to give valuable aid in regard to medical staff, supplies and equipment, transport, documentation on tropical medicine, and was also making available fellowships in Belgium for the further training of auxiliary staff from Burundi. Several students had recently returned to Burundi having obtained their medical degree in Belgium. France had set up a public health laboratory, which would assume the technical direction of the control of the major endemic diseases. Moreover, France was participating in the teaching programme at the Faculty of Medicine of Burundi and was providing fellowships for undergraduate medical studies and for specialization.

He also paid a tribute to WHO for the help given to Burundi, mainly in the form of fellowships and staff under the Technical Assistance Programme. Unfortunately, WHO had decreased the number of its experts by three, and Burundi particularly hoped that the sanitary engineer at least could be replaced, as his work was of great value. WHO was also assisting with the training of paramedical and sanitation personnel, and a school of environmental health had been set up during the period 1964-1965. His country intended to re-organize those activities within the general framework, bearing in mind its economic resources, which were unfortunately very limited. Consequently, Burundi had appealed to WHO to help in starting a tuberculosis campaign, since that disease had most serious social repercussions. A WHO expert had carried out a three-month survey for which his delegation was extremely grateful. For the last four years, the national income had not been sufficient to initiate any campaigns against insect-borne diseases, and international assistance was urgently needed on both a long-term and short-term basis.

Burundi was also conscious of its shortage of doctors. There were far too few doctors for the rural areas, especially since many of them had had to leave the country to undertake further training in public health and preventive medicine. Any assistance that WHO could give in that field would also be very welcome.

In conclusion, he trusted that the work of the Eighteenth World Health Assembly would be crowned with success and would lead to a rapid improvement in public health throughout the world.

Dr QUENUM, Regional Director for Africa, thanked the delegate of Burundi and informed him that his recommendations had been noted and that the Regional Office would do everything possible to provide the assistance he had requested.

Dr KEITA (Guinea) on behalf of his own delegation and of other delegations in the African Region, recalled the tributes already paid in the plenary meeting to the work of the two Directors who had been responsible for the African Region during the previous year. The excellent report of the new Regional Director was an indication of the rapid progress in public health which the African countries could expect, with his help, in the years to come.
**The Americas**

The Chairman requested the Regional Director for the Americas to introduce the proposed programme and budget estimates for the Region (Official Records No. 138, pages 123-161 and pages 295-337; and Official Records No. 141, pages 47-49).

Dr Horwitz, Regional Director for the Americas, said that clear trends could be noted in Latin America towards political interdependence, economic integration, structural reforms and organized investment of national income and foreign capital for the purpose of achieving a well-planned development programme, which would also extend to the field of public health, since health planning was one of the chief factors in economic and social progress. The Regional Office, at the request of the governments, was carrying out its advisory role.

Since 1964, the Inter-American Committee of the Alliance for Progress had set up a system for analysing investments for development submitted by each government to the members of that Committee and to representatives of the principal loan agencies. In 1964, the emphasis had been on the economic aspects. During the current year there had been a growing interest in social investment, particularly in health and education. The ministries of health would need at least a “programme” budget, and preferably a national health plan with definite objectives, including the chief priorities. The Regional Office, in collaboration with the Committee’s experts, had compiled the minimum indispensable information that would illustrate the health needs for each budget year and their effect on the total investments made.

The governments had agreed upon a number of definite targets which could be attained in the decade beginning 1962, and which were contained in the ten-year health plan that had been studied at the Conference of Ministers in April 1963 and approved by the Regional Committee. The plan laid emphasis on the most prevalent diseases and on the essential machinery to control and eradicate them, e.g. planning, organization and administration of services, training, education and research. The governments had agreed to draw up plans, since experience had shown that, unless such plans were prepared sufficiently in advance, available resources were not always allocated to the most urgent priorities. That decision had been taken at a time when there were conflicting ideas about the political interpretation of planning, and when Latin America lacked institutions for training and research in the programming and planning of development, both general and in the different sectors; there had been no accepted method for health planning, and it was therefore useful to formulate the needs in rational economic terms.

During the last three years, the Regional Office had directed its efforts towards achieving those aims. In conjunction with the Latin American Institute for Economic and Social Planning, it had organized three courses for about a hundred health administrators. It had also organized training in certain countries for some 300 health workers and, in collaboration with the Centre for Development Studies of the University of Caracas and the School of Medicine of Venezuela, it had worked out a method which had been used in various parts of Latin America, and which formed the basis for the above-mentioned international courses.

Programme-type budgets had been prepared in several Latin American countries. It was essential to continue training technical advisers and, in consultation with governments, to initiate scientific research in that field. Funds for that purpose were included in the programme and budget for the Region of the Americas in 1966.

As health planning had progressed, the need for better organization and improved administration of health services, including preventive and curative medicine, had become more obvious. It was quite clear at the present time that certain areas in Latin America were not covered by even minimum health services, and it was also clear that better results could be obtained, i.e. a greater number of human beings would benefit from existing resources, if investments were made more rationally and through better administered institutions. For that reason, 34.3 per cent. of all funds in 1966 were intended for health promotion, including both general services and specific programmes. With regard to the general services, there were 122 projects for advisory services to governments on health administration, both at the central and local level and covering most of the countries of Latin America. There were also sixteen specific projects in 1966 for vital and health statistics—the need for which had become more apparent with increased planning—laying stress on the training of first-level personnel to compile primary data in hospitals and health centres; and the training of medium-level staff was to continue.

The amount earmarked for medical care, 4 per cent. of the budget, was very small in relation to the size of the problem in Latin America and the funds allocated to medical care services by governments and social security organizations. The programme included the provision of short- and long-term consultants to improve the administration of hospitals, and to bring them into the health structure of the community. The Regional Committee had adopted a resolution calling for a study of how best to co-ordinate the medical
services provided by the health ministries and by the social security services. A working group would meet in June 1965 and at its next session the Regional Committee would decide on the policy to be followed.

With regard to nutrition, it was proposed to expand the work of the Institute of Nutrition of Central America and Panama (INCAP) in training professional and non-professional staff courses on nutrition during the current year. Studies were continuing, to discover new sources of vegetable protein, in view of the excellent results obtained with Incaparina. Studies were also continuing on the relation between nutrition and infection, the clinical and biochemical aspects of protein-calorie malnutrition, the relationship between mental deficiency and malnutrition, etc. Plans were included to provide direct advice to governments on the training of personnel, with special emphasis on the control of malnutrition, the anaemias and goitre.

In the regular budget of PAHO for 1966, there was an increase of $260,000 for the purpose of stabilizing the financial situation of INCAP. In the other countries of the Region, provision was made for zone advisers and short-term consultants. Plans were under consideration for a nutrition institute in the Caribbean area. It was also hoped in 1966 to evaluate and improve the nutrition programmes sponsored by the governments of eighteen countries, and by FAO, UNICEF and WHO.

The Regional Committee had approved studies on the prevalence of epilepsy and on legislation governing the care of patients. In March 1965, a working group had met to consider the epidemiology of mental diseases and had made recommendations on the form of collaboration with governments in research of that kind.

It was hoped that in 1966 three centres for training in social paediatrics would be in operation, intended for paediatricians and public health administrators.

Assistance to educational institutions, mainly universities, comprised thirty projects, accounting for about 10.4 per cent. of total funds. They included assistance to all schools of public health in Latin America, and a travelling seminar for deans of United States schools. There were projects for medical school organization, medical pedagogy, international centres for teachers of certain specialties, and direct assistance by short-term consultants to specific departments of medical schools. It was also planned to bring out a review, in Spanish, on medical education. It was proposed to implement the recommendations of a working group to evaluate the results of seminars on the teaching of preventive medicine held in 1955 and 1956, and it was hoped that in 1966 and 1967 the recommendations could be extended to the 110 medical schools of Latin America. The programme in nursing education included advice on basic and post-basic training. In the coming year, it was hoped to start a course in "programmed" instruction for auxiliaries in hospitals and health centres who were not following any formal training.

The 1966 programme included the introduction of sanitary engineering in four schools of civil engineering in Venezuela—a project being financed by the Government, the United Nations Special Fund and WHO, to begin in 1965. There was a similar project in Brazil, in collaboration with the Institute of Sanitary Engineering of the State of Guanabara, also financed by the United Nations Special Fund. In addition, a number of short courses on subjects selected by the teaching staff in various Latin-American universities—a programme successfully begun in 1964—would be expanded during 1966 and following years. In 1964, courses had begun at the Latin American Institute of Occupational Health and Air Pollution, and it was hoped to continue them in 1966 and coming years, along with advisory services to governments in those subjects.

The programme included 879 fellowships and travel expenses for 323 participants in seminars and short courses. It could in fact be considered that 30 per cent. of the total regional allocation would be used for training schemes, since a great many projects had an educational component.

It was proposed to allocate 23.9 per cent. of all funds to the communicable diseases, with particular attention to malaria eradication (14 per cent.), smallpox, tuberculosis, leprosy, the treponematoses, and the zoonoses. For the last eight years a systematic programme for the eradication of malaria had been carried out in the Americas and forty-five million people were now living in areas from which the disease had been eradicated, while sixty million people were covered by programmes at various stages. Certain biological, administrative and financial problems had been identified. Drug administration to large groups of population for preventive purposes, the use of larvicides and of new insecticides were measures additional to the normal spraying with DDT and dieldrin. Two seminars had defined the role of the general health services in the various phases of the eradication programme. Their recommendations were to be put into effect progressively, and funds for malaria eradication, at both the national and international level, might therefore increase in the future.

It was hoped that in 1966 there would be a further drive for smallpox immunization in the countries where incidence was highest, and also an investigation of vigilance measures in countries that had succeeded in eradicating the disease.
A seminar on the control of tuberculosis, held in Venezuela at the end of 1964, had defined the organization, type of staff, procedures, and areas of investigation to enable a renewed effort to be undertaken to decrease incidence. The Organization's programme in 1966 included demonstration areas in nine countries with the co-operation of UNICEF; it was also hoped to increase activities by a more effective use of available resources.

With regard to leprosy, the number of new cases and the total number of patients undergoing systematic treatment was on the increase in Latin America. Nevertheless, among registered cases, only 50 per cent. were under observation and, of those, 60 per cent. were highly infectious. No more than two contacts for each case were registered, a much lower figure than the average of five per family. The real number of patients was not yet known even approximately and that fact, in conjunction with the earlier considerations, fully justified the proposals to continue the advisory services of the Organization in 1966.

A seminar on modern methods for the diagnosis and control of venereal diseases would be held at the Regional Office at the end of 1965, in co-operation with the Communicable Disease Center of the United States Public Health Service. It was hoped that governments would put its recommendations into effect. An increase of $33 000 was being requested under that heading.

The Pan American Sanitary Bureau administered the Foot-and-Mouth Disease Centre with funds from the Technical Co-operation Programme of the Organization of American States. Although the figures were not complete, it was known that economic losses due to foot-and-mouth disease were large, and even more important was the loss of animal protein for South American countries. Recently the Inter-American Development Bank and the World Bank had granted loans for an immunization programme, with the technical assistance of the Centre.

The Argentine Government, in co-operation with the Regional Office, had recently requested from the United Nations Special Fund the amount of $1 500 000 for a five-year programme to extend the work of the Pan American Zoonoses Centre in brucellosis, rabies, hydatidosis, bovine tuberculosis and other zoonoses. The Centre would be transferred to the National Institutes of Health in Buenos Aires and, if the request were approved, would begin the extension of its activities in 1966. The budget would be supplemented by funds from the regular budget of PAHO and by technical assistance.

The 1966 programme also contained projects for the control of plague, Chagas' disease, bilharziasis and other communicable diseases.

The success of the environmental health programme in the Region justified the proportion of the total funds allocated for 1966, which amounted to 12.5 per cent. They included 2.1 per cent. for the eradication of Aedes aegypti, which had become particularly important owing to the epidemics of dengue fever in certain countries during 1964. The programme for urban water supplies was intended to extend and improve existing systems in the capital cities and larger towns and to install services in medium-sized towns. In rural areas, most of the projects were for the installation of new water-supply systems. It was hoped that a joint action could be carried out, similar to the one in the previous year with the Inter-American Development Bank and the Agency for International Development. The total of national and international funds invested since 1960 amounted to more than $547 000 000 and covered more than twenty million inhabitants. At present, the Regional Office was considering whether governments could make additional investments which would not include outside loans; and the total number of inhabitants who would benefit was certainly more than the figure mentioned. In addition to the sanitary engineers who were among the experts advising health administrations, eighteen short-term consultants had been appointed in 1964 to advise on specific organizational problems and other matters relating to water supply and sewage disposal.

In 1965, a sanitary engineer and a housing expert would be collaborating with the Economic Commission for Latin America and this collaboration, it was hoped, would continue during 1966.

An increase of 10.3 per cent. was being requested for the whole programme under the WHO regular budget, and 3 per cent. under total funds. The programme contained 395 projects, and there was to be a total staff of 994, twenty-eight fewer than in 1965. On the other hand, it was proposed to increase the number of short-term consultants by more than 100 consultant-months. It was also hoped, in September 1965, to inaugurate the new building of the Regional Office/Pan American Sanitary Bureau.

Professor UGARTE (Chile) thanked the World Health Organization for the help rendered to his country through the Regional Office for the Americas. The Regional Office had collaborated with his country in securing assistance for health projects from other international organizations, such as the Inter-American Development Bank. He mentioned in particular the assistance received in the training of professional medical workers and teaching personnel, the development of international Latin-American courses for the training of public health specialists, and the elaboration
of the national health plan. The collaboration of WHO had been valuable in enabling his country to develop mass programmes of vaccination against such diseases as poliomyelitis and measles. The technical assistance received from the Regional Office in rehabilitation and occupational health work was also useful. He expressed his Government's sincere thanks to WHO and the Regional Office for the Americas.

Professor González Torres (Paraguay) congratulated the Regional Director on his report and thanked the Regional Office for the assistance it had rendered his country, particularly in fellowships, supplies and equipment, and advisory services in connexion with national health planning. He thanked Dr Horwitz for having visited his country and for his untiring assistance.

Dr Charles (Trinidad and Tobago) expressed his country's gratitude to Dr Horwitz, who acted as an adviser to all the countries in the Region, rather than as a director of an office. It would be seen from pages 146 and 147 of Official Records No. 138 that Trinidad and Tobago did not call on the Regional Office for very many services: they preferred to help themselves as much as possible, thus enabling the Regional Office to devote more money to other countries. He thanked Dr Horwitz for having visited his country and for his untiring assistance.

Dr Williams (United States of America) said that his delegation was confident that the Regional Office for the Americas was under a first-class leader and was staffed by hard-working, dedicated and competent persons. His Government counted itself lucky to have them, particularly as the Office was located in Washington.

There were several interesting projects under way in the Regional Office for the Americas, including the Institute of Nutrition for Central America and Panama. The Pan American Zoonoses Centre in Argentina and the Foot-and-Mouth Disease Centre in Brazil were good examples of area collaboration associated with the Regional Office. The United States delegation was pleased with the very successful efforts the Regional Director had been making in obtaining support for the expansion of the community water supply programme in the Americas. Finally, he acknowledged the very significant and important assistance the Regional Office was giving the United States in the eradication of Aedes aegypti. His country lagged behind some other countries in the Western Hemisphere in the eradication of that important vector of urban yellow fever but, with the assistance of the Regional Office for the Americas, was now beginning to make progress.

Dr González Gálvez (Panama) said he wished to express his delegation's appreciation of the work performed by Dr Horwitz who, more than being a Regional Director, was an extra worker in public health. His Government was sincerely grateful to the Director of the Regional Office for the Americas.

Dr Scorzelli (Brazil) congratulated Dr Horwitz and the Regional Office on their work. He asked if the figure of $2000 allocated for smallpox eradication in his country was a final figure. As he had informed the area representative, he considered that the smallpox eradication campaign would be more intense—and shorter—if greater assistance were received from the Regional Office.

Dr Horwitz, Regional Director for the Americas, thanked the delegates for their congratulations, which he would convey to his collaborators.

Replying to the delegate of Brazil, he said that the figures referred to corresponded to estimates made at the time the budget was prepared; the Brazilian Minister of Health had, however, been informed that it was hoped that the figure would be amended later on.

South-East Asia

The Chairman requested the Regional Director for South-East Asia to introduce the proposed programme and budget estimates for the Region (Official Records No. 138, pages 162-179 and 338-358; and Official Records No. 141, pages 49-50).

Dr Mani, Regional Director for South-East Asia, said that the 1966 programme was explained in Official Records No. 138. For the past few years he had been giving the Committee the general composition of each year's programme. Looking back on his annual statements he found that they were somewhat repetitious: that was largely due to the fact that the basic public health problems in the Region had not altered radically during the years, so that the annual programme from year to year had been very similar in content. He proposed this year to give the Committee a more general view of the Regional Office's work and the gradual changes that were taking place in its direction.

For many years, the problems in South-East Asia had revolved around three broad aspects of public health: the general reduction of morbidity through help in the control of major communicable diseases; the promotion of rural health services; and the training of all varieties of health personnel. The
Region was now reaching a stage at which the general position in each of those three areas was as follows. In the field of communicable diseases, most of the mass campaigns were well-established and some of them, such as that against malaria, would soon be tailing off. The future approach to those programmes was to discourage the mass campaign system and to develop programmes as an integral part of the general health services from the very beginning. A combined pilot project of that type was being started in Nepal, where tuberculosis and smallpox control programmes would be based at the rural health centres from the beginning. In so far as the promotion of rural health services was concerned, the Regional Office had been successful in promoting multipurpose health centres for the rural population, which accounted for nearly 80 per cent. of the total population. As many health activities as possible were, in future, to be undertaken from those centres. The development of health centres was now considered to be the Office's most basic activity.

Turning to the training of personnel, he said that, as far as the training of doctors and nurses was concerned, the Regional Office was gradually shifting its assistance from the undergraduate to the postgraduate programme. The training of teachers for medical schools and the training of senior public health administrators and nursing tutors was being actively promoted. The training of sanitary engineers and sanitarians was also proceeding. Unfortunately, progress in the training of medical auxiliaries was slow; it would be encouraged as much as possible. The situation with respect to the training of health educators and technicians, such as laboratory and X-ray technicians and physiotherapists, was encouraging. All those training efforts needed to be further expanded, but that depended on government resources in each country.

In addition to those three major areas of activity there were two fundamental problems of great importance to the Region; very poor sanitation, and malnutrition. Both those problems were so dependent on other factors of a non-medical nature that promotion of useful programmes had been difficult. Both rural and urban sanitation were being promoted on a pilot project basis, and gradually much larger sums were being approved by governments for those costly activities. Ultimate success would depend on the economic development of the countries concerned. In nutrition, the main emphasis had been placed on training, and much experience was being gained through joint field projects with FAO and UNICEF. Other activities—in dental health, mental health, occupational health, and a number of other fields—were also under way.

The budget showed very little increase for the Regional Office; there was, however, a slight increase of $326,000 for field activities. Projects listed in Annex 4 of Official Records No. 138 (the "green pages"), for which no funds were available, amounted to $1,137,000.

Dr Baidya (Nepal) thanked the World Health Organization and the Regional Office for South-East Asia for the help they had given his country. Dr Mani was always a source of inspiration, and with his help the medical projects in the Region would undoubtedly reach a successful conclusion.

Dr Hakimi (Afghanistan) said that his delegation sincerely thanked the Regional Office for its activities in Afghanistan. He wished, however, to draw the attention of that office to the fact that, at the beginning of the previous summer, an expert in leprosy had visited Afghanistan. The report and recommendation of that expert had not yet been received by his Government, which would appreciate an explanation of the matter.

Dr de Silva (Ceylon) expressed his country's appreciation of the work done by Dr Mani and his staff, and its gratitude for the assistance received and the fellowships granted.

Dr Effendi Ramadlan (Indonesia) associated himself with previous speakers in thanking Dr Mani and his staff for the valuable assistance they had rendered to South-East Asia. His country greatly appreciated the assistance it had already received and was sure that it could count on further co-operation in the future.

Dr Rao (India) thanked the World Health Organization, Dr Mani and his colleagues in the Regional Office for their magnificent contribution to the improvement in the Region's health.

He drew attention to projects which were of particular interest to India. In the field of malaria, India was very grateful to the Regional Office for providing epidemiologists and for sending an independent appraisal team to evaluate its programmes; and also for the guidance it had received in developing the maintenance phase. His country was also grateful to WHO for the basic advice being given with regard to organization of the rural health services, which would assume responsibility for the maintenance phase.

The assistance of WHO in developing the tuberculosis chemotherapy centre in Madras was also greatly appreciated. The project for the national tuberculosis programme in Bangalore had been a
great revelation with respect to the management of domiciliary treatment. The patterns that were being studied at Bangalore would probably help in the management of tuberculosis all over the world. The feasibility study being made there, on chemoprophylaxis and the use of BCG vaccination in the prevention of tuberculosis, would probably yield interesting results.

His country was grateful for WHO's assistance in the control of virus diseases and in the national trachoma control programme. WHO's advice on the conversion of that mass campaign into a campaign to be conducted by the general health services was fully appreciated. The production of poliovaccine had also been greatly assisted by WHO and it was hoped that supplies would be available as soon as the virulence tests had been completed and perfected. WHO had assisted in leprosy control, and it was hoped that that disease, which affected nearly two million of India's inhabitants, would be brought under control by the end of the fourth five-year plan.

Community development had made great advances where public health administration was concerned. The entire country was covered by community development blocks in all of which primary health centres would be established before the end of the financial year. The help given in community development by public health advisers had greatly reinforced India's struggle to advance in the rural areas, where nearly 80 per cent. of its population lived. WHO assistance had also extended to the strengthening of district health administration, the strengthening of laboratory services, urban health development, and the provision of fellowships for the training of national personnel. The Indian Council of Medical Research had been helped to organize a statistical unit, which would assist all research institutions in the country. The assistance in post-basic nursing education in various university centres was welcomed. His country would, however, prefer post-basic nursing education to be integrated in the existing nursing colleges so that the objective would be achieved with less financial outlay.

In so far as medical rehabilitation was concerned, India was grateful to the Regional Office for assistance in obtaining consultants to organize a central institute of orthopaedics, develop orthopaedic departments and set up a plant for the manufacture of prosthetic appliances. Medical rehabilitation was one of India's major programmes in the fourth five-year plan. It was hoped that it would be possible for WHO to arrange collaboration with Japanese experts. It was understood that light prosthetic appliances were produced on a large scale in Japan, and his Government hoped to be given information and technical assistance in collaborating with the Japanese prosthetic appliances unit. His Government also hoped that WHO would be able to provide technical information on the use of electronic equipment for guiding the blind: there were nearly two million blind persons in India.

With the assistance of WHO, maternal and child health care had been considerably expanded. Regional paediatric centres had been set up and paediatric units established in the medical colleges. The association with medical colleges of those district hospital services where paediatric services were available was also greatly appreciated: his country hoped for the expansion of that programme. WHO, FAO and UNICEF were all assisting his country in nutrition. Efforts were being made in the community development blocks to persuade the people to alter their food habits and become more self-reliant; and the continuation of WHO assistance in that field was greatly appreciated.

Dr Mani had already mentioned that WHO was helping in the survey of water resources. India was hoping for even greater guidance in environmental health, particularly with respect to rural water supplies.

In the field of education and training, India was beginning to undertake postgraduate medical education. His country was particularly grateful to the Regional Office for assisting the Baroda Medical College project, in association with Edinburgh University; that project had greatly helped his country to understand how future work in that field could be developed. After the experience gained in the Edinburgh/Baroda scheme, his country was hoping that collaboration between an Indian institute and a British postgraduate medical school would be arranged. WHO had provided maximum assistance in the seminars arranged by the Association for the Advancement of Medical Education, the Academy of Medical Sciences and various other interested organizations. A summer course for the training of medical teachers was being organized at the All-India Institute of Medical Sciences for teachers of medicine, paediatrics, surgery, obstetrics and gynaecology, and the WHO Regional Office had promised to give all possible help in providing consultants to organize that major teaching programme.

His country was very glad that the Regional Office was located in India, and was extremely grateful to the Regional Director for the magnificent assistance he and all his colleagues had rendered to the cause of world health.

Dr Mani, Regional Director for South-East Asia, said he was very grateful for delegates' comments.
In reply to the delegate of Afghanistan, he said that provision had been made (Official Records No. 138, page 163) for a consultant and a fellowship in leprosy.

**Europe**

The Chairman requested the Regional Director to introduce the proposed programme and budget estimates for the Region (Official Records No. 138, pages 180-194 and pages 359-384; and Official Records No. 141, pages 50-51).

Dr Van de Calseyde, Regional Director for Europe, said that the most noteworthy feature of the work of the Regional Office was the constantly changing nature of the programmes. Since 1957, when he assumed the office of Regional Director, there had been remarkable changes in the work of the Regional Office and in the programmes being undertaken. The fact that fresh problems were continually being tackled did not, however, mean that all the old ones had been solved; malaria, for instance, had been almost completely eradicated in most of the countries of the Region, but there were others in which pre-eradication programmes were still in their infancy; and tuberculosis and communicable diseases still represented a serious threat. The proposed programme for 1966 therefore included most of the traditional activities as well as some new features in the inter-country programmes.

Fifty-four officials had been assigned to field projects, mainly in connexion with existing programmes. The number of country programmes, including fellowships, was eighty-two, and there was provision for fifty-one country programmes, including fellowships, mainly in connexion with existing programmes. The number of country programmes, including fellowships, was eighty-two, and there was provision for fifty-one inter-country programmes covering seminars, conferences and similar activities. At its fourteenth session, the Regional Committee had asked that the proportion of funds allocated to country and inter-country activities respectively should continue to be 55 per cent. and 45 per cent.

With regard to the budget estimates for 1966, it was satisfactory to record that the funds provided for activities other than the malaria programmes showed a substantial increase that would go a long way towards meeting the requirements of Member States and covering the cost of the additional staff attached to the Regional Office since 1964. One additional regional health officer would be appointed in 1966, which would relieve the pressure under which the officers currently responsible for social medicine and for chronic diseases and gerontology were working. The staff provided under the heading of "Regional Health Officers" would consist in 1966 of twenty-one in the professional grades and twenty in the general services category.

The difficulties experienced earlier in connexion with the extension of the Regional Office in Copenhagen had been overcome with the generous cooperation of the Danish Government and the authorities of the ministries concerned, to whom he expressed his gratitude.

The country projects listed in Official Records No. 138 contained a good number of the traditional activities associated with the Organization; the trend in the inter-country projects, however, was to break new ground, as an examination of the various items would show.

Regarding the Expanded Programme of Technical Assistance, he recalled that fourteen countries in the European Region received benefit from that programme. In 1964, those countries had submitted to the Technical Assistance Board a suggested order of priorities for their projects, and those which had as yet no projects under way were able to avail themselves of provisions for attendance at conferences and for fellowships. Eight of the ten countries in which health projects had been planned for 1963/1964 had increased their total budgetary provision for health activities, an encouraging trend which nevertheless showed that there were still countries in the relatively highly developed European Region that would need the services of the Organization for many years to come. A particularly valuable contribution to the Expanded Programme of Technical Assistance in the health field was the inter-regional educational service provided by Denmark, mainly in the form of courses given in English.

WHO had acted as executing agency for the United Nations Special Fund in two valuable projects in Turkey, the Antalya public health survey and the water supply survey carried out in Istanbul. The harmonious relations with the United Nations and its specialized agencies, in particular UNICEF, had been maintained.

During the fourteenth session, the newly independent State of Malta had taken its place as a member of the Regional Committee.

The number of fellowships awarded had again risen in 1964, when the figure was 1141, of which 530 had been awarded to students from regions other than Europe.

In conclusion, he thanked the Member States of the Region for their advice and co-operation, and for the valuable and constructive criticism of their delegates at the fourteenth session of the Regional Committee.

Professor Clavero del Campo (Spain) thanked WHO and the Regional Office for Europe for the help given to his country in initiating and carrying out health programmes. The poliomyelitis vaccination
campaign had succeeded in almost completely eradicating that disease. Valuable assistance had been given in the campaign for vaccination with the triple vaccine, and a further campaign against water-borne diseases was being carried out. The trachoma campaign, although not assisted directly by WHO, had benefited from the experience of earlier WHO-assisted campaigns. The WHO reports were of great value to the health authorities of his country. Moreover, WHO was co-operating in the establishment of an efficient system of health statistics which would provide a satisfactory basis for future health planning.

He requested the Regional Director to do his utmost to ensure, in accordance with resolution WHA7.32, that in the meetings of the Regional Committee the Spanish language should be on an equal footing with English, French and Russian.

Dr Ammundsen (Denmark) said that the Danish Parliament had recently passed an Act to enable the building of the new Regional Office in Copenhagen to go ahead; detailed plans would shortly be discussed with the Regional Director. She thanked the Regional Director for his unflagging interest in the negotiations, and for his co-operation with the Danish Government and the authorities concerned. The new building would provide a satisfactory framework for the work of the European Regional Office of WHO.

Dr Jakovljević (Yugoslavia) expressed the thanks of the Yugoslav delegation to the Regional Director and his staff for the excellent work they had done in promoting programmes of common concern. He would particularly draw attention to a health problem of Eastern Europe already mentioned by the delegate of Romania, namely, endemic nephropathy. The etiology and nature of that disease was still unclear, and Yugoslavia hoped for further assistance from the Regional Office in research on that subject.

Dr Benyakhlef (Morocco) congratulated the Regional Director on his excellent summary of the work of the European Regional Office and expressed his delegation's gratitude for the valuable work which had been done in Morocco by the Regional Office and its staff. The European Region of WHO had the unusual advantage of serving both advanced and developing countries, a factor which gave each of those groups a unique insight into the current health problems of the other. But it did mean that the Regional Office needed, among other things, funds to finance extensive and long-term projects in certain developing countries. The outstanding health problem in Morocco was the shortage of medical training facilities and WHO had been asked to provide massive aid in that connexion. He thanked the Director-General for his recent visit to Morocco and for his understanding of his country's problems.

Dr Schindl (Austria) associated his delegation with the thanks expressed by previous speakers to the Regional Director and his staff. The Regional Director in his recent visit to Austria had not only surveyed the health field but had given invaluable advice on Austria's special problems of cancer, hepatitis, tuberculosis, the shortage of qualified medical staff, and hospital accommodation for the aged.

Professor Aujaleu (France) expressed his delegation's satisfaction with the progress of WHO activities in Europe. The proposed programme for the European Region had been approved unanimously by the Regional Committee, and the French delegation trusted that it would be adopted by the present Committee and by the Health Assembly. His delegation was happy to have the opportunity of paying tribute to the Regional Director and his staff.

Professor Coleiro (Malta) congratulated the Regional Director on his report and on the work of the Regional Office. His delegation wished to express its thanks to the Regional Director for his advice and help and for having found the time to visit Malta in order to see its problems for himself. He assured the Regional Director of Malta's continued co-operation.

Professor Moraru (Romania) paid a tribute to the personal contribution of the Regional Director to the work of WHO in Europe. His ability and that of his staff had made it possible to develop and carry out extremely valuable health programmes in Europe and elsewhere.

Professor Babudieri (Italy) wished to associate his delegation with the congratulations that had been expressed to the Regional Director and his staff on their outstanding work. A particularly valuable feature of last year's programme had been the symposium organized in Moscow on the toxicology of drugs, the results of which would be extremely useful for the standardization and evaluation of drugs.

Dr El-Kamal (Algeria) said that his delegation had been particularly interested in that part of the Regional Director's statement which dealt with the material and technical assistance to be given by WHO to underdeveloped countries during 1966. The problems of those countries could be seen in their true perspective only after personal experience, and his delegation was happy to note that the Director-General and the Regional Director for Europe were shortly to visit his country. The Algerian authorities
were looking forward to their visit and would welcome the opportunity to show what had been done and what remained to be done in the field of health. His delegation was convinced that they would give his country every help in solving its health problems.

Dr VANDER BALEY, Regional Director for Europe, thanked all those who had congratulated the staff of the Regional Office and himself, and said that note had been taken of the comments made by the delegates of Spain and Yugoslavia.

**Eastern Mediterranean**

The CHAIRMAN requested the Regional Director for the Eastern Mediterranean to introduce the proposed programme and budget estimates for the Region (Official Records No. 138, pages 195-215 and 385-412; and Official Records No. 141, pages 51-52).

Dr TABA, Regional Director for the Eastern Mediterranean, said that in reviewing the regional programme for 1966, the Regional Office and the governments of that region had had in mind the rapid development of almost all the countries of the Region in all fields. The rapid rate of progress and socio-economic development brought with it changing needs and new trends which were reflected in the proposed programme for 1966. The number of States in the Eastern Mediterranean Region had risen in 1964 to twenty, with the admission of Qatar as Associate Member.

There was a general growing demand and an increasing number of requests for WHO assistance which could partly be met by a small increase in the regular allocation of 8.8 per cent. as compared with the budget for 1965; but unfortunately a large number of projects had been left for future consideration, and some were included in Annex 4 of Official Records No. 138 (the "green pages"). There were also quite a number of projects being implemented under funds-in-trust arrangements, WHO executing the programme, but the respective governments reimbursing the cost.

With regard to the main features of the programme, he drew the attention of the Committee to page 389 of Official Records No. 138, where the summary of field activities by major subjects was tabulated. It was clear that WHO assistance towards projects for the control or eradication of communicable diseases was showing a downward trend and in fact the percentage of the regional budget had decreased from 41 per cent. for the year 1964 to 31 per cent. in 1966. A number of such projects, including mass campaigns, were now being carried out or continued by the national authorities without active WHO assistance.

On the other hand, the projects with the object of education and training were showing an increasing trend, and 22 per cent. of the budget proposed for 1966 was towards this aim; this did not include the nursing education projects, which covered another 9 per cent. of the budgetary allocation. He emphasized WHO assistance towards undergraduate medical education and also post-graduate specialization in various medical and paramedical fields. WHO assistance was being provided to seven universities of the Region, including two newly-established Colleges of Medicine, in Addis Ababa and Tunis. He reviewed the assistance being provided to the various post-graduate institutes, and especially the Institutes of Public Health in Alexandria, Lahore and Teheran. For the strengthening of WHO assistance in the field of medical education, a regional adviser had been added to the Regional Office staff. Meetings of medical educators of the Region had been sponsored by the Regional Office and would continue to be arranged. There was a plan for the establishment of a regional information centre for medical education, and also an association of the regional medical colleges, of which there were at present thirty-three in the Region.

With regard to the fellowships programme, he emphasized the importance of this subject in the over-all training programme of the Region: 275 fellowships had been awarded in 1964, a number of which were for undergraduate education. A total of eighty-four undergraduate fellowships had so far been given by the Region, of which fifty-seven had been completed; the main beneficiaries of the undergraduate fellowships were Ethiopia, Libya, Saudi Arabia, Somalia and Yemen. In view of the importance of the fellowships programme, constant evaluation was being carried out by the Regional Office or by ad hoc consultants.

National health planning was another aspect of WHO’s work in the Region: the majority of the countries had already a well-established health plan integrated within their long-term over-all economic development plan, while a number of others were in the process of preparing it. WHO was assisting as required, either through ad hoc experts in the fields of public health administration, statistics, sanitary engineering or nursing, or through a team of experts like that now working in Somalia. A regional adviser had also been added to the staff of the Regional Office for the purpose of advising countries on national health planning.

The proposed programme and budget had been endorsed by both Sub-Committees of the Regional Committee for the Eastern Mediterranean and was considered a well-balanced programme. Concern had
been expressed, however, at the fact that the budgetary provision under the Expanded Programme of Technical Assistance was showing a downward trend, and a resolution had been passed by the Regional Committee requesting governments of the Region to see that the health share of that programme was given due priority.

In conclusion, he thanked the Member States of the Region for their constant co-operation with WHO.

Dr El Dabbagh (Saudi Arabia) offered his delegation's sincere thanks to the World Health Organization and to the Regional Director. The Regional Director was to be congratulated on his work in all countries of the Region. In Saudi Arabia, seventeen projects were being assisted by WHO, and his Government was giving full co-operation in putting those programmes into effect.

Dr Anouti (Lebanon) said that the most important health problems in the Eastern Mediterranean Region were malaria, smallpox, and the shortage of qualified medical staff and auxiliaries. Smallpox and malaria had been eradicated in Lebanon, but other communicable diseases were still endemic and energetic campaigns were being carried out against them. Diseases in which poor hygiene and malnutrition played an important part were being fought with the help of WHO, and increasing public co-operation was being achieved.

The shortage of qualified medical staff might be met by the establishment of a centre for the training of health education personnel in numbers sufficient to supply the whole of the Region. A similar institute might be set up to study and overcome the problems of malnutrition.

He expressed his delegation's congratulations to the Regional Director and his staff and thanked them for the valuable help they had given to his country.

The meeting rose at 5.35 p.m.

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TENTH MEETING

Saturday, 15 May 1965, at 9.30 a.m.

Chairman: Dr A. L. Mudaliar (India)

1. Review and Approval of the Programme and Budget Estimates for 1966 (continued)  
   Agenda, 2.2

   Detailed Review of the Operating Programme (continued)  
   Agenda, 2.2.3

   Annex 2 Regional Activities (continued)  
   Eastern Mediterranean (continued)

   Dr Al-Adwani (Kuwait), after thanking the Regional Director and his staff for the excellent work they had done in the Region, said that Kuwait had had some share in the regional programmes, but he must also express gratitude for helpful advice on health problems which were not included in the programme. Kuwait had acted as host to the Regional Committee in 1964 and that had enabled Member States and the regional office staff to take a close look at health problems in that country.

   He must raise again a question often discussed in the Regional Committee, the use of Arabic as a working language in the Regional Office to facilitate speed of communication. It was to be hoped that WHO would soon see its way to make Arabic a working language of the Eastern Mediterranean Region.

   Dr Gjebin (Israel) said that his country appreciated the excellent co-operation and understanding shown by the Regional Director and his staff. He was glad to feel that it could always rely on them for advice and assistance when required.

   Dr Shoukry (United Arab Republic) said that his country highly appreciated the work of the Regional Director. He especially referred to the projects for bilharziasis control, and nursing education, particularly the Schools of Nursing in Cairo and Alexandria. He must also express his gratitude to other international bodies, in particular UNICEF, for help with maternal and child welfare services, both urban and rural. He associated himself with the suggestion made by the delegate of Kuwait about the use of the Arabic language, which would facilitate follow-up work in the regional health programmes.

   Professor Babudieri (Italy) asked whether the tests on a trachoma vaccine carried out in Saudi Arabia had been successful, since little could be gathered from the literature on the subject. A positive answer could save money for health programmes.
wherever that disease was prevalent, and not merely in the Eastern Mediterranean Region.

Dr Widad Kidane-Mariam (Ethiopia) said that she must express her Government’s gratitude to WHO for making possible the execution of its health projects; its continuation would enable the programmes to be completed.

Dr Ali Nur (Somalia) said that he had made a fairly full statement in the plenary meeting, but wished to place on record his country’s high appreciation of the way in which WHO and the Regional Director and his staff had supported their efforts. The Regional Director had always been willing to assist with the very complex problems of public health in Somalia, particularly the training projects, which were essential for a developing country. The financing of rural health services had also been improved owing to the Regional Director’s co-operation.

Dr El Wassey (Yemen) wished to express his Government’s gratitude to the Regional Director who had always shown the greatest understanding and conscientiousness in helping the Government to find adequate solutions for its health problems.

Dr El Atassi (Syria), after thanking the Director-General and the Regional Director and his staff for their active interest in the Region’s needs, observed that other speakers, especially the Lebanese delegate, had outlined those needs fairly fully. Malaria had now become only sporadic in Syria but still needed attention. The main difficulty was the shortage of medical and paramedical personnel. WHO was assisting with the Medical School at Aleppo and he would like to take the opportunity of inviting all countries with experience in similar problems to help. The Director of the Division of Education and Training had made a very helpful visit to Syria.

He endorsed other speakers’ suggestions about the use of Arabic in the Region.

Dr Kabbashi (Sudan) said that WHO was cooperating very effectively in all the public-health problems which his country was facing. The Regional Director had shown a particular interest in those problems.

Dr Haque (Pakistan) said that his delegation had been gratified when the regular budget had been adopted with a 10 per cent. increase; but the funds for the Region from the Expanded Programme of Technical Assistance and other extra-budgetary funds had decreased considerably, and that was extremely disappointing. It was particularly disappointing in the light of the Regional Director’s statement that the capacity of absorption by the countries of the Region was increasing.

What Pakistan required from WHO was mainly what might be called “catalytic” assistance to encourage the self-generating capacity of its programmes. For example, Pakistan itself had hardly any further need for help with medical undergraduate training and had itself extended facilities to other developing countries. If it received catalytic assistance from WHO, it could extend that form of activity into many other fields. Such assistance need not be on any very large scale. For example, in the malaria eradication campaign, which was progressing well, WHO had provided only seven advisers, whereas the Pakistan Government was employing some 65,000 persons on the campaign; that showed how valuable a comparatively small item of assistance could be.

WHO was providing magnificent assistance in tuberculosis control, and Pakistan was on the threshold of an over-all plan which entailed discarding some of the older ideas. In that, WHO advice could be particularly useful.

Pakistan continued to need assistance with virus diseases, as it had just built a laboratory. In public health administration, WHO’s assistance had been extremely useful: Pakistan was now integrating the health services at all levels. As regards vital and health statistics, WHO had helped to establish a section in the Ministry of Health and to organize the course at present being conducted for thirty-five workers responsible for collecting statistical data at the periphery. It had also assisted with nursing education in view of the great shortage of nurses. He referred to the help received also from the United States of America in connexion with a college for basic nurse training, whose facilities other countries were welcome to share.

WHO’s assistance with environmental health had been rewarding. The expert provided by WHO had helped with projects dealing with water pollution and sewage in West Pakistan and with the course in sanitary engineering at Lahore.

As to education and training, help was needed with post-graduate training. It was proposed to establish a drug laboratory and a centre for research on nutrition. A survey had already been conducted in East Pakistan where it had been found that, although there was no very great calorie deficiency, the diet was unbalanced; a similar survey of West Pakistan was in preparation. It was necessary to co-ordinate the work with the Ministries of Agriculture, Commerce and Finance, since it was hoped that suitable arrangements could be made for the export of protein foods from East Pakistan, and the Ministry of Commerce would have to determine the most appropriate pattern of export. It was hoped that WHO assistance could be provided, especially for the nutrition labo-
ratory, in which tests were being conducted to determine the cheapest and most balanced diet.

With regard to research and post-graduate training, Pakistan must express its gratitude to the United States of America. That country's assistance benefited not only Pakistan but the whole Region, since the laboratory which it had helped to institute was doing a great deal of work on epidemiology and immunology, and the medical college, which prepared students for a Master of Science degree, could take students from other countries; the medium of instruction was English.

Dr Hamdi (Iraq), thanking the Regional Director and his staff for their help with projects in Iraq, noted that they had been particularly helpful with malaria eradication, bilharziasis control, rural health advisory services, advisory services on epidemiology, medical and paramedical training, communicable eye diseases, the virology laboratory, and the public health aspects of housing. Many WHO consultants had visited the country and had advised on infant diarrhoea and on cancer, and also on the design and specifications for the cancer institute now under construction and for the central public health laboratory. The malaria eradication team had been strengthened in such a way as to help the Iraqi Government review and implement its new programme. Fellowships had been granted.

In view of the great need for education and training, he would request the Regional Director to place full emphasis on seminars, both regional and inter-regional.

The estimated government contribution as shown on page 396 of Official Records No. 138 was not correct. For malaria eradication alone, Iraq had allocated 3 000 000 Iraqi dinars for the coming five years within the national five-year economic plan; 700 000 per year for 1965, 1966 and 1967, and 450 000 per year for 1968 and 1969. It was to be hoped that the figures would be corrected in next year's report.

Some countries of the Region were producing their own drugs and pharmaceuticals. The establishment of a regional public health reference and control laboratory would be an important step forward.

The need for the use of Arabic as a working language in the Region was evident and it was to be hoped that due consideration would be given to the matter at WHO headquarters, as it had frequently been discussed in the Regional Committee.

Dr Taba, Regional Director for the Eastern Mediterranean, thanked delegates for their commendation, on behalf of himself and his staff.

In reply to the delegate of Italy, he said that the preparation, development and trial of the trachoma vaccine in Saudi Arabia were still at a very preliminary stage. Several laboratories in the Region were working on it, including the one in Tunis assisted by WHO, but he must stress that the development of an effective vaccine against trachoma was still in its preparatory stage.

The concern expressed by the delegate of Pakistan at the apparent reduction in funds for the Region under the Expanded Programme of Technical Assistance was also shared by a number of other countries of the Region. However, the figures should be considered over a biennium and not for a single year. While the column for 1966 might show less than that for 1965, the programmes of the years should be considered together, as savings were transferable over the two-year period. It was a fact that a downward trend existed, and he would be happy to see the national health authorities ensure that a better share of funds under the Expanded Programme went to public health. That, however, must be done at the national level, through whatever co-ordinating machinery had been set up in their respective countries.

The estimates in the column headed "Other Extra-budgetary Funds" for 1966 were by no means final. Those funds were mainly UNICEF allocations, the amount of which had not been known when the estimates had been prepared. The total might in fact turn out to be higher than in previous years.

The remarks by the delegate of Iraq about a laboratory for regional pharmaceutical analysis had been interesting and important; they would be borne in mind.

In conclusion he thanked the governments of the Region for their consistent collaboration with WHO.

Western Pacific

The Chairman requested the Regional Director for the Western Pacific to introduce the estimates for the Region (Official Records No. 138, pages 216-233 and 413-441 and Official Records No. 141, pages 52-54).

Dr Fang, Regional Director for the Western Pacific, said that the proposed programme and budget estimates for the Western Pacific Region had been formulated in consultation with Member governments, taking into account continuing commitments, current requirements and the long-range health goals of the Region. The programme had been thoroughly discussed by the Regional Committee. From the regional summary on page 413 of Official Records No. 138 it would be seen that an increase of $237 899 was proposed over the 1965 budget. Of that $198 892 had been allocated to field activities and $39 007 to the Regional Office. Thus, approximately 84 per cent. of the 1966 increase was proposed for activities directly connected with assistance to Member govern-
ments, while provision for administrative and housekeeping expenditure had been maintained at the minimum required for the efficient operation of the regional headquarters.

It was proposed to establish only one new post in the Regional Office—that of Assistant Director of Health Services. That proposal arose from the need for greater co-ordination of activities in the various fields involved in the programme of assistance and to ensure that work was not delayed when regional advisers were on duty travel or on home leave.

The breakdown of field activities by subject was given on page 416. One hundred and fifty-four projects were proposed under twenty-one major subject headings, compared with 128 projects in 1965. Of those, 142 were country, and twelve inter-country, projects. Included in the 1966 regular programme were 240 fellowships, of which 114 were for study within the Region.

For a number of years to come, the development and strengthening of the health services, the education and training of health workers, the expansion of nursing and maternal and child health services, environmental health activities, the eradication of malaria, and campaigns against communicable diseases were expected to have a high priority in the Region. All those programmes would have to be supported by intensified health education activities. Nutrition was another area in which increased activities were proposed, and they would be linked closely with maternal and child health programmes.

In preparing the proposed programme and budget, consideration had been given to the basic needs and problems peculiar to the Region and to the programme of work for a specific period. At the same time the ability of the countries to absorb and utilize to the fullest extent the assistance which WHO might provide had been fully considered.

He would give two examples of projects where it was felt that the money allocated to the regional programme had been well spent. The first was the assistance given to the Institute of Hygiene, University of the Philippines, in order to make it a suitable regional training centre. The main aim of that project, which had started in 1953, was a system of faculty exchange between the Johns Hopkins University School of Hygiene and Public Health and the Institute of Hygiene under the joint sponsorship of WHO and the Rockefeller Foundation. To date, WHO had provided or arranged for thirteen consultants and six lecturers, fellowships and teaching equipment. That assistance had also encouraged support from several other sources, including the United States Agency for International Development, the Colombo Plan, UNICEF and the Philippines National Economic Council. Whereas the full-time staff had been fourteen in 1953, it had been thirty-nine at the end of 1964. In that period, the part-time staff had increased from nine to twenty-six. All the staff had had post-graduate training, either locally or abroad. There were now faculty members in all the major public health disciplines and several of them had served or were serving on WHO expert advisory panels. The numbers attending the post-graduate courses had increased from about thirty-two students in 1953 to seventy-nine in 1964 and the Institute was now also able to accept students from other countries in the Region. Although no specific assistance to the Institute was included in the budget for 1966, further assistance would be provided in the years ahead. That was an example of the way in which assistance to an educational training centre might be of value to the entire Region. The strengthening of regional training centres would therefore continue to receive attention for many years to come.

The second project was that in Tonga, where, as a result of the assistance given by WHO and UNICEF, twenty-five village water systems had been constructed and sanitary facilities installed in schools in those villages. That most successful project had won the goodwill of the people, who had contributed in money and had provided some of the material required and all of the unskilled labour without pay. It had attracted the keen interest of other island communities in the South Pacific and seven governments had already requested visits from the WHO sanitary engineer assigned to the project. It was foreseen that assistance in that field would be expanded considerably in the years to come. It had been impossible to accommodate all requests received from governments within the regular allocation. Certain projects or components of projects had therefore been relegated to the supplementary list (Official Records No. 138, pages 533-537 and pages 550-551). Their implementation was dependent on the availability of savings. In his opinion the 1966 programme and budget proposals for the Western Pacific Region were sound and the money would be spent where it was sure to bring the best results.

Dr Youn Keun Cha (Republic of Korea) congratulated the Regional Director on his excellent work in 1964 in the promotion of public health in the Region. His delegation fully supported the proposed programme for 1966. WHO had been assisting the Republic of Korea with tuberculosis control, leprosy control and public health administration.

One serious problem in the Region was that cholera El Tor seemed to be becoming endemic in South-East Asia. Although the symptoms were mild, it should not
be allowed to become endemic. That could be prevented by strengthening national control and by mutual co-operation in the application of the International Sanitary Regulations.

Dr Le Cuu Truong (Viet-Nam) congratulating the Regional Director on his report, said that he had noted with satisfaction the progress which had been made over the past year in the Western Pacific Region.

Certain problems had rightly received special attention, such as cholera El Tor, haemorrhagic fever and poliomyelitis, all of which, in Viet-Nam, were grave problems for public health. In 1964 there had been 325 cases of poliomyelitis and 1038 cases of haemorrhagic fever. His Government therefore strongly supported any WHO project which would help in the fight against those diseases and would particularly welcome assistance in the form of poliomyelitis vaccine. Greater attention should also be paid to haemorrhagic fever, which could no longer be considered as a rare disease, since it had also been reported in the Philippines, Malaysia (including Singapore), and Bangkok. He was gratified to note the importance accorded in the regional programme to communicable diseases in general, to the strengthening of the health services, and to the training of personnel. The Regional Director was to be congratulated on the emphasis which he had placed upon the basic problems relating to the development of health in the Region. In conclusion, he took the opportunity of thanking Dr Fang for the services which he had rendered, with such tact and competence, to the Western Pacific Region.

Dr Jayesuria (Malaysia) expressed gratitude to WHO on behalf of his Government, for rendering such valuable assistance to Malaysia through the Regional Director and his staff. The assistance given reflected the confidence which the Organization placed in Malaysia to make the best possible use of the many programmes carried out there. It had been possible to match WHO assistance with adequate government contributions for the implementation of the programmes.

Over the past few years, his country had accorded high priority to the development and strengthening of health services, particularly in the rural areas, and to the education and training of health workers. Malaria eradication programmes were progressing satisfactorily in Sabah and Sarawak and a pre-eradication programme had been started in Malaya after the malaria eradication pilot project had been completed in June 1964. In the field of public health administration, assistance in training hospital administrators had been sought as far back as 1956 and it was now planned to establish a training centre. In Sabah, Sarawak, Singapore and Malaya, there were continuing programmes in nursing education, public health nursing and midwifery. Environmental health, particularly in the rural areas, was of great concern to his Government, and WHO had been requested to provide the services of a consultant for the departments of health and public works as well as for other government agencies connected with the development of environmental health schemes, including water supplies, for rural communities in Sabah and Sarawak. Special advice on health engineering had been requested for Malaya, and also assistance in establishing a division of environmental health within the Ministry of Health. In the field of health education, the services of an expert had been obtained in 1962 to advise on the planning and implementation of a national health education scheme; the national counterpart to that expert was now undergoing training in the United States of America.

In conclusion, he said that the health plans which he had outlined were all part and parcel of the national development plan, since his Government considered that the one could not proceed without the other.

Professor Tip Mam (Cambodia) expressed his delegation's satisfaction with the excellent work carried out by the Regional Office for the Western Pacific and paid a tribute to its Regional Director. WHO's activities in the Region were extremely varied and effective and he was happy to note that they admirably met the needs of his country. Thanks to the cooperation of WHO staff, it had been possible to resolve a number of problems connected with communicable diseases and the training of medical and paramedical personnel. Furthermore, the rural health development programme in Cambodia had proved to be an outstanding success for WHO.

There still remained to be tackled the two major scourges, malaria and tuberculosis, both of which were endemic in Cambodia and took a heavy toll. He was confident that his country could once again count on the Organization's experience and help to accomplish the tasks which lay ahead, and he considered that the budget which had been allocated to the Western Pacific Region was satisfactory.

Mr Takizawa (Japan) joined previous speakers in congratulating the Regional Director and his staff on the excellent work carried out in the Region. His Government was particularly grateful for the assistance which it had received from WHO in organizing a course for rehabilitation specialists.

Dr Hsu (China), expressing satisfaction with the report of the Regional Director, said that his delegation supported the programme submitted for 1966. It was noted that during the past year, under the leader-
ship of Dr Fang and his staff, the health programmes in the Western Pacific Region had progressed smoothly. Countries in the Region had remained free of smallpox for a number of years. Malaria eradication was in sight in the Taiwan province of China and the Ryukyu islands, and good progress was being made in several countries of the Region. In the field of tuberculosis, the rate of mortality was continuing to decline, thanks to the programmes of control being carried out in the Region. He took the opportunity of expressing thanks to the Regional Director, the Director-General and their staff.

Dr Fang, Regional Director for the Western Pacific, said that he greatly appreciated the kind words of the delegates and would not fail to convey their thanks to the staff of the Regional Office upon his return to Manila.

Inter-regional and Other Programme Activities

Inter-regional Activities

Professor Pesonen (Finland) said that on page 238 of Official Records No. 138, in paragraph 16(b), there appeared an item relating to a conference of directors of schools of public health which was to be convened by the Organization. Normally, for meetings convened to deal with the question of medical education, the Organization invited teachers from medical schools to attend as well as public health administrators, and in some instances practising doctors. However, there was one group of people who had a direct interest in the subject but who had not so far been invited to take part in such meetings—medical students. He therefore suggested that some method should be evolved whereby it would be possible to invite the International Medical Students Association to send representatives to meetings dealing with medical education. One possibility might be to ask the World Medical Association to send two representatives, one of whom could be a medical student.

Dr Hague (Pakistan) suggested that, in the interests of economy, advisers should be assigned to several countries within a region, in cases where their services were not required on a full-time basis in one country, provided that that could be done without reducing the effectiveness of their work.

Dr Quirós (Peru), referring to paragraph 17(a) on page 238 of Official Records No. 138, concerning the anaesthesiology training course held in Copenhagen, said that he agreed that it was necessary to prepare specialists in the various branches of medicine—particularly since in Peru at that time a programme was being developed to provide new hospitals. However, he considered that the amount allocated to the course was excessive by comparison with other courses.

The Director-General, replying to questions, first referred to the point raised by the delegate of Finland regarding the possibility of inviting the International Medical Students Association to be represented at WHO’s meetings on medical education. The Organization was authorized to send additional invitations only to non-governmental organizations having official relations with WHO. However, a solution might well be found, as the delegate of Finland had himself suggested, by inviting the World Medical Association, which was in official relations with WHO, to send two representatives, one of whom could be a medical student.

Regarding the suggestion of the delegate of Pakistan that one consultant should serve several countries or regions, in a number of instances that had already been done both in the case of consultants and of regional advisers. However, the Secretariat would take due note of the suggestion and look into the matter further.

Lastly, with reference to the remark made by the delegate of Peru that the sum of money allocated to the anaesthesiology training course in Copenhagen was excessive, he explained that it represented a part of the Danish Government’s technical assistance contribution. The course had been running for some fifteen years and provided a training centre for all regions of the world. It was to be hoped that other countries might see their way to providing similar facilities.

Assistance to Research and Other Technical Services

Collaboration with Other Organizations

There were no comments.

Voluntary Fund for Health Promotion

Dr Turbott, representative of the Executive Board, drew attention to resolution EB35.R12, in which the Executive Board at its thirty-fifth session had recommended the following draft resolution for adoption by the World Health Assembly:

The Eighteenth World Health Assembly,

Considering that the programmes planned under the Voluntary Fund for Health Promotion as set forth in Official Records No. 138, Annex 3, are satisfactory;
Noting that the programmes are complementary to the programmes included in the regular budget of the Organization,
1. EXPRESSES the hope that more contributions will be made to the Voluntary Fund for Health Promotion;
2. REQUESTS the Director-General to implement the planned programmes, as contained in Annex 3 of Official Records No. 138, within the broad concept of the third general programme of work for a specific period, to the extent that funds become available through voluntary contributions to the Voluntary Fund for Health Promotion; and
3. INVITES the Director-General to take such further action as would most effectively contribute to the development of these programmes.

Decision: The draft resolution was approved without comment.¹

Annex 4 Additional Projects requested by Governments and not included in the Proposed Programme and Budget Estimates

Professor PESONEN (Finland) said that it was always with regret that he turned to the green pages of the budget volume, which included so many important subjects and pointed to the enormous shortage of funds for promoting the health of mankind. It was particularly regrettable that it had not been found possible to include in the regular budget the item relating to the study of human factors in road accidents, which was included as project EURO 344 on page 528, since road accidents nowadays constituted a major public health problem.

Dr HAPPI (Cameroon), observing that he, too, always leafed through the green pages of the budget volume with regret, said that there were many tuberculosis projects listed under the section for Africa. Since a number of delegates had already pointed out that it was the most serious disease for them after malaria, it was to be hoped that the Organization would do its utmost to transfer all tuberculosis projects to the regular budget.

Dr AHMETELI (Union of Soviet Socialist Republics) said that the additional projects requested by governments and not included in the programme and budget estimates were a source not only of regret but also of optimism, since they proved the great need for international co-operation. Of the projects listed, those relating to psychiatry were particularly worthy of support—especially the travelling seminar on psychiatric hospital care (project EURO 261 on page 528). A great deal of new work had been done on the subject, information on which would be of great value to all countries. For that reason he suggested that, if it were at all possible, the project should be implemented in 1966.

Dr AYÉ (Ivory Coast), agreeing with the remarks made by the delegate of Cameroon, said that he would also stress the importance of nursing projects. For some years, a number of such projects had been listed for the Ivory Coast in the green pages of the budget volume and he would therefore appreciate it if the Organization could make an extra effort to finance nursing projects as well as communicable diseases projects from the regular budget.

Dr RAO (India) said that the very existence of the additional projects in Annex 4 showed the great amount of help needed by developing countries. India’s most urgent needs were concerned with environmental health, community water supply and the training of sanitary engineers for designing community water supply projects. A number of such projects were planned under the current five-year plan, but they could not be completed without the proper designs. If the South-East Asia Region alone could not undertake the cost of the necessary training courses, he wondered if inter-regional seminars could be organized. The preparation of designs was a vital element in environmental health plans.

Dr HAQUE (Pakistan) endorsed the comments of other speakers on the increasing number of projects in Annex 4. Project Pakistan 57 (page 531), under which Pakistan was asking for a medical records librarian for vital and health statistics, was of great importance to his country. Pakistan was anxious to set up a proper system for recording morbidity statistics in hospitals and was planning a pilot project in one hospital as a start. If a whole year was impossible, it would be helpful if an expert could be provided even for a few months.

Dr QUIRÓS (Peru) said he was surprised that his country’s modest request for a medical officer to assist in the serious problem of plague control, which affected the frontier between Ecuador and Peru, should have been relegated to the additional projects in Annex 4 (page 517). In view of the gravity of the problem of plague in many areas of the world, the budgetary allocations, particularly for the Americas, were surprisingly small.

Dr WILLIAMS (United States of America) agreed with the delegates who had commented on the regrettable situation in which projects involving an amount

¹ Transmitted to the Health Assembly in section 2 of the Committee’s fourth report and adopted as resolution WHA18.34.
of some nine million dollars could not be financed from the regular budget. A number of delegates had referred to projects concerning tuberculosis that could not be implemented, and tuberculosis had been mentioned several times in recent discussions as warranting high priority. He, too, was concerned, since twenty-nine of the projects in Annex 4 related to tuberculosis, which seemed to have a higher percentage of unimplemented projects than any other subject. He would like to hear from the Director-General why Annex 4 contained so many tuberculosis projects and whether some of them could be implemented in the near future.

Professor Clavero Del Campo (Spain) said that there was reason for optimism as well as pessimism concerning the additional projects, for Annex 4 was evidence of the purpose and vision of the people working for health all over the world. The existence of Annex 4 also showed the Director-General’s prudence in preparing the Organization’s programme.

Dr Wone (Senegal) said that he, too, shared the concern voiced by most speakers over the existence of Annex 4. Although he was ready to resign himself to the inclusion in that annex of the vital and health statistics project requested by Senegal (project Senegal 11, page 513), he found it difficult to accept the postponement of the inter-country seminars on health education and the organization of maternal and child health services (projects AFRO 158 and AFRO 119, page 514). Those programmes represented the hopes of all the African countries for rapid progress in the field of public health.

He appreciated that the Organization could not carry out every programme requested, but he hoped that the projects he had mentioned would be given priority in the coming year and that the additional projects would all be tackled as soon as the situation allowed.

Dr Gjebin (Israel) said he was surprised to find among the additional projects so many that were important, particularly to the developing countries. He mentioned especially tuberculosis and environmental sanitation. The chief item of cost in those projects seemed to be the short-term consultant. If some of the countries wishing to help the developing countries could voluntarily contribute consultants, with WHO advising on the most important subjects, some of the additional projects might be implemented.

Dr Adesuyi (Nigeria) expressed regret that project Nigeria 54 (communicable diseases epidemiological team, page 513) was still one of the additional projects. During the present session of the Assembly, attention had been constantly drawn to the importance of combating communicable diseases, particularly in the developing countries. The comparatively modest amount requested by Nigeria was to assist the Government in organizing an epidemiological unit and assessing the problems of communicable diseases, so that they could be tackled with the least possible delay. He hoped that the project would soon be included in the regular budget.

Dr Biemans (Rwanda) made a plea for implementation of project Rwanda 2 (page 513), which stated the need for a nurse educator and a laboratory technician, at a cost of $24,529, for the laboratory at Kigali, where at present there was not even a doctor. Such an assistant would to some extent compensate for the loss of the sanitary engineer, the doctor and the nurse provided as advisers on public health administration, who had left Rwanda some months earlier although their term of duty was not due to end until 1968.

Dr de Silva (Ceylon) drew attention to the long list of items requested by his country (page 521). Ceylon, like many other countries, was experiencing great difficulty in obtaining medical officers for preventive work. He urged that every effort should be made to implement as soon as possible the requests for fellowships in public health administration (Ceylon 38), social and occupational health (Ceylon 200), and maternal and child health (Ceylon 201).

Dr Shoukry (United Arab Republic) urged that his Government’s request for assistance in developing the Central Virology Research Laboratory at Agouza (United Arab Republic 37, page 532), should be included in the regular budget.

The Director-General said it was the first time that there had been a thorough discussion on the additional projects in Annex 4 to the Proposed Programme and Budget Estimates. He had greatly appreciated the discussion and wished to draw attention to two facts.

In the first place, many of the projects in Annex 4 were in Technical Assistance Category II, a priority given by the governments concerned. That was an
important point, since during the discussions in the Committee and in the plenary meetings it had been frequently pointed out that the part of the United Nations Programme of Technical Assistance in health programmes was decreasing. The problem could not be solved by WHO: it was for each government to see individually that health was given the priority it warranted in Technical Assistance programmes. He urged delegates to make every effort in their respective countries to ensure that health received the same treatment as other items when their countries’ Technical Assistance programmes were being drawn up.

In the second place, it should be noted that many of the projects in Annex 4 were supplementary to projects in the regular programme and budget. A case in point was the project on plague control mentioned by the delegate of Peru, but he agreed that it was an important project and hoped that some supplementary funds might become available for its implementation during the year from savings in other parts of the programme. The same applied to the question of tuberculosis, raised by the delegate of the United States of America, though a few of the projects were neither in Category II, under Technical Assistance, nor supplementary to projects in the regular programme and budget. He agreed that they were important projects, but they had been discussed by the regional committees and each region had agreed on the apportionment between the regular programme and budget and additional projects, with very few exceptions. His task was a difficult one and he would be only too glad if the additional nine million dollars yearly were forthcoming to cover those additional projects and the problem could thus be solved.

He assured members of the Committee that their comments were all most carefully noted by the Secretariat and by the regional directors. If it were not possible to obtain the additional nine million dollars for the regular budget, he hoped at least that countries in a position to do so would make voluntary contributions, on the lines suggested by the delegate of Israel, so that some of the additional projects could be carried out.

The Chairman said that the Committee had now completed its review of the programme and budget estimates for 1966. He invited attention to the draft Appropriation Resolution submitted by the Committee on Administration, Finance and Legal Matters.

Dr Kaul, Assistant Director-General, Secretary, read out the text of the draft Appropriation Resolution, as follows:

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART I: ORGANIZATIONAL MEETINGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. World Health Assembly</td>
<td></td>
<td>372 200</td>
</tr>
<tr>
<td>2. Executive Board and its Committees</td>
<td></td>
<td>191 300</td>
</tr>
<tr>
<td>3. Regional Committees</td>
<td></td>
<td>110 700</td>
</tr>
<tr>
<td><strong>Total - Part I</strong></td>
<td></td>
<td>674 200</td>
</tr>
</tbody>
</table>

| **PART II: OPERATING PROGRAMME** | | |
| 4. Programme Activities | | 25 898 909 |
| 5. Regional Offices | | 3 147 385 |
| 6. Expert Committees | | 261 100 |
| 7. Other Statutory Staff Costs | | 8 014 940 |
| **Total - Part II** | | 38 121 884 |

| **PART III: ADMINISTRATIVE SERVICES** | | |
| 8. Administrative Services | | 2 381 167 |
| 9. Other Statutory Staff Costs | | 764 749 |
| **Total - Part III** | | 3 145 916 |

| **PART IV: OTHER PURPOSES** | | |
| 10. Headquarters Building Fund | | 500 000 |
| **Total - Part IV** | | 500 000 |
| **Sub-total - Parts I, II, III, and IV** | | 42 442 000 |

| **PART V: RESERVE** | | |
| 11. Undistributed Reserve | | 2 615 590 |
| **Total - Part V** | | 2 615 590 |
| **TOTAL — ALL PARTS** | | 45 057 590 |

II. Amounts not exceeding the appropriations voted under paragraph I shall be available for the payment of obligations incurred during the period June 1 to 31 December 1966 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 1966 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 US $ 985 000 available by reimbursement from the Special Account for the Expanded Programme of Technical Assistance.
(ii) the amount of US $ 34 700 representing assessments on new Members from previous years

(iii) the amount of US $ 517 300 representing miscellaneous income available for the purpose

Total US $ 1 537 000

thus resulting in assessments against Members of US $ 43 520 590.

Decision: The Appropriation Resolution was unanimously approved.¹

2. Fourth Report of the Committee

Dr Happi (Cameroon), Rapporteur, read out the draft fourth report of the Committee.

Decision: The fourth report was adopted (see page 475).

The meeting rose at 12.05 p.m.

ELEVENTH MEETING

Monday, 17 May 1965, at 10.30 a.m.

Chairman: Dr A. L. Mudaliar (India)

I. Quality Control of Pharmaceutical Preparations

Agenda, 2.8

Dr Izmerov, Assistant Director-General, introduced the report by the Director-General on the quality control of pharmaceutical preparations,² to which were annexed the extracts from the minutes of the third and sixth meetings of the Executive Board at its thirty-fifth session, along with resolution EB35.R16 in which the Board recommended the following resolution to the Eighteenth World Health Assembly:

The Eighteenth World Health Assembly,

Recalling resolution WHA17.41 on the compliance of exported pharmaceutical preparations with the requirements applying to pharmaceutical preparations for domestic use;

Having examined the report of the Director-General on the quality control of pharmaceutical preparations,² setting out an unsatisfactory situation in regard to the quality control of pharmaceutical preparations moving in international commerce;

Noting that large parts of the world population make use of pharmaceutical preparations without having in their countries adequate facilities for prior quality control;

¹ Transmitted to the Health Assembly in section 3 of the Committee's fourth report and adopted as resolution WHA18.35.

² The text of this report was submitted to the Expert Committee on Specifications for Pharmaceutical Preparations, at its meeting in November 1964. The Committee agreed with the general terms of the report and decided that it should be included as Annex I to the twenty-first report of the Expert Committee on Specifications for Pharmaceutical Preparations (World Health Organ. techn. Rep. Ser., 1965; 307; 18).

Recalling the provisions of Articles 2 and 21 of the Constitution,

1. invites governments to take the necessary measures to subject pharmaceutical preparations, imported or locally manufactured, to adequate quality control;

2. requests the Director-General:

(a) to continue to assist Member States to develop their own laboratory facilities or to secure access to such facilities elsewhere,

(b) to continue to study methods of securing, in the countries of origin, control of the quality of pharmaceutical preparations intended for export; and

(c) to pursue the establishment of internationally accepted principles and specifications for the control of the quality of pharmaceutical preparations; and further

3. requests the Director-General to report to the Executive Board and to the Nineteenth World Health Assembly on the possibilities of the Organization's playing an even more active role in the quality control of pharmaceutical preparations.

He drew particular attention to the concluding part of the report before the Committee which summarized three programmes which would make it possible for the quality of pharmaceutical preparations produced in a country, or exported or imported, to be ascertained, namely:

(a) regular inspection of all establishments where pharmaceutical preparations were manufactured and
of their facilities and staff for carrying out an adequate quality control of their products;

(b) an examination of the quality of representative samples of all pharmaceutical preparations in a national laboratory for pharmaceutical quality control (or in a private or other laboratory licensed by the national authorities);

(c) the obtaining of certificates of quality from the exporting country or from the manufacturer whose products were imported. However, such certificates could be used only if the importer could ascertain their value. Moreover, most countries, including developing countries, were not only importing, but were also manufacturing a number of pharmaceutical preparations.

Assistance could be provided by WHO for the establishment of national laboratories for quality control, in particular by training pharmaceutical analysts under the fellowship programme. Postgraduate courses in pharmaceutical quality control had been established in various pharmaceutical institutes with WHO co-operation. In addition, WHO supplied lists of laboratory equipment necessary for pharmaceutical quality control, sent consultants to requesting countries to help administrations to plan for proper quality control of their pharmaceutical preparations, whether imported or locally produced, and supplied proposed specifications for the quality control of the more important pharmaceuticals, as published in the International Pharmacopoeia, and requirements for a number of biological substances, as published in the Technical Report Series. The international nonproprietary names proposed by WHO for pharmaceutical substances were of help to national administrations in the labelling of drugs and for regulatory purposes. International biological standards and international chemical reference substances were supplied through WHO for pharmaceutical quality control.

As a temporary measure, reference laboratories in a limited number of countries could be asked to advise on the quality of certain pharmaceuticals which were especially difficult to analyse. Two or more countries could agree to help each other in establishing common laboratories for pharmaceutical quality control. Or again, effective quality control could often be provided by the staff of the pharmaceutical, medical and other faculties, schools and institutes using their facilities and equipment. Finally, adequate legislation for the registration, labelling and quality control of pharmaceutical preparations should cover both imported pharmaceutical preparations and those manufactured in the country for local consumption or for export.

The question of further assistance to Member States was being examined, and the possible appointment of regional pharmaceutical advisers was under consideration. It might also be possible to organize symposia at regional level, following the WHO Study Group on the Use of Specifications for Pharmaceutical Preparations, which had met in Geneva in 1956, and the European Technical Meeting on the quality control of pharmaceutical preparations organized in Warsaw in 1961 by the Regional Office for Europe. The adoption of the resolution proposed by the Executive Board should provide a basis on which assistance could be continued and expanded, in order to meet the growing needs of Member States.

Dr. Saduski (United States of America) thanked the Director-General for his excellent report, which gave a most useful description of the complexity of the quality control of pharmaceutical preparations and of some of the international aspects of the matter. The United States supported the resolution recommended by the Executive Board in resolution EB35.R16. It fully agreed with operative paragraph 1 of that resolution and had already taken the measures referred to therein. It also endorsed the proposal contained in operative paragraph 2(a).

He agreed with the Director-General that the quality control of drugs had to begin in the manufacturing establishments. The matter of good manufacturing practice had to be taken into consideration: it covered personnel, buildings, equipment, components used in the manufacture and processing of drugs, formula and batch-production records, production and control procedures, product containers, packaging and labelling, laboratory controls, distribution records, stability and careful examination of written or verbal complaints on each product manufactured.

There were two ways in which countries could obtain their drugs from United States manufacturers. First, they could specify in their order that the drug was one marketed in inter-state commerce within the United States. By that method, the purchasing country was assured that the quality standards met those prescribed under United States law and regulations. Alternatively, the purchasing country could procure drugs made to such specifications as it wished to set with the manufacturer. In that case, a drug intended for export was not deemed to be adulterated or misbranded if it complied with the specifications of the foreign purchaser, if it was not in conflict with the laws of the country to which it was being exported, and if it was labelled on the outside of the shipping package to show that it was intended for export and not for sale within the United States. The second procedure was based on the assumption that the foreign purchaser was in a position to determine whether those requirements had been met; since in many cases
that would be impossible, the first way of purchasing United States drugs appeared the best.

The United States “New drug regulations” were particularly strict. Before a firm could manufacture a new drug for domestic sale or for export it had to file a “New drug application” and obtain the approval of the Food and Drug Administration for the drug. Such approval was given only if there was evidence to show that the new drug was not only safe, but also effective for the intended purpose.

Professor Muntendam (Netherlands) congratulated the Director-General and his staff on the progress made in pharmaceutical quality control. Under prevailing conditions of industrialization, and with the rapidly increasing intensity of world commodity trade, protection against inferior components of drugs and foodstuffs was no less essential than protection against communicable diseases. His delegation therefore agreed with the draft resolution submitted by the Executive Board and was ready to co-operate in the development of plans whereby WHO would play a more active part in the quality control of pharmaceutical preparations. In that respect, his delegation wondered whether the establishment of a WHO bureau for drug control would be desirable. Such a bureau could form the centre of an international network guaranteeing the quality of pharmaceutical preparations. He did not wish the suggestion to be discussed at the present meeting, but his delegation was willing to submit a scheme to the Secretariat should it so desire.

The second sentence of section 2 of the Director-General’s report stated that pharmaceutical quality control did not cover the clinical and pharmacological evaluation of pharmaceutical preparations. His delegation would like to know how the potency of drugs could be controlled without pharmacological evaluation, and how a country importing drugs could be protected against the harmful effects of drugs if a clinical and pharmacological evaluation had not been made. In the opinion of his delegation, pharmaceutical quality control consisted of the chemical, pharmacological and clinical evaluation of a pharmaceutical preparation. Unless pharmacological and clinical evaluation were included, the protection afforded to countries importing drugs would be merely illusory.

Dr. Doubek (Czechoslovakia) said that the production of pharmaceuticals was increasing very rapidly, particularly in the developing countries, and the high quality of pharmaceuticals could be ensured only by good quality control. In the opinion of his delegation control consisted of the checking of pharmaceuticals for identity, purity, sterility and potency, in accordance with the methods and specifications of modern pharmacopoeias. Extensive pharmacological and clinical testing of new drugs was essential if possible adverse actions and side-effects were to be avoided. Effective legislation was essential to good quality control.

WHO’s activities, including the preparation of specifications for pharmaceutical preparations, the establishment of biological standards, the preparation and distribution of chemical reference substances and the collection of information on the legislation governing quality control in the various countries, were very useful and should be continued. His delegation was sure that WHO would consider further ways of helping the developing countries to solve their problems with respect to quality control. Consideration should be given to the provision of direct help through laboratories which had the necessary facilities and trained staff. If requested, his country could help in the training of staff for quality control and in the solution of theoretical and practical problems.

Dr. Daeelen (Federal Republic of Germany) congratulated the Director-General on his report, which accurately described the complicated situation with respect to the quality control of pharmaceutical preparations. Her delegation agreed with the conclusions of the report and would vote in favour of the draft resolution recommended by the Board in its resolution EB35.R16.

Dr. Felkai (Hungary) congratulated the Director-General on his report. His delegation supported the draft resolution in resolution EB35.R16 of the Executive Board. In view of the importance of the quality control of pharmaceutical preparations, the control exercised by manufacturers’ laboratories should be supplemented by control by national authorities. WHO’s efforts to assist all Member States by publishing the International Pharmacopoeia and establishing international standards were appreciated, but greater assistance would have to be given to the developing countries.

Hungary had wide experience in the control of drugs, the State system of control having existed since 1927. The Hungarian pharmaceutical industry had come into being at the beginning of the century and satisfied both domestic and export needs. Following the nationalization of the industry, the small laboratories had been reorganized and pharmaceutical preparations were currently produced in only five factories. In Hungary, chemical, biological, microbiological, pharmacological and clinical tests preceded the introduction of a new pharmaceutical preparation. The National Institute of Hygiene was responsible for the registration of pharmaceutical
products. The system of control for exported drugs complied with the principles of the draft resolution, and the standards applied to drugs for export were the same as those applied to drugs for local use.

In view of the fact that it possessed a well-developed control system, Hungary was in a position to assist those countries that did not yet possess the necessary means to control the quality of imported pharmaceutical preparations. It was ready to supply WHO with consultants experienced in drug control, to help the health authorities of developing countries in organizing a quality control system, establishing laboratories and providing training in analytical methods. With WHO co-operation, it was also prepared to organize courses, in Hungary, on the quality control of pharmaceutical preparations.

His delegation had studied with great interest the draft of the second edition of the International Pharmacopoeia, the international standards of which would be used in the next edition of the Hungarian Pharmacopoeia. Unfortunately, the analysis methods, and the requirements concerning the quality of certain preparations as given in the draft were not always satisfactory. The drawback of the methods of the International Pharmacopoeia might result from the fact that the Expert Committee on Specifications for Pharmaceutical Preparations did not have its own laboratory. In the opinion of his delegation, the comments of Member States did not take the place of an independent laboratory. Such a laboratory, which should be well equipped and staffed with qualified specialists, should assist in the drafting of the International Pharmacopoeia. It should be available to the Expert Committee for comparative examination of methods selected by that Committee, for checking analytical methods, and for elaborating new chemical or physicochemical methods. The establishment of a new institute was not called for. Experience with WHO reference centres showed that the laboratory could be organized in a national institute for the control of pharmaceutical preparations.

The possibility of international co-operation in methods of analysis had been discussed at the WHO European Technical Meeting on the Quality Control of Pharmaceutical Preparations in Warsaw, in 1961. The report on that meeting emphasized the need for exchanges of technical information between quality control laboratories. The collection and distribution of characteristic data and of methods of analysing new pharmaceutical preparations would facilitate the work of national laboratories and avoid unnecessary research in many countries. That proposal had been prompted by a previous initiative of the International Pharmaceutical Federation, which had concluded that WHO should organize the exchange of information. The report's conclusion relating to information sheets on new pharmaceutical preparations would be very important for all national control authorities.

The organization of a WHO information centre for international exchange, collection and distribution of data and methods of analysing new pharmaceutical preparations seemed necessary. In the same way as the laboratory he had suggested, such an information centre could be established, with the co-operation of WHO, in a national institute for the quality control of drugs.

Dr Happi (Cameroon) said that the developing countries were faced with three equally important problems in curative medicine: the lack of equipment, the lack of qualified staff, and the lack of pharmaceutical products. The question of the quality control of pharmaceutical preparations had been discussed at the Seventeenth World Health Assembly and the Director-General's report certainly marked a step forward. However, it contained a number of suggestions—such as the establishment of quality control laboratories, the inspection of pharmaceutical manufacturing establishments and the institution of certificates of quality—which were beyond the means of developing countries. In the developing countries, the lack of drugs was as serious a problem as that of any disease. There were few developing countries capable of setting up a laboratory in which they could really control the quality of the drugs they imported. His delegation, therefore, approved the three programmes advocated in the Director-General's report and summarized by Dr Izmerov at the beginning of the meeting (see page 297) only as means of enabling the Organization gradually to achieve its final goal. Control of the quality of pharmaceutical preparations, at all stages of their manufacture, should be carried out by the manufacturers. On the other hand, the control of finished products should be the responsibility of both exporting and importing countries.

Two categories of State could be distinguished in Africa: first, States possessing faculties of medicine, pharmacy and science, which could therefore to a certain extent control the quality of the drugs they imported; the second, and larger, category consisted of States lacking the facilities mentioned, which could not, therefore, control the quality of the products they used. His own country, which imported all the pharmaceutical preparations it used, hoped that one day WHO

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would be able to intervene directly to help the developing countries to obtain better quality pharmaceutical products. It would be best if WHO were to establish international specifications to be used by developing countries.

Dr Schindl (Austria) said that legislation on pharmaceutical preparations had been introduced in Austria after the First World War. The prerequisites for registration were severe and included pharmaceutical, pharmacological and clinical examination. Pharmaceutical preparations, both imported and locally produced, were subject to periodic checks by the national control authority, which also tested new drugs before they were introduced.

He drew attention to a system of drug classification which would be universally applicable and which had already received international recognition. The system consisted of nine figures indicating specifications, tolerance and side-effects and was therefore known as the Spectotox system. It was designed to help in international emergency aid after disasters. On such occasions the use of valuable drugs was often limited, because the doctors were unable to identify the drugs or their characteristics, the labels being printed in a foreign language. Under the proposed system, figures printed on the label could be read by doctors and hospital staff throughout the world. The pharmaceutical industry was expected to adopt a positive attitude to the system because it would permit the retention of trade names. The industry had only to add a short strip of nine figures to the existing label. Each figure denoted an attribute of the drug, and the higher the figure the more dangerous the drug. He would provide the Director-General with a prepared publication for examination.

His delegation supported the draft resolution submitted by the Executive Board.

Dr Jakovljević (Yugoslavia) said that, in the opinion of his delegation, two questions were of outstanding importance in the quality control of pharmaceutical preparations. First there was the need to prescribe international specifications to be observed by manufacturers, to permit a control on the production and quality of pharmaceutical preparations; such requirements should have the status of standards and be codified and followed by Member States. Secondly, it was essential to set up more national quality control laboratories and to establish an international laboratory for the quality control of pharmaceutical preparations. In so far as the problem of quality control in developing countries was concerned, international collaboration might be of assistance in enabling such countries to use the laboratories of developed countries, under the supervision of WHO.

Dr Thomson (Australia) said that Article 21(d) of the WHO Constitution referred to the authority of the Health Assembly in the matter under discussion. Consideration of the quality control of drugs had first commenced in 1951. Defects in safety control methods had come into prominence with the increasing number of pharmaceutical products placed on the market each year, and with the increased use of drugs following advertising campaigns by drug manufacturers. While many people were aware of those defects, it was only after the specific case giving rise to foetal abnormality that WHO had produced resolution WHA15.41, in 1962. Many countries were also concerned about the standards of drugs imported either in bulk or as raw materials for their preparation. Accordingly, resolution WHA17.41 had requested the Executive Board to report back to the Eighteenth World Health Assembly.

He stressed that the subject was a pharmaceutical one, relating to control of the identity, purity, potency and sterility of pharmaceutical preparations, and not to their clinical and pharmacological evaluation. The Director-General’s report was most helpful, but it did not produce the solution. The really effective way of checking the quality of imported drugs was by testing representative samples in an official laboratory of the importing country, i.e. a national laboratory with well-trained staff and adequate equipment. Such a laboratory had been established in Australia, where other facilities, such as university departments, were also used as necessary. As stated in the Director-General’s report, the satisfactory quality of all drugs was indispensable for the protection of health.

The storage and transport of drugs produced additional problems, particularly when time, distance and climate were involved. Countries which tested drugs knew that consistent results could not always be obtained. It was important and really essential, therefore, that drugs should be tested in the country in which they were to be used. In Australia, the quality control of drugs exported was certified in accordance with the requirements of the importing country. However, there was no certain way of ensuring the consistent quality of imported drugs, except by the establishment of a national laboratory for quality control in the importing country. His delegation therefore supported the draft resolution recommended by the Executive Board in resolution EB35.R16.

Dr Kivits (Belgium) said that his country shared the Organization’s concern that the quality of drugs for export should be as high as that of drugs for domestic use. Under Belgian legislation, the manufacturer was required to analyse the raw materials and finished
products of each batch, and each batch had to be composed of drugs from a single manufacturer or submitted to one and the same sterilization operation. There were several measures to guarantee the effectiveness of Belgian quality control. For instance, each manufacturer had to have on his staff a pharmacist whose legal responsibilities were independent of those of his employer; stamped and sealed samples of each batch were kept so as to permit subsequent analytical control by the authorities; those not complying with the regulations were liable to heavy penalties; there were frequent official controls.

There was no difference in quality control between products manufactured for the domestic market and those destined for export. If, however, foreign countries applied different analytical specifications from those applied in Belgium, the batches manufactured for those countries had to meet the required standards. There was nothing to prevent Belgian firms from receiving inspectors from importing countries.

His delegation supported the draft resolution.

Dr NGO QUANG LY (Viet-Nam) said that all delegations seemed to be agreed on the need for an authoritative decision on the matter under discussion. The Ministry of Health of his country had issued a number of licences for pharmaceutical products to be imported or locally manufactured. In 1961, 452 products had been imported and 564 locally manufactured; in 1962, 439 products had been imported and 250 locally manufactured; in 1963, 426 products had been imported and 228 locally manufactured; and in 1964, 606 products had been imported and 368 locally manufactured. The number of manufacturing establishments had also increased during that period. Consequently, the national quality control laboratory was overworked and it was difficult to reorganize the quality control system with the scant resources at the Government’s disposal.

The Ministry of Health of the Republic of Viet-Nam was in favour of the use of international specifications as proposed by WHO. It considered, however, that to a large extent the quality control of pharmaceutical preparations should be carried out by the manufacturers themselves. It had therefore organized two fifteen-day courses during the previous year, to instruct national manufacturers’ pharmacists in the Government’s analytical techniques and specifications. Manufacturing establishments were also required to have a quality control laboratory in which a certain number of analyses could be made. His Government had been pleased to note a decline in the number of domestic establishments refused licences because their products were below standard.

His country was interested in the decisions of Member States on substances which had revealed harmful effects in clinical use. It would, however, like to know the extent to which those decisions had been implemented by the various countries. He wondered whether it would be possible for WHO to comment each time it disseminated decisions taken by a manufacturing laboratory or national organization.

Dr SAUTER (Switzerland) said that the Director-General had rightly drawn attention in his report to the fact that special difficulties arose in ensuring the quality control of exported pharmaceutical preparations in countries where many of the preparations produced were for export only and not for domestic use at all.

Another important point was that there could be no real guarantee unless every batch were controlled, i.e. not only each batch of a final product, but also all the raw materials used for the manufacture of the product. That implied a permanent quality control process during manufacture; it was a process for which the manufacturer was responsible and which could not be replaced by official control.

Official quality control should take the form of laboratory testing in the importing countries. However, as many countries were not yet in a position to do such work, measures must still be sought for ensuring that when necessary the quality control of pharmaceutical preparations could be carried out in the countries of production. Any system adopted had to comply with the laws of the exporting country. Legislation differed from country to country and no generally applicable solution was therefore possible. But as in each case it was in the interests of the importing country, the exporting country and the manufacturer himself to reach a satisfactory solution, they should be able to come to an understanding, in spite of the difficulties involved. The draft resolution proposed by the Executive Board took the situation into account and his delegation therefore supported it.

Dr RAO (India) said that his delegation wished to support the draft resolution proposed by the Executive Board, and would further suggest that WHO should advise on the best methods for controlling the safety and efficacy of new drugs at the international level. In order to protect importing countries with regard to the safety of the drugs they imported, WHO might consider setting up a network of laboratories in the importing countries, so that samples could be sent to any one of those laboratories for testing. As regards the South-East Asia Region, India would be willing for its central drug laboratory to be considered as the reference laboratory, if WHO would provide assistance in regard to personnel and other facilities.
Dr Charles (Trinidad and Tobago) said that his delegation accepted the Director-General's report and approved the resolution submitted by the Executive Board. The quality control of pharmaceutical preparations was very important for his country and for many of the developing countries, and they considered that WHO should go even further towards the effective quality control of pharmaceutical preparations, particularly as regards clinical and pharmacological evaluation. Many manufacturers were exporting drugs, particularly to the developing countries, which they would not be able to sell in their own markets. While the developing countries were fortunate in having the friendly assistance of other countries which did possess good laboratories and the necessary technical skills for evaluating certain drugs, they did not want to abuse such kindness and they therefore welcomed the statement by the delegate of the United States.

However, many countries did not possess the strict laws of the United States, and WHO was not in a position to insist that any country should formulate such legislation. Nor could WHO carry out quality control at the manufacturers' level. In the circumstances, his delegation felt that WHO should consider the establishment of laboratories for such quality control—one to be situated in the Western Pacific Region, one in the African Region, and one in the Region of the Americas. It would be sufficient if each group of Member countries could have a laboratory sponsored and organized by WHO to assist them in ensuring the safety, purity and potency of the drugs utilized; such action would be of particular benefit to the developing countries.

He reserved his further comments on the subject until later in the session, under a more appropriate item of the agenda.

Dr Haque (Pakistan) also wished to congratulate the Director-General on a very comprehensive report. He said that his country carried out a quality check of pharmaceutical preparations at three different levels and was engaged in improving the skills and increasing the number of inspectors engaged in the quality control of drugs, both for import and for export. For that reason, he wished to lay stress on operative paragraph 1 of the draft resolution. It was vitally necessary to assist countries to have their own laboratories, as it was not always possible to send drugs for examination to other countries. As mentioned in the report, good packing was also essential; otherwise large quantities of expensive drugs might have to be returned as not being up to standard, even though they might be accompanied by the appropriate certificates from the originating country.

WHO could strengthen national quality-control laboratories by making it possible for them to send samples of pharmaceutical products to an independent laboratory for a check, thus obviating any pressure that might be brought to bear on a national laboratory; perhaps an international laboratory could be set up for that purpose. Reagents sometimes deteriorated, and it was essential that they also should be checked in a laboratory.

In connexion with the growth of the pharmaceutical industry in many countries, he mentioned the practice of certain developed countries of dumping drugs in the developing countries, the price in the originating country being higher than the price at which the drug was sold abroad. The manufacturer made only a small profit on the drug, and the local private or national industry could not compete; dumping therefore constituted a hindrance to the development of the industry in the developing countries.

His delegation fully supported the draft resolution before the Committee.

Dr Scorzelli (Brazil) said that the appearance of new pharmaceutical preparations of a complex nature meant that their pharmaceutical quality would have to be verified before they could be used; some of those preparations represented considerable progress as far as therapeutic action was concerned, but some of them had far-reaching and dangerous side-effects. The quality control of drugs was therefore of growing importance to public health, which meant that in countries with limited resources the consumption of drugs was much greater than facilities for quality control. The co-operation of the more developed countries was therefore needed for a process that was not only technically difficult, but also costly. Moreover, confirmation of the quality of new drugs might lead to the withdrawal from the market of similar products that had been superseded, thus arousing opposition from older physicians and the public; that also was a problem which had to be solved.

It was essential to set up a body in which the health authorities could co-operate with the medical and pharmaceutical professional organizations for quality control. The necessary analysis could be carried out only by well-equipped and well-staffed laboratories.

Brazil was at present in an intermediate position; the central laboratory of the Ministry of Health was well equipped, but it could not carry out all the work required of it. There was a central biopharmaceutical commission for the study of all matters relating to the quality of drugs and the pharmacopoeia; the States were responsible for carrying out quality control locally, by agreement with the central body.
His delegation approved the proposal of the Executive Board and also supported the point of view expressed by the delegation of the Netherlands, among others, with regard to the pharmacological and clinical evaluation that should be carried out.

Professor Babudieri (Italy) recalled that at the Seventeenth World Health Assembly his delegation had stated that in Italy the quality of pharmaceutical preparations intended for export was the same as the quality of products prepared for domestic use. Manufacturing plants had to submit to periodical inspection by state officials. Furthermore, the Italian Government had offered to developing countries that had not as yet established laboratories of their own, facilities for having the drugs they imported from Italy tested in Italian State laboratories. No request had so far been received from any of the developing countries for such facilities, and the offer was accordingly being renewed; it would probably be to their advantage to make use of the offer, since the control of modern biological and synthetic drugs necessitated the use of expensive equipment which could not be improvised. His delegation was therefore in agreement with the draft resolution proposed by the Executive Board.

Dr. Adesuyi (Nigeria) associated his delegation with the congratulations expressed by other delegations on the excellent report of the Director-General. It was of interest to developing countries for two reasons: first, because most of those countries had to import nearly all the pharmaceutical preparations they needed and, irrespective of the quality control already carried out in the exporting country, it was essential that final control be carried out in the importing country, owing to possible deterioration during transport due to faulty packing or adverse climatic conditions.

Many developing countries were at present manufacturing pharmaceutical preparations and a satisfactory system of quality control should be established from the outset. It was a difficult problem for developing countries, and they needed as much assistance as possible to enable them to establish the necessary facilities. Due note had been taken of the statement in the report that, in a country that was unable to establish a national control laboratory immediately, effective quality control could often be provided by the staff of the pharmaceutical and medical faculties and other institutions, using their own facilities and equipment. That procedure could be adopted in the beginning and, at a later stage, when facilities became available, full-scale national laboratories for pharmaceutical quality control could be established.

Professor Ugarte (Chile) said that his delegation accepted the recommendations proposed in the draft resolution, but wished to stress the importance of another problem that was closely related to that of the quality of drugs, namely the question of price. Importing countries were concerned about that aspect, as they had to decide between different commercial products whose price was increased by the cost of transport, packing, advertising and so on. Expenditure on drugs was a major item in the overall medical expenditure of countries; in Chile, for instance, medical expenses amounted to 7 per cent. of the national income, and of that amount 25 per cent. was spent on pharmaceutical preparations. As that represented a rather large proportion, the Ministry of Public Health had adopted measures to control not only the quality of drugs, but also the prices. It would be useful if WHO could undertake a study to enable countries to select drugs that would be effective and at the same time cheaper; such a study would be welcomed by all countries preoccupied with the question of drug importation.

Dr. Aldea (Romania) also congratulated the Director-General on an excellent report, which reflected the success that had been achieved with regard to a problem on which there were so many conflicting opinions. His delegation therefore approved the draft resolution submitted by the Executive Board.

He informed the Committee that, in his country, pharmaceutical products, whether imported or locally produced, were directly controlled by a State institute; and that there was no difference between drugs produced for export and those for home consumption. In order to facilitate the quality control of drugs in a country, it would be very useful to have (a) a unified codification system for registering each series of pharmaceutical products manufactured; (b) WHO standards for pharmaceutical products; and (c) some regulation of the commercial advertising of pharmaceutical preparations, particularly those that could be obtained without a doctor’s prescription.

Dr. Ahmeteli (Union of Soviet Socialist Republics) said that the question under discussion was a very important one, particularly for the developing countries, as had been emphasized by the statements of delegates from newly independent States. His delegation stressed the need for forming national cadres. A number of countries, including Czechoslovakia and Hungary, which had obtained considerable experience in the production and quality control of drugs, had proposed to WHO a system for training personnel from the developing countries. It was to be hoped that WHO would take advantage of that interesting and helpful proposal.
Although the other measures provided for in the draft resolution (which his delegation would support) were important, the training of national personnel, however difficult, would be the deciding factor, and no quality control of drugs over a long period was possible without it.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) observed that the report, which had been fully discussed in the Executive Board and also in the Committee, was a very useful document. The draft resolution contained in it was completely acceptable to his delegation. Existing legislation in the United Kingdom would not permit the putting into effect of all the measures proposed in the draft resolution, but that legislation was due to be revised shortly.

As the delegate of the United States had pointed out, a large part of the detailed quality control of drugs must be the responsibility of the manufacturers themselves: government agencies were mainly concerned with ensuring that such control was properly carried out. Everyone recognized the difficulties of the developing countries and every care was taken to ensure that a drug was in perfect condition before it left the exporting country, but changes might occur due to faulty packing or inadequate storage facilities and labels might even be accidentally interchanged, so that a final check of the quality of a drug had to be effected in the course of its distribution. Importing countries must be given access to laboratory facilities if they had none of their own, and WHO should certainly assume the task of assisting Member States either to develop their own laboratories or to secure access to facilities for testing pharmaceutical preparations elsewhere.

His delegation fully supported the draft resolution.

Professor Senault (France) said that, as was the case in other countries, the national organization for the quality control of pharmaceutical preparations in France was empowered by law to make a very thorough technical check before a licence was issued. The French national laboratory had been approached by other countries to carry out certain quality controls, and France was ready to co-operate by making available to developing countries: (a) a purchasing office under the responsibility of the Technical Co-operation Service of the Ministry of Health, which would ensure that orders were standardized; (b) a quality control centre for pharmaceutical preparations; and (c) the national laboratory in Paris, which he had mentioned earlier. Information on the conditions under which quality control could be carried out could be supplied to countries interested.

The French delegation would support the draft resolution submitted by the Executive Board, in view of the effects, both long-term and short-term, that the quality of pharmaceutical preparations could have on health.

Dr Figek (Turkey), expressed the thanks of his delegation for the Director-General's comprehensive report. His own Government had begun controlling drugs some forty years earlier. Before 1928, there had been no regulation or quality control laboratories for pharmaceutical preparations. The Turkish Codex had been published in 1928 and a Pharmaceutical Control Act had been passed in 1929, by which the licensing and registration of all pharmaceutical preparations was made obligatory; in order to obtain the licence, it was necessary to prove that the drug was effective and had no major harmful side-effects; a system for the price control of drugs had also been set up. The Government was entitled to control any drug before it was marketed and to carry out periodical market checks; it could withdraw licences, inflict sanctions on the manufacturers and destroy preparations, if it deemed such measures necessary. Every batch of pharmaceutical products imported had to have a special permit.

Turkey now had its own pharmaceutical industry and produced nearly all the drugs required for home consumption, as well as some for export. As a first step, in the early nineteen-thirties, a national control laboratory had been set up and had proved very satisfactory; similar results could only be achieved in other countries by passing similar Acts and by establishing national quality control laboratories. WHO should do more in that field; it might be helpful if an international guide could be prepared, giving details of the systems and the legislation for the quality control of pharmaceutical products in the different countries. More seminars and more expert committees should be held on the subject. Careful attention should also be given to the establishment of reference centres.

The Turkish delegation fully supported the draft resolution submitted by the Executive Board, since it constituted an important step towards widening the scope of the work that could be done by WHO in that field.

Dr Engel (Sweden) asked for clarification on the draft resolution proposed by the Executive Board. Although the aim of operative paragraph 2(c) was quite clear, he would like to ask how exactly the establishment of internationally accepted principles and specifications for the control of the quality of pharmaceutical preparations was to be carried out. Was the reference to the International Pharmacopoeia or was
something else intended? He recalled that he had, on previous occasions, drawn the attention of the Committee to the long delay between the bringing of a drug onto the market and its inclusion in the International Pharmacopoeia and in the relevant national pharmacopoeias. He had therefore recommended a more effective system, namely, to replace the Pharmacopoeia by data sheets or some similar device. He would like to know whether such a system could be adopted, before defining his attitude to the proposed resolution.

Dr Bories (Gabon) said that having listened with great interest to the statements made by the delegates of both developed and developing countries, he had noted a general desire to have laboratories for the quality control of pharmaceutical preparations at various levels; any exporting country that did not conform to that practice would soon lose its customers. His delegation supported the resolution of the Executive Board, reproduced in the excellent report of the Director-General. He would add that the suppliers of pharmaceutical products imported by his country had always, at its request, willingly carried out the necessary control to ensure that the products had not deteriorated owing to adverse climatic conditions or the use of poor quality solvents. The national laboratories of several neighbouring countries had been made available to Gabon, and further offers had been made during the meeting, for which his delegation was most grateful.

Dr Wakil (Lebanon) said that his delegation considered the question of particular importance, since his country imported a great many different types of pharmaceutical preparations. In his experience, it was not sufficient to insist on a certificate of origin, because such a certificate, even when it bore all the requisite signatures and stamps, was unfortunately often only a courtesy certificate and did not attest the quality of the drug concerned.

His delegation considered that the best way of ensuring the good quality of imported preparations was to have a sample of each batch checked by a government laboratory or, failing that, a university laboratory, in the importing country. Where such laboratories did not exist, then for each batch of drugs imported the importing country should ask for a test to be carried out by a government laboratory in the country of origin; the value of such a guarantee would obviously depend on the good reputation of the exporting country. His delegation hoped that WHO would continue studying the problem, so that each importing country could make available to its people pharmaceutical products of a uniformly high quality.

Dr Wone (Senegal) congratulated the Director-General on the excellent report accompanying the draft resolution of the Executive Board, to which his delegation gave full support. His country attached great importance to that resolution and considered it most opportune, particularly since the Parliament of Senegal was discussing and was about to adopt a draft law on the control and sale of pharmaceutical preparations. Moreover, the first plant for manufacturing pharmaceutical products in Senegal was to begin operations before the end of 1965. Nevertheless, the reservations that had been made by the delegates of other developing countries in regard to the technical and financial possibilities of organizing an effective control were also valid for his country.

At present, his country was obliged to trust the exporting countries in regard to all the products that were still being imported, and had never had any cause for complaint. There were three factors, however, which influenced his country in wishing to organize an effective local control service. The first related to the possibility of deterioration and changes taking place in drugs which, although they had a valid certificate, might have undergone a change during transport, possibly owing to climatic conditions. Secondly, in connexion with the national manufacturing establishment that would shortly be producing pharmaceutical preparations, his country intended to extend its activities and explore the indigenous drugs, among which were many of high value, but not yet sufficiently studied from the scientific point of view. Finally, his country was desirous of exporting to nearby countries and, for that purpose, would arrange its own system of controlling the quality of its drugs.

For all those reasons, his country fully intended to benefit from the assistance offered by WHO, as described in the report, particularly in regard to the training of qualified technical staff. His country also fully intended to take advantage of all the bilateral assistance that had been announced in the course of the debate or that might become available in the future.

The Deputy Director-General said that, in the course of the long discussion, there had been some extremely useful comments and suggestions, which had all been carefully noted by the Secretariat, together with the offers of co-operation and specific suggestions that had been made.

Two types of question had been raised. One, which had been raised by two delegations, concerned the question why WHO did not give greater details on what had been done in the field of controlling not only the quality, but also the therapeutic action of a drug. That was because the item of the agenda under
discussion dealt exclusively with the pharmaceutical aspect, namely the control of the identity of a drug to ensure that it corresponded with its description and specifications, i.e., the control of its quality and purity, its state of preservation, etc. The medical aspect had not been overlooked, but the Health Assembly had divided the problem into two separate questions and they were accordingly the subject of two separate resolutions. The methodology of pharmacological and medical evaluation and the improvement of the system of notification was being actively considered, but the subject was not part of the present item and that was why it had not been mentioned.

The second question had been asked by the Swedish delegation, which had requested clarification of paragraph 2(c) of the operative part of the resolution, namely “to pursue the establishment of internationally accepted principles and specifications for the control of the quality of pharmaceutical preparations...”. As was implied in what the delegate of Sweden had said, on the one hand WHO should continue working on the International Pharmacopoeia and on the other hand the Organization should examine the possibility of obtaining from the pharmaceutical industry more details on the specifications of the drugs supplied and on the methods used. That was a long-term task for experts, but the general goodwill which had been shown in the discussions that had taken place during the meeting and a growing disregard for personal interest justified the hope that more information would be forthcoming, and that WHO should shortly be able to satisfy the universal desire for a more effective means of ensuring the quality of drugs, whether exported, imported or manufactured locally.

The CHAIRMAN put to the Committee the draft resolution proposed by the Executive Board in resolution EB35.R16 (see page 297).

Decision: The draft resolution proposed by the Executive Board in resolution EB35.R16 was approved.†

†Transmitted to the Health Assembly in section 1 of the Committee’s fifth report and adopted as resolution WHA18.36.
out. It also contained a summary of the Board’s findings, and a number of suggestions.

Part II described the framework within which WHO operated and the methods and procedures followed in planning and executing projects. Although the material contained little that was new, the Board had thought it would be useful for reference in connexion with the remainder of the report.

Part III showed the extent of WHO’s participation in the planning stage. It would be noted that in eighty out of eighty-six projects studied, WHO technical staff had visited the countries concerned. In twenty-nine of the forty-seven countries concerned, the existence of some form of national plan for the development of health services was reported.

Part IV dealt with delays in starting projects and the causes of such delays, a subject often discussed but hitherto undocumented. Delay in starting a field activity was not necessarily a disadvantage, since a delay due to a justifiable technical or administrative cause might be of ultimate value to a project. The report was, however, concerned with facts and not with evaluation. The facts were, briefly, that the major causes of delay in starting projects were the government’s unpreparedness for putting the project into operation, prolonged negotiations and difficulties in recruiting project staff. Neither the provision of supplies nor the award of fellowships were significant factors in delay. He wished to emphasize two points. In the first place, it seemed clear that a government should give the fullest consideration to all the implications of its commitments—technical, administrative, financial, logistic and legislative—when requesting a project. Secondly, there was no easy short cut to the solution of recruitment problems. The steps taken by the Organization to improve the procedural aspects of recruitment were mentioned in the report.

In connexion with Part V, dealing with the adequacy of project-supporting staff and work facilities in relation to the effectiveness of the Organization’s assistance, he drew attention to two important points. First, inadequacy in the provision of counterparts was a serious obstacle to efficient project implementation and the achievement of fundamental aims. Secondly, it was essential for appropriate information on all the implications of the programme to be made available to high-level government authorities, to ensure provision of the necessary financial and other resources.

The study could be described as a good example of self-criticism: the Organization needed to improve its recruitment procedures; governments could be more helpful and so avoid delays. The study suggested ways in which governments might more efficiently discharge their responsibilities in respect of project planning and support for projects in operation. Delay was repeatedly caused by governments not being ready at the agreed time to meet their share of the responsibility for projects, not only in finance, but also in providing adequate supporting staff and work facilities. He hoped that delegates would take careful note of the study and impress upon their national ministries of health the need for improvement at the receiving government end.

As a result of its study, the Executive Board had adopted resolution EB35.R34 submitting a resolution for consideration by the Eighteenth World Health Assembly (see below).

Dr Ahmedel (Union of Soviet Socialist Republics) said that the study provided an excellent example of how the Organization carried out its activities in the field. His delegation would vote in favour of the draft resolution recommended by the Executive Board. He hoped that WHO would continue with that type of activity and extend it to the technical and financial aspects of its work.

Dr Haque (Pakistan) said he understood that one of the problems in recruiting staff was to fulfil the principle of geographical distribution. While he appreciated that geographical distribution represented a difficulty in the recruitment of technical staff, he did not think that that was the case with administrative staff.

Dr Randriananarison (Madagascar) said that the study was valuable for both the Executive Board and the Member States and for the Director-General. It was also evidence of the vast amount of work done by staff in the field. Although the findings of the study were, perhaps, a little pessimistic, they brought out the importance of careful planning, both by governments and by WHO. The difficulties would be a spur to greater effort.

The Chairman, in the absence of further comment, presented the draft resolution recommended by the Executive Board in its resolution EB35.R34, which read:

The Eighteenth World Health Assembly,

Having studied the report of the Executive Board on its organizational study “Methods of planning and execution of projects”;

Noting that the study covers mainly the period of planning and initial implementation of projects
and that the study is confined to their administrative and managerial aspects; and

Considering that the study was carried out on the basis of a broad sample of projects,

1. **EMPHASIZES** the importance of the Organization's playing an active role in the development of requests for projects and in their planning;
2. **NOTES** the major causes of delays in starting projects and the measures taken by the Director-General for reducing such of the delays as are within the control of the Organization; and
3. **CALLS attention** to the relationship between the effectiveness of the Organization's assistance and the readiness of governments to carry out their share of the responsibility for WHO-assisted projects, including the provision of adequate supporting staff and work facilities.

**Decision:** The draft resolution was approved.¹

2. **Report on the Smallpox Eradication Programme**

The **CHAIRMAN** invited the Committee to consider the Director-General's report on smallpox eradication.²

Dr **KAUL**, Assistant Director-General, Secretary, introducing the report, said that it had been prepared in compliance with resolution WHA17.43, in which the Director-General was asked to submit a report on the programme and to prepare a further comprehensive plan for the world-wide eradication of smallpox. The report had been difficult to prepare because of the lack of information on the state of planning, launching, progress, problems and costing, from many countries in the endemic areas. The Director-General had therefore appointed two consultants who had visited selected countries in order to assess the situation and endeavour to reach some broad conclusions on the basis of a sample survey. The report provided direct information where obtainable and presented conclusions based on the work of the consultants.

Section 2 of the report dealt with the incidence of smallpox in the world. In 1964, less than 48 000 cases had been reported, the lowest number hitherto recorded. It should be remembered, however, that although such a low figure might be due in part to the success of current intensive vaccination campaigns, especially in America and Asia, the normal cyclical variations in the incidence of the disease and variations in the proportion of cases notified might also partly explain the reduction recorded.

In recent years, some twelve countries had eradicated smallpox through eradication or control programmes, but one country which had eradicated the disease ten years earlier had met with a serious setback and had experienced severe outbreaks through reintroduction of the infection. That situation was evidence of two important points: the need for regional as well as national eradication and the need for maintaining an adequate level of protection in communities until the disease had finally disappeared.

In 1964, the largest number of cases had been reported by Asia (72 per cent. of the total). The rest had been reported from Africa and the Americas. No cases had been reported from Europe or the Western Pacific Region. There had been importation of smallpox by air and only one case by sea.

Section 3 was concerned with research projects supported by WHO. Studies on simultaneous and sequential vaccinations in persons being revaccinated had shown that there was practically no advantage in making two insertions when using high potency vaccines, but that with low potency vaccines there was some advantage in making two insertions, either at the same time or sequentially.

Recent studies on the effectiveness of jet injectors had shown a consistent success rate of over 95 per cent. for primary vaccinations when a potent freeze-dried vaccine was used in both 1/10 and 1/50 dilutions. The method was effective and economic when used for large groups of people, but in sparsely populated rural areas multiple pressure or scratch methods were more practical—though small hand-operated injectors might be useful.

Laboratory studies were being carried out on variations of variola strains from Africa, where the morbidity and severity of the disease showed wide variations. If the strains could be successfully differentiated, combined field and laboratory studies would be set up in order to establish the epidemiological implications. Trials had established the effectiveness of some chemical compounds in smallpox prophylaxis and new chemical compounds had been tested under the sponsorship of the national authorities concerned. The Organization was giving expert advice to the national technical committees co-ordinating such studies.

Section 4 dealt with eradication and control programmes. In the South-East Asia Region—the Region which had always reported the largest number of cases—four of the five countries where the disease was endemic were actively engaged in eradication programmes and two of them had made substantial progress. In Burma, eight million of a population of

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¹ Transmitted to the Health Assembly in section 2 of the Committee's fifth report and adopted as resolution WHA18.37.
twenty-three million had been vaccinated by the end of 1964 and it was hoped to cover the total population within the coming two years. In India, over 300 million vaccinations (representing 70 per cent of the population) had been performed between the start of the campaign in 1962 and the end of 1964, and it was anticipated that 90 per cent. would have been vaccinated by March 1966. The Union of Soviet Socialist Republics had donated 450 million doses of freeze-dried vaccine for the Indian eradication programme. Four national laboratories in India were receiving technical advice and equipment from WHO and UNICEF for the production of freeze-dried vaccine and it was expected that sufficient quantities of the vaccine for the maintenance phase would be available before the end of 1966.

In the Eastern Mediterranean Region, Pakistan had reported that its whole population had been covered by a vaccination campaign by the middle of 1964. In West Pakistan, an eradication programme was due to start in the current year. In Sudan, the Northern Province had been covered in an eradication campaign and vaccination was being extended to other areas. Saudi Arabia was preparing a mass vaccination campaign.

In the African Region, most countries had not yet prepared eradication and control programmes. In the programme in the Ivory Coast, the attack phase of a national campaign had been completed and the maintenance phase started. Mali and Liberia had started eradication campaigns and Upper Volta was preparing to start one during the year. A priority in the African Region was the regional production of freeze-dried vaccine.

In the Region of the Americas, an eradication campaign started in 1962 was in progress in Brazil.

Section 5 dealt with the supply of vaccine. Large amounts were needed during the attack phase of eradication programmes, and as more countries launched or stepped up the pace of their programmes, requests for vaccine had increased rapidly. During 1964 and up to March 1965, WHO had distributed a total of 13 255 000 doses of freeze-dried vaccine, in response to requests from countries, in addition to the 450 million doses supplied by the Union of Soviet Socialist Republics to India. Despite the Director-General's appeals for donations, Member States had not provided vaccine in large enough quantities. Eleven countries had recently offered a total of over nine million doses of freeze-dried vaccine for the smallpox eradication programme, but about half of the vaccine offered had been unacceptable because it did not meet the required standards of sterility, potency or stability. The need for potent, heat-stable, freeze-dried vaccine for the eradication programme was urgent and acute: about fifty million doses annually would be required for the next few years. The Organization had helped a number of countries to set up centres for producing freeze-dried vaccine and assistance had also been given by UNICEF.

Section 6 summarized the comments of a team of two consultants and a medical officer from the Secretariat who had visited four countries in Africa and Asia where smallpox eradication programmes were in preparation or in progress. The reports on the four countries were attached to the report as Annexes A, B, C and D. In all four countries, it had been found that the programmes were to some degree unsatisfactory and in three of them substantial changes were considered necessary if failure was to be avoided. The reports stressed the need for a proper administrative and supervisory system covering all levels of the eradication programme. In most endemic countries, national resources were insufficient to provide such organization. Other health problems demanded urgent attention and sometimes had priority over smallpox eradication. Substantial help was needed from outside sources and the team had emphasized that the speed of eradication depended on the amount and quality of the assistance from sources outside the endemic countries.

The team had also stressed the importance of the maintenance phase, which had to be taken into account when the original plans were formulated; the need for pilot projects before embarking on large campaigns; the need for independent evaluation; the fact that heat-stable freeze-dried vaccine was an essential requirement for campaigns in the tropics, and the importance of co-ordinating campaigns in neighbouring countries where there was free movement of population over frontiers.

Section 7 described some of the needs of the programme. In the Americas, the eradication prospects were good, endemic smallpox being prevalent only in Brazil and in limited areas of Colombia and Peru. Vaccine supplies were adequate, but expert staff, transport and equipment were still needed to ensure early completion of the programme and also, in some countries, for setting up maintenance programmes. With the active participation of the countries concerned and with continued international support, it should be possible to eradicate smallpox from the continent within between three and five years.

In South-East Asia and the Eastern Mediterranean, eradication prospects were good in Burma, Pakistan and India. In Afghanistan, Nepal and Yemen difficulties had been encountered in the execution of campaigns.

1 The annexes have been omitted from the printed version of the report (Off. Rec. Wild Hlth Org. 143, 19).
but adjustments were being made and it was hoped that eradication would eventually be possible. In Indonesia, although there was no formal programme in progress at the present time, the necessary health structure existed to enable a programme to be put into operation.

All the countries in these two Regions except Pakistan needed more supplies of vaccine for the attack phase and some countries would need vaccine for the maintenance phase as well. Most of the programmes needed transport and supplies. Some countries needed technical advisory services. If the programme was pursued vigorously in all countries, and if substantial international support was forthcoming, it might be possible for smallpox to be eliminated from Asia early in the coming decade.

Eradication presented greater problems in Africa than in other Regions, since most African countries had very limited health services, and training personnel to expand such services was a long process. For many countries, vaccine would have to be provided in the attack and maintenance phases and although steps were being taken to develop or expand vaccine production laboratories, it was unlikely that sufficient quantities would be produced for some time to come. There was also a greater need for help in obtaining technical advisory personnel, transport and equipment.

The Director-General had attempted to provide an estimate of the costs of the programme. In his report to the Twelfth World Health Assembly in 1959, the average cost per vaccination had been estimated for a number of countries at US $0.10 per head of the population. Recent estimates in India, where an intensive systematic campaign had been carried out over the past three years, showed a per capita cost of $0.084, including the cost of personnel, transport and vaccines. From assessments made in the three main endemic regions, the most likely figure appeared to be $0.10 per head of the population as the estimated total cost of the operation. On the basis of estimated figures for populations still to be protected in the Americas, in Asia and in Africa, the future cost of the programme was estimated at a total of $80 million of which $52 million might be expected to be met from national resources, the balance of $28 million being broken down to annual requirements for the support of the eradication programme from international sources at approximately $5 million a year for the ensuing six years. Of that $5 million, 10 per cent. would be required for vaccines, 10 per cent. for advisory services, and 80 per cent. for developing vaccine production centres, transport and equipment, other material assistance and temporary support for the expansion and training of local services.

Section 8 contained the conclusions of the study, in which the more important steps necessary for the success of the programme were listed and it was stressed that special attention must be given to the planning and development of eradication programmes. It was made very clear in the conclusions that eradication could be achieved only if national governments gave it priority and were ready to allocate sufficient money for such programmes to be carried out; and that after completion of the attack phase, covering as nearly as possible the total population, a maintenance phase with a properly organized surveillance programme must be maintained for several years until smallpox was eradicated from all parts of the world. It was admitted that the costs of the operation were high, but they were less than either the cost of annual vaccination campaigns in the endemic areas without eradication, or the cost of keeping the immunity of the populations of smallpox-free countries at a level which would control outbreaks if the disease were imported. As an example, he mentioned the case of Sweden, where the annual cost of routine vaccination was estimated at over $850 000 (including vaccinations by private practitioners and the vaccination of travellers). Additional expenditure on mass vaccination, hospital requirements and other control measures during the last outbreak, in which twenty-seven cases had occurred, amounted to $600 000. For the larger countries in Europe and North America, such figures would have to be multiplied several times. Thus a considerable amount of money was at present being spent, particularly in countries which were free from smallpox, on safeguards against imported outbreaks. Yet the risk of importation would remain as long as smallpox existed in any part of the world. Eradication programmes in countries in the endemic areas were therefore the cheapest and most effective way of dealing with the problem.

The eradication of smallpox from the endemic areas was both technically possible and practicable, but international participation in the programme left much to be desired. A substantial increase in effort and in material support was essential if the eradication programme was to be speeded up and was to achieve its goal within a reasonable time.

Professor Macucha (Czecho-Slovakia) said there had not been a case of smallpox in his country for forty years. Compulsory vaccination and revaccination cost the country more than one million dollars a year; there were always a few serious sequelae, and even fatal cases of post-vaccinal encephalitis. Yet, despite
compulsory mass vaccination and revaccination, smallpox could be reintroduced into the country at any time from endemic areas.

Global eradication of smallpox was feasible and desirable, not only for the countries where the disease was endemic, but also for those that had long been free from it. If the smallpox eradication programme were continued as at present, much effort and money would be wasted by the diversity of method and progress from country to country: some countries had not even started on eradication programmes. If agreement could be reached, particularly among the more advanced countries, Czechoslovakia would be ready to support a well-planned and co-ordinated programme for the eradication of smallpox from the whole world.

He therefore supported the draft resolution proposed by the delegation of the United States of America which had been circulated (see page 313).

Dr Habernoll (Federal Republic of Germany) said that much had been done, but much remained to be done. The campaign must be kept up all over the world, for, as long as smallpox existed, it was a threat even to the countries that were free from it. His country was ready to support all efforts to eradicate the disease.

He had noted from the report that some regions were still using liquid vaccines and wondered whether that might not be one of the causes of certain unsatisfactory results in the campaign. He urged that only freeze-dried vaccine should be used, despite its higher cost, and that WHO should help the countries that needed it, to obtain supplies.

Dr Sauter (Switzerland) said that he had been impressed by the report, and particularly the annexes, which described very clearly the problem, the means of tackling it, and the results that could be obtained where the supply of materials was maintained. The difficulty was the lack of finance and other resources which held up the extension of the programme to all parts of the world where it was needed. It was regrettable that such an important problem as the eradication of smallpox, for which the solution was available, should be held up purely through lack of finance. The delegation of Switzerland urged that increased resources should be made available for the eradication campaign, even at the expense of other programmes. His delegation therefore supported the draft resolution of the United States of America.

Dr Scorzelli (Brazil) said that although vaccination against smallpox had long been practised in Brazil, the disease remained prevalent. Although vaccination had been introduced as early as 1804, it was only at the beginning of the present century that vaccination had been practised on a large scale and Oswaldo Cruz had won a great victory in the campaign against smallpox and had eliminated one of the most serious causes of death at Rio de Janeiro. Vaccination had been compulsory for a considerable time, but results had not always been as good as could be expected. One of the problems was that the country lacked an adequate system of recording transmissible diseases.

The smallpox eradication campaign had been carried on since the second part of 1962 under the direction of the Ministry of Health, and chiefly with governmental resources. The Pan American Health Organization, however, had helped in the production of vaccine by installing three laboratories in different parts of the country for producing forty million doses of vaccine a year—a quantity sufficient to meet the country's needs. The vaccine produced in Brazil was powerful and was almost entirely freeze-dried because of climatic conditions. Between 1 July 1962 and the end of 1964, there had been 16,700,000 vaccinations and revaccinations and it was assumed that the figure would have reached 67 million by 1968. A series of tests in vaccination techniques carried out with the help of experts from the Communicable Disease Center, Atlanta, United States of America, had produced valuable results, details of which he described. He also quoted statistics showing the results being achieved by the eradication campaign in different parts of Brazil. His country was making every effort to join in the world campaign against smallpox.

Dr Williams (United States of America) said that smallpox was both a dangerous and a preventable disease and modern techniques made it possible to eradicate it with less expense of money and time than malaria. He had been impressed by the statement, signed by the Director-General, on page 3 of the WHO magazine World Health for March 1965, as follows:

... It is outrageous that in one year there should still be 100,000 cases of smallpox and 25,000 deaths from this disease. It is equally outrageous that the world as a whole should still be constantly threatened by it. The World Health Organization in 1958 began a campaign for the eradication of smallpox from the world and I am confident that eradication can and will be achieved. Yet victory will not be attained without generous assistance from the countries free of smallpox, nor without much hard work in the countries where smallpox is still endemic.

The complete eradication of smallpox would not only rid the world of a disease which at present is a constant menace, but would also provide an
example of what true international co-operation can achieve in a well defined and limited sphere...

The saving of human lives and the contribution to economic and human development would justify the expense entailed. Smallpox had been eradicated from the United States of America, but it still posed a problem. In response to a request by the Director-General, United States experts had estimated that the cost of continued vaccination procedures and quarantine procedures in the United States was some fifteen to twenty million dollars yearly. He mentioned that fact simply to underline the Secretary’s intimation that smallpox was a problem for all Member countries, whether it was endemic in them or not.

The success of a smallpox eradication campaign would give a great impetus to WHO. It would remove many barriers to travel and, incidentally, it would save much time in the Health Assembly devoted to discussing the international certificates of vaccination.

He fully agreed with the main conclusion in section 8 of the Director-General’s report, that the smallpox eradication programme would not achieve its objective in the foreseeable future unless it was given a very much greater measure of support than it had received in the past from the governments of the endemic countries, from the smallpox-free countries and from the international agencies. The time had come for a more definitive approach to the campaign. The Director-General’s report was an admirable and comprehensive document and on that basis it would be appropriate for the Health Assembly to make known its feeling of urgency. It would be perfectly feasible to muster the requisite financial resources from both multilateral and bilateral sources. If the Director-General of WHO took the initiative, funds could be drawn from the regular budget of WHO, from the Expanded Programme of Technical Assistance, from UNICEF and from the bilateral programmes. He appreciated that there might be difficulties about all those sources, but they were not insuperable. The figure for the total amount required, estimated at US $23 500 000 to 31 000 000, seemed reasonable and would probably be far lower in the long run than the sums required for local expenditure if the countries concerned undertook campaigns of their own.

His delegation was therefore submitting the following draft resolution crystalizing its thinking on the matter:

The Eighteenth World Health Assembly,

Having examined the report of the Director-General on the present status of smallpox in the world, and the results achieved; ¹

Noting with concern that, though some recently endemic countries have eradicated the disease as a result of well-organized campaigns, progress in general is slow and major endemic foci remain in Asia, Africa and the Americas;

Noting that the Director-General has estimated that smallpox might be eradicated within ten years for an estimated international expenditure of from US $23 500 000 to US $31 000 000 in addition to the provision which the endemic countries themselves can make;

Believing that strong reaffirmation of the intent to eradicate smallpox would present a challenge and a stimulus to the world to mobilize resources to achieve the objective, and that the support required is within the international and national programmes devoted to world social and economic development; and

Recognizing the need for review of the technical and administrative requirements of programmes, the development of freeze-dried vaccine production in endemic areas, and the annual provision, for the mass phase of the campaign, of up to 50 million doses of freeze-dried vaccine in addition to supplies locally produced or already being provided in bilateral agreements,

1. DECLARES the world-wide eradication of smallpox to be a major objective of the Organization;
2. REQUESTS the countries having smallpox and without eradication programmes to initiate them and the countries with programmes to intensify them;
3. REQUESTS Member State to give the programme greater support than in the past and to provide the substantial contributions essential for its execution;
4. REQUESTS governments which carry on bilateral programmes of aid to include smallpox eradication in their programmes of assistance;
5. REQUESTS the Director-General to seek anew the necessary financial and other resources required to achieve world-wide smallpox eradication with special reference to resources that might be made available through voluntary contributions and bilateral programmes, as well as through programmes such as those of UNICEF and the United Nations Expanded Programme of Technical Assistance; and
6. REQUESTS the Director-General to make available the increased amount of technical guidance and advisory services in order to accelerate the programme as well as to assist the countries in obtaining the necessary vaccine, transport and other equip-

ment, and to report on the progress achieved to future sessions of the World Health Assembly.

Dr Effendi Ramadlan (Indonesia) observed that the report did not reflect what was actually being done in Indonesia in the way of smallpox eradication. The Indonesian Government was fully aware of the importance of communicable disease control. The Provincial Directors of the Indonesian Health Department were all persons trained in public health, mainly in the United Kingdom and the United States of America. A programme covering primary vaccination, verification and revaccination had been established with a supervisor for each sub-district with a population of 40,000. The malaria eradication teams were given training in smallpox control too. The laboratories at Bandung could produce the necessary vaccines, and 95-97 per cent. of the population could already be reached. The Government would, of course, hope to improve that record to 100 per cent.

He must take exception to the statement in section 4 of the report, to the effect that Indonesia was only concentrating on emergency vaccination programmes. As he had said, the Indonesian Government had always been aware of the importance of smallpox control; it used emergency techniques only where a sporadic outbreak had been reported—and even then started a mass vaccination campaign. He must repudiate the statement in section 7 of the report that emergency programmes only were being conducted and that eradication in the immediate future was not probable. It was equally untrue that no plans for an attack phase of the programme had been made in Indonesia, as was stated in the same section.

Moreover, in 1963 Indonesia had been accused of being the source of a case of smallpox imported into Europe (Sweden). The fact was that at that time a Swedish sailor had travelled from Australia to Sweden, having stopped over at Djakarta Airport for forty-five minutes. He had also stopped over at Calcutta and Karachi, but Indonesia had been accused as having been the source of the imported case.

Dr Nalumango (Zambia) said that the Zambian Government was extremely anxious to eradicate smallpox and so WHO could be assured of its co-operation. The campaign was being waged with mobile units, hospitals, clinics and rural centres throughout the country, but there were difficulties owing to its very long borders, which made it hard to check the entry of infection. The Zambian Government therefore fully appreciated the necessity for a world-wide campaign under the auspices of WHO.

Dr Rao (India) said that the work described in the Director-General's report was an excellent example of WHO's activities in the field of prevention. India had set on foot a campaign in most of its states in 1962 and 370 million of its 472 million inhabitants had already been vaccinated. India must express its gratitude to the Soviet Union, Switzerland and the United Kingdom for providing vaccine. It was arranging to produce freeze-dried vaccine itself with the help of WHO.

An eradication campaign had both short-term and long-term implications, but the maintenance phase was of basic importance. Maintenance centres should be established and the participation of the population was essential. It was hoped that the smallpox eradication campaign could be combined with the malaria eradication campaign. In the maintenance stage, special care was being taken to vaccinate newborn and immigrants, and revaccination was carried out on all children at the ages of four, eight, twelve and sixteen. It was hoped to combine the smallpox control campaign with the campaign against eye diseases.

Dr Hakimi (Afghanistan) expressed his country's gratitude to the Regional Office for South-East Asia for its co-operation and to the Government of the Soviet Union, which had provided three million doses of freeze-dried vaccine in 1964. A mass vaccination campaign had been started under the guidance of WHO and only 157 cases had been detected in 1964. His delegation wholeheartedly supported the Director-General's report. The difficulties pointed out in that paper had been appreciated and an improvement had taken place. Control measures had been imposed in Afghanistan since 1935, when a bacteriological institute had been set up under a Turkish professor. It had since been improved with the help of WHO. Lymph vaccine had been tried, but, as the delegate of the Federal Republic of Germany had explained, it had its drawbacks. The campaign was conducted by the Directors of Health in all the provinces and teams were sent out by the Ministry of Health.

Dr El Dabbagh (Saudi Arabia) said that a smallpox eradication campaign had been started in the southern part of his country, where the entire population was being vaccinated or revaccinated. The vaccination teams were receiving much appreciated help from the Regional Office for the Eastern Mediterranean.

The health authorities along the sea, air and land routes were paying great attention to the checking of smallpox vaccination certificates. The great number of pilgrims—many of whom were from areas where smallpox was endemic—who entered the country during the Haj constituted a real threat, although all possible measures of control and prevention were taken. WHO should give assistance to countries
where smallpox was endemic and which had not the financial means to prevent the extension of the disease.

Dr Haque (Pakistan) said that he must stress the importance of freeze-dried vaccine, for which his delegation had been one of the first three to vote. Formerly his country had used liquid vaccine, but experience had taught it the dangers. Pakistan was divided into two parts at a considerable distance from each other. In East Pakistan, the high figure of recorded cases in 1958 had been reduced to virtually nil, owing to the eradication campaign, which had been started with a pilot campaign and was now concentrated on maintenance. It was of course impossible to know how far complete success had been obtained, because geographical conditions made success extremely difficult. In East Pakistan, freeze-dried vaccine was now being used. In West Pakistan, where liquid vaccine had been used, a survey carried out parallel to the tuberculosis survey seemed to have shown that some 80 per cent. of the population had been vaccinated against smallpox, but there were still sporadic outbreaks.

In fact, the real villain of the piece was the liquid vaccine. Some countries which claimed that they had eradicated smallpox might have to repeat their campaigns because they lagged in maintenance and might have to repeat the vaccinations. It was no use blaming countries for secondary cases. He agreed with the Indonesian delegate that it was futile to seek the cause of smallpox carried by a traveller in the cities whence he had come; the real cause of recrudescence was the use of liquid vaccine and the report should be changed to lay the blame where it belonged. The use of liquid vaccine had modified smallpox symptoms to an extent where it was hard for a mild case to be detected.

Dr Bahri (Tunisia) said that the Tunisian delegation had been extremely impressed by the Director-General’s report on smallpox eradication, particularly by the reports on the visits by two WHO consultants to four areas where smallpox was endemic.

There had been no smallpox in Tunisia for some twenty-five years. A general compulsory vaccination had been carried out every five years, and every year for newborn infants, since 1925; that was a part of general public health measures and subject to a complete code of regulations. During vaccination campaigns, the whole population was gone through very thoroughly.

The vaccine used until 1964 had been the liquid vaccine, but in that year the authorities had started using freeze-dried vaccine. Apparently it had “taken” more frequently both in pre-vaccination and in revaccination. That was a long-range programme in which the entire medical and paramedical personnel in Tunisia had been engaged. It had to be a complete programme, providing for all stages from the manufacture of the vaccine, through storage, transport and vaccination, to verification of the results. The Tunisian delegation, therefore, wholeheartedly supported the WHO recommendations.

Dr Sow (Mali) said that he would like to thank Member States who had donated vaccine to his country, especially the Soviet Union and Switzerland, which had shown an appreciation of the need for international co-operation when faced with a public health problem which concerned all States, even those in which smallpox was not endemic.

The latter part of Annex D of the Director-General’s report gave an accurate picture of the problem with which Mali was faced. A few outstanding points, however, deserved emphasis, notably the need for supervision by trained WHO staff and for help in obtaining refrigerating apparatus, adequate transport and freeze-dried vaccines. Co-ordination between States in West Africa also merited attention. The pilot area, which had been planned in February 1965 with WHO experts who had visited Mali, must be put into operation as soon as possible. He agreed with the United States delegate that WHO should concentrate on the speedy eradication of smallpox throughout the world, especially by requesting assistance from international organizations such as UNICEF. Thus, he fully supported the Director-General’s report and was also in favour of the draft resolution submitted by the United States delegation.

Dr Ahmeteli (Union of Soviet Socialist Republics) said that his delegation had studied the Director-General’s report with interest. The report gave a good review of the results obtained and once again emphasized that the problem of smallpox could be solved only by international co-operation, for no country could consider itself safe until smallpox had been eradicated from the whole world. A great deal, however, remained to be done. It appeared from the report that 1964 had been a record year, in that there had been fewer cases reported; but as many persons—ten thousand—had died from smallpox in 1964 as in 1960. It was a bad omen that in 1962 and 1963 more than a thousand cases had appeared in one country where there had been no smallpox for a long period. He therefore endorsed the Director-General’s opinion that the results of the 1964 campaign had not been as successful as might have been hoped.

His country had been the initiator of the smallpox eradication programme and, through WHO and under bilateral agreements, had assisted a number of countries in their campaigns. In the current year, the Soviet Union planned to continue substantial aid.
He might, however, sound a critical note. Malaria eradication seemed to have been the favourite daughter of WHO, whereas smallpox eradication seemed to have been treated rather as a foster child, even though the Eleventh and Twelfth World Health Assemblies had stressed the need for taking realistic steps to eradicate smallpox. That criticism might have been averted if concrete measures had been included in the 1966 programme and if the burden had not been shifted to the countries concerned. Without adequate financial resources and proper co-ordination by WHO, the eradication programme could not make substantial progress. The delegation of the USSR would support any concrete proposal for speeding up the programme, but it wished for a real programme that would make it possible to proclaim that smallpox had been merely a passing phenomenon in human history. Sufficient resources were available in the world to bring that about.

Dr Quirós (Peru) said that he agreed with the United States and Soviet Union delegates. He was sure that a concentrated effort was needed to bring matters to a successful conclusion. Peru, with the assistance of the Pan American Health Organization, had been making a great effort since 1950 and had succeeded in eradicating smallpox within seven years; no case had been detected between 1957 and 1964. However, in the Amazon region, nomad tribes had again introduced a few cases of smallpox, which had not been detected in time, since they had taken a benign form, so that the disease had once again entered Peru, which was engaged in a fresh attempt to eradicate it. Undoubtedly similar circumstances had occurred in many other countries. Until the eradication campaign was universal, no final results might be anticipated.

Dr Nozari (Iran) commended the Director-General's report and the introductory statement by the Secretary. Iran had been conducting a national programme since 1950 and about 90 per cent. of the inhabitants had been vaccinated with the liquid vaccine, which had been found as good as freeze-dried vaccine, if properly kept, delivered and applied. No new cases had been detected in Iran in the last few years except those which had been imported from neighbouring countries. Iran was now concentrating its major effort on the maintenance of the programme.

Dr Shoukry (United Arab Republic) said that because of his country's geographical situation an old-established, efficient smallpox campaign was carried out as part of the routine activities of the health services. Primary vaccination against smallpox was compulsory for the newly born within the first three months. Routine revaccination of one-quarter of the population was carried out every year, so the whole population was covered every four years. As a further precaution, contacts of sporadic cases of chickenpox were revaccinated if the diagnosis was not quite conclusive.

The United Arab Republic was very conservative with passengers coming from endemic areas without international health certificates. His country produced both liquid and freeze-dried vaccines in such quantities that it could give assistance to countries which needed vaccine, and was already doing so through WHO.

At the moment, his country was using the liquid vaccine in routine vaccination in the temperate regions and the dried vaccine in hot and distant regions where transport and storage were difficult. As a result of that efficient campaign, no case of smallpox had been reported in the United Arab Republic for a very long time.

His delegation supported the draft resolution submitted by the delegation of the United States of America.

Dr Wone (Senegal) said that, although there was no antismallpox programme as such in his country, compulsory vaccination against the disease was being carried out under a four-year plan aimed at covering a quarter of the population every year. However, there were certain factors that acted as a brake upon the programme: in the first place, it was difficult to determine exactly what percentage of the population had in fact been vaccinated, since census figures were only approximate in most rural areas. Again, since dwellings were dispersed over a wide area, the population had to be summoned to a few selected villages for vaccination, which often led to poor attendance. In that connexion, he mentioned that a further handicap in eradicating smallpox in his country was insufficient means of transport, although thanks were due to UNICEF and to the French Government—which had supplied vehicles to Senegal—as well as to the United States Government whose two mobile units had carried out extensive vaccination. Thirdly, it seemed to him that the majority of smallpox cases originated in the interior of a neighbouring country, where vaccination was apparently not carried out as systematically as in Senegal. Finally, he said that his delegation would support the draft resolution submitted by the delegation of the United States of America and hoped that the bilateral and international assistance
regular vaccination was carried out and strict measures in accordance with the International Sanitary Regulations were enforced. Furthermore, his country had improved its production of vaccines and was now producing freeze-dried vaccine. He expressed his delegation's full support for the draft resolution submitted by the delegation of the United States of America.

Dr Charles (Trinidad and Tobago), recalling that the vaccine against smallpox had been discovered by Dr Jenner 160 years previously, said that it was hard to conceive that in 1965 the world was still struggling against the disease. Smallpox was not difficult to eradicate: the last case in his country had occurred in 1948 and, prior to that, there had been no outbreak of smallpox for twenty years. Something was wrong, and the Organization should ask itself why the world could not be free of smallpox. Medical research should go beyond the production of antigens and examine human behaviour, which was also important when it came to eradicating disease. He would speak more fully on the matter when the Committee discussed the medical research programme at its meeting the following day.

Dr Ali (Iraq), expressing support for the draft resolution submitted by the delegation of the United States of America, said that his country had been free from smallpox since 1959. Both liquid and freeze-dried vaccines were used and mass vaccination campaigns were carried out every three years—the next one would start in October 1965. No difficulties were encountered in carrying out vaccinations since, by law, all newborn babies had to be vaccinated. Furthermore, children entering school had to present a vaccination certificate, as did military recruits upon entering their service, and both government and commercial staff were vaccinated before employment. About 1 500 000 doses of both liquid and freeze-dried vaccines were produced annually in Iraq.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) first asked whether the Organization had any further information about the drug Methiszone or any other similar drug, apart from the information available in the United Kingdom. In his opinion, freeze-dried vaccine had no special magical property; an effective liquid vaccine was just as reliable. However, where proper storage and distribution were difficult, WHO should obviously endeavour to ensure that freeze-dried vaccine could be used and no chances should be taken with liquid vaccine. That applied particularly to any mass campaign.

Supporting what had been said by the delegate of the United States of America, he stated that it was true that the Organization had been engaged in small-
pox eradication for some seven years and that the programme had not met with as much success as might have been possible. However, only WHO could get down to the root of the problem. It would be far preferable for WHO to concentrate upon smallpox eradication than to turn to some more ostentatious programme which would lend only spurious prestige to the Organization—and no world research centre was needed to tell the Organization what to do about smallpox, since it already knew.

Sir Herbert Broadley (United Nations Children's Fund) said that he wished to state briefly the policy of UNICEF regarding smallpox eradication, since the draft resolution submitted by the delegation of the United States of America referred to UNICEF's possible contribution in that field. The matter had been reviewed by the UNICEF/WHO Joint Committee on Health Policy at its fourteenth session in February 1965. At that time, it had been explained that UNICEF would be unable to participate in a worldwide mass eradication campaign against smallpox, as it had done against malaria. Collaboration would be directed at strengthening the basic health service, at initiating the production of freeze-dried vaccines by supplying the necessary equipment to certain countries where the disease was endemic and at supplying the vaccine itself for use in the basic health services. The Joint Committee had agreed that UNICEF should continue as in the past to give assistance in that form and that it would not be possible to contemplate much wider activities. Within the limits mentioned, UNICEF would give all possible help, but anything on a wider scale would be beyond its resources. That did not mean that UNICEF was unsympathetic or unaware of the gravity of the disease, but it had to determine its priorities in the deployment of its resources. In offering that explanation, he did so to ensure that the draft resolution before the Committee did not give rise to expectations which it might not be possible to fulfil. He did not wish to suggest any change in the draft resolution, however. In conclusion, he expressed appreciation of the tributes that had been paid to UNICEF.

The Deputy Director-General acknowledged the statement made by the delegate of the United States of America, who had emphasized the role played by the magazine World Health in making the public aware of one of the major problems of world health. The comments made were gratifying and would be a great encouragement to the Division of Public Information.

The Secretary replying to the points raised, said that there had been some mention of mistakes in the report on the smallpox eradication programme. With specific reference to the remarks made by the delegate of Indonesia, he said that a corrigendum had been issued to the document, correcting some of the information given in the part of section 7 dealing with South-East Asia. However, the Secretariat was grateful for the additional information which had been provided. He wished to point out that from Table 3 of the report, listing smallpox cases reported by individual countries, it would be seen that the number of cases in Indonesia ranged from approximately 1000 to 8000, from which it was apparent that the disease was still endemic in Indonesia.

With regard to the point raised by the delegate of Austria, jet injectors permitted intradermal vaccination, not subcutaneous injection: the results of intradermal injection were very satisfactory.

It was not possible to supply the delegate of Austria, jet injectors permitted intradermal vaccination, not subcutaneous injection: the results of intradermal injection were very satisfactory.

The delegate of the USSR had referred to malaria eradication as the favourite daughter of WHO: however, it should perhaps rather be considered as the elder daughter, since the resolution on malaria eradication had been adopted by the Eighth World Health Assembly in 1955, whereas the smallpox eradication programme had been approved only in 1958.

As far as the resources for the smallpox eradication programme were concerned, the Committee's attention should be directed to the fact that, while the Director-General would do his utmost to accelerate the programme and to provide advice and assistance to governments regarding the planning and implementation of eradication programmes, it would be difficult for him to provide any extensive material support from the resources of the Organization. Vaccines, equipment and transport would have to be made available from some source, however, and the draft resolution submitted by the United States of America pointed to some of the ways in which such additional resources might be obtained. However, the Committee would realize that in the final analysis the main responsibility for according priority to antismallpox programmes rested with the national authorities. He wished to make that point quite clear.

Lastly he drew the Committee's attention to a revised version of the resolution proposed by the
United States delegation, containing some minor drafting changes and a new paragraph 5, proposed by the delegate of India.

The Chairman invited the Committee to comment upon the revised draft resolution, which read as follows:

The Eighteenth World Health Assembly,

Having examined the report of the Director-General on the present status of smallpox in the world, and the results achieved;¹

Noting with concern that, though some recently endemic countries have eradicated the disease as a result of well organized campaigns, progress in general is slow and major endemic foci remain in Asia, Africa, and the Americas;

Noting that the Director-General has estimated that smallpox might be eradicated within ten years for an estimated international expenditure of from US $23 500 000 to US $31 000 000 in addition to the provision which the endemic countries themselves can make;

Believing that strong reaffirmation of the intent to eradicate smallpox would present a challenge and a stimulus to the world to mobilize resources to achieve the objective, and that the support required is available within the international and national programmes devoted to world social and economic development; and

Recognizing the need for review of the technical¹ and administrative requirements of programmes, the development of freeze-dried vaccine production in endemic areas, and the annual provision for the mass phase of the campaign of up to 50 million doses of freeze-dried vaccine in addition to supplies locally produced or already being provided in bilateral agreements,

1. DECLARES the world-wide eradication of smallpox to be one of the major objectives of the Organization;

2. REQUESTS the countries having smallpox but no eradication programmes to initiate them and the countries with programmes to intensify them;

3. REQUESTS Member States to give the programme greater support than in the past and to provide the substantial contributions essential for its execution;

4. REQUESTS governments which carry on bilateral programmes of aid to include smallpox eradication in their programmes of assistance;

5. REQUESTS governments to take early steps to establish basic health services for the maintenance phase which would also serve the eradication of other communicable diseases;

6. REQUESTS the Director-General to seek anew the necessary financial and other resources required to achieve world-wide smallpox eradication with special reference to resources that might be made available through voluntary contributions and bilateral programmes, as well as through programmes such as those of UNICEF and the United Nations Expanded Programme of Technical Assistance; and

7. REQUESTS the Director-General to make available the increased amount of technical guidance and advisory services necessary to accelerate the programme as well as to assist the countries in obtaining the necessary vaccine, transport and other equipment, and to report on the progress achieved to future sessions of the World Health Assembly.

Dr Sow (Mali) proposed, first, that a new paragraph should be inserted between the third and fourth paragraphs of the preamble to read:

Noting the stress placed on the malaria eradication campaign in comparison with that placed on the smallpox eradication campaign which, however, should be given priority.

Secondly, the words "development of freeze-dried vaccine production", occurring in the final paragraph of the preamble, should be replaced by "extensive use of freeze-dried vaccine"; and, lastly, at the end of that paragraph, the words "or through voluntary contributions" should be added.

Dr Williams (United States of America) said that he was reluctant to accept the first amendment proposed by the delegate of Mali, since it apparently intended to accord higher priority to the smallpox programme than to the malaria programme.

Secondly, the words "development of freeze-dried vaccine production", occurring in the final paragraph of the preamble, should be replaced by "extensive use of freeze-dried vaccine"; and, lastly, at the end of that paragraph, the words "or through voluntary contributions" should be added.

Dr Williams (United States of America) said that he was reluctant to accept the first amendment proposed by the delegate of Mali, since it apparently intended to accord higher priority to the smallpox programme than to the malaria programme.

The idea behind the second amendment proposed by the delegate of Mali, namely to ensure the extensive use of the vaccine, was entirely acceptable to his delegation. However, in his opinion, it was also important to retain the idea of encouraging the development of freeze-dried vaccine production. His delegation would, therefore, prefer it if both ideas could be included in the final paragraph of the preamble.

Finally, he said that he was fully prepared to accept the third amendment proposed by the delegate of Mali, which seemed to be an improvement.

Dr Rao (India) supported the view expressed by the delegate of the United States of America.

Dr Sow (Mali) said that he was prepared to withdraw his first amendment.

The Deputy Director-General suggested a wording which would, as suggested by the delegate of the United States of America, maintain the reference to the development of freeze-dried vaccine and at the same time incorporate a reference to its extensive use.

Dr Sow (Mali) said that that wording was acceptable to him.

Dr Haque (Pakistan) suggested that both points might be met if the words "to ensure the extensive use of freeze-dried vaccine and" were inserted.

*It was so agreed.*

*Decision:* The revised draft resolution, as amended, was approved.*

The meeting rose at 5.30 p.m.

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THIRTEENTH MEETING

Tuesday, 18 May 1965, at 9.30 a.m.

Chairman: Dr A. L. Mudaliar (India)

1. **Fifth Report of the Committee**

At the invitation of the Chairman, Dr Happi (Cameroon), Rapporteur, read out the draft fifth report of the Committee.

*Decision:* The report was adopted (see page 475).

2. **Proposal for the Establishment of a World Health Research Centre**

Agenda, 2.6.1

The Chairman drew attention to the many documents prepared for item 2.6.1 of the agenda. They included the report of the Director-General,* to which were annexed the minutes of the thirty-fifth session of the Executive Board relating to the proposal to establish a World Health Research Centre.* A draft resolution had been jointly proposed by the delegations of Australia, Austria, Belgium, the Federal Republic of Germany, Hungary, India, Iran, Iraq, Israel, Malta, Sweden, the Union of Soviet Socialist Republics, the United Arab Republic, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Venezuela and Upper Volta. It read:

The Eighteenth World Health Assembly,

Having examined the proposal of the Director-General for the establishment of a World Health Research Centre and the recommendation of the Executive Board thereon;

Recognizing the need for a planned development of WHO staff activities for the co-ordination and support of medical research, the development of epidemiology and the application of advances in communications technology; and

Believing further that medical research centres devoted to research on specific health problems and requiring more than national participation, if established, would be best developed in close association with the Organization but financed and operated on a national or regional basis by those countries with a specific interest in such programmes and the necessary resources,

1. **THANKS** the Director-General and his scientific advisers for the study conducted;
2. **AUTHORIZES** the Director-General to take the action necessary to develop WHO staff services in epidemiology and the application of advances on communications technology and the systems of reference centres;
3. **REQUESTS** the Director-General to prepare a programme for the achievement of the purposes of paragraph 2 above, to be submitted to the thirty-seventh session of the Executive Board;
4. **INVITES** the Director-General to continue studying the role of the Organization in promoting medical research, especially with regard to world needs for centres devoted to research on specific health problems and the ways in which they can be associated with WHO, and to facilitate the intensi-

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1 Transmitted to the Health Assembly in section 3 of the Committee's fifth report and adopted as resolution WHA18.38.


3 The following extracts from the minutes of the thirty-fifth session of the Executive Board were annexed to the mimeographed version of the report: EB35/Min/9 Rev. 1, section 2; EB35/Min/10 Rev. 1, section 1; EB35/Min/12 Rev. 1, sections 1 and 4.
5. Requests the Director-General to report to the Executive Board and to the Nineteenth World Health Assembly on progress made under the programme.

He invited the Chairman of the Executive Board to present resolution EB35.R29, adopted at the thirty-fifth session of the Board.

Dr Turbott, representative of the Executive Board, read out resolution EB35.R29. He explained that the proposal for the establishment of a World Health Research Centre had given rise to considerable discussion at the thirty-fifth session of the Executive Board and it had required four meetings before the divergent views could be merged into a resolution; members had had an opportunity to crystallize, modify or adjust their points of view and the compromise resolution finally adopted therefore reflected a majority viewpoint.

The resolution had received 14 votes in its favour, none against, with 8 abstentions. The preamble expressed the views of those who considered that the proposed research centre would be of assistance in solving major health problems, together with the views of others who considered that its main contribution would be limited to research in epidemiology and the analysis of health and biomedical information. The operative paragraphs therefore covered both those points of view. The Executive Board had empowered the Director-General to place before the Committee proposals for action on a wide basis and also for action in the more limited fields he had mentioned earlier.

The Chairman invited the Director-General to introduce item 2.6.1 of the agenda.

The Director-General said that it was unnecessary for him to review the technical and other considerations underlying the proposal for the establishment of the World Health Research Centre. They had been fully dealt with in the reports of the meetings of scientific advisers and in the previous deliberations of the Executive Board and the Health Assembly. He wished, however, to clear up a few misunderstandings that appeared to have arisen concerning the proposal.

He believed that the proposal before the Committee reflected the directives he had received from the Executive Board and the Health Assembly and that it took into account, as far as possible, the views expressed by various Member States. It also followed the advice of the Advisory Committee on Medical Research, which had reviewed the original proposal discussed at the Seventeenth World Health Assembly in 1964. It was a modification of the original proposal, being more precise and modest in scope. Both proposals, however, possessed the same underlying technical reasoning in support of the necessity for a suitable organizational arrangement to carry out scientific research of the type required. The Advisory Committee on Medical Research had strongly endorsed "the intention to strengthen the types of epidemiological investigative programmes that WHO is so uniquely qualified to undertake by creating a World Health Research Centre to house a division of epidemiology and a division of communications science and technology". The Advisory Committee had further stated that it favoured "the creation of a division of biomedical research but it advocated that the Centre, as a whole, be started on a small scale, and that the work of the biomedical research division concern only restricted areas of fundamental science that have a defensible relationship to the broad programme of epidemiological research, which the Committee believes should continue to be the main concern of the World Health Organization". The draft resolution (see page 322) which he had submitted to the Committee with his report followed precisely those recommendations. It provided for proceeding with research activities in epidemiology and communications science, and limiting laboratory activities in biomedical research to those relevant to epidemiological problems (with emphasis on tropical medicine). It deferred the question of biomedical research laboratories for toxicology for further study and consideration by the Executive Board and the Health Assembly, as requested by the Executive Board in its resolution EB35.R29.

With regard to the draft resolution proposed by seventeen delegations (see page 320), in his opinion its adoption would result in the burial of the idea of the World Health Research Centre. It would mean that, instead of following the next logical step in the development of its role in health and biomedical research, so laboriously built up since the intensified medical research programme had been started in 1958, the Organization would be neglecting its responsibilities to the world and accepting to stand still, or even to move backwards. The need was not merely to expand staff services in epidemiology and to apply advances in communications technology; it was to carry out research and to develop the new techniques required in epidemiological methodology and in communications science so that they could then be applied to health information and biomedical problems. Those techniques were still lacking and the
problems involved were such that they could not be solved by national efforts, even promoted and coordinated by WHO. They were world problems, concerning such subjects as international surveillance and monitoring systems applicable to communicable diseases and to adverse reactions to drugs and environmental contaminants, as well as epidemiological problems of major diseases. He drew attention to the communications received from the International Society of Cardiology, the International Union against Tuberculosis and the International Union against the Venereal Diseases and the Treponematoses (the texts of which had been distributed to the Committee), in which those organizations stressed the new methods needed and ways in which they should be found.

National health administrations had recognized the necessity for having their own scientifically independent research organizations, because health and biomedical research were distinct from health administration. It was time for WHO to take a similar step and to make adequate provisions for attacking at the international level problems that could not be solved otherwise. It was his hope that the Health Assembly would recognize those facts and take suitable steps to ensure steady progress on a world-wide front.

The Health Assembly should take a clear decision, and if its desire was that no further studies should be carried out and that the idea of the World Health Research Centre be dropped, or that the matter should be left in abeyance for the time being, then that should be stated unequivocally, so that he might know what future action was required of him.

The CHAIRMAN opened the discussion on the subject. He drew the Committee's attention to the two draft resolutions before it: (a) the draft resolution proposed by the seventeen delegations (see page 320), and (b) the draft resolution presented by the Director-General, which read:

The Eighteenth World Health Assembly,

Having examined the report of the Director-General and of the scientific advisers on the proposal for the establishment of a World Health Research Centre, as well as the record of the discussions of the Executive Board at its thirty-fifth session;

Cognizant that in many areas of health and biomedical research the attack on problems involving the present and future welfare of mankind has been inadequate;

Realizing that such a Centre could make very important contributions towards the objective of the World Health Organization, namely, the attainment by all peoples of the highest possible level of health;

Considering that such contributions, particularly in the fields of epidemiology, the analysis and handling of health and biomedical information, and in biomedical research could best be made by a world oriented research centre working in collaboration with regional and national institutions;

Believing that priority attention should be given to problems of adverse reactions to drugs and to environmental contaminants, and to international monitoring systems applicable to these and other health problems;

Considering that it is a function of the World Health Organization to promote and conduct research in the field of health, inter alia, by the establishment of its own institutions;

Acting pursuant to Article 18(k) of the Constitution,  
1. DECIDES to establish, subject to the provisions of paragraph 3 below, the World Health Research Centre to be constituted within the World Health Organization as a scientifically autonomous institution;

2. APPROVES the general development of the organization and the financing of the Centre along the lines suggested by the Director-General in his report to the Eighteenth World Health Assembly;

3. DECIDES that, pending the conclusion of the study referred to in paragraph 2 of the resolution of the Executive Board at its thirty-fifth session (resolution EB35.R29), the activities of the Centre should consist in conducting research in methodological and theoretical aspects of epidemiology and in communications science applicable to the analysis and handling of health and biomedical information and the dissemination of such data;

4. REQUESTS the Director-General, pending the conclusions of the necessary studies on the scientific, organizational and financial aspects of the Centre, to make such technical and administrative arrangements within the limits of resources available to him to permit the work of the Centre to commence.

Dr KRAUS (Yugoslavia) said that his delegation had stated in the general discussion in plenary session that WHO should keep abreast with present-day thinking. All progress depended essentially on research, and modern up-to-date medical research required costly equipment and highly qualified staff which most
countries had not the resources to supply. International co-operation and the exchange of scientific information was therefore essential if all nations were to benefit from at least some of the progress made by others. But co-operation between countries was not enough. WHO programmes, such as the ones on malaria and smallpox eradication, had made it necessary for WHO to carry out a number of research projects to further those humanitarian aims.

His delegation considered that the idea of establishing a World Health Research Centre was sound and therefore acceptable. The meetings of scientific advisers had produced some convincing arguments in favour of the establishment of such a centre and the Executive Board at its thirty-fifth session had given the matter further consideration. The Director-General's report also contained arguments in favour of its establishment. Many diseases, both the infectious diseases and the chronic and degenerative diseases, were widely spread; the adverse reactions caused by drugs and contaminants were also ubiquitous; and there were many other problems connected with the use of pesticides, with air pollution and its biological effect on population. All those questions were closely related to the need to intensify research on various aspects of biomedicine. Investigations on those lines had already been carried out by WHO to a limited extent and at the national level; however, the establishment of a World Health Research Centre would make a very important contribution to the further development of such studies. It would, moreover, give an institutional basis for the research activities essential for carrying out WHO's main programmes.

Such a centre would also lead to better co-ordination of research at the national level. It would help projects of primary importance to developing countries, but which they could not undertake themselves owing to the prohibitive cost of modern research equipment and their lack of the necessary funds to obtain it. Science properly applied could free the peoples of the developing countries from the traditional scourges of mankind. His country fully agreed that scientific achievements had to be respected, but it believed that they should also be made available equally to all mankind. It was laid down in the WHO Constitution that health was one of the fundamental rights of every human being without distinction of race, religion, political belief, and economic or social condition. His country believed that a World Health Research Centre would help to achieve those aims.

In order to put the idea of such a centre into effect, the problem of financing had to be solved, as had been clearly brought out in the Director-General's report. The Centre could not be financed from the present regular budget of WHO, and additional sources would therefore have to be sought. Methods of financing required careful consideration: it was important that countries whose economic situation precluded them from participating in the financing of the Centre should be freed from that obligation.

His delegation supported the proposal for the creation of a World Health Research Centre and could therefore accept the draft resolution proposed by the Director-General. It had carefully examined the draft resolution proposed by the seventeen delegations, but regretted that it could not support that proposal, as it would do no more than authorize the Director-General to develop WHO staff services in epidemiology and in the application of advances in communications technology. Those activities had been discussed at several sessions of the World Health Assembly when considering the WHO budget; the draft resolution produced no new arguments, but was merely repetitive. Consequently his delegation could not support it.

Professor Macúč (Czechoslovakia) recalled the statement made by the head of his delegation at the fourth plenary meeting, to the effect that the Director-General's proposal on the establishment of a World Health Research Centre was of great interest to his country. His delegation was in full agreement with the majority of the delegates that research was not merely a matter of having sufficient financial resources, but was based essentially on the imagination and good training of research workers. Recruitment of talent in the field of research for the benefit of mankind was not a national or regional matter. There were some entirely new scientific problems awaiting solution in epidemiology, the study of toxic reactions to drugs, contamination of the environment, and cardiovascular diseases—all questions in the forefront of world interest. A research programme should be established on a world-wide basis, with research laboratories working in close association under a centralized direction.

In support of the Director-General's proposal, his Government wished to offer laboratory facilities for research, particularly in epidemiology and the communicable and cardiovascular diseases; it would also offer favourable conditions for foreign research workers.

Professor Pesonen (Finland) said that the decision taken at the Eighteenth World Health Assembly would have a far-reaching effect on the whole future work of WHO; consequently, there was a need for very careful study of the question before any such decisions were taken. The aim of WHO, as laid down in the Constitution, was to ensure for all peoples the highest attainable standard of health. Since its establishment
in 1948, much progress had been made to achieve that goal. The intensive research that had been done in many national laboratories under the aegis of WHO had brought into existence new methods for the improvement of public health services, and had developed modern techniques to combat many of the most dangerous diseases. The great advances made in many fields of medicine were undeniable, but most of the chronic and degenerative diseases had not yet been defeated; the arteriosclerotic diseases and cancer were the cause of early death and much suffering; and many of the contagious diseases were also far from being controlled. Moreover, as a result of the development of modern industrial techniques, new dangers to health were becoming apparent, and the problem of protecting mankind from those new hazards still had to be solved.

In many national laboratories, great efforts had been made to overcome present-day problems, but there were still huge gaps in scientists' knowledge. The reason for that might be partly the shortage of funds for research purposes, but there were other more basic factors which played an even more important role. Research in medicine alone could not be expected to solve the great problems of medicine and public health at the present time. Co-operation with research workers in other branches of science was vitally necessary, namely in physics, chemistry, biology, mathematics, genetics, etc. Even more important was the need for good working conditions and well-equipped modern laboratories for research workers. No Member country of the Organization had the resources to take such an initiative alone; it was possible only on an international basis, with the mobilization of all the resources of the Member countries. The problems facing the Organization were so vast that new measures were required to solve them.

Turning to the document before the Committee, he thought it had been evident for several years that the efforts of Member countries should be concentrated on solving the major problems. At the Seventeenth World Health Assembly, emphasis had been laid on those problems, and on the importance of information and communications services. That Assembly had recognized the desirability of applying the most recent advances in the science and technology of communications to the improvement and co-ordination of the world-wide exchange of information on health problems and medical research. As a result, the Director-General had been authorized to invite three groups of scientific advisers to meet and consider whether a new organizational structure, in the form of a World Health Research Centre, was advisable or necessary, or whether research activities of that kind could be carried out effectively with existing or expanded national and international research facilities.

He quoted several passages from Official Records No. 140, Annex 21, illustrating the justification for an international activity along the lines of the proposed World Health Research Centre. That report clearly indicated that it was vitally necessary to make every possible effort to implement its recommendations. Moreover, three important non-governmental organizations, dealing respectively with cardiology, tuberculosis and the venereal diseases and treponematoses, had sent communications to the Director-General, expressing their satisfaction at the proposal that WHO should set up a World Health Research Centre.

All those factors led to the conclusion that measures should be taken by WHO to promote and co-ordinate research on the subjects mentioned in the documents under consideration. The obstacles that were still hindering WHO from fulfilling the tasks laid down for it in the Constitution could be removed by taking effective measures, and one of the most effective would be the establishment of a World Health Research Centre.

Fears had been expressed that a research centre of that kind might attract research workers to such an extent that Member countries would lose some of their best scientists. He did not share those fears. One of the tasks of the Centre would be to train more scientists, and the world would then be richer by having a greater number of well-trained, first-class scientists available for research into the major health problems.

The question awaiting settlement was when and how the Centre could best be established. The financial aspects must be given careful consideration, and it would be advisable to proceed by stages. During the first stage, attention could be given to international surveillance, and monitoring systems applicable to communicable diseases, and to problems connected with adverse reactions to drugs, environmental contaminants, and epidemiology; subsequent WHO work in the field of medical research, using a research centre, should be given further study by the Director-General and by the Executive Board. Many scientists in the various Member countries were eagerly awaiting the decisions to be taken by the Eighteenth World Health Assembly on that vitally important item of its agenda.

With regard to the draft resolution before the Committee, his delegation considered that the one proposed by the seventeen delegations (see page 320) should be expanded by some minor amendments. If the supporters of that draft resolution agreed, his delegation wished to make a few minor amendments, as follows:
Government agreed with the view that disease control proposal had advantages and disadvantages. His delegation had carefully studied the relevant establishment of a World Health Research Centre. submitting a detailed report on the plans for the Director-General and his staff for their work in resolution before the Committee.

of the sponsors of the seventeen-delegation draft programme and for that reason his delegation was one its share of the cost of any comprehensive research which WHO was concerned. national institutions which already possessed research, leaving the basic research to be carried out by function was to initiate, promote and co-ordinate such research, underestimate the importance of WHO's biomedical communications technology. given in the research work of WHO to epidemiology and World Health Research Centre. Priority should be believe that the time was ripe for the establishment of a proposed World Health Research Centre. That position was based on the opinion of his Government's scientific advisers, who had given the subject long and careful consideration.

His delegation would welcome any measures to expand the Organization's work in the promotion and co-ordination of biomedical research, but did not believe that the time was ripe for the establishment of a World Health Research Centre. Priority should be given in the research work of WHO to epidemiology and communications technology. His delegation did not underestimate the importance of WHO's biomedical research, but considered that the Organization's function was to initiate, promote and co-ordinate such research, leaving the basic research to be carried out by national institutions which already possessed the machinery needed to investigate the problems with which WHO was concerned.

He stressed that his country was prepared to bear its share of the cost of any comprehensive research programme and for that reason his delegation was one of the sponsors of the seventeen-delegation draft resolution before the Committee.

Professor MUNTENDAM (Netherlands) paid tribute to the Director-General and his staff for their work in submitting a detailed report on the plans for the establishment of a World Health Research Centre. His delegation had carefully studied the relevant documents and realized that all three sections of the proposal had advantages and disadvantages. His Government agreed with the view that disease control and health promotion must be based on research and believed that international co-operation was essential in some fields. It accordingly supported, in principle, the proposals of the Director-General, which would promote such international co-operation. His delegation was in complete agreement with the views expressed in the three letters, addressed to the Director-General by non-governmental organizations in official relations with WHO (the International Union against the Venereal Diseases and the Treponematoses, the International Society of Cardiology and the International Union against Tuberculosis) which had been circulated.

However, his Government considered that it would not be advisable to finance the proposed research centre from the regular budget of the Organization; in that budget, priority should be given to such existing activities as the control of communicable diseases. The Government of the Netherlands would therefore oppose any increase in the budget for that purpose. For similar reasons, it could not support the proposal to finance the Centre by voluntary contributions.

In conclusion, he stated that his delegation, although wishing to encourage the Organization's activities in the promotion of research, was opposed to the setting up of a World Health Research Centre in the current circumstances.

Dr de CARVALHO SAMPAIO (Portugal) complimented the Director-General, the Secretariat and the Executive Board on the excellent report which had been submitted about the proposed World Health Research Centre (in Official Records No. 140, Annex 21).

Although it was generally accepted that scientific research was a prerequisite for progress, there were still many governments which did not give research the importance it deserved; financial considerations were, of course, partly responsible for that situation.

The World Health Organization was constantly developing and expanding its services and the World Health Assembly had always been instrumental in encouraging the Organization to achieve still better results. The Director-General's proposal for the establishment of a World Health Research Centre was an example of the progressive policy of the Organization and it came, in his delegation's view, at an opportune moment in the history of the Organization. Fears had been expressed that the establishment of the Centre would hamper the continuation and expansion of field projects, but it was more likely that its establishment would help to make the Organization's field work more effective.

He believed that the view of some delegations that the Centre would be too expensive a project for their governments to support did not take into account its value as an investment for the future. It was perhaps
true that if funds could be provided for the setting-up of the Centre, the finances needed for its continuation would not represent such a heavy burden. Another objection that had been put forward was that the Centre would attract scientists away from important research work in their own countries; but it was common knowledge that not only were the talents of many scientists wasted for lack of suitable employment, but there were few developing countries in a position to offer research posts to their own scientists. His delegation disagreed with the view that the establishment of the Centre would attract scientists away from important national research activities in developing countries: it was more likely to constitute an incentive to those countries to promote scientific research. However, the selection of staff for the Centre would be of paramount importance and the utmost care would have to be taken to ensure that undue weight was not given to political and geographical considerations. The principles laid down in section 3 of Appendix 2 to the Director-General's report 1 made it clear that everything would be done to ensure that the best possible scientific staff would be appointed.

In conclusion, he said that his Government fully supported the draft resolution proposed by the Director-General (see page 322), in the belief that its adoption would be of benefit to the Organization and to humanity as a whole.

Dr Refshauge (Australia) paid tribute to the Director-General on his excellent report on the very important project under discussion. The Director-General had asked for a clear decision on the subject and it was the responsibility of the Health Assembly to indicate clearly what it wished him to do. The Australian delegation had consistently supported the furtherance of the policies of WHO and it therefore regretted having to oppose the proposal for a World Health Research Centre in its present form. His delegation was one of the sponsors of the seventeen-delegation draft resolution and was in favour of the amendments proposed by the delegate of Finland. It believed that in WHO's work priority should be given to the development of sound health services in all countries and especially in the large number of countries which were still without modern health services, as many delegations to the Health Assembly had pointed out. In the debate on the budget proposals, it had been pointed out that certain projects could not be carried out because of lack of funds, and it therefore appeared inopportune to devote such immense expenditure and effort to the establishment of a new health research centre.

His country encouraged medical research and believed that the function of WHO in that connexion was to stimulate, encourage and assist national research projects throughout the world, rather than to build a massive laboratory for biomedical research. Expansion of the Organization's work in the field of epidemiology and communications technology was desirable, however, since it would increase services vital to research.

Dr Ferreira (Brazil) said that the lengthy discussion to which the proposal for the establishment of a World Health Research Centre had given rise, not only in the present Committee but at the Seventeenth World Health Assembly and the thirty-fifth session of the Executive Board, was an indication of the importance which the governments of Member States attached to the project. There was general agreement that medical research could best be carried out on an international scale, rather than at regional or national level.

The Director-General had rightly requested that the Health Assembly should give clear directions on what further action should be taken in connexion with the Centre. The draft resolutions before the Committee should therefore be carefully studied before a decision was taken whether or not the Organization's activities in medical research should be developed in the manner proposed. The seventeen-delegation draft resolution need not necessarily represent the death warrant of the proposal for a World Health Research Centre; with slight alterations in the wording, it could be transformed into a positive mandate to the Director-General.

Dr Quirós (Peru) said that he agreed with the Director-General that the seventeen-delegation draft resolution seemed to represent the death-knell of the proposal for a World Research Centre. His delegation supported the establishment of such a centre. He agreed, however, with the opinion expressed by other speakers, that the Director-General should be given clear indications of the Health Assembly's views on the subject.

Professor Babudieri (Italy) said that the discussion had made it clear that Member countries were divided on the question of the advisability of setting up a World Health Research Centre. However, even those who opposed the Director-General's proposals acknowledged the need for planned development of the Organization's activities in the promotion of research into health problems. Many Member States, while believing that the establishment of the Research Centre would be premature under current circumstances, favoured the expansion of WHO services in epidemiology and communications technology.

His delegation believed that the proposal should not be abandoned and hoped that the Executive Board would give it further consideration at its next session. It was in favour of the seventeen-delegation draft resolution (see page 320) but suggested the following amendments:

(1) Replace the second and third paragraphs of the preamble by the following text:

Recognizing the need for a planned development of WHO activities for the promotion, co-ordination and support of medical research and research training on major world health problems; and

Considering that such contributions, particularly in the fields of epidemiology and the application of communications sciences and computers to health and biomedical problems, including the analysis, handling and exchange of health and biomedical information, could best be made by a world-oriented research programme, involving collaboration with regional and national institutions and realized within an appropriate organizational framework that would ensure the required scientific efficiency and quality,

(2) Amend operative paragraph 2 to read:

AUTHORIZES the Director-General to take the action necessary to develop WHO research activities and services in epidemiology and the application of communications sciences and computers and the systems of reference centres.

Dr Schindl (Austria) said that his country would support all urgent activities designed to assist developing countries, even if they entailed an increase in the budget. Apart from such urgent activities for developing countries, every proposed extension or enlargement of the programme should be very carefully examined. There was undoubtedly a need for a planned expansion of WHO’s staff for the development of epidemiology and the application of advances in communications technology, and sufficient means should be provided in the budget for 1967 for those tasks. In his opinion, however, such research was classified as applied research, and the question was whether WHO should currently undertake fundamental research in, for instance, molecular biology. The International Agency for Research on Cancer referred to in document A18/P&B/11 would require more than national participation; it should work under the sponsorship of WHO, but should be financed by special contributions from participating governments, not out of the WHO regular budget.

His delegation supported the seventeen-delegation draft resolution.

Dr Subandrio (Indonesia) said that she had listened with interest to the views of previous speakers and had studied the Director-General’s proposal for the establishment of a World Health Research Centre. She referred to the following statement made by the Director-General at the beginning of the discussion at the thirty-fifth session of the Executive Board (as reported in the minutes of the ninth meeting 2) to the effect that “medical research would have to be developed on an international scale if the ever-widening gap between health conditions in the developing and developed countries was to be narrowed”. In her opinion that gap would not be narrowed by the establishment of a single world health research centre. The very varied types of health conditions found in the world could not be dealt with by a few scientists working in a single centre. Several centres should be established to serve the health needs of all the countries of the world.

The most important matter for more than two-thirds of the world’s population was that communicable diseases should be controlled or eradicated, and it was clear from the Director-General’s report at the third plenary meeting that WHO’s main concern was still the eradication or control of communicable diseases. Under operative paragraph 6 of the resolution on the smallpox eradication programme which had been approved at the previous meeting (see page 319), the Director-General was requested to seek the necessary financial and other resources required to achieve world-wide smallpox eradication. In her opinion, it was far more important to devote funds to such a programme, which would save many lives, than to the establishment of a single health research centre.

She had listened with interest to the opinion expressed by the delegate of Australia on the seventeen-delegation draft resolution and shared the opinion that the Organization’s main purpose would be served by the establishment of several centres; for instance, the difficulties experienced by many countries in controlling the quality of imported drugs might be solved through such centres. She welcomed the spirit of the seventeen-delegation draft resolution.

Dr Ozaki (Japan) said that at the previous World Health Assembly his delegation had expressed doubts about the expediency of establishing a large-scale World Health Research Centre. It was satisfactory to note that the Centre currently proposed was considerably smaller in size than that originally proposed.

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2 EB35/Min/9 Rev. 1, section 2.
In the discussions on the budget ceiling for 1966, his delegation had expressed the view that the Organization's structure should not be expanded unless absolutely necessary and that no new large-scale project should be undertaken until urgent projects with higher priority had been completed or nearly completed. His delegation was therefore unable to support the proposal for the establishment of a World Health Research Centre. He fully appreciated the importance and urgency of strengthening WHO staff services in epidemiology and communications technology but was, at the present stage, opposed to the establishment of a world institute for biomedical research. His delegation would vote in favour of the seventeen-delegation draft resolution.

Professor AUJALEU (France) said that the position of his country was more or less the same as his own position had been at the thirty-fifth session of the Executive Board and the Seventeenth World Health Assembly. He would comment on the general, technical and financial aspects of the proposal under discussion.

In so far as the general aspects were concerned, he was of the opinion that the introduction or extension of research activities in WHO merited serious study and that decisions should not be taken lightly. The project submitted to the Eighteenth World Health Assembly was a great improvement on the one that had been submitted to the Seventeenth Health Assembly.

Secondly, it seemed to him that research was an essential activity of WHO, but that its place in the Organization's programme should be such as to ensure a reasonable balance between research and other activities. Moreover, in its research work, the Organization should deal with problems that could not easily be solved at the national or regional level. The Organization's research activities should expand gradually; they should not be too large at the outset, but should develop progressively and could, without involving undue increases in expenditure, replace other activities in the programme as they were completed or as their importance declined.

His delegation's position, and his own, with respect to the technical side of the proposal, had been expressed at the Seventeenth World Health Assembly and in the Executive Board. The Director-General's proposals related to three main activities: a communications centre, which would deal with communications technology and methodology, a division of epidemiology and an international laboratory. His delegation was in favour of the communications centre, since WHO alone was in a position to perform the work involved. It was also in favour of the division of epidemiology, since study of the methodology of epidemiology could be effected more easily in that division than elsewhere. It was, however, totally opposed to the establishment of an international laboratory. The scientists it had consulted were of the opinion that it would be better if the money provided for an international laboratory were distributed to those national laboratories best able to carry out the desired research. Therefore, no biomedical research division should be created by the Organization.

The Director-General had suggested three ways of financing the Organization's research activities. His third suggestion was that the funds should be taken from the regular budget. The French delegation did not think it would be possible to ask Members to contribute from the regular budget to any important research activity undertaken by WHO. Research was important for the whole world, but although its uses were obvious to doctors, they were less so to the treasury departments on whom, in the last resort, budgetary decisions depended. In his opinion, therefore, that system should not be considered.

The Director-General's first suggestion was that each Member should make a contribution in accordance with the United Nations scale and that the contribution should subsequently be reduced in the case of certain Members. The legality of the suggestion seemed doubtful. A precedent had certainly been created in the malaria eradication campaign; but at that time he had, on behalf of the French delegation, expressed the most serious doubts regarding the legality of the measure and its conformity with the Constitution. Article 56 of the Constitution mentioned "a scale" but not several scales. He therefore did not think that the Organization had the right to introduce several scales, without amending the Constitution.

The Director-General's second proposal, that countries should agree and promise to make voluntary contributions, therefore seemed the best.

In so far as the draft resolutions submitted for consideration were concerned, the French delegation would adopt a position consistent with the views he had just expressed.

Dr ARREAZA-GUZMÁN (Venezuela) thanked the Director-General and the Executive Board for the documentation submitted on the matter under discussion. His delegation followed the principle that the most important thing was to strengthen regional research centres. Although WHO could perform a useful service as an information-collecting centre, it should concentrate on promoting and intensifying the activities of such regional centres. His delegation could not, therefore, approve the proposal for the establishment of a World Health Research Centre.
Dr Rao (India) said that all were agreed that research was necessary. Once that principle was accepted it was necessary to examine existing research facilities. There were national and regional laboratories, and WHO was already promoting and coordinating medical research and initiating collaborative research. It was understood that there was a wide gap between developing and developed countries and that communicable diseases were among the main problems of the latter group. How ever much the developing countries might want to participate in fundamental or other medical research, it would be economically impossible for them to participate in financing the proposed Centre.

The proposed Centre would cost nearly $144 million over the next ten years. He understood that the capital cost of the building was not included in that figure, because buildings and land would be supplied free by the host country. Any research activity required buildings, personnel and equipment. When, as at present, a number of research laboratories suffered from lack of funds and equipment, it was difficult to understand how a gigantic project, concentrating all activities in one centre, would be of material value to the world. While some of the work proposed for the Centre could be carried out centrally, that on epidemiology and tropical medicine might have to be carried out in a region or country where the problems relating to those subjects were encountered.

The ultimate aim of medical research was to obtain the best health conditions for all people and to solve every country's problems. The Government of India felt that the training and placement of research workers should be a primary consideration. The research work proposed for the Centre could be done in existing centres. He therefore supported the amendment proposed by the delegate of Finland (see page 325), provided it was accepted by the sponsors of the seventeen-delegation draft resolution.

Dr Evang (Norway) said that he had read the seventeen-delegation draft resolution with some surprise. His surprise was due to the fact that the draft resolution was in sharp contrast to the resolution approved by the Executive Board, which was an organ of the Assembly; it was much more negative than any other resolution passed on the subject. Furthermore, it seemed out of keeping with the traditions and practices of the World Health Organization, and he even wondered if it was compatible with the WHO Constitution. He agreed with the opinions expressed by many delegations, but there were a few misunderstandings to which he wished to draw attention.

Some delegates seemed to think that the proposed World Health Research Centre would be a mammoth institution which would devour research institutes in other parts of the world. In fact, the intention was just the opposite; the proposed Centre would stimulate national and regional research by strengthening co-ordination and training scientists. He did not blame the major scientific powers for feeling that they had to ensure for themselves comprehensive research, nor was he surprised that they had tried to bury the proposed Centre. What did surprise him, however, was that other delegations had adopted the same attitude. He had recently visited the European Organization for Nuclear Research (CERN), where he had been told that the smaller countries were contributing more to that organization than the larger countries. Norway certainly could not have reached the position it had in nuclear research without the assistance of CERN.

The delegate of Indonesia had asked why money should be spent on research, when other projects seemed to merit greater priority. In his own opinion, there was a parallel between the relationship of preventive to curative medicine and the relationship of research to practice. It was the current practice to pay lip-service to preventive medicine, and millions of dollars were being wasted in many countries because information was lacking on the problems being dealt with. A research centre could provide that necessary information; he hoped, therefore, that the developing countries would look upon the proposed Centre as an added means of fighting disease.

Referring to the question of the seventeen-delegation draft resolution's compatibility with the Constitution of WHO, he asked if the Director-General considered the second paragraph of the preamble necessary. In the opinion of the Norwegian delegation, it was quite superfluous, since the matters referred to were already within the Director-General's powers under the Constitution. The third paragraph of the preamble was even more doubtful, since it stated that "research... requiring more than national participation"—i.e. health problems of an international character—"would be best developed in close association with the Organization but financed and operated on a national or regional basis by those countries with a specific interest in such programmes." Not only would that mean the death of the proposed World Health Research Centre: it was highly questionable whether it was compatible with Article 2 (n) of the Constitution. Under that Article, one of the functions of the Organization was "to promote and conduct research in the field of health"; that was an obligation of the Organization distinct from the function of co-ordinating research, mentioned elsewhere in the Constitu-
tion. In his opinion Article 2 (n) could only be interpreted to mean that, in the case of certain specific problems, WHO should engage in research work.

It was interesting to observe how the functions of WHO, which had at one stage been but a continuation of the Health Organisation of the League of Nations, had gradually developed. The question whether the Organization should undertake research work had been raised previously, but discussion had been postponed because many countries had been of the opinion that other projects were more urgent. The Director-General was merely telling the Health Assembly that he needed a research institute. He was asking for authority to take the first step to that end, and was also asking that he should not be prevented from taking the subsequent steps necessary. The draft seventeen-delegation resolution, if adopted, would discourage scientists from working at the proposed Centre and would therefore prevent him from taking even the first step. The Director-General was asking for money and support. He asked if members of the Committee had ever known the Director-General to ask for money he could not use, or if it had ever known him to proceed so hastily that projects had backfired. The Director-General’s proposal had his country’s fullest support.

The meeting rose at 12.30 p.m.

FOURTEENTH MEETING

Tuesday, 18 May 1965, at 2.30 p.m.

Chairman: Dr A. L. Mudaliar (India)

1. Proposal for the Establishment of a World Health Research Centre (continued)

Agenda, 2.6.1

Dr Shoukry (United Arab Republic) said that there was no doubt that new scientific approaches and methodology were needed if progress in matters of health was to be achieved, and to that end research centres already existed in a number of countries. In the United Arab Republic, there was a large national research centre forming part of the Ministry of Scientific Research. Three years previously, a law had been passed requiring every ministry or foundation to establish a research centre, in addition to those attached to universities. The Ministry of Public Health was also responsible for a number of research institutes in such different fields of medicine and public health as endemic and tropical diseases, ophthalmology, nutrition, medical entomology and virus diseases, and two institutes, for cancer and bilharziasis, were to be established in the near future. Coordination was ensured by the ministry or governmental authority concerned with scientific research, which also provided financial assistance where needed. Although his Government was not opposed to medical research as such, it did not support the proposal for a World Health Research Centre in its existing form since, in the first place, it would incur costs beyond the resources of most developing countries and, secondly, would attract leading research workers away from their own countries to the detriment of national research work. Instead, the World Health Organization should concentrate upon the development of staff services in epidemiology and communications technology, as well as upon the promotion of medical research in all countries and of coordination between their research centres.

Dr Sow (Mali) considered that the proposal for a World Health Research Centre, although fully justified, was somewhat premature, and that the many additional projects listed in Annex 4 of Official Records No. 138 should, by virtue of their urgent nature, receive the Organization’s prior attention. His delegation, therefore, supported the procedure outlined in the seventeen-delegation draft resolution (see page 320), which would lend added impetus to medical research without imposing further financial contributions upon Member States.

Dr Martínez-Junco (Cuba) said that research was an indispensable basis for the Organization’s future programmes, since all regions of the world were affected by grave problems of health which, in the final analysis, could be solved only by research. It was therefore necessary to determine the best way of promoting such research. Since the establishment of a World Health Research Centre might, as a result of over-centralization, be detrimental to regional research activities, WHO should first formulate
research plans for all the regions, to meet the specific need of each, after which it would be feasible to envisage the establishment of a World Health Research Centre.

As far as the related economic question was concerned there seemed to be no security regarding the financing of the Centre. In view of the number of additional projects listed in the green pages (Annex 4) of Official Records No. 138 which had given rise to considerable discussion in the Committee—he could not support any proposal to establish a World Health Research Centre without a guarantee of adequate means to finance it. It was the opinion of his delegation, therefore, that the Director-General should continue to study the question, particularly in regard to its regional aspects, and the matter could be re-examined at a later session.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) said that the proposals before the Committee did not differ greatly from those it had adopted the previous year, when the desirability of developing global epidemiological studies and communications technology had been recognized as requiring WHO's initiative for their advancement. At that time, the proposal for a laboratory for biomedical research had not been considered as an action appropriate to WHO.

In considering the matter of a World Health Research Centre, two factors should be borne in mind. In the first place, there were several programmes requiring urgent attention, which WHO alone could carry out and which had not been developing as rapidly as desired. The Organization should not, therefore, be deflected from its main purpose by anything inessential. Secondly, the Committee was not the body to give a balanced appraisal of the scientific merits of the proposal; that was the task of research scientists.

The views of the British Medical Research Council and of the Council on Scientific Policy, after consultation with other interested scientists, were clear. Both councils were independent bodies of scientists of international repute and in no way subject in their views to government policy. They favoured the proposal for research on epidemiology and communications, provided it was pursued on a reasonable scale and in Geneva, but considered that computer science, as such, should be excluded. They were also opposed to the establishment of an international laboratory centre for biomedical research, since they were of the opinion that a concentration of leading scientists might well have a sterilizing effect and reduce the influence of the people concerned with development of research. There were, of course, other views in Britain, but they were not representative. Scientific opinion could always change but, for the time being, there was only clear scientific justification for proceeding with the proposals on epidemiology and communications, with appropriate modifications as outlined in the seventeen-delegation draft resolution. The Director-General could attend to the necessary re-organization within the Secretariat, but much had already been done that could provide the nucleus for further orderly development. The delegate of Indonesia was right in stating that research should be carried out in many centres and not just one. In the field of research, as in all other fields of health, WHO had an essential co-ordinating role to play, which no other body could fulfil, and there was a risk of distraction from its proper function if the Organization allowed itself to be drawn into direct responsibility for maintaining basic laboratory research on a large and centralized scale.

The members of the Committee were in general agreement on the matter up to a certain point, but there was divergence on the part of one group from what seemed to him to be the logical pattern of development, since it proposed the establishment of a large laboratory centre: Dr Evang had stated that the World Health Research Centre would inevitably come into being. That was not necessarily so, however, since there should be a good reason for establishing such a centre. Dr Evang had also spoken of "giants" who wished to kill the idea but, if they existed, they were certainly not the sponsors of the draft seventeen-delegation resolution. Furthermore, he had said that the small countries made the greatest contributions to the European Organization for Nuclear Research (CERN), but CERN was totally irrelevant to the discussion as it was essentially a machine—and an expensive one at that. In that connexion, it should be mentioned that the United Kingdom contributed 24.47 per cent. of the cost of CERN. The Director-General had stated that the resolution would result in a funeral, but it should rather be considered as a christening, since its intent was to consolidate the work already done by the Organization and to build around it. However, if there was any misunderstanding as to the meaning of the draft resolution, it could certainly be modified. Most of the suggestions made by the delegate of Finland (see page 325) would be acceptable to him. In drawing up the draft resolution, the sponsors had considered that they were taking the first step in providing a world health research centre, but one within the Organization. The Organization would merely be neglecting its responsibilities to the world if it devoted its efforts and valuable resources to a project that was not scientifically sound, particularly when there was more than enough to do in fields where the Organization was really competent.
Dr Novgorodcev (Union of Soviet Socialist Republics) said that on the one hand the idea of setting up a World Health Research Centre that would provide up-to-date information on epidemiological and biomedical research merited interest and attention, in view of the ever-increasing need for intensifying the dissemination of information on, and co-ordinating the latest advances in, research. On the other hand, however, there were many administrative, financial and other problems that had not yet been solved, which raised doubts as to the need for such a centre. In his opinion, its creation would run counter to the decisions previously taken, in accordance with which the Organization was required to direct and co-ordinate research, but not to undertake it. It seemed, also, that the work of the Centre might duplicate that of national scientific institutions. Moreover, it was unrealistic to suppose that the large sums required for financing the Centre could be found at a time when the rate of increase of the budget was encountering criticism, when all were agreed on the necessity for strict economy in the use of the Organization’s resources, and when a number of countries were in arrears with their contributions. Certainly, $144 million in ten years, and more than $18 million a year, could not be found from the present regular budget, which would therefore have to be increased beyond the possibilities of many Member States.

Nevertheless, there were ways of achieving some of the desired objectives without setting up a centre along the lines proposed in the documentation before the Committee. In view of the recommendation in the report of the Advisory Committee on Medical Research on its sixth session, dealing with the intensification of information on medical research, it would be well to study the material, technical and other possibilities of the Organization for meeting that need. If means could be found within the regular budget, that would be ideal. Preparation by WHO of regular reviews of the most recent problems in biomedical and epidemiological research and their publication in the WHO Bulletin, together with original articles, might meet the case. In his statement in the Committee on Administration, Finance and Legal Matters (see page 381), Mr Siegel had referred to the need for electronic computer equipment and the fact that WHO would be able to make computer facilities available to ILO and other organizations. Surely that equipment could be used in connexion with biomedical and epidemiological research, without setting up a separate centre. Perhaps there were other reasons for the Centre, but before establishing it, a study should be made to see how far the existing resources of the Organization could be mobilized to meet the needs.

Moreover, it appeared from the discussions in the Executive Board and in the present Committee that the use of national scientific institutions would obviate the need for the Centre as far as scientific information, epidemiology, and the control of pharmaceutical preparations were concerned. It would seem, therefore, more realistic to study further the use and co-ordination of the work of such institutions. The USSR was prepared to study the question of putting its scientific institutions at WHO’s disposal for those purposes.

There were more than ten thousand medical periodicals in the world. In a number of countries, including the USSR, specialized centres had been set up, as well as scientific information and research institutes. The Institute of Medical Information in the USSR published every year twelve numbers of a reference journal and a series of special publications—reviews, express news, etc. Even so, it could not cover the whole field of medical periodicals, and literature on theoretical medicine was dealt with by another institute of scientific information of the USSR Academy of Sciences. Reference groups and special sections had been set up in the various scientific institutions in the country, yet that network could not deal with even an insignificant part of the sources of information on medicine and biology.

Also unsolved was the problem of how to collect information rapidly and how to use electronic equipment for the purpose. The efforts of WHO should be concentrated on the solution of that problem. It was certainly beyond the means of one centre to deal with the ever-growing mass of medical and paramedical literature and provide information on it to countries. In his view, the task of WHO was to study how that could be done, and to provide guidance in that respect to national information centres, which could become WHO centres. Such centres would naturally work on their own national literature and on world literature relating to selected subjects; that would solve the problem of co-ordination by WHO. The ideas he had outlined applied equally to epidemiology and to the quality control of pharmaceutical preparations. It was sufficient to recall that there were more than a hundred thousand pharmaceutical preparations in the world and several tens of thousands came on the market every year. They could be controlled only in well-organized and equipped national institutes and laboratories, under government legislation. Such institutes existed in the
USSR and other countries and the question of how they could be used as WHO centres should be studied. The main task was to unite efforts for studying methods of control and standardization.

All countries should unite their efforts, under the aegis and with the assistance of WHO, in order to solve the problems for which the World Health Research Centre had been proposed.

Finally, it should not be forgotten that WHO was committed to aiding the developing countries in eradicating communicable diseases, and its efforts and resources should not be diverted from that task.

Professor Donnadieu (Costa Rica) said that his delegation was of the opinion that the Centre in question should act as a co-ordinating agency for information received and carry out epidemiological studies. A special laboratory should not be established.

Dr Anouti (Lebanon) supported the views expressed by the delegate of Costa Rica.

Dr Layton (Canada) said that his delegation could not agree with those who considered that the seventeen-delegation proposal was a retrograde step; his delegation believed, on the contrary, that it constituted a constructive advance, consistent with the principles of the WHO research programme. The Canadian delegation was prepared to support the orderly expansion of WHO's research programme under the regular budget, particularly in the field of epidemiological studies of communicable diseases and also the application of advances in communications technology, but could not agree that the Organization should undertake independent research within a massive laboratory establishment. Moreover, his delegation was somewhat apprehensive at the idea of launching an extensive programme involving the use of highly sophisticated electronic apparatus, but would encourage the use of an “incentive grants” programme as well as project support of national and other recognized research agencies and reference centres. He had received instructions to place on record that his delegation's interpretation of the word “regional”, occurring in the third paragraph of the preamble of the resolution, was that it applied to a group or groups of countries and not to the regional structure of the Organization.

Dr Watt (United States of America) said that the record of his Government in supporting research through WHO was well known. In fact, from time to time it had been said, by those countries afflicted with diseases for which there were known cures and preventive measures, that there was too much research. At the same time, when faced with the problem of eradication or control, people were becoming increasingly aware of the inadequacy of the tools available.

The Organization’s numerous objectives could be grouped under three headings relating respectively to training, service and research, which were inter-related variables. With regard to the first, trained people were essential for the carrying out of research work. As far as service was concerned, a resolution had been adopted by the Committee calling for the use of existing knowledge in the eradication of smallpox. In malaria, however, a new organism had developed which resisted eradication and the available tools were no longer as effective as they had been in the beginning. There was therefore an urgent need to find new ways of fighting the parasite and insect vectors. A known and tested method of supporting and conducting research through the development of regional research centres was needed so that diseases could be studied under existing conditions. Such centres would provide the Organization with opportunities to expand its knowledge of the processes of disease throughout the world. One of the most interesting groups of centres, which had been referred to in the Committee's debate, had been established to deal with immunological studies in Africa, South America and South-East Asia; another existed to deal with influenza.

Finally, the seventeen-delegation draft resolution should be viewed as a birth certificate rather than as a death certificate. His delegation was prepared to accept some of the amendments that had been proposed to the draft resolution, and particularly those submitted by the delegation of Finland, which would serve to clarify the intent of the authors.

Professor Goossens (Belgium) paid tribute to the Director-General and his assistants for their valuable work in ensuring that the Assembly was fully informed on the rather difficult problem now before the Committee. It was understandable that the Director General wished to be given precise guidance on the views of all Member States. A year before, the question had seemed very clear and the Belgian Government had stated its views very precisely in a written communication. Perhaps the Director-General would elaborate on his rather sombre view of the seventeen-delegation draft resolution. In considering the draft resolution, it should be borne in mind that there were many shades of opinion between unqualified acceptance of a proposal and refusal to consider it at all. The views of the Belgian delegation, which were similar to those of the delegate of Sweden, appeared on pages 324 and 325 of Official Records No. 136. Briefly, he appreciated the need to develop information techniques and epidemiological methods in the way...
that the Assembly considered most appropriate, but he did not consider that it was the right moment to set up a laboratory for biomedical research—particularly one that might well be on an unduly ambitious scale. He was in no way belittling the importance for WHO, and for the health of the whole world, of developing scientific research. But he was by no means certain that the best way of serving those purposes was through an institution which was bound to assume ever-increasing proportions, judging by the appeals already received from non-governmental organizations.

His delegation supported the draft resolution for the reasons he had explained, but it was ready to consider the amendments that had been proposed and any others, once they had been more carefully studied.

The Chairman invited the Director-General to comment on the discussion.

The Director-General said he had not intended to enter the discussion at the present juncture, but there had been several references to his opening statement and his comments on the seventeen-delegation draft resolution. It was obvious that that resolution had not been well understood by many delegates. As he had been asked to comment, however, he would ask delegates to examine the second operative paragraph of the draft resolution in question. There was no reference in that paragraph to research in epidemiology or communications: it merely authorized the Director-General to increase his staff in certain sectors, without stating clearly for what purpose. But he did not need such an authorization, for the Constitution of WHO gave him authority to build up the Organization's programme: it was his responsibility to present it and the Assembly could accept or reject it.

He did not entirely understand the concern of the delegate of the United Kingdom over his imaginative vision. He himself saw nothing extraordinary in visualizing a $20 million project, particularly in the light of the vast sums of money put into completely unproductive projects. Perhaps he had not fully understood the draft resolution; but he hoped that the various amendments proposed during the discussion would remove any ambiguities.

Dr Haque (Pakistan) said that although arguments had been advanced in favour of, and against, the establishment of the proposed Centre, no speaker had been opposed to the idea; the objections had been on the grounds of timing and finance. There seemed to be unanimous agreement on the need for a reference centre, which in his opinion was essential if WHO was to be responsible for co-ordination. With regard to the draft resolution, the third paragraph of the preamble would put an end to the hopes of the developing countries: the necessary financial and other resources for developing medical research centres did not exist either nationally or regionally. The delegates of the developing countries had come to the Assembly hoping that WHO would help them in building up their own peripheral organizations, without which there would be no material for the computers.

From the statements made during the discussion, he could not believe that the sponsors of the draft resolution really intended to put an end to the hopes of the developing countries. It was evident from the Director-General's comments that he was not proposing to set up a gigantic international laboratory. He hoped to have some reassurance as to the sponsors' intentions, particularly as they were prepared to accept the amendments submitted by other delegates. In that connexion, he drew attention to an amendment submitted by his delegation. His delegation's proposed amendment to the seventeen-delegation draft resolution (see page 320) as amended by the proposal of the delegation of Italy (see page 327), read: "In the preamble, insert a fourth paragraph reading as follows:

Believing that priority attention in this research programme should be given to international surveillance and monitoring systems applicable to communicable diseases and to problems of adverse reactions to drugs and to environmental contaminants, inter alia by developing and collaborating with national and regional laboratories."

At the present juncture he suggested that the Director-General should be asked to study the question further.

Dr Kozusznik (Poland) said that, as had been indicated by the head of the Polish delegation in the debate on the Director-General's report on the work of WHO in 1964, his delegation considered that there was a need for the co-ordination of international support for medical research, measures for the exchange of experience and scientific results in medical care, and the development of epidemiology in research. The application of advances in communications science and technology was essential to proper functioning and development of sound health services. A tribute was due to the Director-General and his assistants and to the scientific advisers for their valuable preparatory work, which had clarified many aspects and had shown the complexity of the problem.

The question now before the Committee was one of the most important and complex problems that the Organization had met. Further and serious discussion
was needed, and the resolutions and amendments that had been submitted offered sound possibilities. He hoped that it would ultimately be possible to reconcile the differences in opinion. Poland was ready to play an active part.

Dr Charles (Trinidad and Tobago) said that the discussion had revealed considerable confusion over the purpose of the proposed World Health Research Centre. Some countries had the mistaken idea that the Centre would carry out medical research of all kinds. In fact, its function, which was clearly defined in Official Records No. 140, Annex 21, was to supplement, not to replace, national and international activities in specific projects which individual countries could not undertake with any degree of speed or efficiency. Moreover, it would open up prospects for training the large numbers of young men and women so urgently needed for work in medical and allied fields.

The Director-General had been advised by expert scientists from the foremost centres in the world, who had drawn up a programme for a World Health Research Centre based on an entirely impartial examination of what was in the best interests of medical science. His Government supported the views of the scientists.

To those who had suggested during the discussion that a centre was not necessary, he could only ask why smallpox had not yet been eradicated and why so little progress was being made in the eradication of trypanosomiasis and malaria in Africa. The World Health Research Centre represented the only hope for achieving research which could not be done by any country alone. There appeared to be some difference of opinion as to where the centre should be located, but all that mattered was that it should be conducive to obtaining the best results. He wondered whether some of the opposition to the centre was due to a reluctance to see the developing countries participating in its direction. The developing countries had everything to gain from the establishment of the centre and nothing to lose. The proposed financial arrangements were within the resources of all the developing countries. The developing countries would continue their routine work in their national laboratories and WHO would continue to assist them in improving those laboratories and in research on communicable and other diseases and other health problems. The developing countries which had sponsored the seventeen-delegation draft resolution still had time to withdraw their support of a proposal that was not in their best interests.

He regretted that his delegation could not support the draft resolution, particularly seeing that one of its principal sponsors was the United States of America, a close friend and neighbour of Trinidad and Tobago. When the resolution was put to the vote he would request a vote by roll-call.

Dr Ammundsen (Denmark) said that most of the aspects of the subject had been mentioned either during the discussion or in the Director-General's excellent report. The differences of opinion in the Committee were the same as those voiced in scientific circles in countries carrying on medical research. They ranged from the conviction that a concentration of scientific work in one centre dealing with both laboratory research and the technology of communications would be of benefit to the developing and the advanced countries alike and also to WHO, to the view that all the research problems could be better and more thoroughly dealt with in smaller units, preferably in the countries where the problems had arisen.

The Danish delegation, like many others, was at present in favour of more decentralization. It would support further development of WHO's work on communication techniques, provided that it could be accomplished within the regular budget. The Organization was in a particularly good position for assisting in research on communicable and non-communicable diseases in connexion with epidemiology.

In general, she supported the seventeen-delegation draft resolution. She also supported the amendments proposed by the delegation of Finland (see page 325) with one exception: the proposal to replace the word "specific" by "major" in paragraph 3 of the preamble would have a restrictive effect on WHO's activities. She therefore suggested amending the third paragraph of the preamble after the word "established" to read: "might be developed inside WHO or in close association with the Organization...". She hoped that it would be possible to strengthen and expand that aspect of the Organization's work even if many countries were not at present ready to embark on large-scale activity.

After discussing the problem with scientists and other people in her own country, she had come to the conclusion that people of goodwill and sincere opinions should accept the fact that they might sometimes disagree on specific issues.

Professor García Orcoyen (Spain) said that after listening to the discussions, he agreed with delegates who thought that it would be premature to set up a health research centre of the type proposed. However, a centre concerned solely with research on epidemiology, under the auspices of WHO, might be
useful, provided it did not involve general expansion: the question was one that might suitably be considered by the Executive Board and the Assembly.

Dr Adesuyi (Nigeria) said that research was of great interest to the developing countries, for although they did not possess the facilities for research, they were anxious to use its results in their very pressing epidemiological problems. Research was being carried on in many centres in the world and WHO was in a unique position for co-ordinating results, making them available, and also assessing the world requirements for research and determining where greater effort was needed. It was important for WHO to stimulate research in the fields where it was required and that could be done by encouraging existing centres.

In some cases, however, research centres were not interested in subjects where research was needed. Cerebrospinal meningitis, for example, did not occur in the countries best equipped for research and the countries where it did occur had no facilities for research. The third paragraph of the preamble of the seventeen-delegation draft resolution therefore was not valid. In such circumstances, it was for WHO to organize and develop research in whatever fields it was required. He therefore urged that WHO should be authorized to establish facilities for whatever research was necessary for effective control of the prevalent communicable diseases in the developing countries.

Dr De Silva (Ceylon) said that he accepted the idea of a World Health Research Centre. In view of its financial implications, however, he would be unable to support the proposal to establish a research centre, since Ceylon had a number of pressing public health problems for which funds were urgently needed. It was important that WHO should co-ordinate research work at national research centres. He therefore supported the seventeen-delegation draft resolution in the light of the explanation given by the delegate of Canada regarding the word "regional" in the third paragraph of the preamble.

Dr Figk (Turkey) said that everyone agreed on the importance of health research. The difference in opinion concerned the method of approach—whether there should be an independent world health research centre, or whether activities should be expanded by some other method. It could not be denied that more research centres were needed. There were, however, many other problems needing attention, such as the problems discussed at the current session of the Assembly: how to eradicate smallpox and malaria; why WHO’s programmes in tuberculosis, onchocerciasis and bilharziasis control were being limited; why so many projects had been relegated to Annex 4 of the Proposed Programme and Budget Estimates for 1966 (Official Records No. 138) and why more effort was not being concentrated on training. The common cause of all those problems was shortage of funds. Thus the question was whether to give high priority to the World Health Research Centre at the cost of other projects. The Turkish delegation would prefer to use ways of promoting research which did not restrict other activities—at least for the time being. He suggested that the seventeen-delegation draft resolution, which he supported, should be accepted as a basic text, subject to amendment. In that connexion, he drew attention to amendments proposed by his own delegation and that of the Netherlands, which had been circulated and which read as follows:

1. Add the following paragraph after the first paragraph of the preamble: “Considering that a centre for the research on epidemiology and communication technology is of importance both for communicable and non-communicable diseases; and”;
2. Delete “staff” in the second paragraph of the preamble;
3. Delete “staff” in operative paragraph 2;
4. Add to the end of operative paragraph 2: “as a step for the extension of WHO activities in the field of health research”;
5. In operative paragraph 3, substitute “this resolution” for “paragraph 2 above”;
6. Delete “specific” in operative paragraph 4 in the phrase “research on specific health problems”.

Dr El Atassi (Syria) said that he could not but agree with the delegate of Norway that the only way to bridge the gap in health standards between the developed and the developing countries was to mobilize all the power available for the purpose. The basic requirement for having the instrument in the best shape was to have available highly-qualified scientists working in a well-organized and equipped research centre. He realized that the goal of science open to all mankind irrespective of race and nation, controlled by an international organization such as WHO, was still distant. But to achieve that goal, the Director-General’s proposals were a good start and would strengthen the hope for true peace and better human conditions; they were also consonant with the Constitution of WHO, and only if they came to fruition would peace and prosperity be possible.

Dr Baddoo (Ghana) said that his delegation thanked the Director-General for his proposals. He supported previous speakers in making a distinction between epidemiology and communications science, which he understood were to be dealt with by the World Health Research Centre, and biomedical research. The latter
was a controversial subject, but his delegation would not indulge in any controversy, much less resist the idea which had been put forward. Ghana needed to find a solution for its own health problems, since, apart from yellow fever, it could not boast of the eradication of a single communicable disease. Ghana was interested in and would support proposals for biochemical research. WHO should continue to support the regional research centre services, because research was one of the important arms in any national health service. Centralization might involve financial strain on the developing countries, which were currently trying to strengthen their own services, but it would benefit those who needed research now or would need it in the future. It would also be the logical development of the services at present rendered by WHO.

The Director-General said that the discussion had been extremely useful. Many misunderstandings had been cleared up, but some divergence remained, and it had to be acknowledged that, as the Danish delegate had said, some would have to agree to differ on many things stated during the debate. That agreement to differ was, he thought, extremely important.

The time seemed to have come to try to reconcile all the various draft resolutions and amendments before the Committee, because it would be hopeless to attempt to deal with them singly. It might be possible to make some sort of classification of the various types of amendment.

His impression was that there was a consensus of opinion that more study was required for the biomedical centre. There was some measure of agreement that some research should be conducted on epidemiology and communications in the medical field, but there was a difference of opinion about how it should be done.

One thing that bothered him considerably was the comment which had been frequently reiterated in the debate that the money which might be spent on a World Health Research Centre should preferably be used on priority projects for the developing countries. One delegation had referred to Annex 4 of the Proposed Regular Programme and Budget Estimates (Official Records No. 138)—additional projects requested by governments and not included in the Proposed Programme and Budget Estimates, and had asked why the money should not be used for that purpose. He must beg the Committee not to equate one issue with the other. There was no question of deciding whether Annex 4 projects could be placed in another category or whether WHO was to establish a World Health Research Centre. That was not the problem. There was no possibility in the normal growth that was permitted to WHO of increasing the regular budget to a level at which the Annex 4 projects could be covered.

He himself would greatly appreciate it if Members which sincerely believed that such a substitution could be made would increase their assistance to the developing countries, possibly in addition to helping with the proposed World Health Research Centre.

It was his belief that the idea of more research on epidemiology and communications science and the stimulation of research throughout the world was a positive factor, which would go some way towards solving some of the problems of the developing countries.

WHO had some knowledge to apply, but the Committee should be under no illusion; it did not have enough knowledge to solve the problems with which the Organization had to cope. For example, twenty years previously, when DDT had been used for the first time, some malarologists had impatiently advocated dropping all research and simply spraying walls with DDT; by that means, they believed the problem would be solved. The Committee was well aware of the result of such thinking. WHO spent far too much time talking about tuberculosis eradication. The WHO Advisory Committee on Medical Research had stated very clearly that neither the vaccine nor the drug available at the moment would be the final answer to the problem and that further efforts would have to be made. The public health weapons at the disposal of WHO were good, but they were not really strong enough to settle all the problems in the developing countries.

In proposing the establishment of the World Health Research Centre, he had thought that the innovation would fire the imagination and that something practical and of value might be done without prejudicing the normal work of the Organization. He had never contemplated decreasing assistance to the developing countries in order to establish the Research Centre. He had thought that a new idea might appeal to the countries which could afford to back it, and was convinced that the Centre would contribute more than anything else to the solution of the problems WHO had to tackle.

It was to be hoped that any resolution the Committee ultimately approved would look towards the future with more optimism than had been expressed during the debate.

The Chairman observed that the frank and forthright criticism of the various proposals put to the Committee had cleared the air. He felt that delegations were approaching each other and nearing a solution and he therefore welcomed the suggestion for the establishment of a working party. He would therefore propose
the establishment of such a working party to consider the draft resolutions submitted by the delegations of Finland (page 325), Italy (page 327), Pakistan (page 334) and Denmark (page 335) and that submitted jointly by the delegations of the Netherlands and Turkey (page 336). He proposed that the working party should be composed of delegates of the following countries: Brazil, Denmark, Finland, Italy, Norway, Pakistan, Turkey, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Yugoslavia.

Dr Wone (Senegal) proposed that, for the sake of full representation and for the fresh note that it might add, an African country should be represented on the working party; he suggested Nigeria.

The Chairman agreed that the Nigerian delegation should be included.

It was agreed that the working party be set up with the composition and terms of reference proposed by the Chairman:

(For continuation of the discussion, see minutes of the fifteenth meeting, section 1.)

Adverse Drug Reaction Monitoring System

The Chairman drew the Committee's attention to a draft resolution on an adverse drug reaction monitoring system, presented by the delegations of Belgium, Canada, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

Dr Watt (United States of America), introducing the draft resolution, gave its background in the light of resolutions WHA15.41, WHA16.36 and WHA17.39 of the Fifteenth, Sixteenth and Seventeenth World Health Assemblies on the importance of systematic collection, evaluation and dissemination of information on adverse drug reactions; recalling the reports of the several groups of experts convened to consider and study the feasibility and desirability of instituting an adverse drug reaction monitoring programme on an international basis; Convinced of the urgent need for the international collection and distribution of information on adverse drug reactions; and

Looking with favour upon the offer of the Government of the United States of America to provide facilities for the processing of information on adverse drug reactions, under the auspices of the World Health Organization,

1. Requests the Director-General to study further the requirements of an international programme for the collection, analysis, and dissemination to Member States of information on adverse drug reactions;

2. Invites Member States to develop national monitoring systems for adverse drug reactions, with a view to taking part in the international system under the aegis of WHO; and

3. Requests the Director-General to examine the offer of the United States of America of data processing facilities as part of an international monitoring system for adverse drug reactions.

Dr Novgorodcev (Union of Soviet Socialist Republics) said that, before any resolution on the subject was passed, it might be advisable for the Director-General to make, as rapidly as possible, a careful study of any proposals that other countries wished to work with it any information it might be able to obtain. Undoubtedly that would lead to better monitoring, but only experience would show ultimately what was the best possible use of that computer system.

The draft resolution reflected the conclusions of discussions held before and during the Health Assembly and consultation with the Director-General. Its purpose was simple: to make the system available to all Member States and in the light of experience to find out what best suited the needs of individual countries and of WHO as a whole.

The draft resolution read as follows:

The Eighteenth World Health Assembly,

Considering resolutions WHA15.41, WHA16.36 and WHA17.39 of the Fifteenth, Sixteenth and Seventeenth World Health Assemblies on the importance of systematic collection, evaluation and dissemination of information on adverse drug reactions;

Recalling the reports of the several groups of experts convened to consider and study the feasibility and desirability of instituting an adverse drug reaction monitoring programme on an international basis;

Convinced of the urgent need for the international collection and distribution of information on adverse drug reactions; and

Looking with favour upon the offer of the Government of the United States of America to provide facilities for the processing of information on adverse drug reactions, under the auspices of the World Health Organization,

1. Requests the Director-General to study further the requirements of an international programme for the collection, analysis, and dissemination to Member States of information on adverse drug reactions;

2. Invites Member States to develop national monitoring systems for adverse drug reactions, with a view to taking part in the international system under the aegis of WHO; and

3. Requests the Director-General to examine the offer of the United States of America of data processing facilities as part of an international monitoring system for adverse drug reactions.

Dr Novgorodcev (Union of Soviet Socialist Republics) said that, before any resolution on the subject was passed, it might be advisable for the Director-General to make, as rapidly as possible, a careful study of any proposals that other countries
might have to make. It could then be decided what institutions should be involved in the suggested monitoring system. That would not, of course, exclude co-operation with the United States of America, but there might be potentialities also in other countries. He asked whether it was the intention that WHO should contribute to the cost of the facilities that the United States of America would place at its disposal, or whether that country would bear the cost.

Dr Watt (United States of America) said that the United States of America would bear the cost of the use of the machines. The provision for staff made by the Director-General in the regular budget would be adequate and anything over and above that in cash or staff would be paid for by the United States of America.

Dr Sow (Mali) said that in order to give the draft resolution a universal character the words “as soon as possible” should be inserted after the words “to develop” in operative paragraph 2 and the words “the offer of the United States of America” in operative paragraph 3 should be replaced by the words “the offer of any government, in particular that of the United States of America”. Those insertions would gain the draft resolution wider acceptance.

Dr Evang (Norway) said that some substantial changes had been made in the draft resolution as originally presented. The question of establishing monitoring systems for the study of adverse drug reactions had, however, been one of the items mentioned by the Director-General as an integral part of the proposed World Health Research Centre and the decision of some delegations might be influenced by the decision the Committee took on the more general issue.

In operative paragraph 2, the word “an” should preferably be substituted for “the” before “international system”, as obviously no such system yet existed. Operative paragraph 3 might well be completed by the phrase “and to report on the matter to the Nineteenth World Health Assembly”.

Professor Aujaleu (France) said that he was prepared to approve the draft resolution, together with the amendments. Some word of thanks to the United States of America should be inserted.

Dr Haque (Pakistan) said that he would support the draft resolution and the amendments proposed by the delegates of Norway and France.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) said that he supported the proposal of the delegate of France. The offer of the United States of America was most generous and did not tie anyone to any particular system. As regards the amendment proposed by the delegate of Mali, some words could be added to paragraph 3 to the effect that the Director-General might also explore offers of any other facilities made by other States.

Dr Ammundsen (Denmark) thanked the United States of America for the help already given to several countries, including Denmark. She would support the draft resolution with the amendments proposed.

Dr Thomson (Australia) said that he would support the draft resolution and the proposed amendments, and thanked the United States of America for its generous offer.

The Chairman read out operative paragraphs 2 and 3 of the draft resolution, as amended, as follows:

2. invites Member States to develop as soon as possible national monitoring systems for adverse drug reactions, with a view to taking part in an international system under the aegis of WHO; and

3. requests the Director-General to examine the offer of the United States of America and of any other governments of data processing facilities as a part of an international monitoring system for adverse drug reactions, and to report on the matter to the Nineteenth World Health Assembly;

Dr Haque (Pakistan) suggested that the proposal of the delegate of France with regard to an expression of gratitude to the United States of America might be placed in an additional paragraph.

Decision: The draft resolution, as thus amended, was approved.

The meeting rose at 5.15 p.m.

1 Transmitted to the Health Assembly in section 1 of the Committee’s sixth report and adopted as resolution WHA18.42.
1. Proposal for the Establishment of a World Health Research Centre (continued from fourteenth meeting, section 1)

Consideration of the Draft Resolution proposed by the Working Party

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) introduced the following draft resolution proposed by the working party composed of the delegations of Brazil, Denmark, Finland, Italy, Nigeria, Norway, Pakistan, Turkey, United Kingdom of Great Britain and Northern Ireland, United States of America, Union of Soviet Socialist Republics and Yugoslavia:

The Eighteenth World Health Assembly,

Having examined the proposal of the Director-General for the establishment of a World Health Research Centre and the recommendation of the Executive Board thereon;

Recognizing the need for a planned development of WHO activities to promote, co-ordinate, support and conduct medical research and research training on major world health problems;

Considering that such contributions, particularly in the fields of epidemiology and the application of communications sciences to health and biomedical problems, could best be made by an international research programme involving collaboration with and development of regional and national institutions;

Believing that early attention should be given to control of communicable diseases, to monitoring of adverse reactions to drugs, and to environmental contaminants; and

Believing that the establishment of a World Health Research Centre on the lines proposed by the Director-General requires further study and consideration,

1. THANKS the Director-General and his scientific advisers for the study conducted;
2. REQUESTS the Director-General to take the action necessary to develop WHO research activities and services in epidemiology and the application of communications sciences and the system of reference centres as a step for the extension of WHO activities in the field of health research;
3. REQUESTS the Director-General to prepare a detailed programme for the achievement of the purposes of this resolution, to be submitted to the thirty-seventh session of the Executive Board;
4. INVITES the Director-General to continue studying the role of the Organization in promoting medical research, especially with regard to world needs for centres devoted to research on health problems and the ways in which they can be associated with WHO, and to facilitate the intensification of national or regional research activities on specific problems; and
5. REQUESTS the Director-General to report to the Executive Board and to the Nineteenth World Health Assembly on progress made under the programme.

The draft resolution had been unanimously agreed upon by the Working Party. It took into account all the amendments which had been proposed to two earlier draft resolutions.

The CHAIRMAN invited the Committee to approve the draft resolution.

Decision: The draft resolution was approved.¹

2. Participation of WHO in International Agency for Research on Cancer

Agenda, 2.6.2

The DIRECTOR-GENERAL, introducing his report on the participation of WHO in the proposed International Agency for Research on Cancer ² said that the report contained a summary of the discussions between the delegates of the five countries directly concerned with the project (the Federal Republic of Germany, France, Italy, the United Kingdom of Great Britain and Northern Ireland, and the United States of

¹ Transmitted to the Health Assembly in section 2 of the Committee’s sixth report and adopted as resolution WHA18.43.
America) and himself, acting in accordance with the authorization of the Seventeenth World Health Assembly (resolution WHA17.49). A list of scientists who had attended the meeting and the conclusions of the delegates of the sponsoring countries were contained in Appendices 1 and 2 respectively to the report.

The programme of work of the proposed Agency would complement the activities of WHO, which were concerned, inter alia, with cancer control and research, standardization of nomenclature, and training. He believed that the Agency could make a valuable contribution to cancer research, help in the development of the Organization's own research and bring about the co-ordination of cancer research throughout the world. The Committee also had before it a draft resolution to which was appended the Statute of the proposed Agency, for submission to the Health Assembly under Article 18 of the Constitution. The text of the draft resolution was as follows:

Whereas Article 18 of the Constitution provides, inter alia, that one of the functions of the Health Assembly shall be to create such other institutions as it may consider desirable with a view to promoting and carrying on research;

Considering that the Governments of the Federal Republic of Germany, France, Italy, the United Kingdom of Great Britain and Northern Ireland and the United States of America have agreed to sponsor the creation of and to participate in the functioning of an International Agency for Research on Cancer in accordance with the provisions of the Statute attached to this resolution;

Considering that many governments have expressed their interest in the creation of such an Agency,

The Eighteenth World Health Assembly,

Considering resolution WHA17.49 of the World Health Assembly, dated 19 March 1964,

DECIDES to create an International Agency for Research on Cancer which shall be established and carry on its functions in accordance with the provisions of the attached Statute.

ANNEX

STATUTE OF INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

Article I - Objective

The objective of the International Agency for Research on Cancer shall be to promote international collaboration in cancer research. The Agency shall serve as a means through which Participating States and the World Health Organization, in liaison with the International Union against Cancer and other interested international organizations, may co-operate in the stimulation and support of all phases of research related to the problem of cancer.

Article II - Functions

In order to achieve its objectives, the Agency shall have the following functions:

1. The Agency shall make provision for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer.

2. The Agency shall carry out a programme of permanent activities. These activities shall include:
   (a) the collection and dissemination of information on epidemiology of cancer, on cancer research and on the causation and prevention of cancer throughout the world;
   (b) the consideration of proposals and preparation of plans for projects in, or in support of, cancer research; such projects should be designed to make the best possible use of any scientific and financial resources and special opportunities for studies of the natural history of cancer which may arise;
   (c) the education and training of personnel for cancer research.

3. The Agency may arrange for the carrying out of special projects; however, such special projects shall be initiated only upon the specific approval of the Governing Council, based upon the recommendation of the Scientific Council.

4. Such special projects may include:
   (a) activities complementary to the permanent programme;
   (b) the demonstration of pilot cancer prevention activities;
   (c) the encouragement of, and the giving of assistance to, research at the national level, if necessary by the direct establishment of research organizations.

5. In carrying out its programme of permanent services or any special projects, the Agency may collaborate with any other entity.

Article III - Participating States

Any Member of the World Health Organization may, subject to the provisions of Article XII, participate actively in the Agency by undertaking, in a notification to the Director-General of the World Health Organization, to observe and apply the provisions of this Statute. In this Statute, Members which have made such a notification are termed "Participating States".

Article IV - Structure

The Agency shall comprise:

(a) the Governing Council;
(b) the Scientific Council;
(c) the Secretariat.

Article V - The Governing Council

1. The Governing Council shall be composed of one representative of each Participating State and the Director-General of the World Health Organization, who may be accompanied by alternates or advisers.

2. Each member of the Governing Council shall have one vote.

3. The Governing Council shall:
   (a) adopt the budget;
4. The Governing Council, after considering the recommendations of the Scientific Council, shall:
(a) adopt the programme of permanent activities;
(b) approve any special project;
(c) decide upon any supplementary programme.

5. Decisions of the Governing Council under sub-paragraphs (a) and (b) of paragraph 3 of this Article shall be made by a two-thirds majority of its members who are representatives of Participating States.

6. Decisions of the Governing Council shall be taken by a simple majority of members present and voting, except as otherwise provided in this Statute. A majority of members shall constitute a quorum.

7. The Governing Council shall meet in ordinary session at least once in each year. It may also meet in extraordinary session at the request of one-third of its members.

8. The Governing Council may appoint sub-committees and working groups.

Article VI — The Scientific Council

1. The Scientific Council shall be composed of twelve highly qualified scientists, selected on the basis of their technical competence in cancer research and allied fields.

2. The members of the Scientific Council shall be appointed by the Governing Council. The Director-General of the World Health Organization, after consultation with qualified scientific organizations, shall propose a list of experts to the Governing Council.

3. Each member of the Scientific Council shall serve for a term of three years. However, of the members first appointed, the terms of four members shall expire at the end of one year, and the terms of four more members shall expire at the end of two years. The members whose terms are to expire at the end of one year and the members whose terms are to expire at the end of two years shall be chosen by lot to be drawn by the Director-General of the World Health Organization immediately after the first appointments have been made.

   Any member leaving the Scientific Council can be re-appointed only after at least one year has elapsed, except those who have been chosen by lot in accordance with the above procedure.

4. The Scientific Council shall be responsible for:
(a) adopting its own rules of procedure;
(b) the periodical evaluation of the activities of the Agency;
(c) recommending programmes of permanent activities and preparing special projects for submission to the Governing Council;
(d) the periodical evaluation of special projects sponsored by the Agency;
(e) reporting to the Governing Council, for consideration at the time that body considers the programme and budget, upon the matters dealt with in sub-paragraphs (b), (c) and (d) above.

Article VII — Secretariat

1. Subject to the general authority of the Director-General of the World Health Organization, the Secretariat shall be the administrative and technical organ of the Agency. It shall in addition carry out the decisions of the Governing Council and the Scientific Council.

2. The Secretariat shall consist of the Director of the Agency and such technical and administrative staff as may be required.

3. The Director of the Agency shall be selected by the Governing Council. The appointment shall be effected by the Director-General of the World Health Organization on such terms as the Governing Council may determine.

4. The staff of the Agency shall be appointed in a manner to be determined by agreement between the Director-General of the World Health Organization and the Director of the Agency.

5. The Director of the Agency shall be the chief executive officer of the Agency. He shall be responsible for:
(a) preparing the future programme and the budget estimates;
(b) supervising the execution of the programme and the scientific activities;
(c) directing administrative and financial matters.

6. The Director of the Agency shall submit a report on the progress of the Agency and the budget estimates for the next financial year to each Participating State and to the Director-General of the World Health Organization, which shall be distributed to reach them at least thirty days before the regular annual meeting of the Governing Council.

Article VIII — Finance

1. The administrative services and permanent activities of the Agency shall be financed by equal annual contributions by each Participating State.

2. These annual contributions shall be due on 1 January of each year and must be paid not later than 31 December of that year.

3. These annual contributions shall be $150,000.

4. The amount of these contributions shall not be changed for five years except by unanimous decision of the Governing Council. After that period, any decision to change the amount shall require a two-thirds majority of the members of the Governing Council who are representatives of Participating States.

5. A Participating State which is in arrears in the payment of its annual contribution shall have no vote in the Governing Council if the amount of its arrears equals or exceeds the amount of contributions due from it for the preceding financial year.

6. The Governing Council may establish a working capital fund and decide its amount.

7. The Governing Council shall be empowered to accept grants or special contributions from any individual, body or government. The special projects of the Agency shall be financed from such grants or special contributions.

8. The funds and assets of the Agency shall be treated as trust funds under Article VI (6.6 and 6.7) of the Financial Regulations of the World Health Organization. They shall be accounted for separately from the funds and assets of the World Health Organization and administered in accordance with the financial regulations adopted by the Governing Council.
**Article IX — Headquarters**

The site of the headquarters of the Agency shall be determined by the Governing Council.

**Article X — Amendments**

Except as provided in Article VIII, 4, amendments to this Statute shall come into force when adopted by the Governing Council by a two-thirds majority of its members who are representatives of Participating States and accepted by the World Health Assembly.

**Article XI — Entry into Force**

The provisions of this Statute shall enter into force when five of the States which took the initiative in proposing the International Agency for Research on Cancer have given the undertaking referred to in Article III to observe and apply the provisions of the present Statute.

**Article XII — New Participating States**

After the entry into force of this Statute, any State Member of the World Health Organization may be admitted as a Participating State, provided that:

(a) the Governing Council, by a two-thirds majority of its members who are representatives of Participating States, considers that the State is able to contribute effectively to the scientific and technical work of the Agency;

(b) and thereafter, the State gives the undertaking referred to in Article III.

**Article XIII — Withdrawal from Participation**

A Participating State may withdraw from participation in the operation of the Agency by notifying the Director-General of the World Health Organization of its intention to withdraw. Such a notification shall take effect six months after its receipt by the Director-General of the World Health Organization.

Professor AuJaleu (France) said that the subject of a world research agency for cancer had been on the agenda of the Seventeenth Health Assembly and the members of the Committee were therefore acquainted with the history of the project.

The proposal under discussion was the result of eighteen months' negotiations between the delegates of the five sponsoring countries and one observer country, on the one hand, and the Director-General and his staff, on the other. The proposed programme of work for the first period of operation of the Agency had, however, been worked out by a group of twelve scientists chosen without consideration of nationality, mainly from countries other than the sponsoring countries. A number of delegations had indicated their support for the proposed Agency and had asked to be associated with the draft resolution. Those countries were: Belgium, Brazil, Cameroon, Chile, Costa Rica, Iran, Ivory Coast, Jordan, Lebanon, Luxembourg, Madagascar, Morocco, Netherlands, Tunisia and Upper Volta.

He believed that there were three points in the Director-General's report on which the delegations would like additional information. The first was the procedure to be adopted for setting up the Agency. The sponsoring countries had had to choose between four suggested methods of establishing it. The first suggestion was to set up an independent research centre for cancer problems, which would be completely separate from the World Health Organization and be established by agreement among the States concerned. The sponsoring countries had felt that that procedure ignored the question of their international responsibilities, that it might make the Agency appear to be competing with WHO, that it would be difficult to co-ordinate its activities with those of WHO, and that it would probably lead to a wasteful use of resources.

There had remained a choice between three ways of establishing the Agency within WHO. The first would have been to request that the proposed activities of the Agency should be financed from the regular budget. That procedure would have probably required a substantial increase in Members' contributions—which was hardly likely to find favour with Member States for which other health problems were bound to have priority. Moreover, there would have been a danger that the addition of the work of the Agency to the regular budget of the Organization might create an imbalance between the various activities of the Organization. For all those reasons, that procedure had been rejected.

An alternative method of operation within the Organization would have been to finance the Agency from voluntary contributions. The uncertainty as to the amount of funds available from year to year, and the impossibility of undertaking long-term programmes in such circumstances, were the decisive factors in the rejection of that solution.

The only procedure by which the drawbacks of the three methods he had outlined could be avoided was by adopting a procedure which, although unusual, was sanctioned by Article 18 of the Constitution and would amount, in effect, to having the World Health Organization set up a body open to all who wished to become members of it on a voluntary basis, membership of which would, however, entail the payment of an obligatory fixed contribution. The over-riding objective had been to avoid imposing any financial obligation on Member States which did not wish to participate in the project. The outstanding advantage of the last method was that, by entrusting the administration of the Agency to the Director-General of WHO, the sponsors were assured of full co-ordination with WHO activities, of the economic use of resources,
and of the benefit of the Secretariat's experience in international problems.

On the subject of relations between the new Agency and the World Health Organization, he observed that those relations could be considered in the context of administration and as they affected the work of the Agency. With regard to administration, the proposed Agency would have a Governing Council, to be composed of one representative of each Participating State and the Director-General of WHO. The Governing Council would take decisions after consultation with a Scientific Council composed of twelve scientists, appointed on the proposal of the Director-General, and when decisions had been taken the Director-General and his staff would be asked to implement them. Such implementation would involve the organization of meetings and the collection, management and allocation of funds by the staff of the Organization, reinforced if necessary, but who would be paid for that work out of the funds of the Agency and not out of WHO funds. The work of the Agency would therefore not affect the budget of WHO. With regard to the work of the Agency, there was no question of it taking over the similar research activities for which the World Health Organization was currently responsible: as the Director-General had said, its work would complement that of WHO. The Agency would provide larger funds for cancer research than those which could possibly be devoted to it by an organization which had to deal with so many other health problems. The best way of ensuring that there would be no duplication in the work of the two bodies was to associate the Director-General with the work of the Agency at all stages.

The third point on which delegations might like to be more fully informed was the question of relations between the new Agency and non-Member countries, their scientists, research institutions and research problems. He stressed that membership of the Agency was open to all countries that wished to participate in its work and that it was hoped that other countries would become associated with it on the conditions indicated in the Statute, by helping in its financing and providing scientific support. The twelve scientists who would form the Scientific Council would be selected on the basis of their ability and of their technical competence in cancer research and allied fields, without regard to nationality, and it was quite possible that countries which were unable to participate in the Agency for financial reasons might be represented on the Scientific Council by their scientists. Another factor in the selection of those scientists would be their relations with certain non-governmental institutions dealing with cancer research.

As the programme of work would show, there was no intention of setting up international research laboratories: the Agency would concentrate on epidemiological research, the training of research workers, and subsidies to national research laboratories. The subsidies in question would not be confined to national laboratories or to countries that had a financial interest in the Agency but would be granted where they could do most good. Similarly, research workers of all countries would be trained by the Agency. It was also intended to contribute to the setting up of research laboratories in countries which had special cancer problems, since that would undoubtedly lead to work of international importance in the investigation of the causes of cancer.

In conclusion, he said that, while the proposed Agency would place financial obligations on certain countries that were in a position to assume them, its research facilities would be made available, without discrimination, to all those who could make effective use of them, and the results obtained would be for the benefit of all. He therefore appealed to the Health Assembly and its delegations to give their support to such a worth while cause.

Dr Evang (Norway) said that the provisions in Article VIII of the Statute of the proposed Agency, by which the annual contribution of each Participating State was fixed at $150 000, created a new precedent by making membership dependent on the economic strength of a country and thereby placing many smaller countries, in which active research was in progress, in an awkward position. There was a danger that such financial arrangements might tempt countries to sacrifice their membership of other organizations in order to be able to participate in the work of the Agency.

There was some doubt about the nature of the relationship between the proposed Agency and the World Health Organization. The functions of the Governing Council were to be analogous to those of the World Health Assembly, with over-riding authority on finance, policy and personnel (Article V), yet its secretariat was to be "subject to the general authority of the Director-General of the World Health Organization" (Article VII). Was there not likely to be a conflict between the duties of the Director-General, as an international civil servant at the highest level, and his membership of the Governing Council of the new body? The Director-General was also to be placed in a difficult position on scientific matters, in that he would be advised both by the Scientific Council of the new body and the Advisory Committee on Medical Research of the World Health Organization.

In view of the confusion about the precise nature of the Director-General's authority over the proposed Agency, his delegation would find it difficult to vote
for the project and would have been happier if the new Agency could have been treated as a step towards the establishment of a World Health Research Centre.

Dr Charles (Trinidad and Tobago) expressed the opinion that the proposed Agency might be defined, with regard to its relations with WHO, as a “European cancer club”. It was apparently the intention of the sponsors to exclude the developing countries from participation. There was a very real danger that such a project might adversely affect the function and existence of WHO. His delegation would not support the proposal, and suggested that the Director-General might be asked to give further consideration to the proposal and report back to the Nineteenth World Health Assembly.

Dr Bahri (Tunisia) expressed his delegation’s support for the proposal. His country was already sending specialists abroad for training in cancer research and therefore approved the provision for training included in the plans for the new Agency.

Dr Benyakhlef (Morocco) expressed his delegation’s support for the establishment of the proposed Agency and its programme of work. He hoped, however, that when the Agency was in operation, it would consider revising its Statute to enable the smaller countries to participate in its work.

Professor Donnadieu (Costa Rica) announced that he had received a cable from his Government instructing him to support the establishment of the International Agency for Research on Cancer, for the time being without financial participation by Costa Rica.

Dr Sauter (Switzerland) explained that, although his country did not belong to the group of countries sponsoring the creation of an international agency for research on cancer, it had followed the development of the idea with much interest and sympathy. His country was convinced that closer international co-operation in the field of cancer research was essential; it therefore shared the opinion and the hope that had been expressed by the Director-General in his introductory statement on the role of the proposed new Agency. In the light of the discussions that had taken place recently in the present Committee, his delegation considered that the proposed Agency could well be an example of how one of the great health problems of the world could be tackled, a health problem that affected all countries but did not have the same priority in each of them.

The explanations given by the delegate of France on the relations the Agency would have with countries which were not Members of it had strengthened the positive attitude taken up by his delegation, because it had become quite clear that the Centre would not work in isolation, but would endeavour to maintain scientific relations wherever they could further its work effectively.

Mr Takizawa (Japan) thanked the Director-General for his informative report: his introductory statement had made the position much clearer, as had the additional information supplied by the delegate of France. The delegation of Japan appreciated the initiative taken by the five sponsoring countries towards the creation of such an Agency, but felt some concern about the draft resolution (see page 340), particularly in regard to the operative paragraph. It wondered whether the wording of that paragraph meant that WHO, having helped to establish the Agency, would have to assume the final responsibility if the Agency ran into financial difficulties; that was not what he had understood previously. His delegation was, however, glad to note from the explanations given by the delegate of France that WHO would not have to assume such responsibility: it would, however, like to have some explanation as to how the initial equipment and installations were to be financed.

Dr Schindl (Austria) observed that the idea of setting up an international agency for research on cancer was of outstanding importance and interest to his country, which unfortunately had the highest mortality rate for cancer in Europe. He therefore expressed the gratitude of his Government to the five sponsoring countries, and to the Director-General and Professor Aujaleu for their clear statements on the subject. His country was prepared to consider the feasibility of becoming a Participating State and would study the possibility of arranging close co-operation between the proposed Agency and its own cancer research institute in Vienna. His delegation would support the draft resolution.

Dr Refshauge (Australia) said that his Government was very interested in the proposed new Agency, but shared the view expressed by the Director-General, namely that the work of the Agency should be complementary to that of WHO in regard to research on and control of cancer. His Government had recently communicated to him its willingness for Australia to become a Participating State of the International Agency for Research on Cancer, should the draft resolution be approved by the Eighteenth World Health Assembly.

Dr Wone (Senegal) said that some doubts had been raised in his mind by the statement of the delegate of Norway (page 344) on the relationship between the
proposed Agency and WHO. That relationship was not as clear in the draft resolution before the Committee as might have been desired. Nevertheless, his delegation and his Government supported the draft resolution, for the following three reasons: (1) the world-wide importance of the subject—cancer took a great toll of human life, and there would be enormous disappointment if the Eighteenth World Health Assembly made reservations or even rejected a project for its control; (2) the fact that although the Agency would constitute a form of technical assistance by the developed countries to a project designed to solve their own problems, it would also be of inestimable benefit to the whole world, particularly to developing countries like his own; (3) the method of financing the project. It did not follow the same lines as the financing of WHO, but he realized that the contributions required for the project were so large that, if distributed proportionately among the various countries, they would constitute too heavy a burden for the largest contributors and there might also be some delays in payment. It therefore seemed best at the outset to require a high rate of contribution from countries desirous of becoming Members, so that only those countries which had the necessary resources would start the work of the Agency.

His delegation therefore supported the draft resolution and would formulate only two wishes: first, that the founder Members would agree to examine the proposed Statute with a view to giving a clearer definition of the Agency's relationship with WHO; and secondly, that later, when the Agency came to have more Members, consideration should be given to a system of contributions proportionate to the incomes of the various countries; by that time the developing countries, if they continued to develop, would be able to participate in its financing. Those were not formal proposals but merely expressions of hope. For the time being, his country was not considering becoming a Member, but it looked favourably on the idea and wished it every success.

Dr Bories (Gabon) stated that his delegation supported the plan for establishing an international agency for research on cancer and would vote in favour of the draft resolution.

Dr Engel (Sweden) shared the misgivings expressed by the delegate of Norway on the project as it stood. He was especially hesitant about the relationship that would exist between WHO and the new Agency, which did not seem to reflect the same intentions as those that had been approved earlier in the meeting regarding the proposal for a World Health Research Centre, where the co-operation of WHO could be at a regional, national, or multi-national level. His country was not prepared to sponsor a cancer research agency, although it viewed the idea with the utmost sympathy. It was a great step forward when a group of countries agreed to establish a research institute of that magnitude, especially when the research would be devoted to the epidemiology of cancer; there was, however, a danger of the work done by such an agency overlapping with the work that WHO was called upon to perform.

His country would always be ready to make available its institutions and other resources for the purpose of co-operating with an international research agency on cancer, and would welcome the visits of fellowship holders; Sweden would be glad to arrange such visits at no cost either to the Agency or to the fellows. If the Agency wished, Sweden would also send experts to take part in symposia or seminars on cancer research and would bear all the expenses of such participation. In short, his delegation viewed item 2.6.2 of the agenda sympathetically, but could not support the proposal owing to its misgivings concerning the relationship of the proposed Agency with WHO.

Dr de Carvalho Sampaio (Portugal) said that the initiative of the five countries sponsoring the proposed Agency was viewed with great sympathy by his Government, although it could not be an active participant at the present time. His delegation therefore supported the draft resolution before the Committee.

Dr Giebin (Israel) expressed the deep appreciation of his delegation to the Director-General on his report and to the countries which had initiated and sponsored the project for creating such an essential Agency. Much research on cancer was currently being carried out in Israel in the experimental field, and data on the epidemiology of cancer were being collected among communities with very varying backgrounds and customs. His delegation would vote in favour of the draft resolution.

Professor Macúch (Czechoslovakia) said that his Government had already declared its support for the establishment of a World Health Research Centre and it was equally prepared to support the proposal to create an international agency for cancer research although, for economic reasons, his country would not be able at the present time to collaborate in its activities as a Participating State.

Dr Randrianarison (Madagascar) associated his delegation with the thanks expressed to the five countries that had taken the initiative to create an international agency for research on cancer. His delegation gave unreserved support to the draft resolution.
Dr Martínez-Junco (Cuba) said that, having carefully studied the draft resolution, his delegation considered that the Statute, the organizational structure and functions of the proposed Agency were acceptable, and that it would facilitate the development of WHO's work in that field of research. His delegation wished to emphasize two essential points: first, that the Agency should be dependent on WHO; and secondly, that all countries which wished to do so should be able to participate in the operation of the Agency.

Dr Watt (United States of America) paid a tribute to the valuable work of the delegate of France in connexion with the preliminary steps for creating an agency for cancer research. Professor Aujaleu was far too modest to speak, himself, about the active role he had played as Chairman of the meetings which had resulted in the final Statute for the Agency. His delegation wished to thank Professor Aujaleu and his country, France, which had offered hospitality, thus making possible the meeting that had been held for the purpose of establishing the Agency.

With regard to the work of the Agency, it should be made perfectly clear that the assistance of all Member countries would be required. He laid stress on the need for assistance because, when epidemiological studies on cancer actually began, the work would be carried on among people in the places where they lived and not in laboratories: it would not be possible to carry out that type of study without the full cooperation and understanding of the governments of the countries where such studies were to take place. That was an aspect which made imperative that WHO and its Director-General should have a full and complete participation in any agency set up for cancer research and it should be kept in the forefront of any discussion as to how the studies were to be organized and financed. Some countries were more favourably placed to participate by giving financial support than others, but no effective epidemiological study could be carried out without the full understanding of the people themselves and of their governments.

Some misgivings had been expressed regarding the administrative side, particularly by the delegates of Norway and Sweden. There was, however, a model, which could be followed in the case of the proposed Agency. He referred to the Institute of Nutrition of Central America and Panama in which six countries participated financially, although the major cost was borne by the Pan American Health Organization. The studies carried out by those countries and by PAHO concerned nutrition, but the subject was immaterial. The experience of that joint operation could serve as a basis for solving some of the administrative problems connected with the proposed Agency.

Dr Rao (India) said that his delegation was grateful to the Director-General for his report to the Committee, but considered that neither the financial aspect nor the interrelationship of WHO and the proposed Agency had been brought out in sufficient detail. His delegation was very interested in cancer research, but it considered that WHO had already started a cancer research project. The new Agency was expecting the same annual contribution of $150,000 from all its members, which seemed undemocratic. That annual contribution was minimal. The Committee should consider the financial aspect and make it as realistic as possible, so that the Agency could receive the financial support it required in order to make it completely successful.

Dr Bernhardt (Federal Republic of Germany) said that the United States delegate had already made some of the points he himself had wished to make. He would, however, emphasize what had been said by the delegate of France, namely that it was open to all countries which were Members of WHO to take part in the work of the Agency. Even those countries which did not adhere to the proposal for an Agency could send scientists to work there on cancer research. In that connexion, he wished to emphasize that the new Agency for Research on Cancer should not be looked upon as a "club" composed of a few countries. Quite the contrary, as was proved by the fact that the sponsors of the new Agency were endeavouring to bring it into the closest possible relationship with WHO. It was therefore quite erroneous to regard the Agency as exclusive.

With regard to the Statute of the Agency, he would remind the Committee that the sponsoring States had been mindful that the initiative had been taken from outside WHO and that it was their task to bring the concept of such an agency into harmony with WHO. Some points in the Statute probably required further consideration, but it was important to view them in that light.

Dr El Dabbagh (Saudi Arabia) said that his delegation would give full support to the Agency and wished it every success in the valuable work in would do in the field of cancer research.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) thanked the delegate of France for his clear statement at the beginning of the
discussion, and associated himself with the United States delegate in paying him a personal tribute on his tireless work in bringing the idea of an agency to fruition.

The purpose of the Agency was to work as closely as possible with WHO. It was an entirely new measure, and the Statute represented an attempt to formulate a method of linking the new Agency with WHO; as the United States delegate had pointed out, a precedent for such a relationship—which worked satisfactorily—already existed. The Statute might contain some errors, but a text of that size could not go into minute detail. Something had to be left for the Director-General of WHO to work out, which he would certainly do very competently as usual. The statement that the Director-General would make at the end of the discussion would no doubt help to dispel the very genuine anxiety felt by the delegates of Norway and Sweden, and would show them that the interrelationship of WHO and the Agency could be made to work. If necessary, the Statute could at any time be revised by the World Health Assembly in accordance with the WHO Constitution.

With regard to financing, the annual contribution had to be large enough to enable the Agency to start operating on an effective scale. The Agency might be limited in membership initially, but all the sponsors hoped that it would work with and for every country. Cancer was to be found wherever people were living and he hoped that, wherever cancer occurred, the work of the Agency would help to reduce the incidence of the disease. The Agency was in no way a club to serve selfish ends, but was an international research body signed to serve all mankind.

Dr Ngo Quang Ly (Viet-Nam) said that his delegation was very interested in the establishment of the Agency. Cancer was a universal disease, about which there was insufficient knowledge; the establishment of the Agency would help to supplement existing knowledge. Nearly all countries had done research work on cancer and Viet-Nam, which had a cancer institute but lacked research workers, had benefited from the discoveries of other countries. His country was in favour of the establishment of the Agency, despite the fact that it was unable, for the time being, to become an active member of it.

Dr Hamdi (Iraq), referring to Article I of the Statute of the International Agency for Research on Cancer, said that international collaboration in cancer research could be promoted by WHO; the establishment of an agency such as the one proposed was inopportune. Many countries had their own cancer institutes and carried out their own research, and the exchange of information between those national institutes could be effected by WHO. It seemed that the Agency, which was to comprise a governing council, a scientific council and a secretariat, might duplicate the work of WHO. Moreover, in his opinion, the amount paid in annual contributions would be insufficient to meet the needs of the Agency.

In the view of his delegation, there were other projects which merited higher priority, particularly for the developing countries. Iraq was aware of the importance of research on cancer and had established its own cancer institute; it was, however, opposed to the establishment of an international agency for research on cancer at the present time.

Dr Ammunden (Denmark) said that her delegation shared the concern expressed by the delegates of Norway and Sweden among others as to the practical implications of the Agency, particularly with regard to the WHO participation in it. In her opinion, the Statute of the Agency would appear to place the Director-General of WHO in a rather difficult position; nevertheless her delegation wished to express appreciation to the countries which had gone to so much trouble in sponsoring the idea.

Her country was not prepared at the present time to enter the so-called club, although it felt sure that Danish scientists would benefit from the work of the Agency. The delegate of Senegal had made a statement earlier which reflected the doubts and hopes that were in her own mind when he had pointed out the advantages and disadvantages of the proposed Agency. If the draft resolution before the Committee were approved, she believed that in due time WHO, through its Director-General, would be strong enough to exercise on the Agency the influence that was its right. Her grounds for expressing that hope were not without a sound basis.

Dr Widad Kidane-Mariam (Ethiopia) said that her delegation fully supported the establishment of an international agency for research on cancer. For the time being, however, Ethiopia would be unable to take an active part in the work of such an agency.

Dr Evang (Norway), referring to the fact that the delegate of the United Kingdom had said that the World Health Assembly would have an opportunity to change the Statute of the Agency, drew the attention of members to Article X of that Statute. The Assembly was a secondary party and did not have the power to change the Statute.

Co-operation in cancer research was already well developed, and all countries maintained relations with the International Union against Cancer, which was referred to only once, in Article I, in the Statute. His country was very much in favour of increased co-
operation in cancer research, but did not feel that the establishment of an international agency was the best way of achieving it. He proposed, therefore, that the operative paragraph of the draft resolution (page 341) be deleted and replaced by the following:

Requests the Director-General to study the matter further with the aim of reaching a more satisfactory solution than that outlined in the present Statute in regard to the financing of this important task, and also in regard to the relationship between WHO, the International Agency for Research on Cancer and the International Union against Cancer, and to report on the subject to the Nineteenth World Health Assembly.

Dr Aldea (Romania) said that every initiative which contributed to the eradication of cancer, one of the main health problems of the age, was welcome. His delegation supported the draft resolution and hoped that all the difficulties which still seemed to exist would be overcome by close collaboration between the Agency and the World Health Organization.

Professor García Orcoyen (Spain) emphasized the extraordinary interest of the proposal. He congratulated the participating countries and Professor Aujaleu for having made it clear that the Agency was an institution of all countries and for all countries. Spain would gladly participate in its activities.

Dr Engel (Sweden), referring to the draft resolution, asked whether the Organization could, under its Constitution, create an international agency. A number of governments were participating in the Agency, the financing of which would, so far as he could judge from the Statute, be dependent to a large extent on government decisions. He suggested that the word "create" in the operative paragraph be deleted and replaced by the words "establish and maintain effective collaboration with". In that way the resolution would be consistent with Article 2(b) of the Constitution.

Professor Canapera (Italy) recalled that certain delegations had found that the proposal that all countries participating in the Agency should pay the same contribution was undemocratic and contrary to the method adopted by the international organizations. Drawing attention to the special conditions in which the Agency had been established, he said that five countries had decided to pool their resources in an effort to eliminate cancer. The annual contribution of $150,000 might appear high, but the financial resources of the Agency were not excessive and might even appear inadequate for the development of international cancer research. In the opinion of his delegation a contribution of that amount would be necessary in the early days; the methods of financing could be reviewed when the number of Participating States had increased.

Some delegations had said that the Statute did not clearly define the relationship between the Agency and the World Health Organization, while others had pointed out that the Agency was more or less following the precedent created by the Institute of Nutrition of Central America and Panama, which had a similar statute and which maintained relations with the World Health Organization. Certain delegations had feared that differences of opinion with respect to cancer research might arise between the Scientific Council of the Agency and the WHO Advisory Committee on Medical Research. In his opinion, the fact that the Director-General of the World Health Organization would be a member of the Agency's Governing Council would ensure that effective co-ordination was established and duplications and interferences were avoided.

Referring to the remark of the delegate of Norway that the International Union against Cancer had been mentioned only once in the Statute, he drew the attention of the Committee to paragraph 2 of Article VI: the Director-General would obviously consult the International Union against Cancer, which was the competent scientific organization in that field, before proposing the list of experts.

Professor González Torres (Paraguay) said that his country would vote for the establishment of the Agency in the knowledge that it would be open to all countries wishing to participate in its work and that it would not be limited to the collection of information about cancer, but would also guide research workers. He hoped that the organizational problems would be overcome and that the Agency would be a central co-ordinating point for the solution of the problems caused by cancer.

Dr González Gálvez (Panama) said that he would vote in favour of the establishment of the Agency, and reiterated the opinion already expressed in the Committee that the Institute of Nutrition of Central America and Panama could serve as an example of so far as relations with WHO were concerned.

Dr Belios (Greece) said that in his opinion the Committee should support the establishment of the Agency. Although Greece would be unable to participate actively in the Agency, it unreservedly supported the draft resolution.

Professor Aujaleu (France) first said how much he welcomed the frank exchange of views that had taken place. The discussion should prove most
valuable for everyone and, moreover, had reflected the democratic approach to the matter which was generally desired.

Secondly, he disclaimed sole credit for the preparatory work done; that work had been a collective effort by the representatives of the five countries concerned, with the active participation of the Director-General, and all he had done in his earlier statement was to describe the results achieved.

Commenting on points made in the discussion, he first took up the important question, raised by the delegate of Sweden, of whether, under the Constitution, the Organization could set up an international research agency of the kind proposed. No doubt the Director-General would be giving the Committee the benefit of a legal opinion on that point, together with his own views. For his part, he had no doubts whatsoever but that such action was permissible under the article of the Constitution to which reference had been made.

On the question of the cost to WHO, raised by the delegate of Japan, he was sorry if his earlier explanation had not been sufficiently clear. He repeated that the research agency should cost the Organization nothing: all expenses, including those incurred by WHO in furnishing staff, interpreters, etc., would be fully met by the new body under its own financial arrangements.

As to the relations to be established between WHO and the new Agency, the Director-General was probably best placed to give all the information desired, and doubtless he would be able to allay any misgivings in that regard. As the United States delegate had indicated, the proposals had been largely inspired by the previous example of the Institute of Nutrition of Central America and Panama, which was functioning well and, indeed, had been cited as a desirable precedent to be followed for ensuring good working relations in the present instance.

In so far as restriction of membership by virtue of the financial contribution was concerned, it had been made abundantly plain in the discussion, by himself and by other speakers, that the work would be open to all, in the same way as the results achieved would be placed at the disposal of the world as a whole. Scientists to take part in the work would be selected on the basis of availability and ability: the criterion would not be that their country was participating financially in the Agency. In that regard, he felt bound to point out that the majority of the scientists responsible for drawing up the proposed programme of work had come from outside the five sponsoring countries; indeed, those most active in that work belonged to countries which were now opposing the project—which served to show that there was no discrimination.

That brought him to the series of questions raised by the delegate of Norway. It was not his intention to take up points of juridical or administrative detail. In starting something new, one could not be sure of achieving perfection in one fell swoop. Every human effort could be improved upon and it could be left to experience in the functioning of the Agency to bring to light any imperfections requiring later adjustments.

He would, however, answer the delegate of Norway on a different level. The delegate of Norway had appealed to the Committee the previous day to show its confidence in the Director-General by following his lead in the matter then under discussion. In the present instance, the Director-General had taken a full part in the preparatory work, and the proposals now before the Committee had his complete concurrence. An opportunity was being offered to the Organization to engage in a research effort on a specific subject, and that opportunity should be seized upon by the delegate of Norway in his usual spirit of optimism, rather than frowned upon because the broader research undertaking dear to his heart had not for the time being succeeded in obtaining the requisite support.

The Director-General thanked all delegates who had commented on the subject. Many examples could be given of institutions that had more or less close relations with the various organizations. The Institute of Nutrition of Central America and Panama, for instance, which had been created by international treaties and not by the action of any body, had many similarities: it was closely related to the Pan American Health Organization, which provided the greatest proportion of the funds, even though the six countries involved made the same type of contributions as were envisaged for the proposed international agency for research on cancer. Another institution—the International Centre for Advanced Technical and Vocational Training, in Turin—was closely connected with the International Labour Organisation.

During the discussion of the Statute, many of those details had been discussed. Ways and means had had to be found of connecting the institute with WHO, and it was somewhat difficult to foresee how the arrangement would work. The countries which had taken the initiative were Members of WHO, and there could be no doubt of their intention that close contact should be maintained with the Organization. The delegate of Norway had considered that the Director-General would be in a difficult position as a member of the Governing Council. That might be so from the purely formal point of view. He thought, however, that he would have no difficulty in expressing the Organization's point of view at any time, because he
would be speaking to those who knew the feelings of the Health Assembly and the wishes of the Organization. The ideals of the two bodies would be identical. It should not be forgotten that the Health Assembly had the right to dis-establish any institution that it had established: delegates might be shocked to hear him say that, but it was a fact of life, and a very important one because of the particular status of the proposed institution. There were other bodies in connexion with which the relationship of the Director-General had not been very clearly laid down, but they had lived and worked together amicably for many years. He thought his relationship with the Director of the new Agency would be established by mutual confidence under the guidance and support of the Governing Council.

Before having had an opportunity to discuss the details of the Statute, he had had similar hesitations to those expressed by the delegate of Norway and others; but having participated in all the discussions he no longer doubted that the idea would work. It was with that conviction that he had brought the report before the Health Assembly. He assured the Committee that he would report to the Health Assembly on the evolution of the Agency's work and draw attention to any difficulty in relationship. There should be no difficulty in establishing technical policies; the Scientific Council of the Agency would, he was sure, speak the same language as the Advisory Committee on Medical Research and the various scientific groups that advised the Organization. He did not anticipate any difficulty from the administrative point of view. The Organization had established a relationship with the International Union against Cancer, and that body would be brought into the discussion of many matters related to the Agency. In fact, most members of the Scientific Council would undoubtedly also be active members of the Union, as had been the case in the preparatory meeting.

Turning to the draft resolution (page 341), he suggested certain minor amendments which would bring it into line with the customary form of WHO resolutions.

It should begin with the words “The Eighteenth World Health Assembly,”; those words being deleted from their present position between the preamble and the operative part. He would also suggest that the opening words of the preamble be amended to read “Cognizant of Article 18 of the Constitution which provides...”, that the word “establish” be substituted for the word “create” in the first paragraph of the preamble to bring it into line with the wording of the Constitution; and that the operative paragraph be amended to read: “Decides to establish an Inter-

national Agency for Research on Cancer which shall carry on its functions...”.

If the five Members concerned were in agreement with those amendments, the draft resolution could be prepared in that form while the amendments of the delegations of Norway and Sweden (pages 349) were being processed.

Dr Engel (Sweden), observing that the amendment proposed by the Director-General brought the draft resolution into line with the Constitution, said he withdrew the amendment he had suggested.

(For continuation of discussion, see minutes of the sixteenth meeting, section 1.)

3. Decisions of the United Nations, the Specialized Agencies and the International Atomic Energy Agency affecting WHO's Activities (Programme Matters)

Agenda, 2.12

The Deputy Director-General said that the item was complex. It included the usual report on the decisions of the United Nations, the specialized agencies and the Atomic Energy Agency. It also included a report on the 1961 Single Convention on Narcotic Drugs. 1 On that subject a draft resolution had been submitted by the delegations of Canada, New Zealand, Peru, and Trinidad and Tobago (see page 354); another draft resolution submitted by the delegations of Denmark, Finland, Iceland, Luxembourg, Norway and Sweden (see page 355) had an unquestionable bearing on the Single Convention. The question of population was dealt with in a separate report, 2 and would be discussed at a later meeting (see page 359). At the moment he would confine his remarks to the general report by the Director-General.

As usual the Director-General had informed the Executive Board, at its thirty-fifth session, of the main items in the work of interest to WHO being done by the various organizations of the United Nations family. The Executive Board had adopted resolution EB35.R32 on that matter.

For the first time, the Economic and Social Council had been able, at its thirty-seventh session, to arrange an informal meeting of its officers and the Chairman of its Co-ordination Committee with the members of the Administrative Committee on Co-ordination (ACC). The initiative had been fruitful and would be repeated in 1965.

In accordance with the request contained in paragraph 3 of resolution WHA17.45, the Director-General had asked the Executive Board to authorize

him to collaborate in studies coming under WHO's competence in the very important problem of the economic and social consequences of disarmament. The Board had noted the report in an appropriate resolution, and since March 1965 WHO had been participating in that part of the work of ACC which dealt with those problems. The Director-General was preparing an outline on the technical problems connected with health with a view to assisting Members and Associate Members in their studies on the conversion to peaceful uses of the resources released by disarmament.

The year 1965 marked the middle of the United Nations Development Decade. The Economic and Social Council had requested a progress report on the areas of activity of primary importance in that field, and WHO had collaborated in the preparation of that report.

With regard to the World Food Programme, the Committee might wish to note that the Intergovernmental Committee of the World Food Programme had recommended the extension of the programme; that recommendation would be considered by the Economic and Social Council in July 1965 and by the FAO Conference in November 1965. The Organization continued to collaborate closely with the World Food Programme.

In so far as the application of science and technology to development was concerned, the Organization continued to collaborate closely with the Advisory Committee on the Application of Science and Technology to Development. WHO reported, through the ACC, on matters of direct interest to the Advisory Committee, to which it regularly sent documents on the Organization's work. The Health Assembly might wish to note that the Economic and Social Council had established a small secretariat within the United Nations to ensure the functioning of the Advisory Committee on the Application of Science and Technology to Development; WHO participated fully in the steps taken by the ACC to ensure effective co-operation.

Regarding the International Atomic Energy Agency, WHO and IAEA collaborated very closely on all matters of common interest, and the exchange of liaison officers had given very satisfactory results.

The closing paragraphs of the report dealt with developments in activities assisted jointly with UNICEF and the work accomplished by the UNICEF/WHO Joint Committee on Health Policy at its February 1965 meeting. The report on that session would be submitted to the Executive Board at its thirty-sixth session.1

The Committee might wish to note the Director-General's general report on the item and give the Secretariat guidance on the points it considered to be most important, before dealing with the specific item relating to the Single Convention on Narcotic Drugs.

(For continuation of the discussion, see minutes of the sixteenth meeting, section 2.)

The meeting rose at 12.35 p.m.

SIXTEENTH MEETING

Wednesday, 19 May 1965, at 2.30 p.m.

Chairman: Dr A. L. Mudaliar (India)

1. Participation of WHO in an International Agency for Research on Cancer (continued from fifteenth meeting, section 2)

Agenda, 2.6.2

The Chairman drew attention to the following revised version of the draft resolution submitted at the previous meeting (see page 341). No changes had been proposed to the Statute annexed to the resolution.

The Eighteenth World Health Assembly, Cognizant of Article 18 of the Constitution which provides, inter alia, that one of the functions of the Health Assembly shall be to establish such other institutions as it may consider desirable with a view to promoting and carrying on research;

Considering that the Governments of the Federal Republic of Germany, France, Italy, the United Kingdom of Great Britain and Northern Ireland, and the United States of America have agreed to sponsor the creation of and to participate in the functioning of an International Agency for Research

on Cancer in accordance with the provisions of its Statute;

Considering that many governments have expressed their interest in the creation of such an agency; and

Considering resolution WHA17.49 of the Seventeenth World Health Assembly

DECIDES to establish an International Agency for Research on Cancer which shall carry on its functions in accordance with the provisions of its Statute (annexed).

Dr EVANG (Norway) said that he had suggested an amendment to the operative part of the revised draft resolution. He had also asked questions and had not been satisfied by the answers. However, as the Director-General had said that no technical or administrative difficulties would be caused by the original draft resolution, he would withdraw his amendment.

Professor AUJALEU (France) thanked the delegate of Norway for withdrawing his amendment. The revised version of the draft resolution which had been agreed upon by the original sponsors and several other delegations differed slightly from the original version. However, as far as he could judge from the French text before him, a suggestion made by the Director-General to use the word “établir” instead of “créer” had not been followed. He himself was fully in agreement with that suggestion.

The DEPUTY DIRECTOR-GENERAL said that in Article 18 of the WHO Constitution, the word “establish” was used in the English text and the word “créer” in the French text.

Decision: The revised draft resolution was approved.1

Dr DELAFRESNAYE (International Union against Cancer) said that he wished to assure the Committee that his organization was very willing to collaborate with the new Agency. He had noted with appreciation the references to his organization made by delegates, and the remarks concerning it by the Director-General. The Union had followed closely the development of the project from the original idea of intensive support for cancer research to the approval of the draft resolution, which still left many problems open. He could not hide his disappointment at the course of events, since the projects relating to the new agency, or proposed for it, were already being undertaken by existing organizations, or, at the very least, existed in embryo in their current programmes.

His own organization’s position had been expounded at the Seventeenth World Health Assembly, and at the thirty-fifth session of the Executive Board. But as WHO had decided to establish an international agency for research on cancer, the past might be forgotten and the future must be faced. During the discussion, there had been a great deal of talk about connecting the new agency with WHO, but very little had been said about co-operation with the International Union against Cancer, which had been in existence for over thirty years, had members in sixty-seven countries, and had a great deal of experience in cancer research and control; which granted well-endowed fellowships in cancer research, and spent about twice as much as WHO on cancer. It was to be hoped that it would be possible to find some official mechanism for liaison between the Union and the new agency, so as to exploit valuable resources to the utmost. In the meantime, he would take note of the Director-General’s statement and the Committee might rest assured that the Union would collaborate informally as closely as possible.

The Director-General had been accused of being a dreamer, and he himself had added that his dreams were sometimes nightmares. It was to be hoped that the Union and WHO might dream together that the difficulties would finally be overcome and the agency just established would become a keystone in the fight against cancer. Indeed, it was to be hoped that the time would soon come when it would be able to support basic research. The Union would do all it could to make the dream a reality.

2. Decisions of the United Nations, the Specialized Agencies and the International Atomic Energy Agency affecting WHO’s Activities (Programme Matters) (continued from fifteenth meeting, section 3)

Dr HAPPI (Cameroon), Rapporteur, introduced a revised version of the draft resolution originally contained in the Director-General’s report, reading as follows:

The Eighteenth World Health Assembly,

Having considered the report of the Director-General on decisions of the United Nations, specialized agencies and IAEA on matters affecting WHO’s activities (programme matters);

Recalling resolution WHA17.20 concerning large-scale development programmes,

1. NOTES the report of the Director-General;

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1 Transmitted to the Health Assembly in section 3 of the Committee’s sixth report and adopted as resolution WHA18.44.
2. REITERATES the importance of governments giving special attention to the health implications of large-scale development programmes; and
3. EXPRESSES its satisfaction with the harmonious co-operation and effective collaboration with UNICEF.

Decision: The draft resolution was unanimously approved.¹

Single Convention on Narcotic Drugs, 1961

Dr KENNEDY (New Zealand) introduced the draft resolution proposed by the delegations of Canada, New Zealand, Peru and Trinidad and Tobago, reading as follows:

The Eighteenth World Health Assembly,

Having considered the report of the Director-General and resolution EB35.R33 adopted by the Executive Board at its thirty-fifth session concerning the Single Convention on Narcotic Drugs, 1961;

Noting resolution WHA7.6 and in particular its paragraph (3);

Noting the recent entry into force of that convention and the ensuing changes in respect of the functions assigned to the World Health Organization; and

Believing that the effective application of the Single Convention on Narcotic Drugs, 1961, requires the accession by all Members of the Organization,

1. AUTHORIZES the Director-General

(a) to consult with the United Nations organs for narcotics control on the desirability of amending Article 3 of the Single Convention to the effect that decisions on the control status of drugs will be taken by the World Health Organization, and to report to the Health Assembly on the result of such consultation; and meanwhile

(b) to continue to forward to the Secretary-General of the United Nations such notifications as WHO is called upon to make under the Single Convention on Narcotic Drugs, 1961; and

2. URGES Member States not yet parties to the Single Convention to take the necessary steps to accede to this convention and thereby progressively to ensure the universality of its application.

The essential differences between the draft resolution before the Committee and the Executive Board’s resolution EB35.R33 were contained in paragraph 1 (a), the last paragraph of the preamble, and paragraph 2.

The reasons underlying the additions were straightforward. Under the nine previous narcotics conventions, dating from 1912 to 1953, WHO had been authorized to decide whether any drug should be placed under international control. Under the Single Convention, the decision had been given to the United Nations Commission on Narcotic Drugs, acting in accordance with the recommendations received from WHO. That change, made by the plenipotentiary conference that had adopted the Single Convention, appeared to have been motivated by theoretical legal considerations—by the desirability of concentrating all legislative functions in a single body, since it was unthinkable that the Commission on Narcotic Drugs would not take WHO’s advice. However, the new situation caused some practical difficulties and also raised a question of principle. The Commission met only once a year, so that there was likely to be delay in placing under control a drug, which might be of some disadvantage to public health. The Director-General of WHO, however, could, if empowered to do so, act at any time.

The question of principle was whether a decision to place drugs under control was not a matter of public health which came within the scope of WHO. In fact, at the plenipotentiary conference which had adopted the Single Convention, the representative of the Secretary-General of the United Nations had declared that the old system had worked well and that the United Nations Secretariat saw no reason why WHO should not remain authorized to take the decision of placing drugs under control.

It was evident that the question whether the Single Convention should restore WHO’s former rights could be decided only after careful study of the various interests involved and by general consent. The Single Convention authorized the Economic and Social Council to amend the treaty without calling a plenipotentiary conference if no party objected. It would therefore be useful to consult the control bodies concerned, in particular the Commission on Narcotic Drugs, the Permanent Central Opium Board and the Drug Supervisory Body, to establish all aspects of the problem and to ascertain whether general agreement could be obtained on the change in the Convention.

The DEPUTY DIRECTOR-GENERAL said that the delegate of New Zealand had explained the situation better than anybody in the Secretariat could have done, when he had given the reason why it would be desirable...
to ensure correction of the state of affairs described in paragraph 3 of the Director-General’s report, for although WHO’s position had been improved to a certain extent by the Single Convention, it was more restricted owing to the fact that the power of final decision no longer belonged to it. The proposal of the delegate of New Zealand seemed useful, adequate and entirely proper to the Secretariat.

Dr SADUSK (United States of America) said that the United States delegation supported operative paragraph 1 of the draft resolution; but since it had opposed the Single Convention and was not a party to it, it could not support operative paragraph 2 and therefore suggested its deletion.

He asked whether it was correct that apart from the functions related to the Single Convention, WHO would continue to perform the functions which it had performed under the earlier narcotics conventions.

The DEPUTY DIRECTOR-GENERAL said that that was so.

Dr LAYTON (Canada) said that he was reluctant to disagree with the United States proposal for the deletion of operative paragraph 2, but he felt that the problem it dealt with was important. The Single Convention had already been ratified and was in force. The more countries that ratified it, the easier it would be to enforce it. He therefore proposed that operative paragraph 2 and the paragraph of the preamble relating to it should be retained.

Dr AL-WAHBI (Iraq) said that his country had already acceded to the Single Convention; his delegation supported both operative paragraph 1—which was aimed at restoring to WHO, as the technically competent organization, the authority to decide, and not merely to recommend, on the control status of a drug—and operative paragraph 2, which had been included merely for the sake of universality.

The CHAIRMAN put to the vote the United States proposal to delete operative paragraph 2.

Decision: The United States proposal was rejected by 56 votes to 1 with 3 abstentions.

The CHAIRMAN asked the Committee whether it approved the draft resolution as presented.

Decision: The draft resolution was approved.

Dr SADUSK (United States of America) said that his delegation abstained from voting on the resolution as a whole.

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2 Transmitted to the Health Assembly in section 5 of the Committee’s sixth report and adopted as resolution WHA18.46.

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Control Measures for Certain Dependence-Producing Drugs

The CHAIRMAN requested the delegate of Sweden to introduce the draft resolution on the subject of control measures for certain dependence-producing drugs, which had been presented by the delegations of Denmark, Finland, Iceland, Luxembourg, Norway and Sweden.

The draft resolution read as follows:

The Eighteenth World Health Assembly,

Recalling that international narcotics control has been operating successfully for several decades;

Noting with great concern the increasing frequency of abuse of sedatives or stimulants not classified internationally as narcotic drugs, as has also been stated by the United Nations Commission on Narcotic Drugs, and being aware of the epidemic-like spreading of this abuse particularly among young persons in certain countries;

Referring to the repeated recommendations of the WHO Expert Committee on Dependence-Producing Drugs concerning the need for control of certain sedatives and stimulants;

Convinced that an important factor in fighting the abuse of narcotics and other dependence-producing drugs is the limitation, by means of international conventions, of their availability for legitimate medical purposes only; and

Realizing that national efforts to control this health problem are often insufficient,

REQUESTS the Director-General:

(1) to transmit to the Secretary-General of the United Nations the opinion of the World Health Assembly that international action is desirable in regard to the control of widely abused sedatives, stimulants and other drugs, with a view to having them placed on medical prescription; and

(2) to promote further research into the epidemiology of drug dependence.

Dr ENGEL (Sweden) said that he had spoken on the substance of the draft resolution at the eighth meeting of the Committee on 14 May (see page 268).

The six sponsors were putting forward the draft resolution jointly, but the original proposal had come from the Swedish delegation, because Sweden was the country which suffered most from the problem with which it dealt. Sweden had done everything it could to limit the use of the groups of drugs dealt with in the draft resolution, which were not internationally classified as narcotics, and had long required a
prescription for them. They could, however, be procured outside Sweden and accordingly an illicit traffic in them had developed, which was a matter of great concern to the health and police authorities. Public opinion in Sweden was very much disturbed. His Government had instructed him to do his utmost to find a means by which international action could be taken. There were two possible channels—the United Nations, in particular the Commission on Narcotic Drugs, and WHO. He had consulted the Secretariat and its legal advisers at length on methods of approach to the problem and the wording of the operative part of the draft resolution reflected the results of those consultations. All delegations should be able to agree to operative paragraph (2), for research into the epidemiology of drug dependence was a prime consideration, and it had been little studied. As to operative paragraph (1), he had thought it wise to leave the matter in the hands of the Director-General of WHO after consultation with the Secretary-General of the United Nations.

Some delegations had asked him what need there was for international co-operation. If every country took the same action as Sweden had done, drug dependence could be fought successfully; but impetus from the United Nations and WHO was required.

When the matter had first been referred to at the eighth meeting, the delegate of New Zealand had asked for further details about the international action proposed. Sweden would wish to see the amphetamine group of drugs brought under regular control in the same way as the narcotic drugs, and the same should be possible with the barbiturates and other stimulant and sedative drugs. On the other hand, the New Zealand delegation had quite rightly stressed the need for Member States to fulfil their responsibilities through their national health administrations. He had been most interested to hear from the delegate of Pakistan that cases of haemolytic anaemia had been detected which might be due to the abuse of such drugs, since epidemics of serum hepatitis had already been discovered in Sweden, introduced by the common use of a syringe by gangs of juvenile delinquents.

Dr Saduski (United States of America) said that his delegation commended the sponsors of the draft resolution for their interest and concern, but considered that it would be better, from a practical point of view, to effect the control of the dependence-producing drugs concerned, on a national basis. In the United States, such drugs could be obtained only on prescription. Congress was considering strict legislation on their manufacture and distribution and if it was enacted there would be a strict control from manufacturer to pharmacist. Since control would, for the present at least, be far more effective at the national level, the United States delegation, together with the New Zealand delegation, was introducing an amendment to the draft resolution proposed by the six delegations. It was to replace the operative paragraph as follows:

1. Recommends that campaigns be undertaken with the assistance of appropriate bodies to convince doctors and governments that control of widely abused sedatives and stimulants, such as barbiturates, tranquilizers and amphetamines, is desirable;

2. Recommends that Member States which have not already done so place such drugs on medical prescription;

3. Recommends the promotion of further research into the epidemiology of drug dependence; and

4. Requests the Director-General to study the advisability and feasibility of international measures for control of sedatives and stimulants.

Dr DaeUen (Federal Republic of Germany) said that increased consumption of sedatives and stimulants had also been detected in the Federal Republic and her delegation agreed that abuse might lead to a danger of dependence. She was convinced that to place such drugs on prescription would decrease consumption. In her country, most of them were already subject to that regulation, and extension of abuse of dependence-producing drugs had been prevented by that means. Her delegation doubted whether international action was necessary or useful, but if the Committee as a whole felt that it was required, would offer no objection.

Dr WONE (Senegal) said that unfortunately the problem had already arisen in his country, although it was still a developing country. There seemed to be no inconsistency between international action—rightly advocated by delegates of countries which had already done all they could by national legislation and had noted the inefficacity of such measures owing to the lack of concerted international measures—and national action to strengthen or even to precede any international action. Accordingly, before he had heard the amendment presented by the delegation of the United States of America, he had himself drafted an amendment consisting of a new paragraph to be added to the operative part of the draft resolution proposed by the six delegations, reading:

Recommends Member States to take or strengthen steps to control and limit the use of sedatives, stimulants and other drugs that are being abused.
The Deputy Director-General observed that everyone was agreed on the need for some action, which was shown by the fact that no change had been suggested to the preamble, but from the point of view of the Secretariat the matter raised in the returns of the quantities of narcotic drugs involved in the licit traffic. The advisability and feasibility of applying a similar system to sedatives and stimulants, enormous quantities of which were involved, required study. It was his understanding that in the United States amendment, medical prescriptions included veterinary prescriptions.

Dr Williams (United States of America) said that his delegation accepted the amendment proposed by the delegate of Canada and concurred in what the Deputy Director-General had said. His delegation was interested in international action, but considered that the Director-General required more time for study of the details of what form such action should take before he approached the Secretary-General of the United Nations.

Dr Aujoulat (France) said that of the three proposals before the Committee, namely the draft resolution of the six delegations, the amendment proposed by the delegate of Canada and the amendment proposed by the United States delegation, the last was the most acceptable. Experience had shown that official control measures were inadequate or were likely to be premature until the public and those among the public best placed to act had been educated in the matter. Accordingly, his delegation attached considerable importance to operative paragraph 1 of the amendment proposed by the United States delegation, and considered that the remainder was wholly consonant with the purpose in view. That amendment should, however, be supplemented by the operative part of the original draft resolution, requesting the Director-General to study the advisability and feasibility of international action. That study might be carried on while campaigns might be undertaken for a very much needed education, and one that might prove effective, and while Member States, alerted by WHO, might make regulations requiring a medical prescription for the drugs in question, if they had not already done so. Thus, the amendment proposed by the United States delegation seemed the most adequate way of dealing with the subject and should be approved.

The Chairman reminded the Committee that, since the delegation of the United States of America had accepted the amendment of the delegation of Canada, there were only two proposals before it.

Dr Evang (Norway) said that he agreed with the delegate of France. As one of the sponsors of the original draft resolution he would accept the amendment proposed by the United States delegation, in its original form. The amendment proposed by the delegate of Canada to that amendment would water it down. WHO might draw attention to the problem, which was increasing alarmingly, and doing much...
harm, particularly to young people, and so alert the attention of the national authorities, and thereafter of the international bodies. Much remained to be done before as tight a control could be exercised as that over the narcotic drugs, but that might be feasible eventually, by means of computer techniques.

Professor González Torres (Paraguay) said that his country was very concerned about the abuse of certain drugs such as stimulants, tranquilizers and barbiturates, in addition, of course, to addiction to Indian hemp, cocaine and other narcotic drugs. International measures must be taken to combat such abuses. A study of the epidemiology of such habits should be made and closer collaboration was required with the competent authorities of the United Nations.

The problem of drug abuse was not so much one to be solved by police measures as by humane treatment and education including education of the medical profession. The public should be informed of the dangers of certain drugs and medicaments; they might even be warned by notices on the labels of stimulants, tranquilizers and barbiturates, etc. as was done in certain countries with cigarettes.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) said that the amendment proposed by the delegate of Canada did much to remove his doubts about the draft resolution proposed by the delegations of Scandinavian countries and the amendment to it submitted by the United States delegation.

He referred to paragraph 1 of the amendment originally proposed by the United States delegation (see page 356), which called for campaigns to be undertaken, and asked if somebody could explain the meaning to him.

Dr Aujuolat (France) said that he would endeavour to explain to his colleague from the United Kingdom how campaigns could be carried out and by whom. There were several fields in which they could be undertaken: to give an example, in France antipoliomyelitis vaccination had just been made compulsory and a campaign had been initiated by the Ministry of Health and various interested organizations to convince the medical corps of the need for such vaccination. A similar campaign had been undertaken regarding BCG vaccination against tuberculosis, since a considerable number of doctors were not convinced either of the value or of the harmless nature of BCG vaccination. An analogous situation existed with drugs, since many doctors were still not persuaded of the dangers inherent in certain sedatives and stimulants. It would therefore be advisable to organize a campaign aimed at reaching the medical corps first of all, and, through it, the administrations, which could then take the necessary action. For those reasons, he considered that paragraph 1 of the amendment proposed by the United States delegation was neither abstract nor unrealistic. He was therefore in agreement with the statement made by the delegate of Norway, opposing the amendment suggested by the delegation of Canada.

Dr Engel (Sweden) said that his Government was prepared to vote for the draft resolution with the amendments proposed by the delegation of the United States, and the further amendment proposed by the delegation of Canada. The latter met with his delegation's approval since it would allow the Secretariat greater freedom of action. It was not realistic for the Organization to endeavour to influence governments or doctors directly and his feeling was that the Director-General would have to co-operate on the matter with the Secretary-General of the United Nations and the Commission on Narcotic Drugs.

Dr Wone (Senegal) said that although his delegation was hoping, in view of the explanations given by the Deputy Director-General and various speakers in the discussion, to support the amendment proposed by the delegation of the United States, its operative paragraph 2 seemed to be somewhat restrictive. Governments should not merely make prescriptions for such drugs compulsory, but should also take wider measures, particularly in the educational and social fields, in order to achieve a measure of control. He therefore wished to ask the delegate of the United States if he would accept the following redrafting of paragraph 2:

2. RECOMMENDS that Member States should promote or reinforce control measures and the restriction of the use of drugs and, in particular, should require such drugs to be delivered upon medical prescription only.

Dr Ahmeteli (Union of Soviet Socialist Republics), agreeing with the delegate of the United Kingdom that the wording of the amendment proposed by the United States delegation was not quite clear, said that he wished to issue a warning to the Committee about the danger of conducting a campaign in that field. Although he was all in favour of health education in its broadest sense, a campaign might well result in an increased number of people taking stimulants and tranquilizers.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) thanked the delegate of France for his explanation which, he said, confirmed his support for the amendment proposed by the delegate of Canada.
Dr Sigurjónsson (Iceland), speaking as one of the sponsors of the joint draft resolution, stated that he was prepared to accept the amendment proposed by the delegation of the United States and amended by the delegation of Canada, since it answered the main objectives of the sponsors, possibly in a more appropriate way.

Dr Williams (United States of America) said that, although his delegation appreciated the suggestion made by the delegate of Senegal for the rephrasing of paragraph 2 of the amendment proposed by the delegation of the United States, it did not think the modification advisable, since further research in epidemiology was needed to determine what other factors should be brought into matters of education and control.

Dr Rao (India) said that he supported the amendment proposed by the United States delegation to the draft resolution but suggested that its first paragraph should be reworded to read:

1. Recommends that health education of the public be undertaken with the assistance of professional and voluntary bodies and that control of widely abused sedatives... .

Dr Andersen (Denmark) said that he wished to be associated with the delegates of Sweden and Iceland in supporting the amendment proposed by the United States delegation to the draft resolution, with the amendment proposed by the delegation of Canada.

Professor Pesonen (Finland), speaking as one of the sponsors of the original draft resolution, said that his Government was prepared to accept the amendment proposed by the United States delegation as further amended by the delegation of Canada.

Dr Al-Wahbi (Iraq) expressed appreciation to the sponsors of the draft resolution for introducing an important subject for discussion by the Committee. There was general agreement on the theme, but a number of amendments had been proposed. He therefore suggested that a working party should be appointed to redraft the resolution, incorporating all the amendments, for the Committee’s approval.

Dr Aldea (Romania) said that up to that point the discussion had only touched upon measures to be directed at official bodies. However, there were also the consumers and, in that connexion, he wished to stress the need for health education of the public and to propose formally the inclusion in the draft resolution of the following paragraph:

Recommends that Member States initiate or develop health education of an intensive nature concerning the hazards of an unjustified or abusive consumption of sedatives and stimulants.

Professor García Orcoyen (Spain) said that his delegation was prepared to support any measure which would have a certain degree of effectiveness. However, although many important factors had been mentioned in the discussion, the enormous influence of commercial firms had been overlooked. The medical profession was subject to a continuous barrage of propaganda and advertising and there was a kind of pharmaceutical “arms race” among the major producers of drugs. The higher consumption of drugs thus induced could perhaps be slowed down if prescriptions for all such drugs were made compulsory.

Dr Ahmeteli (Union of Soviet Socialist Republics) expressed wholehearted support for the views of the previous speaker. A provision to that effect should be included in the draft resolution, to make it an effective and realistic document.

The Chairman announced that a new draft resolution, incorporating the various amendments proposed, was being prepared. In the meantime he invited the Committee to proceed with the next item.

(For continuation of the discussion, see page 366)

Programme Activities in the Health Aspects of World Population which might be developed by WHO

The Chairman drew attention to the report by the Director-General \(^1\) and to the following two draft resolutions before the Committee.

(1) A draft resolution sponsored by the delegations of Ceylon, Denmark, Finland, Iceland, India, Norway, Pakistan, Republic of Korea, Sweden, Tunisia, United Arab Republic and the United Kingdom of Great Britain and Northern Ireland:

The Eighteenth World Health Assembly,

Bearing in mind Article 2 (f) of the Constitution which reads: “In order to achieve its objective, the functions of the Organization shall be... to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment”;

Noting resolution 1048 (XXXVII) adopted by the Economic and Social Council at its thirty-seventh session in August 1964;

Noting that the United Nations Population Commission at its thirteenth session, in April 1965, 

attached high priority to the research and other activities in the field of fertility;

Noting the report of the Director-General on programme activities in the health aspects of world population which might be developed by WHO;

Bearing in mind that it is a matter for national administrations to decide whether and to what extent they should support the provision of information and services to their people on the medical aspects of human reproduction and that ultimate decisions in such matters must rest with the individual,

1. CONSIDERS that the provision of information and services on the medical aspects of family planning and sterility by health authorities which consider this appropriate to the circumstances of their countries can contribute to the improvement of health;

2. ENDORSES the action undertaken by the Director-General to promote studies in the field of human reproduction;

3. REQUESTS the Director-General to develop further the programme proposed in the fields of reference services, studies and advisory services;

4. EXPRESSES the hope that it will be possible for WHO to provide technical advice in the field of human reproduction to the countries requesting such assistance; and

5. REQUESTS the Director-General to report to the Nineteenth World Health Assembly on the programme of WHO in the field of human reproduction.

(2) A draft resolution presented by the delegations of Brazil, Chile, Panama, Paraguay, Peru and Venezuela:

The Eighteenth World Health Assembly,

Having considered the report of the Director-General on programme activities in the health aspects of world population which might be developed by WHO,\(^1\)

Considering that the solution of demographic problems involves not only the health sector but also the economic, social, cultural, psychological and other sectors as well;

Noting that the rate of growth of the population of some countries is one of the factors that affects economic growth;

Considering that changes in the size and structure of the population have repercussions particularly on health conditions and in the requirements of health services;

Recognizing that problems of human reproduction involve the family unit as well as society as a whole, and that the size of the family should be decided by the family themselves according to their conscience; and

Noting that the report of the Director-General underlines the inadequacies of scientific knowledge with regard to the biology of human reproduction and the medical aspects of fertility control,

1. APPROVES the report of the Director-General and particularly the future programme of activities of WHO on the health aspects of world population\(^1\) including reference services, studies on medical aspects of sterility and its relief, studies on medical aspects of fertility control methods and health aspects of population dynamics,

2. REQUESTS the Director-General to take all necessary steps to implement this programme;

3. REQUESTS ministries of health, national and regional health institutions and non-governmental organizations in the health field to collaborate with WHO in developing this programme;

4. REQUESTS the Director-General to study the extent and variety of advisory services that could be usefully given by WHO and report to a future World Health Assembly;

5. REQUESTS the governments that decide to carry out medical programmes of family planning that these should be implemented under medical supervision through the health services of the community; and

6. REQUESTS the Director-General to co-operate with the United Nations and the specialized agencies as appropriate in the broad field of population.

Dr TURBOTT, representative of the Executive Board, said that the Executive Board had held lengthy discussions on the role WHO should play in world population matters. Opinions were divided; while some members considered that the control of population increase was a matter for governments and that it was not appropriate for WHO to suggest any system for general application or even to have a broad discussion on the matter, other members felt strongly that there were health aspects involved in rapidly increasing populations where too many births following too quickly upon one another adversely affected the health of mothers and resulted in ill-fed and ill-cared-for children. However, there was no objection from either side to research being carried out under WHO auspices into the biological

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aspects of human reproduction. The majority opinion was that the research work already under way was on the right lines and should be supported, as should studies on the health aspects of population dynamics, which was a field of action in which the Organization could interest itself. That majority opinion was crystallized in the Executive Board’s request to the Director-General to report to the Eighteenth World Health Assembly on those programme activities in the health aspects of world population which might be developed by WHO. The report was now before the Committee for its consideration.

The Director-General introduced his report, which had been prepared in response to resolution EB35.R31, and drew attention to the salient features.

Part I described the origins of WHO’s work on the health aspects of world population. In April 1963, a Scientific Group on the Biology of Human Reproduction had been convened in Geneva to examine the present state of knowledge and ascertain where knowledge was lacking. The Scientific Group’s conclusions were summarized in the introduction to the report (Official Records No. 143, page 154); the full report had been published in 1964. The Seventeenth World Health Assembly had considered the report on “The Medical Research Programme of the World Health Organization, 1958-1963”, pages 219-222 of which contained references to research in human reproduction. The relevant extract was reproduced in Appendix 2 of the report before the Committee.

Part II described programme activities up to and including 1965. Scientific groups had met on the following subjects: the biology of human reproduction; the physiology of lactation; the effects of labour on the foetus and the newborn; neuroendocrinology and reproduction in the human; the mechanism of action of sex hormones and analogous substances, especially the orally active progestogens; and the biochemistry and microbiology of the female and male genital tracts.

Two further scientific groups were scheduled to meet towards the end of 1965 to consider the immunological aspects of human reproduction and the chemistry and physiology of gametes.

A second group of activities was concerned with the bibliography of the ethnic and geographical variations in human reproduction and critical review thereof.

There had also been a series of activities on service to research, including the establishment of collections of human pituitaries; an information centre on steroids and polypeptides; an information centre on human cell lines; and an inventory of research institutions and research scientists working on human reproduction.

Studies had been made on available data on the safety of orally active gestogens and their dose range, the possibility of establishing an information and supply centre for new and existing laboratory animals, and the health aspects of population dynamics.

Activities had also been carried out under the headings of research grants to individual investigators; and research grants for training and the exchange of research workers.

An expert advisory panel on the biology of human reproduction had been established in 1964.

Part III contained proposals for the future programme. The main items were reference services, including a documentation centre for biomedical literature on all aspects of human reproduction; studies on medical aspects of sterility and its relief; medical aspects of fertility control methods; and health aspects of population dynamics.

In the last section of the report, it was suggested that WHO should be prepared to provide advisory services, upon request, to its Members and Associate Members.

The report gave an idea of what the Organization had been doing and the possibilities of expansion in the future. Appendix 1 to the report contained resolution 1048 (XXXVII), on the population problem, adopted by the Economic and Social Council at its thirty-seventh session in August 1964.

In submitting the report, his purpose had been to obtain the Assembly’s guidance on both the existing programme and its future development.

Dr Tottie (Sweden), after expressing appreciation of the Director-General’s extremely interesting report, presented the draft resolution which was sponsored by the delegations of Ceylon, Denmark, Finland, Iceland, India, Norway, Pakistan, Republic of Korea, Sweden, Tunisia, United Arab Republic and the United Kingdom of Great Britain and Northern Ireland (see page 359).

Beyond the simple facts concerning fertilization and reproduction, which were known to most people, the store of knowledge on human reproduction generally was rather limited, although it was so closely bound up with the human emotions of joy, hope, pride, despair and frustration. The Director-General’s

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report was evidence of the present lack of knowledge, and the experts referred to had drawn attention to particular aspects: an example was the report of the Scientific Group on the Mechanism of Action of Sex Hormones and Analogous Substances which had been published as Technical Report Series No. 303.

From the medical point of view, healthy parents produced healthy children; in fact, however, seemingly healthy parents were often unable to produce children, while other parents, and particularly mothers, were burdened with too many children, and with the difficulties involved in giving them food, education, housing and a proper upbringing. Throughout the history of mankind, women in many parts of the world had tried to discover ways of limiting the number of their children so that they could give them proper care. There was evidence from many countries concerning induced abortions, often performed by inexpert people and producing ill effects. It was true that there were cases of healthy parents with large numbers of healthy children and no ill effects from the many pregnancies. More often, however, it was found in large families that the high number of pregnancies adversely affected the health of the mother and sometimes the children.

It should be remembered that the ovaries with all their eggs existed in a woman from birth and were exposed to all the dangers of everyday life. The egg could be exposed to infections, drugs, radiation and other adverse influences for fifty years, whereas the male sperm was continuously renewed. Thus fertilization late in a woman's child-bearing period might often result in the birth of a defective child. In that connexion, he read out the following extract from the preamble to a resolution adopted by the United Nations Commission on the Status of Women at its eighteenth session in March of the current year:

*Considering* that the responsibility for planning the family should be freely assumed by both spouses according to their available facilities for giving adequate care and nurture to their children and with regard to the preservation of the health of the mother, 

The women of the world had been fully aware of those facts when they appealed for information on family planning.

During recent decades there had been considerable scientific progress in the field of human reproduction, both in new techniques on the spacing of families and on measures against sterility. It was logical for WHO to continue its work in that particular field on the lines indicated by the Director-General. A documentation centre for biomedical literature on all aspects of human reproduction was an urgent and vital activity for the Organization, in order to help research workers and ensure the speedy exchange of experience and results between Member countries. The subjects for study mentioned in the Director-General's report were also of great value, particularly the interrelationship of population trends and health services, a problem which had been particularly emphasized during the technical discussions.

With regard to the last part of the programme, he was satisfied that advice to Member governments, on request, concerning the medical aspects of human reproduction, both with regard to information and services, was a suitable activity in the interests of promoting the health of mothers and children in accordance with the Organization's Constitution.

Dr Rao (India) congratulated the Director-General on an excellent report on past work and future prospects.

For India, like other developing countries, the urgent problem was the rapid rise in population. He would not like to say how much WHO had been responsible for the situation, through its work on the control of communicable diseases, particularly malaria, which had formerly caused so many deaths. It was now essential that the control of communicable diseases should be accompanied by the spacing of childbirth and care for maternal health. For humanitarian reasons, a new freedom should be added to the four freedoms that had now been advocated for more than twenty-five years—the freedom for every mother to decide whether or not she would bear more children. He urged that WHO should make advisory services available to Member governments requesting them, and also encourage governments to give the necessary advice to the mothers who so sorely needed it. It had been said that poverty bred ill health and that ill health in turn bred poverty. With ever-increasing numbers of mouths to feed, it was all the more necessary to strive for a contented, healthy, happy and well-nourished population, and that could only be achieved by giving mothers the advice they wanted.

He was particularly grateful to the Director-General for the inclusion in the future programme of the advisory services mentioned in section 3 of Part III of the Director-General's report. He hoped that the Committee would approve the draft resolution (see page 359), of which his delegation was one of the twelve sponsors.

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The Reverend Father de Riedmatten, Observer for the Holy See, speaking at the invitation of the Chairman, said that he had felt it his duty to speak, in view of the importance attached to the subject by the Holy See and the reactions of the Catholic community as a whole.

The Catholic Church might appear prudent to the point of reticence in matters affecting population, family and birth, but he was sure that none present would attribute its attitude to indifference or negligence. It was the very importance of the subject that caused the attitude of reserve and the apparent lack of attention to burning problems. The Holy See, which was most anxious that there should be no underestimation of the delicacy of the subject, and that no regrettable steps should be taken, wished to be sure that all men, and particularly the experts in the fields involved, would collaborate completely and loyally in its consideration.

The Holy See had no objection in principle to WHO's concerning itself with questions within its sphere of competence in the field of human reproduction, and was deeply interested in the programme of study and research started by WHO two years ago. However, under the pressure of apparent needs, the attention given to reproduction, and particularly to its control, had often tended to be directed towards the immediate efficacy of methods, rather than to basic scientific investigation, and that had resulted in some confusion and unrest. Without ignoring the vast amount of scientific work already carried out, the Holy See considered that, without prejudice to the accomplishment of WHO's many tasks, the Organization's present activities offered a guarantee of control, and perhaps also possibilities for solutions that would be closer to the processes of nature, thus making a vital contribution to theoretical and practical knowledge of the physiology of reproduction and, consequently, to the possibility of leaving man a free agent in the use of his potentialities. That was the crux of the problem. If it were approached purely from the demographic angle, there was a danger of exaggerating the importance of slowing down the rate of population increase, and of drawing general conclusions from particular cases. On the other hand, a turning-point had certainly been reached, because no couple could ignore the creative potentiality of its conjugal life and its responsibilities towards those to whom it might give life, to the family, and to society. One of the most sacred rights of the individual was involved, but while society must respect that right, the couple should not neglect the obligations connected with its exercise. No human being could attain harmonious and complete development without facing up to those obligations. However, the attainment of such a state was not entirely dependent on the slow process of economic development. It was often easier for men who lacked the material benefits of civilization than for men enjoying them to the full to fulfil their moral duty. To ask, then, that scales of values should not be upset by giving the first place to mechanical means before providing the conditions that would enable man to make his own decision as to their use, was simply to trust man to act in accordance with his own dignity.

Many couples today found themselves at one time or another faced with the need to set deliberate limits to their families and the factors guiding their decisions might well include their countries' interests. There were in the present-day world certain critical demographic situations—both of under-population and of over-population—that couples could not but take into account. Even if the immediate situation was not alarming, there was nothing against providing wisely for the future. Nevertheless, he was uneasy to see that the public, and even politicians, were being presented with simplifications that might have disastrous consequences. There was no panacea for the problem of under-development, and population mechanisms were extremely delicate. Finally, it must be remembered that the checking of demographic expansion, even if, objectively, that seemed necessary, was no more than a negative move in the promotion of progress of the developing countries.

The problems connected with the urgent need of a couple to limit, permanently or temporarily, the number of their children, directly concerned the specialists in health and human physiology. Nature provided periods of fertility and infertility and it was possible to regulate those periods or even to prolong the periods of infertility. Now, with modern science, the infertility of conjugal intercourse could be ensured. Those matters concerned the medical profession but in that field, as in others, its authority was governed by ethical standards, written or unwritten, which were the basis of man's confidence in the profession. Undoubtedly the achievements of modern science and the practical possibilities they opened up made it necessary to re-examine questions that had been considered settled and to consider new factors unsuspected a few decades ago. That was being done by the commission set up by the Holy See two years ago to study the implications of the problems of population, family and birth.

The present tasks of the Organization were dictated to it quite clearly by various factors. Even in the medical world there was uncertainty and confusion as regards population and natality and it was essential for international institutions to assist in clarifying the situation. Every government should have a sound
population policy; no public health administration could entirely ignore the problems relating to human reproduction. For the moralist, as for any man concerned with the meaning of his actions, it was vital to know the facts. Everybody needed some authority able to inform, investigate and encourage—an authority that could be approached with a view to ensuring that population policies and family decisions were taken with the least possible error. Such an authority need not restrict itself to the purely theoretical, but could give advice on the practical aspects, provided that advice were based on objective scientific considerations.

He was confident that WHO, as a growing and healthy organization, would in the matter of population, carry out the activities that properly devolved upon it.

Dr Kivits (Belgium) said that his delegation greatly appreciated the studies initiated by the Director-General and hoped that they would be pursued on the lines indicated in the report. The results would undoubtedly provide valuable knowledge for countries all over the world, both the advanced countries and the developing countries whose expanding population was an economic problem.

Belgium was one of the most densely populated countries in the world, but the high density was by no means an obstacle to economic development, and economists considered that a decline in the birth-rate would have an adverse effect on prosperity, because the prolongation of life was producing an increasing number of old persons who had to be maintained by the active population. A decrease in the number of births would in a few years lead to a reduction of the economically productive age-group and a growing number of aged.

Nevertheless, the problem of controlling births, in a country like Belgium, was one that affected the physical and mental health and the social development of every family. Every couple should have the right, with due regard to its responsibilities and possibilities, to decide how many children it wished to bring into life and place at the service of society. To that end, there was a need for better knowledge of the biology of reproduction and more information on methods of limiting births, with due regard to the laws of nature and to the philosophical or religious beliefs of individuals.

In the developing countries, where lack of manpower was a hindrance to the development of natural resources, the problem was not over-population, but the need for a healthier and better-trained population and better technical facilities.

In some countries, however, the population growth was such that efforts to increase resources could never keep pace with the increasing number of individuals among whom they had to be shared. The population was ill-fed and sick and had not the physical strength to make any effort to improve its living conditions. In such countries, parents must be told the methods by which they could freely decide how many children they wished to bring into the world without the fear of not being able to feed them and bring them up in decent conditions.

The population problem was only one aspect of the problem of development and should not be allowed to distract attention from the positive aspects. The problem of population increase and birth control had different manifestations in different countries, and it was for each government to decide what measures were necessary to allow families freely to adapt the numbers of their children to their financial and health situation and also for the benefit of the community. He hoped, however, that national health authorities would use the biological and medical information solely to improve the mental and physical health of individuals and families, and in accordance with the traditional rules of medical ethics.

The Committee had before it two draft resolutions which seemed to be complementary rather than contradictory, and both of them were acceptable to his delegation. He suggested that the sponsors should endeavour to combine the two resolutions.

Dr Jakovljević (Yugoslavia), after thanking the Director-General for his report, reminded the Committee of the forthcoming World Population Conference, to be held in Belgrade, which would deal particularly with the problems of human reproduction and family planning.

In many countries, the problems of over-population and family planning were becoming more urgent, but the approach to the problem was often purely economic, and the health aspect was not given proper emphasis. Family planning as a measure to limit population in countries where it was necessary could not be successful if divorced from social and economic development. It should be borne in mind that women could not be treated as pawns in democratic policy. Democratic measures for birth control without attention to the causes of the problem ran the risk of failure: people must be educated to use the knowledge provided for them. But people could not be educated unless their material conditions were improved. Planning could never replace economic and social development: it could only be an integral part of it.

In Yugoslavia, advice and assistance on family planning was provided within the framework of the national health services and maternal and child care.
There was no problem of over-population, but family planning was accepted, on the principle that man must be master of his destiny, and that science should enable women to become healthy and happy mothers of children who were wanted and loved.

He supported the proposals for research by WHO on the health aspects of human reproduction.

Dr Ferreira (Brazil) said that advances in science led people to believe that it would be possible to provide enough food for ever-increasing populations. But the need for limiting the population would be justified by the problem of per capita space. Brazil had a population of 82 million—less than 10 per square kilometre—and had opened her doors to immigrants. It was anticipated that the population would have risen to 185 million by the end of the century.

With its low population density, Brazil was not interested in family planning, but was not opposed to measures in countries where they were necessary, provided that proper methods were used.

As one of the sponsors of the draft resolution proposed by six delegations, he supported the proposal of the delegate of Belgium that it should be combined with the other draft resolution before the Committee.

Mr Brady (Ireland) said the Committee was indebted to the Director-General for having prepared a most useful document. In a comparatively short time—and with the help of a generous voluntary contribution from the United States Government—much useful research had been started on the important subject of the biology of human reproduction. The extent of the work done so far and of the activities started was impressive, and it was certain that continued research under the auspices of WHO would help to reduce the vast gaps in knowledge concerning human reproduction and the relationship between health services and population trends.

The Government of Ireland made a clear distinction between research in the field of human reproduction and any activity which might be regarded as advocacy or promotion by WHO of the use of artificial methods of limiting births. The Organization should limit its work with regard to human reproduction, to research, the exchange of scientific information, and group study aimed at physiological and medical appraisal of methods of regulating births. The programme of work reviewed in the Director-General’s report consisted mostly of activities of that kind, and to that extent he had no objection to the proposals outlined, including those regarding reference services and future studies. However, according to the final paragraph, headed “Advisory Services”, the Organization seemed to be contemplating giving advice to governments on the medical aspects of family planning and its place in health services. The Irish Government could not accept that proposal without further information on the precise nature of the activities envisaged. If the advice in question meant the dissemination of scientific information, the proposal was, of course, quite acceptable; his Government could not, however, accept any recommendation of a policy of family limitation. Further clarification was needed on that point. His Government’s objections to promotion by the Organization of the use of contraceptive techniques had been clearly stated on previous occasions; those objections were based not only on ethical grounds, but also on the belief that action concerning population and population changes was an extremely complex matter which went far beyond the health or economic problems involved.

Through the studies now being carried out by WHO, or under WHO auspices, the Organization would seem to be in an admirable position to provide objective scientific information and evaluation for dealing with problems of fertility or sterility, provided it restricted its role to research and the exchange of information. Any advocacy of specific policies or techniques, or association with projects for their application, would weaken the Organization’s role as an impartial scientific referee on the medical aspects of those policies and procedures. The task of an international agency was not to seek to influence the policy of the government of any Member State in the field in question, but to do everything possible to ensure that the knowledge of population trends and of their relationship with economic, social and other factors was widened and deepened, and brought to the attention of governments. In that connexion, he drew attention to the following paragraph of the preamble to resolution 1838 (XVII) adopted by the United Nations General Assembly:

Recognizing further that it is the responsibility of each Government to decide on its own policies and devise its own programmes of action for dealing with the problems of population and economic and social progress.

The position in the health field was no different. The ultimate decision as to the size of the family rested, of course, with the individual and the family concerned, and governments should not encroach on their rights.

In the Second Report on the World Health Situation, only nine countries had mentioned population growth as a major health problem, and three had named it as

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their most urgent problem. The problem of population growth should not be exaggerated; nor should it be over-simplified by undue emphasis on the limitation aspect. Many countries were anxious to increase their populations, and WHO should take that into account in its research work and in the exchange of scientific information. Representatives of Ireland, at meetings of the United Nations and the specialized agencies, had frequently urged a positive rather than restrictive approach in the study of population problems. Efforts should be concentrated on developing world food resources to cater for the increasing population. A series of studies by the Food and Agriculture Organization had shown the possibilities of increasing food and agricultural production through improved techniques and technological and scientific advances. A positive approach should emphasize that the under-employed manpower in the developing countries could become a most useful resource. Physical resources were not to be considered only in material terms and as fixed quantities, but in relation to man’s determination and assiduity in exploiting them.

With regard to the draft resolutions, he could accept much of that proposed by the twelve delegations (see page 359), in which there was evidence that the sponsors had endeavoured to meet the differing points of view; but he regretted that he could not support the resolution in its present form because of the reference to advisory services. The six-delegation resolution (page 360) was more acceptable, but clarification was needed on operative paragraphs 1 and 4, which appeared somewhat ambiguous. Other suggestions would no doubt be made during the debate, but he had every hope that the two draft resolutions now before the Committee would form the basis for a satisfactory synthesis of opposing views.

Professor UGARTE (Chile) said that much had been said about the problem of over-population, but the problem of under-population had generally been overlooked. It was necessary to consider all aspects and all possible implications. Although the problem had clear health aspects, it must not be forgotten that there were many other factors, and that the solution could not be found only in the sphere of public health. A population policy could have a very great influence on the age distribution in a given country, which in turn could pose important economic problems. It could also have very complicated long-term effects.

He agreed with previous speakers who had indicated that the action of WHO must be limited to giving medical advice and that it should not attempt to promote the policy of family planning. The size of the family should be determined by the free decision of the marriage partners, although he agreed that information should be furnished concerning the methods of family planning that could best be followed without prejudice to health.

Mr ANNABI (Tunisia) said that his delegation was very pleased to see that WHO was paying more attention to the problem of human reproduction in its medical, social, cultural and economic aspects. Tunisia was among the countries with the highest birthrate, and had a predominantly young population, 60 per cent. being under fifteen years of age. Of the children, 80 per cent. above the age of five years went to school, and secondary education was open to all. Meals were provided for most pre-school and school-age children. That would give an idea of the extent of the demographic problem that threatened the country's economic and social development, the objective of which was the promotion of human welfare in its broadest sense.

His country had faced up to the problem by establishing twenty family planning centres, each of which was directed by a gynaecologist, assisted by a midwife and social workers. Following suitable instruction and health education, women were allowed a free choice of contraceptives, and there had been a growing demand for such products. Statistical records had been kept of women attending the centres. Tunisia was at present at the experimental stage with regard to intra-uterine and oral contraceptives. It would be pleased to take part in research on the biology of human reproduction and to exchange information on the subject. It was for those reasons that it had co-sponsored the twelve-delegation draft resolution before the Committee.

(For continuation of the discussion, see minutes of the seventeenth meeting, section 2.)

Control Measures for Certain Dependence-Producing Drugs (resumed)

The CHAIRMAN put to the Committee the following draft resolution proposed by the delegations of Canada, Denmark, Finland, France, Iceland, India, Norway, Romania, Spain, Sweden and the United States of America:

The Eighteenth World Health Assembly,

Recalling that international narcotics control has been operating successfully for several decades;

Noting with great concern the increasing frequency of abuse of sedatives or stimulants not classified internationally as narcotic drugs, as has also been noted by the United Nations Commission on Narcotic Drugs, and being aware of the epidemic-
like spreading of this abuse particularly among young persons in certain countries;

Referring to the repeated recommendations of the WHO Expert Committee on Dependence-Producing Drugs concerning the need for control of certain sedatives and stimulants;

Convinced that an important factor in fighting the abuse of narcotics and other dependence-producing drugs is, by means of international conventions, to limit their availability for legitimate medical purposes only; and

Realizing that national efforts to control this health problem are often insufficient,

1. CONCLUDES that control of widely abused sedatives and stimulants, such as barbiturates, tranquilizers and amphetamines, is desirable;

2. RECOMMENDS that Member States which have not already done so place such drugs on medical prescription;

3. RECOMMENDS that the Member States promote an intensive health education action with regard to the dangers of the abuse of sedatives and stimulants;

4. RECOMMENDS the promotion of further research into the epidemiology of drug dependence; and

5. REQUESTS the Director-General to study the advisability and feasibility of international measures for control of sedatives and stimulants.

Dr AHMETELI (Union of Soviet Socialist Republics) said that the draft resolution was rather limited in scope, but since it did include constructive proposals concerning health education his delegation would support it.

Decision: The draft resolution was approved.²

The meeting rose at 5.45 p.m.

SEVENTEENTH MEETING

Thursday, 20 May 1965, at 9.30 a.m.

Chairman: Dr A. L MUDALIAR (India)
Later: Professor R. GERIĆ (Yugoslavia)

1. Sixth Report of the Committee

At the invitation of the Chairman, Dr HAPPi (Cameroon), Rapporteur, read out the draft sixth report of the Committee.

Decision: The report was adopted (see page 475).

2. Decisions of the United Nations, the Specialized Agencies and the International Atomic Energy Agency affecting WHO’s Activities (Programme Matters) (continued from the sixteenth meeting, section 2)

Agenda, 2.12

Programme Activities in the Health Aspects of World Population which might be developed by WHO (continued; see pages 359-366)

Dr DE CARVALHO SAMPAIO (Portugal) said that his delegation had studied the Director-General’s report ¹ with great attention and was very pleased with the work already done by the Director-General and the Secretariat.

The increase in population which had occurred between 1950 and 1960 had caused concern to economists, sociologists and public health officers; it was a phenomenon which had to be carefully watched, and an attempt should be made to determine the effect of over-population on the health of humanity. Religious, economic, social and cultural factors were involved in the problem, and a solution could not be provided by an international body such as WHO. It was a matter for individual governments, but the wishes of individuals should be respected. Nevertheless, since the population explosion was largely a result of the effectiveness of the work accomplished by the public health authorities, it was a matter which WHO could not ignore; in other words, if improved public health had created the problem, WHO must


² Transmitted to the Health Assembly in section 6 of the Committee’s sixth report and adopted as resolution WHA18,47.
study it in all its forms so as to be able, on request, to help and advise any Member country. His delegation was therefore prepared to support the twelve-delegation draft resolution (page 359).

Dr Wilson (Jamaica) congratulated the Director-General on his report, which was concise and authoritative.

Commenting on the remarks of previous speakers, he recalled that the delegate of Ireland had objected to the report on the grounds that it indicated that the Director-General would be advising countries and in so doing might be interfering with, or influencing, their internal policies; he had raised a similar objection to the twelve-delegation draft resolution. The delegate of Ireland had, however, omitted to draw attention to the words "on request". The report made it clear that advice would only be given on request, and similar phraseology had been used in the draft resolution. The implication of the sentences was completely altered by the insertion of those words. WHO could not be accused of interfering in a country's policy if that country had requested advice. In his opinion it was the duty of WHO to help, if requested, in matters appertaining to health, provided it had the ability and facilities to do so.

He had no real objection to the six-delegation draft resolution (page 360), but it did not seem to take the matter any further, and in the meantime in certain countries the gap between the jobs available and the people waiting for them continued to grow. It had been argued that scientific evidence was not available to give all the information required. He suggested that medicine was not a science: it had scientific applications and might even be regarded as an applied science, but it was not a pure science. Many persons would have died unnecessarily if the use of penicillin had been delayed until all scientific information on it had been obtained. It was not necessary to wait for absolute scientific evidence on all aspects of medicine. All that was necessary was to be sure beyond reasonable doubt that the right thing was being done. He suggested that family planning could be proceeded with on that basis.

The Government of Jamaica had been considering the question of family planning for many years. In the nineteen-fifties, a committee had been set up to study the question. It had been composed of trained socio-economists, doctors, nurses, welfare workers and sociologists and been headed by the present Professor of Sociology at Cornell University. It had studied all the social problems involved and had brought to the Government's attention certain facts not previously appreciated. The Government had decided, rightly, to try first other methods for improving the situation. The resources of the country had been developed and Jamaica's national product had increased by nearly 300 per cent. over a period of ten or twelve years. The bauxite and other industries had been developed. Despite those efforts, the gap between available jobs and the people waiting for them had widened, and the Government had been forced to consider other ideas. It had been encouraged in that respect by a resolution unanimously adopted in 1962 at a conference in the Caribbean area sponsored by the United Nations and the Pan American Health Organization. That resolution had stated that family planning had to be regarded as an element in socio-economic development. In 1963, therefore, the Government had started some pilot projects on family planning. It knew that there were many persons who wanted advice but who did not know where to get it. A start had been made with the various pills, injections and orthodox methods and, more recently, intra-uterine devices had been used. The project had been undertaken to confirm that no obvious contra-indications were likely to arise in Jamaica. A clinic for intra-uterine devices, staffed by fully trained gynaecologists, had been opened in a gynaecological and obstetrical hospital. All the women helped were volunteers and already mothers. The pilot project had been continued for some months and when it was concluded the clinic was receiving more requests for help than it could meet. At that stage the Government had made an official statement of policy to the effect that it would make available, through the medical profession, to those mothers who desired it, facilities for planning their families, bearing in mind their cultural and religious convictions. That policy was currently being followed in Jamaica. The Government had received help from the United States and could apply to the United Kingdom for technical assistance. He felt that in the matter under discussion, countries should think not only of their own situation, but should recognize that other countries might require assistance.

In supporting the very mild twelve-delegation draft resolution, he appealed to delegates not to prevent the Director-General from giving advice to those countries which requested it, provided the advice appertained to health.

Dr Al-Wahbi (Iraq) recalled that the question under discussion had been raised about fourteen years previously, when the delegate of India had produced a draft resolution similar to those now before the Committee; it had also been referred to by the delegate of the United Arab Republic at the 1958 meeting of Sub-Committee A of the Eastern Mediterranean Region. In the opinion of his delegation, it was high
time for the Organization to take a decision on the matter; caution was, however, essential.

There were three points to be taken into consideration. Firstly, the health aspects of population and family planning came within the competence of WHO; the question was a complex one including economic, social, cultural and health factors and WHO should play its part in so far as health was concerned. Secondly, according to accepted procedures and under the Constitution, the Director-General was bound to give advice when requested. Thirdly, his delegation felt that the Organization should make it clear that birth control was not its decided, declared or recommended policy. If those points were taken into consideration, his delegation would be able to vote in favour of the two joint draft resolutions; he suggested that the two should be combined.

Professor Canaperia (Italy) congratulated the Director-General on his excellent, complete and objective report and on the work done by him and his collaborators.

Referring to the future programme (part III of the report), he said that the Italian delegation fully agreed with the parts of that programme, under which WHO would be concerned with research and studies on human reproduction in the widest sense. It noted with pleasure that studies would be made on the medical aspects of sterility and its relief, on the health aspects of population dynamics, and on the medical aspects of fertility control. The question of birth control was very important and should be studied objectively. Methods of contraception, their means of application, their functioning and their long-term effects should be objectively studied from the medical, biological and psychological points of view. In the opinion of his delegation, the World Health Organization was best placed to undertake studies of that nature.

His delegation had certain reservations on the last part of the programme, which related to the advisory services envisaged. It understood advisory services to include not only the provision of technical advice but also field work, and was slightly worried by that. It agreed that WHO should be able to give a government which requested it technical advice on the medical aspects of methods which that government wanted to adopt. In giving such advice, however, WHO should not become involved in any decision on a given population policy. WHO should not engage in operational-type activities in the matter of birth control. His Government would be placed in a difficult position vis-à-vis public opinion if the Organization were to engage in active technical assistance work, using methods or procedures which in Italy might not appear morally and legally acceptable.

He congratulated the twelve delegations on the draft resolution they had sponsored (page 359) with which he could to a large extent associate himself. He accepted the preamble as drafted. With regard to the operative paragraphs, he suggested that paragraph 1 should be amended to read:

1. Considers that the provision of information and services on the medical aspects of human reproduction should be the responsibility of health authorities in those countries which consider the adoption of certain measures in that field appropriate to the circumstances of their countries.

The amendment did not seem to change the scope of the paragraph. He had no objections to paragraph 2. He suggested, however, that the words "advisory services" be deleted from paragraph 3, and that paragraph 4 be amended to read:

4. Requests the Director-General to study the nature and forms of technical advice on the medical aspects of human reproduction that could usefully be given by WHO to countries requesting such advice and to report to a future World Health Assembly.

Paragraph 5 could be left unchanged.

His delegation was, on the whole, in complete agreement with the six-delegation draft resolution (page 360). He requested the sponsoring delegations, however, to consider certain small amendments he wished to suggest to the operative part of the resolution. He proposed that paragraph 3 be deleted. In his opinion, ministries of health and national and regional health institutions could not collaborate in developing the programme. He suggested also that paragraph 4 be amended to read:

4. Requests the Director-General to study the extent and variety of technical advice on the medical aspects of human reproduction that could usefully be given by WHO to countries requesting such advice, and to report to a future World Health Assembly.

Finally, he proposed that paragraph 5 of the draft resolution should be the same as the paragraph 1 he had suggested for the twelve-delegation draft resolution.

He noted that there was little difference between the two draft resolutions and that the two texts could quite easily be integrated. It might be advisable to form a working group to produce a single text, and his delegation would be happy to serve on such a group.
Dr Evang (Norway) considered that the report by the Director-General and the discussion which had taken place thereon was a milestone in the history of WHO. It had become apparent that the Organization was in a position more clearly to find and define the limited but important place it could occupy in respect of the complex population problem, which had not only health and medical aspects but was also related to economic, social, religious and ethical considerations. The sound practical report submitted by the Director-General rightly restricted the activities of WHO to the health and medical aspects of the matter.

It had now become possible, particularly in view of the generous donation made available by the United States Government, for research to be started in that sphere; it was naturally first of all necessary to establish an inventory of existing knowledge. The investigations already carried out by expert committees were being studied with great interest. At the present time, when an ever-increasing number of countries were finding it necessary to introduce certain steps with a view to providing information on family planning, it was essential to ascertain whether the methods used for family planning were safe; it was accordingly appropriate that WHO should promote research into that particular question.

He commended the statement (in part III, section 3 of the Director-General's report) to the effect that "WHO should be prepared to give advice, on request, to the health administrations of its Members and Associate Members on the medical aspects and treatment of sterility and the medical aspects of family planning". Some apprehensions had been voiced lest WHO should encroach on the freedom of its Member States to decide for themselves how to deal with their own population problems. It was surprising to him that any such doubts could be entertained, since there was no example at any time of WHO ever having tried to press for any particular measure. Action in all spheres was taken only at the specific request of the government concerned. Even if only a very small number of countries desired advice on the subject, WHO should take account of those wishes. That would be in keeping with the spirit of mutual respect for the differing needs of its various Members which prevailed in the Organization.

Stress had been laid on the fact that the individual and the family should have full freedom of decision with regard to family planning, and he would fully endorse that view. There could be no doubt, however, that there should be easy access to information on family planning for those individuals who desired to receive it.

Some delegations and the representative of the Holy See had warned the Committee against over-simplification of the problem. He would fully agree on that point. There was a tendency, for instance, to identify the population problem with the slow economic progress of the developing countries; such oversimplification of that trend, for which insufficient evidence existed, was dangerous and might, moreover, provoke emotional reactions. Some governments tended to feel that a reduction in the birth-rate was necessary to ensure that the ability of the national economy to meet the needs of the population was not exceeded. On the other hand, there were countries with a comparatively low level of economic and social development, which believed that their situation could be improved by an increase of population; that viewpoint should also be respected.

It was interesting to recall that the present striking trends towards a rapid increase in the world's population had begun only some 350 years previously, the more technically advanced countries showing the earlier change. Further, it should be borne in mind that the problem was at present not common to all countries, although there seemed to be little doubt that it would in the long term become a universal problem.

He would also warn against acceptance of the view held by some countries that a reduction in the birth-rate would automatically result if methods of contraception were freely accessible to all at low cost. The way in which the situation had evolved in countries where that was the case did not bear out such an opinion. The essential point at issue was surely motivation. So long as children represented cheap labour, so long as a new generation was a substitute for the provision of old age pensions, and so long as infant mortality remained high, the position was unlikely to improve to any great extent. Motivation could, in fact, only be influenced by improving economic and social standards and reducing infant mortality. During the transitional period, however, there should be easy access to family planning guidance.

With regard to the draft resolutions before the Committee, he expressed regret that the amendments which had been introduced would remove from the proposals one of the Director-General's basic suggestions, namely, to provide advisory services. He would accordingly appeal to the delegate of Italy and to other delegations to respect the desires of some countries to receive advice in that connexion and not to proceed with amendments that would result in postponing such action indefinitely. Only WHO was in a position to build up the necessary knowledge which could bring about a world-wide improvement in the position. The request, expressed in one of the
draft resolutions, that the Director-General co-operate with the United Nations, would mean that WHO would participate in the United Nations World Population Conference to be held in Belgrade in the present year.

Professor PESONEN (Finland) expressed appreciation to the Director-General for the valuable report which he had submitted, which rightly limited the role of WHO to the medical and health aspects of the problem, other United Nations bodies being qualified to study the economic and social factors involved.

He emphasized the many health problems affecting large families and, more particularly, the physical and mental burdens which that situation might place on the mother, with possible adverse results on the whole family. Family planning concerned a serious health problem, and it was with that fact in mind that his delegation had been a sponsor of one of the draft resolutions submitted. Family planning was the right of each human being and could go far towards preventing unnecessary suffering.

Dr HALEVI (Israel) said that, although Israel was experiencing a growth in population due to natural increase and also to immigration, his Government was not in favour of family planning, by such means as health education of the public, as an official programme; it did, however, note the repercussions of that situation.

His delegation had followed the discussions which had taken place with the utmost interest. He expressed his appreciation to the Director-General for his report.

The delegate of Ireland had said that only nine Members of the Organization were faced with pressing population problems. It was, nevertheless, important to bear in mind the fact that those countries represented a very high proportion of the world's population as compared with their actual surface area. Moreover, there were signs that the problem was growing in intensity: the delegate of Brazil, for instance, had said that the population of his country was likely to double in the foreseeable future.

Any steps taken should be gradual, in order not to distort the existing demographic, economic and social patterns, as that would doubtless have unfortunate repercussions from a humanitarian point of view. The problem was one which went beyond national frontiers and in view of that fact his delegation would support the twelve-delegation draft resolution.

Dr EFFENDI RAMADLAN (Indonesia) congratulated the Director-General on his report. The discussion should provide further guidance on the role of WHO in that sphere in the future.

Family planning in the interests of health had been very cautiously introduced in his own country and advice was given only to mothers and to married persons requesting it; all due care had been exercised in order to protect high moral standards. It was clearly necessary to carry out research on the various health aspects of world population already referred to, including the various methods of contraception available.

The population problem existed in Indonesia only with respect to the island of Java, and the possibility of transferring some of the population of that island to the other islands was being studied.

He agreed with the criterion that it was for the individual governments to decide whether action was needed in respect of family planning. His own government had taken an affirmative decision solely in the interests of the mother and child. Consequently, research by WHO into all the broad connected fields would be greatly appreciated.

He supported the draft resolutions submitted and expressed the hope that it might be possible to incorporate them into a single resolution.

Dr LISICYN (Union of Soviet Socialist Republics) noted that the Director-General's report emphasized the fact that general progress, developments in medical research and improvements in public health administration had accelerated the rate of growth of the world population and had thus given rise to a number of problems in many different spheres. Those problems were exceedingly complex in character, as had been brought out by the delegate of Norway.

A study of the patterns of demographic growth showed, on the one hand, a group of economically developed countries with a low birth-rate matched by a low death-rate and infant mortality rate, producing a low natural increase in the population and a high average expectation of life; those countries were affected by certain distinct types of disease—degenerative and cardiovascular diseases, cancer, nervous and mental affections, certain neuro-endocrine disorders, etc. On the other hand were the developing countries, with a high birth-rate matched by a mortality rate that had been considerably reduced in recent years, giving a rapid growth of population; in those countries the communicable and parasitic diseases were still preponderant. There was also a third group of countries showing intermediate characteristics. The factors determining those patterns were not any immanent laws of reproduction, as the philosophers would call them, but—as Dr Evang had clearly brought out—economic, social and cultural
measures. Public health measures played a part, though a far from decisive one: the history of the demographic process and of changes in the pattern of disease was the result of a combination of social and economic phenomena.

WHO must, of course, define its attitude to the population problem. At the same time, it should be realized that no single specialized agency was competent to discuss specific aspects of the population policy of the different governments, which was an internal matter for each State. Nevertheless, WHO would be failing in its responsibilities if it failed to give an assessment, from the health point of view, of particular demographic situations. In particular, it was essential to emphasize that the considerable birth-rate in certain countries was accompanied by a death-rate that was still relatively high; that was particularly true of the infant and maternal death-rate, where it was to a great extent the result of early marriage and frequent childbearing.

WHO must therefore intensify its work in maternal and child health, as the delegate of Indonesia had convincingly pleaded. In that connexion, special importance attached to propaganda for the idea of conscious motherhood, and there health education—one of the mainsprings of WHO activity—could play a positive role. WHO should also make a thorough study of the effect of diet, housing conditions and other factors on the health and reproduction of the population. And, as was already being done to some extent, it should study relevant aspects of physiology, obstetrics, and maternal and child health. It was not however within the competence of WHO to discuss such aspects of the problem as the production and distribution of food, development of educational systems, etc.

Commenting on the draft resolutions before the Committee, he urged the utmost caution in defining its attitude, bearing in mind the complexity of the problem. He expressed some misgivings in connexion with the statement made in the six-delegation draft resolution, third paragraph of the preamble, to the effect that population growth was one of the factors affecting economic growth. It seemed to him that the opposite was the case. Moreover, in the operative part, WHO should not "request" but merely "recommend" that certain measures of a medical nature affecting the population problem should be taken; such measures could only make sense as part of general recommendations of a social and economic nature—and the latter were the prerogative not of WHO, but of the Economic and Social Council.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) believed that the matter had been subjected to a most thorough consideration; the delegate of Norway had made a particularly lucid survey of the situation. The time had therefore come to decide whether WHO should respond to the request for help which had been made to it.

It was, in his view, essential that any decision on family planning should rest with the individuals concerned. However, while they should be free to decide on that issue for themselves, they should undoubtedly be free to obtain adequate and qualified medical advice if they wished to do so. In considering the matter as a whole, the grave problem which family planning presented to the individual should be taken into account, as well as the more global aspect of population growth. He felt strongly that WHO should be in a position to meet specific requests from governments that wished to avail themselves of such services. He believed that the paragraph in the Director-General’s report relating to advisory services admirably summed up the situation.

He would support the twelve-delegation draft resolution, of which his delegation was one of the co-sponsors. While it might be possible to modify the wording slightly in order to meet the wishes of some delegations, he hoped that there would be no amendment which would exclude operative paragraph 4.

Dr Fişek (Turkey) expressed his delegation’s appreciation of the Director-General’s report. His Government was very interested in the studies of population problems and in the use of family planning to improve child and maternal health and had recently reversed Turkey’s traditional policy of prohibiting birth control, by passing an Act of Parliament based on the principles: (1) that decision about having a child or not is an individual right; (2) that the Government might advise families to consider a balance between the size of the family and their income; (3) that several methods of contraception should be made available to the public; and (4) that abortion and sterilization should be illegal, except on medical advice.

Turkey’s unusually high infant mortality rate, which exceeded the average for Asia and the Middle East, would very probably be reduced as a result of the introduction of family planning. The appalling number of abortions every year—estimated at 500 000, with 10 000 resultant maternal deaths—had been brought about by the prohibition of family planning, and the new measures were therefore bound to improve the health of mothers.

His delegation believed that population policy was a national matter and that the function of inter-
between economic production and reproduction, and view the duty of the State with regard to family questions of birth control alone.

Population problems.

Discussions, with a possible world.

For the Director-General to act as doctor to the standing that the real objective was to make it possible the draft resolutions under discussion, on the under-

was sought.

Point would be made clear in whatever resolution decision himself. He wished to stress one fundamental principle: that whatever approach solve a very complex problem. He wished to stress sincere determination of the delegations to face and had been impressed during the debate by the obviously parents to determine the number of children in the family was unquestioned, and guidance was available from private organizations whose efforts were encouraged by the Government. He agreed, however, that WHO should give advice to countries which requested it and he would support the twelve-delegation draft resolution.

Dr Sow (Mali) paid tribute to the Director-General on the depth and comprehensiveness of the studies on human reproduction and population dynamics summarized in his report. His delegation was prepared to support either of the draft resolutions under discussion, provided some minor amendments could be made. The paragraphs which his delegation found difficulty in accepting were operative paragraph 5 of the six-delegation draft resolution and operative paragraph 4 of the twelve-delegation resolution. Moreover, his delegation was opposed to direct intervention by WHO in the dissemination of family planning policies, believing that decisions on matters of that nature should be made at national level.

Dr Watt (United States of America) said that he had been impressed during the debate by the obviously sincere determination of the delegations to face and solve a very complex problem. He wished to stress one fundamental principle: that whatever approach was adopted to the problems of family planning, it was the inviolable right of the individual to make the decision himself. He felt sure, however, that that point would be made clear in whatever resolution was adopted.

The Director-General had on one occasion been described as "doctor to the world"; like every medical adviser, he should be free to give advice whenever it was sought. His delegation was prepared to support the draft resolutions under discussion, on the understanding that the real objective was to make it possible for the Director-General to act as doctor to the world.

Dr Martínez Junco (Cuba) said that it was impossible to deal adequately, in the Committee's discussions, with a subject so complex as world population problems. Family planning was not a question of birth control alone. In his country's view the duty of the State with regard to family planning was to establish a proper relationship between economic production and reproduction, and to keep the public fully informed of its policies so that each family might freely reach its own decision, based on a proper understanding of the general plan covering housing, wages, employment, nutrition etc. Family planning was a matter of political concern of governments: WHO should confine itself to advising on the health aspects of increase in population.

Dr Habernoll (Federal Republic of Germany) agreed with the views expressed by the Italian delegation. His delegation was prepared to vote for an amended draft resolution combining the two proposals under discussion.

Dr Rijkels (Netherlands) commended the Director-General on his report on problems of world population growth. It was essential that the Organization should continue to study those problems. His delegation believed that population policy was the responsibility of individual countries. In his country, the right of parents to determine the number of children in the family was unquestioned, and guidance was available from private organizations whose efforts were encouraged by the Government. He agreed, however, that WHO should give advice to countries which requested it and he would support the twelve-delegation draft resolution.

Dr Dabu (Philippines) commended the Director-General on his excellent report. He observed that the two draft resolutions under discussion exemplified the divergent opinions which existed on methods of dealing with the population explosion, since the purport of one draft resolution was that WHO should give technical advice on family planning methods in the near future, while the other expressed the wish that the possibility of so doing should receive further study. In view of the controversy about the role of WHO, it might perhaps be advisable for the Organization to take a conservative attitude, particularly since the side-effects of some methods of contraception did not seem to have been adequately studied. He would support the six-delegation draft resolution.

Dr Hsu (China) paid tribute to the research work that had been done by WHO in the field of human reproduction and thanked the Director-General for his presentation of comprehensive and appropriate future programmes for the Organization. He associated himself with the many delegations who had spoken in favour of the twelve-delegation draft resolution. While realizing that the current rate of population growth endangered the standard of living of the population, his Government believed that it was the right of the individual to decide the size of his family. The implementation of family planning programmes
was accordingly not part of his Government's national policy, which was confined to research on fertility and population dynamics and to health education. In pursuance of that policy, the Government had established the Taiwan Population Studies Centre. Thanks to such voluntary efforts, family planning advice had been made available to about 5 per cent. of women in the appropriate age-groups during 1964 and it was expected that the figure would rise to 12 per cent. in the current year. His Government supported active WHO participation in population programmes and he hoped that a draft resolution to that effect would be adopted by the Health Assembly.

The Chairman announced the suggested composition of a working party which would endeavour to draw up a draft resolution acceptable to all delegations. If the Committee agreed, the Working Party would be composed of the delegates of: Brazil, China, India, Iran, Iraq, Italy, Mali, Philippines, Sweden, Turkey, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the Union of Soviet Socialist Republics. If the Committee agreed to the proposed composition, the meeting could be adjourned to enable the Working Party to proceed with the drafting of the proposed resolution and would be resumed at 12.30 p.m.

It was so agreed.

Sir George Godber (United Kingdom of Great Britain and Northern Ireland) said that, as the Committee might not have another opportunity of thanking the Chairman before his departure, he would like to express the gratitude of all the delegations to a chairman for whom all of them felt such respect and affection. Many delegates would remember the manner in which the Chairman had handled the difficult sessions of the Fourteenth World Health Assembly as President. He had shown equal skill in so conducting the meetings of the Committee on Programme and Budget as to have made it possible, for the first time, to dispense with evening meetings.

The Chairman said that he was extremely grateful for the remarks which had been made and for the manner in which they had been received. He had had some trepidation about his duties as Chairman of the Committee but, in the event, he had enjoyed listening to the debates and had benefited a great deal from the informative speeches of his fellow delegates. He could recall a Health Assembly when the budget of the Director-General had been out-voted and another occasion when it was adopted by only a few votes; he was therefore happy to congratulate the Director-General on the charm which had induced the delegates to adopt his current budget proposals unanimously. He expressed his thanks to all those who had helped him to carry out his duties and in particular to the Vice-Chairman, the Rapporteurs, the Secretariat, the Assistant Directors-General, and the interpreters.

The World Health Organization was fighting a battle and the Member States were bound by the Constitution to continue the battle. He hoped that the successes already achieved would encourage them to carry on the good fight. He had worked for many international organizations but WHO was his first and best love.

The meeting was adjourned at 11.45 a.m. and resumed at 12.30 p.m., under the chairmanship of Professor Gerić (Yugoslavia).

The Chairman announced that the Working Party had been unable to produce an agreed draft resolution and the Committee would accordingly resume its work on the following day.

The meeting rose at 12.35 p.m.

EIGHTEENTH MEETING

Friday, 21 May 1965, at 9.10 a.m.

Chairman: Professor R. Gerić (Yugoslavia)


Programme Activities in the Health Aspects of World Population which might be developed by WHO (continued)
expressed in the Committee. He introduced the following draft resolution proposed by the Working Party:

The Eighteenth World Health Assembly,

Having considered the report of the Director-General on programme activities in the health aspects of world population which might be developed by WHO;

Bearing in mind Article 2(l) of the Constitution which reads: "In order to achieve its objective, the functions of the Organization shall be... to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment";

Noting resolution 1048 (XXXVII) adopted by the Economic and Social Council at its thirty-seventh session, in August 1964;

Believing that demographic problems require the consideration of economic, social, cultural, psychological and health factors in their proper perspective;

Noting that the United Nations Population Commission at its thirteenth session, in April 1965, attached high priority to the research and other activities in the field of fertility;

Considering that the changes in the size and structure of the population have repercussions on health conditions;

Recognizing that problems of human reproduction involve the family unit as well as society as a whole, and that the size of the family should be the free choice of each individual family;

Bearing in mind that it is a matter for national administrations to decide whether and to what extent they should support the provision of information and services to their people on the health aspects of human reproduction;

Accepting that it is not the responsibility of WHO to endorse or promote any particular population policy; and

Noting that the scientific knowledge with regard to the biology of human reproduction and the medical aspects of fertility is insufficient,

1. APPROVES the report of the Director-General on Programme Activities in the Health Aspects of World Population which might be developed by WHO;

2. REQUESTS the Director-General to develop further the programme proposed:

(a) in the fields of reference services, studies on medical aspects of sterility and fertility control methods and health aspects of population dynamics; and

(b) in the field of advisory services as outlined in Part III, paragraph 3 of his report, on the understanding that such services are related, within the responsibilities of WHO, to technical advice on the health aspects of human reproduction and should not involve operational activities; and

3. REQUESTS the Director-General to report to the Nineteenth World Health Assembly on the programme of WHO in the field of human reproduction.

The Working Party, composed of the delegations of Brazil, Chile, India, Iran, Iraq, Italy, Mali, Philippines, Sweden, Turkey, the United Kingdom of Great Britain and Northern Ireland, the United States of America, and the Union of Soviet Socialist Republics, had met the previous day and not only had had protracted discussions, but had also entered into informal consultations with other delegations so that a consensus could be reached after a free discussion of the subject. Indeed, on a matter of that magnitude, it should be realized that it would be possible for an organization such as WHO to prepare and maintain a programme only if such a consensus did exist. Accordingly, while the draft resolution might not completely meet the wishes of each individual delegation, it did satisfactorily state the Organization's intention to play a role and to assume the leadership for which it was fitted in that complex and important sphere.

The preamble sought to reflect the historic decision which WHO was making and defined areas of responsibility; it had been emphasized that it was for governments to decide on their own policy in recognition of the freedom of choice of the individual and the family. The operative portion recognized the work done so far by WHO and expressed satisfaction with those achievements, as well as then referring to the broad future scope of action before the Organization, which should approach it in a circumspect and dedicated manner with all available resources. The draft resolution also provided for the possibility of reviewing WHO action and making such adjustments as would appear necessary in the coming year.

The Working Party urged the Committee to adopt the draft resolution before it.

**Decision:** The draft resolution was approved without comment.²

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² Transmitted to the Health Assembly in the Committee's seventh report, and adopted as resolution WHA18.49.
The CHAIRMAN thanked the Chairman and the members of the Working Party for the valuable and arduous task they had accomplished.

2. Seventh Report of the Committee

Dr HAPPI (Cameroon), Rapporteur, read out the draft seventh report of the Committee on Programme and Budget.

*Decision:* The report was adopted (see page 475).

The CHAIRMAN congratulated the members of the Committee on the excellent work they had accomplished and thanked them for making it possible for the Committee's work to be carried out in a spirit of harmony and co-operation. He expressed his gratitude to the Director-General and Secretariat for their valuable assistance to the Committee.

*The meeting rose at 9.45 a.m.*
COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST MEETING

Thursday, 6 May 1965, at 2.30 p.m.

Chairman: Professor R. Vannugli (Italy)

1. Opening Remarks by the Chairman

The Chairman expressed appreciation of the honour done to his country, his delegation and himself, by his election to the chairmanship of the Committee. Having long been a member of the Committee, he was well aware of the difficulties of the task facing him, but hoped that, with the support and co-operation of all members and of the Secretariat, he would be able to carry through the work to a satisfactory conclusion.

The terms of reference of the main committees of the Health Assembly were set out in resolution WHA15.1, operative paragraphs (2), (3) and (4) of which were of particular concern to the Committee. In accordance with Rule 80 of the Rules of Procedure of the Health Assembly, the business of the Committee would be conducted as far as practicable in accordance with the rules relative to the conduct of business and voting in plenary meetings (Rules 49-79).

2. Election of Vice-Chairman and Rapporteur

Agenda, 3.1

The Chairman read out Rule 36 of the Rules of Procedure of the Health Assembly concerning the election of a vice-chairman and rapporteur. The Committee on Nominations, in its third report (see page 474), had proposed Mr Y. Saito (Japan) as Vice-Chairman.

Decision: Mr Saito was elected Vice-Chairman by acclamation.

The Chairman said that the nominee of the Committee on Nominations for the office of Rapporteur was Mr J. de Coninck (Belgium).

Decision: Mr de Coninck was elected Rapporteur by acclamation.

3. Organization of Work

The Chairman stated that Dr J. Amouzegar would be representing the Executive Board at meetings of the Committee, in accordance with Rules 43 and 44 of the Rules of Procedure of the Health Assembly.

He proposed that the Committee should take up first the items on its agenda that had to be dealt with before the Committee on Programme and Budget could begin its consideration of items 2.2.1 and 2.2.2—Examination of the main features of the programme, and recommendation of the budgetary ceiling.

Item 3.12.4—Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution—could not be considered before Tuesday, 11 May 1965, in view of the recommendation made in the third report of the Ad Hoc Committee of the Executive Board which had discussed the matter at its meeting on 3 May. Consideration of item 3.12.4 should therefore be deferred until after that date.

It was so agreed.

4. Consideration of the Establishment of a Legal Sub-Committee

Agenda, 3.2

The Chairman suggested that it was not necessary to establish a Legal Sub-Committee immediately, since the substance of the agenda items should be discussed in the full Committee. If, as the work progressed, the legal aspects of any subject required special examination, he would propose the establishment of an ad hoc working party for that purpose.

It was so agreed.

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5. Review of the Financial Position of the Organization

Agenda, 3.12

The CHAIRMAN invited Mr Siegel to introduce the item.

Mr SIEGEL, Assistant Director-General, Secretary, made a statement on behalf of the Director-General on the financial position of the Organization.

The CHAIRMAN thanked the Secretary for his interesting statement, which provided abundant food for thought prior to taking up the work of the Committee. It had been the practice in the past for the Secretary's statement to be circulated as a document and appended to the minutes of the meeting. He assumed the Committee would wish to follow precedent.

It was so agreed (see Appendix below.)

The meeting rose at 3.20 p.m.

Appendix

STATEMENT BY Mr M. P. SIEGEL, ASSISTANT DIRECTOR-GENERAL

Mr Chairman, over the years it has been the responsibility of this committee to review the financial position of the Organization, as well as to examine, interpret and direct the managerial and administrative development of the Organization. The Director-General has asked me to remind you that he and his staff welcome the annual opportunity to receive your comments and your criticisms of our past performance and, even more important, your guidance for the future. The World Health Organization is, and can be, only as strong as the support it receives from the States which make up its membership; your critical review of our activities is essential if the Organization is to continue to grow in its ability to help governments of Members to meet the health needs of the peoples of the world.

Everyone welcomes the fact that, since the Seventeenth World Health Assembly, three of the four newly admitted Associate Members—Malawi (the former Nyasaland), Malta and Zambia (the former Northern Rhodesia)—attained independence. After their admission to membership of the United Nations, they became Members of WHO by depositing with the Secretary-General formal instruments of acceptance of the WHO Constitution. Zanzibar, which had become a Member of WHO in February 1964, united with Tanganyika, the name of the new State being changed to the United Republic of Tanzania in October 1964. WHO has now 121 full Members and three Associate Members; it is a continuing cause for regret that two Members continue not to participate actively in the work of the Organization.

The Director-General is glad to be able to report, as in so many of these annual statements made on his behalf, that the financial position of the Organization continues to be sound. The collection of contributions as at 31 December 1964 was 96.64 per cent. of the total assessments on active Members for the year, which is second only to the collection rate of 97.08 per cent. which we reached for 1957 at the end of that year. The corresponding percentages for 1962 and 1963 were 94.2 and 87.32 per cent. respectively. However, as at 30 April 1965 nineteen Members were in arrears for part or all of 1964, and five of these were also in arrears for one or more prior years. The financial soundness of the Organization rests on the regular budget, and to maintain it all Members should do everything possible to pay their contributions in good time.

Briefly, payments amounting to $327,574, relating to arrears for 1964 and prior years, were received during the period 1 January to 30 April 1965, so that as at this latter date 97.45 per cent. of the assessments on active Members relating to 1964 had been collected. On 30 April 1965 the total arrears of contributions from active Members was $1,179,480. The corresponding figure at 30 April 1964 was $979,569. The budget performance for 1964 may be summarized as follows: $33,869,165, or 98.05 per cent. of the effective working budget, was utilized, leaving an unused budget balance of $673,585, or 1.95 per cent. As only 96.64 per cent. of the contributions for 1964 was collected, there was a cash deficit of $350,569. Contributions received to 30 April 1965 have covered $261,244 of this sum, leaving a balance of $89,325 remaining to be covered.

Obligations in 1964 from other sources of funds available to the Organization were as follows: from the Expanded Programme of Technical Assistance, some $8.4 million, not including the subvention to the regular budget of $757,000 for administrative and operational services costs; from the Special Accounts
of the Voluntary Fund for Health Promotion, about $1.6 million (exclusive of the $5 363 000 transferred from the regular budget to the Malaria Eradication Special Account). Approximately $2.2 million was disbursed for the health programme in the Democratic Republic of the Congo against reimbursement by the United Nations, and $907 000 for other reimbursable activities. In addition, $565 000 was obligated for projects financed from the United Nations Special Fund, and approximately $56 000 from the Revolving Sales Fund.

In total, therefore, the World Health Organization in 1964 financed, from the various sources of funds directly under its administration, activities costing some $47.6 million, not including the Headquarters Building Fund. It may be of interest to mention that administrative services costs in that year were less than $2.6 million, or 5.38 per cent. of the total funds directly administered by WHO. The Pan American Health Organization—regional organization for the Americas—obligated some $6.25 million from its regular budget and $4.5 million from other funds available directly to it. In sum, therefore, the World Health Organization carried out activities financed from funds administered directly or indirectly by the Organization at a total cost of $58.4 million.

Members of the Committee will have noted that the Executive Board and its Ad Hoc Committee, which has just met, have recommended supplementary estimates for 1965 in the amount of $1 147 000, and that the supplementary estimates be financed from casual income. The Committee will be pleased to know that it will not be necessary to make additional 1965 assessments on Members to finance the supplementary estimates for 1965.

The Executive Board has recommended changes in the composition and the level of the Working Capital Fund, designed to overcome the problems which we and the External Auditor have called to the attention of earlier Health Assemblies. Details of these recommendations will be before the Committee when it considers agenda item 3.13.1.

The problem of the additional financing for the headquarters building, to which reference was made last year, seems to have been solved—a matter which this committee will be considering under item 3.14 of its agenda.

The World Health Organization has been seeking to foster the interest of non-governmental sources in and encourage their contributions to international health work; following studies of the feasibility of private fund-raising made in the United States of America and Canada, a foundation entitled the World Health Foundation of the United States of America was incorporated in the State of New York on 1 Sep-

tember 1964. The purpose of the World Health Foundation in the United States of America is to advance the fundamental objective of the World Health Organization: the attainment by all peoples of the world of the highest possible level of health.

Arrangements are also being actively pursued to incorporate similar foundations in the United Kingdom and in Switzerland. In the case of the United Kingdom foundation, government consent has been obtained and a number of distinguished personalities have agreed to act as original signatories to the memorandum of association. It is hoped, therefore, that this foundation will come into formal existence in the very near future.

It is planned to extend these arrangements to other countries as soon as practicable. Contributions may be made to any established world health foundation for the purpose of carrying out health activities in any region of the World Health Organization, including, of course, the Pan American Health Organization—regional organization for the Americas. Hopefully, considerable progress in the establishment of additional national world health foundations as well as in contributions and even the early beginnings of endowments can be reported in the next few years.

No statement relating to the assets of the Organization would be complete without reference to our staff, because the most important resource of any organization is its people. In the final analysis the skills, capabilities, devotion to duty, loyalty and imagination of the staff identify the Organization in relation to other organizations. Lord Beaverbrook has said that an organization of people is the only mechanism known to man from which the output can be greater than the input; the sum total of their individual contributions, efforts, motivations and aspirations becomes, in the aggregate, an increased quantity. If the Committee finds reason to be satisfied with the administrative and financial aspects of the work of the Organization, it is thanks only to the continued efforts of our staff who, in the performance of their unglamorous daily tasks, contribute so much to our work.

As the Committee is well aware, WHO has for many years been devoting attention to the twin tasks of recruiting staff of the quality required in all facets of our work and to further development of the staff already on duty.

Steps taken by headquarters further to develop recruitment sources have begun to bear fruit. Missions which were sent to four of the countries from which recruitment needed to be enlarged have brought back some suitable candidatures. The new procedures in
force since 1963 in an attempt to cut down delays in recruitment have brought some improvement.

The in-service training of staff has been further developed during the past year. Thirty-one senior regional advisers and WHO representatives attended specialized courses organized for them at headquarters. These courses, which not only give senior field officials of the Organization the opportunity to develop a better understanding of their functions but also provide for a useful exchange of experience among themselves and with headquarters staff, are considered as an important factor in staff development. It is expected that they will be continued in future.

Work on the new headquarters building has been progressing very satisfactorily during the past year. The main building is now enclosed and the interior finishing is in progress. According to the present schedule, the building should be completed by the end of this year. If there are any delegates who would like to make a visit to the building, they have only to let us know; we should be very pleased to arrange such a visit.

The growing size and complexity of WHO activities create an increasing demand for assistance by our management staff in the development and improvement of our administrative machinery. As usual, the management work has covered not only headquarters activities but also those in the regions, and in a number of WHO representatives' offices.

Management and other staff devoted considerable time to the analysis of data and to the drafting of papers for the consideration of the Executive Board in its organizational study on the planning and execution of projects. As you are aware, the study has been completed by the Board and is on the agenda of this World Health Assembly.

The Executive Board study has clearly demonstrated the need for realism in the development of requests for assistance from WHO. This need is particularly apparent in the administrative aspects of the projects: in the need for the governments to consider the financial implications for themselves of their requests; the relationship of requests for assistance to their own budget cycles; the availability of their staff to serve as counterparts to internationally provided staff; and, in general, the administrative structure and the organizational tools which would be needed to carry out the requested projects effectively.

The study has also highlighted the problems which the Organization continues to encounter in recruiting qualified project staff. As has been suggested in the past, governments could contribute greatly to the solution of the problem if they were to find it possible to make their nationals available for service with WHO, either on a short-term or long-term basis.

You will recall that in my statement last year I reported the successful introduction of our mechanization programme. A further step of fundamental importance has been taken since the last Health Assembly. We have completed a detailed feasibility study of an extended use of modern electronic data processing methods in WHO. This study clearly indicated that WHO should have its own electronic computer, based on the work which is now identified for such application. A computer with a high degree of expandability and versatility was selected, and is to be installed about the middle of next year in our new building. The main need for the computer is for a number of uses in our expanding programme activities, but we are planning for its use also in administrative work, such as budget, personnel records, accounts, payroll and inventory management. There are already indications that additional activities, both programme and administrative, will benefit from using the computer.

I think it is clear that there are momentous changes ahead in the way we approach our tasks and in the capacity of the Organization to respond to the needs of its Members. More and more the different disciplines are interacting in the effort to find new solutions to old problems. One example of such interaction is the concept of a mathematical biology that, in the words of Dr Nicolas Rashevshky, “would stand in the same relationship to experimental biology as mathematical physics stands to experimental physics. This mathematical biology would deal not merely with a statistical analysis of empirical data, but would develop systematically mathematical theory related to biological phenomena…”.

The need for applying mathematical skills and technology to biomedical and health problems has been recorded by the Director-General in the introduction to his Report on the work of WHO in 1964. What has been called “the computer-age” seems tailor-made to the development of this concept.

Change that once evolved over decades or even centuries now often takes place in a few years. As a result of the great advances of technology in many fields, this is an age of rapidly changing concepts and it is our duty and endeavour to apply these advances, as practicable, to every activity of the Organization. Not to do so spells decadence and stagnation; to do so spells dynamism and progress. We must be constantly alert to the factors of growth, the impacts of technology, the effects of change on human resources and organization structure, and the possible transformation of the established order.
To turn now to our relationships with the other organizations in the United Nations system. A great deal is sometimes said in a number of forums about co-ordination, and especially about the lack of it, in regard to the programming, conference scheduling, or conditions of service of staff. It is perhaps useful to mention some other areas of co-ordination about which one hears little but which in total have a profound effect on the functioning of the international organizations. These are the areas of quiet day-to-day co-operation on the essentials of daily administrative life.

For example, the organizations with headquarters in Geneva operate a joint purchasing service through which they pool their requirements for paper and office supplies, thus achieving a measure of standardization and important financial savings each year. Similarly, these organizations share the services and the costs of a single staff medical service under the direction of WHO, providing medical examinations, first aid and inoculations to the staff and rendering medical advice to the organizations. Such a joint service also provides the means of achieving common medical standards among the organizations and services which would be much more expensive on an individual organization basis.

WHO has for years shared a variety of services with the United Nations. Not only has the United Nations, as is well known, provided WHO with meeting rooms, offices and documents services in the Palais, but also, and less well known, is the fact that WHO has on many occasions made available to the United Nations WHO’s committee rooms in the Palais and its portable interpretation equipment and interpretation staff for meetings around the globe.

Last year a new opportunity for working together presented itself when ILO and WHO jointly undertook the operation of a temporary office building of about 250 offices in Petit Saconnex. ILO maintains the building and grounds; WHO provides the transportation link to the Palais and ILO building. The huissiers and telephone operators are provided on a pool arrangement between the two organizations.

When WHO has its own complete services in its new building, its opportunities for exchanging assistance with its sister organizations will be enhanced. I have already informed all other organizations in the United Nations system that, to the extent practicable, WHO would be willing to provide them with computer facilities.

These are but a few examples of dozens which could be cited. They suffice, I think, to make the point that, despite the discussions on shortcomings in co-ordination, there is a solid daily working-together among the secretariats.

On several of these occasions in the past, I have referred to the importance of the United Nations as the forum in which governments debate and try to resolve their political problems. It is tragic that, in this year which the United Nations designated as International Co-operation Year, the General Assembly should have faltered in its progress—"fallen on hard times", as we used to say during the years of the great economic depression. International co-operation within the United Nations system is not a seamless web of activities, each neatly woven into the other. But those of us whose tasks are in the non-political organizations cannot but feel the troubles which have beset the General Assembly. We turn instinctively and even anxiously towards the troubled sector.

We in WHO work behind the political lines, so to speak; we count on the United Nations General Assembly to absorb the friction generated by political debate and to leave us free to work together on the ground of our mutual responsibilities for better health for all. In fact, of course, we could not do our own work if WHO were required to carry, in addition, the burdens of dealing with political dispute.

The strength of WHO lies in its ability to get on with its assigned jobs, in spite of the great and unresolved political issues which divide Member governments. Our hope is that by working together with our sister agencies on the grounds of mutual interest we can demonstrate that international co-operation within the United Nations system is a hardy plant, one from which a durable and peaceful world order may some day be harvested. This hope would be diminished, if not destroyed, if we were to be diverted into trying to assume the burdens of the General Assembly with its central responsibility and concern with the politics of this world.

From this very neutral corner, which is the point of view of those of us who work within the United Nations system of organizations, the Director-General can only express fervent hope that the machinery of the General Assembly will soon be put in motion again. Meanwhile, it is clearly our duty to see that the work goes on; the planning goes on; the hope in international co-operation is sustained in spite of these hard political times. Perhaps in the final analysis it will turn out to have been good that the International Co-operation Year was a testing time, and not simply a time of re-dedication. For we may hope that international co-operation, as is often true of co-operation among the factions that go to make up individual nations, is more strongly forged in hard times than in good times.
SECOND MEETING

Monday, 10 May 1965, at 9.30 a.m.

Chairman: Professor R. Vannugli (Italy)

1. Review of the Financial Position of the Organization (continued)  

The Chairman invited general comments on the introductory statement made by Mr Siegel, the Secretary of the Committee, at the first meeting (see page 378).

Mr Wachob (United States of America) said his delegation had been glad to hear once again that the financial position of the Organization continued to be sound. That happy situation came about by no mere chance, but resulted in large part from the constant efforts of Mr Siegel and his associates to make the best use of available funds. It was also due to their efforts that an almost record collection of assessed contributions had been achieved in 1964. He would like to record his delegation's appreciation of the high quality of the Secretariat's stewardship of the funds made available by Member States, including his own.

Mr Siegel had made reference to the creation of a World Health Foundation in the United States. The United States had experienced the valuable contribution that private foundations could make to the development of health services and to the cause of health improvement generally. His delegation hoped that the new Foundation, together with others to be established elsewhere, would play a similar role in relation to world health. It would follow developments in the matter with interest.

Dr Andriamasy (Madagascar) said that his delegation had listened with great interest to Mr Siegel's clear summary of the position and was glad to hear again that the Organization's financial situation remained sound. The Director-General and Mr Siegel were to be congratulated on their continued—and traditional—good management.

The part played by Member States themselves should not, however, be overlooked. It was a matter for legitimate satisfaction that the contributions for 1964 had been forthcoming in good time and, further, that no additional assessments would be required to meet the supplementary estimates for 1965.

His main comment related to the establishment of world health foundations, with a view to obtaining contributions from the business sector, non-governmental organizations and private individuals in order to increase the funds available for international health work, particularly in the developing countries. As representative of a developing country, he welcomed that development with enthusiasm for the wide benefits it was likely to bring. It would be appropriate, he thought, for the Committee to express in a resolution for submission to the Health Assembly its approval and encouragement of that initiative; he would be willing to prepare a draft resolution for the Committee's consideration.

The Chairman said he was sure the Committee would welcome such a draft resolution, which would undoubtedly elicit general support.

Dr Cayla (France) joined in the congratulations to the Secretary on his excellent statement, which was full of ideas worthy of attention. He might have gone further in his opening paragraph and recognized that the Organization's very existence and its declared objectives were but the expression of the common will of all the Member States and, accordingly, more than mere support was wanted. Indeed, what Member States had to ensure was the continued existence of the Organization and the maintenance of its activity.

The Secretary's statement had gone well beyond its over modest title. In addition to reviewing the financial position of the Organization, he had gone on to outline the action being undertaken to improve the running of the Organization and its administration, in particular in recruitment and training of staff and provision of premises and equipment. In the latter connexion, the concern to keep up with progress was exemplified by the computer to be installed in the new headquarters building. It was a moot point whether the machine would be fully utilized at the outset. In that connexion he noted the loan offer made to other United Nations agencies in Geneva, but hoped that further uses would soon be found within WHO itself. France was ready to support any efforts towards administrative improvement.

Mr De Coninck (Belgium) took the opportunity to express his thanks for the confidence shown in him by his election to the office of Rapporteur.
The greatest gratitude was due to the Secretary for his clear and concise report. One item of information was particularly heartening—namely, that the payment of contributions for 1964 had reached the high total of 96.64 per cent. The other aspects of the financial position were equally encouraging, and the Secretary had been most generous in acknowledging the part played by the whole staff in their unceasing efforts to ensure the smooth running of the Organization from day to day.

Another wise reminder had been given: that in 1965, International Co-operation Year, political issues should be eschewed and attention given exclusively to the Assembly's essential task, the bettering of health throughout the world.

He thanked the delegate of Rwanda for the kind remarks he had made about Belgium in plenary meeting, and also congratulated the Democratic Republic of the Congo on the brilliant results obtained by its second group of assistants médicaux, who had just completed their studies in France by qualifying as doctors of medicine.

Dr Afridi (Pakistan) said it was always a joy to him to hear the annual review of the Organization's financial position. The over-all picture of recent and coming developments, together with the idea given of the basic philosophy underlying policy changes, provided a concrete basis for a realistic appraisal of the work.

He would leave detailed matters for discussion under the various items of the agenda. However, he felt bound to comment on the attractive new developments represented by the move to set up world health foundations throughout the world. All delegations would, he was sure, like to know more about that development, since it was breaking new ground in fund-raising. He hoped that the funds forthcoming would be so utilized as to ensure continuity of programmes and qualitative as well as quantitative extension of the work, with particular reference to the question of supplies and equipment and the provision of specialists to deal with the various health problems that were coming into prominence.

Such an alternative source of funds might be all the more necessary in the years ahead to offset possible loss of income from UNICEF which was showing a tendency to expand its programme in other fields at the expense of health work.

He wished to pay a special tribute to the late Executive Director of UNICEF, Mr Maurice Pate, whose dedicated life should not pass unnoticed in WHO, which had reaped such profuse benefits from his constant efforts for the promotion of human well-being.

Computers often inspired a certain degree of apprehension; perhaps a programme of training in computer techniques might enable the Organization to provide more assistance in that field to developing countries.

Dr Rao (India) said that the review of the Organization's financial position made by the Secretary presented a most encouraging picture and gave assurance that WHO was successfully carrying out its role in bettering the lot of man. As the budget level rose, activities could be expanded, particularly to assist developing countries in health work requiring more financial assistance.

The Director-General was to be congratulated on the initiative he had taken towards the setting up of world health foundations. The scheme had immense possibilities. Those foundations could become an important source of the vitally needed resources for health development programmes, including education and training projects. One aspect of such projects, in particular, might benefit largely—the provision of supplies and equipment for training purposes. Under existing bilateral and multilateral arrangements, there was often great difficulty in obtaining such supplies because of lack of foreign exchange. In that connexion, India was proposing the establishment of a revolving fund for the purpose of assisting Member States to obtain necessary teaching and laboratory equipment for medical education. The value of the proposal was self-evident, since health services and teaching and research institutions could not be run without properly trained staff. A revolving fund of the kind, possibly supplemented by arrangements under the world health foundations, would provide a realistic solution to the problem, and he would ask the Director-General to explore the matter with a view to positive action being taken by the Executive Board and the Health Assembly.

The International Co-operation Year would provide an opportunity for further dynamic progress in health matters. He hoped it would usher in a new era of greater development in the Organization's activities.

Mr Brady (Ireland), on behalf of his Government, welcomed to the Health Assembly the delegations of the three new full Members—Malawi, Malta and Zambia.

It had become a routine in the Health Assembly for the Secretary to put forward for the Committee's consideration a thought-provoking review of the Organization's financial position. Once again he had not failed to do so, and as usual had been able to present a picture of a soundly managed concern. The almost record percentage collection of contributions for the previous year indicated increasing interest in health activities throughout the world and reflected the confidence of Members in the Organiza-
zation's work. The best way for the Organization to maintain that confidence would be for Member States to strive to ensure that it should concentrate on essential health and administration activities and refrain as far as humanly possible from utilizing the Health Assembly as a platform for discussion of unrelated issues of a political nature.

The External Auditor's reports, which would be coming up for later consideration, bore out the optimistic picture delineated by the Secretary and showed that the financial administration of the Organization was in sound hands—a conclusion on which there would be no difference of opinion.

With regard to another item which would be discussed later—supplementary estimates for 1965—he noted that the Organization had, as it were, set into a habit of having supplementary estimates. Very often, the painful process of providing for that additional expenditure was alleviated by the anaesthetic effect of an increase in casual income. However, that policy trend called for close examination. Casual income now amounted to a considerable sum each year, and the time had probably come for transferring at the initial stages of the financial consideration of future programmes larger amounts in relief of the regular budget. It would be desirable to consider increasing the amount above the $500 000-$600 000 that had been transferred in recent years.

There was no doubt that supplementary estimates might become necessary from time to time, but as far as possible they should be avoided. Perhaps on occasion some of the items now included under current supplementary estimates could be deferred for provision in the following year. Annual supplementary estimates tended to mask the real amount of budgetary increases, as such increases were in practice calculated by reference to the revised level of expenditure for the previous year.

The information given about the building of the new headquarters was very encouraging. His experience on the Executive Board's Standing Committee on Headquarters Accommodation had served to give him a clear indication of the calibre and working capacity of the staff associated with that difficult project and an appreciation of the additional work load entailed on them. He could vouch for their reliability and flexibility in reacting quickly to the emergencies that had arisen.

He shared the interest of other delegations in the initiative regarding world health foundations, which appeared to be a promising development. As soon as the three foundations in the course of establishment were all in operation, it would be desirable for further details of the proposed arrangements to be made available to Members, so that they could consider whether something of the same kind might be started in their own countries.

He welcomed the reported reduction in delays in recruitment of staff by the introduction of new procedures. Although it might not always be fruitful, the practice of official approach to governments, for assistance in bringing vacancies to the notice of appropriate personnel in their countries, should also be maintained. Some considerable time had elapsed since his own country had received a list of prospective vacancies from WHO; nor had any advertisements for junior posts, such as appeared in the press of a neighbouring country, been placed lately in Ireland. The Secretariat should ensure that information of the kind be brought to the attention of as wide a public as possible.

Finally, in general, the functional division of work between the two main committees of the Health Assembly did not seem adequately to represent their descriptive names. That was a matter which might be considered by the Executive Board at an early stage. Much of the detailed work on the financial and administrative side had become largely routine as a result of the passing of time and excellent management, and there was an imbalance in the respective workloads of the two committees. The situation deserved investigation. It was noteworthy, in particular, that not all items having important financial implications found their way on to the agenda of the Committee on Administration, Finance and Legal Matters.

In conclusion, he joined in the tribute to the late Executive Director of UNICEF, Mr Maurice Pate.

Dr ALAN (Turkey) said that as usual the Secretary had provided the Committee with a comprehensive but succinct review of the financial position. His delegation was gratified that the position remained sound and was likewise glad to note the very high percentage of contributions collected as at the end of the previous year. He agreed with the previous speaker that that was proof of the confidence of Members in the Organization and in the excellent management of funds.

The continued efforts to improve the functioning of the Organization were greatly appreciated by his delegation. Improved recruitment and in-service training procedures were particularly welcome, as well as the evident desire to benefit from scientific advances, exemplified by the coming introduction of an electronic computer.

Lastly, he endorsed the appeal that the Health Assembly should devote itself exclusively to technical matters designed to improve health throughout the world.
Dr de Saldanha da Gama van Zeller (Portugal) commended the Report of the Director-General on the activities of the Organization in 1964. The more systematic presentation adopted served to give a clearer picture of the work done and of the progress made in the various regions in meeting health needs and strengthening health services.

On the financial side, it was understandable that the greater efforts being deployed each year to expand the Organization's work and to apply the advances of science to the benefit of mankind should call for the provision of greater funds. Although that represented a growing burden on Member States, the Portuguese Government, for its part, was ready to support the budget level proposed for 1966, as a mark of its confidence in and appreciation of WHO's sound financial management.

The Portuguese delegation welcomed the proposal that was before the Health Assembly to set up a world health research centre. Such a centre would have a great contribution to make to the betterment of man's health, and would have every support from Portugal.

Another welcome development was the proposed acquisition of a computer, which would be valuable for both administrative and programme work.

It was gratifying to learn that no additional assessments on Member States would be required to finance the supplementary estimates for 1965.

In conclusion, she commended WHO's uniring efforts to promote effective collaboration with sister agencies and non-governmental organizations. Coordination of work brought benefits out of all proportion to the original endeavour entailed.

It was to be hoped that world-wide international co-operation would serve to resolve the basic problems regarding health and human welfare.

Dr Castillo (Venezuela) said that he, too, was glad to find that WHO continued on a sound financial basis. That was no accident; it was due to the devoted work of the Director-General, Mr Siegel and the staff. Of capital importance in the Secretary's statement was the project to associate non-governmental organizations and persons with the work of WHO. Undoubtedly the World Health Foundation already set up in the United States of America and those in formation in two other countries would be of great benefit and would conduce to better organization of private initiative in the health field. It was an idea that delegates might well take home with them. He therefore supported the suggestion made by the delegation of Madagascar that the Committee should formally support that initiative.

Dr Lisicyn (Union of Soviet Socialist Republics) congratulated the Secretary on his very substantial statement. The satisfactory financial position of the Organization left no room for disquiet, and it was extremely satisfactory that more than 96 per cent. of contributions for 1964 had been collected by the end of that year. That showed that there was no need to trouble about increasing drawings on the Working Capital Fund.

Despite the sound financial position there was a chronic defect. Some governments had not fully paid up their contributions, probably because of the high rate of increase in the budget each year.

The well-thought-out steps taken by the Secretariat to improve administration in the regional offices and at headquarters were to be welcomed, as was the idea to hold regular courses for the staff for the improvement of their qualifications for administrative and managerial work. That project might be carried logically further and courses might be organized at WHO headquarters, in the light of experience, not only for the WHO staff itself but also for officials in the national administrations.

The steps taken to improve administration should be directed not only towards raising efficiency but also towards the discovery of additional resources by the more economical use of those available. In that connexion, the organizational study by the Executive Board had produced a series of concrete proposals for improving the administrative work of the regional offices and, to some extent, of headquarters. More attention should also be given to economizing resources in carrying out certain projects, since the study had clearly shown up defects of administration in some of them.

As always, the philosophical side of the Secretary's statement, and particularly his reference to the concept of a mathematical biology, had been most interesting. The electronic computer which WHO intended to acquire might be used not only for administrative improvement but also as an aid to epidemiological work in connexion with the WHO medical research programme, in view of the need to widen the dissemination of information on scientific research.

Dr Gunaratne (Ceylon) said that his delegation heartily welcomed the Secretary's admirable statement, and was especially glad to note that well over 90 per cent. of contributions had already been collected. There had still been a comparatively small balance of $89,325 remaining to be covered at 30 April 1965; matters would be still further improved in future if at the end of April there were no longer any cash deficit at all.

Like previous speakers, he welcomed the establishment of the World Health Foundation in the United States and the proposal to establish similar institutions
The objective was a worthy one, and developing countries would welcome the assistance of such foundations, especially with regard to training and supplies. His delegation was particularly pleased that Members would not be asked to pay an increased assessment when the foundations came into being.

The continuing good relations with other organizations in the United Nations system were gratifying.

Mr AL-HAJJI (Kuwait) asked the Secretary which were the two Members still not participating actively in the work of the Organization. His delegation noticed that the number of active Members in arrears in the payment of contributions was increasing, and hoped that those States would endeavour to pay their contributions. The financial situation in general, however, was satisfactory.

Mr IGBRUBE (Nigeria) also welcomed the Secretary’s lucid statement and wished to associate himself with previous speakers in commending the World Health Foundation as an example of imaginative thinking which would contribute to the betterment of mankind. His delegation would support any motion expressing approval of existing foundations or recommending the starting of others.

Dr AL-WAHBI (Iraq) said that the Secretary’s statement had been as lucid and concise as usual. He was glad to hear that the financial situation was sound; indeed, it improved from year to year, but the Organization should not allow its gratification to make it careless in the spending of funds. Caution was required, especially with regard to casual income. He entirely agreed with the remarks of the delegate of Ireland regarding supplementary estimates. It might be as well to review the situation to decide how the increasing casual income was to be used; it might perhaps be wise to put aside a definite percentage every year for the regular budget. He was not making any formal proposal to that effect, but just mooting the idea. On the matter of recruitment he also agreed with the delegate of Ireland: close co-operation between the governments and the Director-General was essential, and governments would become derelict in their duty if they were not informed of vacancies.

With regard to the world health foundations, the idea was a splendid one, but the Committee would perhaps wish to know more about it. The statement of their purpose seemed to imply that they would not merely collect funds but would also be designed to disseminate information about WHO to the public, as had been done by the former National Citizens’ Committee for WHO in the United States. It was to be hoped that the foundations would carry out similar work on a larger scale, and that they would be set up in every Member country. If the objective was broader than the collection of funds, all could contribute, and even the developing countries might raise token funds.

An omission from the Committee’s agenda was the question of the budget for the World Health Research Centre. Although that was mainly a matter for the Committee on Programme and Budget, the Committee on Administration, Finance and Legal Matters should be kept informed at every stage.

He particularly welcomed that part of the Secretary’s statement which advocated keeping politics out of the discussion of purely technical matters; that was a vital point that certainly had to be mentioned.

Dr LAYTON (Canada) observed that, much as he had admired the Secretary’s statement, he must sound a somewhat discordant note. He fully appreciated that documentation might be delayed by unusual circumstances, but he would make a plea that in future years governments should be able to consider the World Health Assembly documentation at greater leisure and have time to consult their various departments, especially those concerned with finance.

Dr ELOM (Cameroon) said that his delegation would support the draft resolution which the delegation of Madagascar had announced. The world health foundations would be particularly valuable to the developing countries, which almost always lacked adequate funds for health purposes.

Dr SCHANDORF (Ghana) said that he must thank the United States for its lead in setting up the World Health Foundation; it was to be hoped that other countries would shortly follow suit. His delegation would support a draft resolution such as that announced by the delegation of Madagascar.

It was most gratifying that the financial situation was sound; all the developing countries would agree with that because, although their contributions were small, their needs were great, and they could not otherwise hope to fulfil the objectives of WHO.

Ghana was now engaged in a life and death struggle to rid the country of economic exploitation, to eradicate illiteracy and ignorance, and to improve the health services and create new health services commensurate with the population growth. It had run into difficulties, which presumably were common to all the developing countries, in the recruitment of medical and paramedical staff. In October 1964 a teaching institution had been opened with fifty medical students, but there was still a desperate shortage of teachers. It seemed that the Dean of the school had approached WHO but had not met with any great encouragement.
He himself felt that very deeply, because for years he had been advising his Government to turn to WHO for immediate help in all health matters. A delegation would be coming from Ghana shortly to discuss the matter with the Director-General; he sincerely hoped that WHO would not disappoint it. He was aware that some Members of WHO might dislike Ghana's politics, but, as the Secretary had said, politics should have no place in WHO discussions and should certainly not be any obstacle to supplying the teachers Ghana needed.

Mr LAAFIF (Tunisia) observed that the Secretary's statement gave great grounds for optimism. The idea of associating persons and non-governmental organizations with WHO's work was an extremely good one. It showed that WHO fully appreciated that health needs were growing continuously.

It was true that UNICEF was extending its scope beyond specifically health projects, as the delegate of Pakistan had stated, notably work on the social environment of children. His Government not only approved of such an extension but was benefiting greatly from it. On the other hand, it might be as well to recommend that the Director-General and the Executive Board should provide the Committee with what information they had on foreseeable developments and the provisions that might have to be made for coping with the situation when UNICEF's specific health projects became more limited.

A point to be brought out was the admirable bilateral co-operation among Members of WHO. He must express his thanks to those countries which had supplied Tunisia with disinterested assistance.

Mr SIEGEL, Assistant Director-General, Secretary, replying to points raised in connexion with his opening statement, said that he must first express appreciation on the part of the Director-General, himself and the staff as a whole for the generous commendation they had received. It had been possible to exercise the Secretariat's responsibility primarily because of the support it had received from Members and owing to the Director-General's support in administrative matters and the co-operation of the regional offices and the Regional Directors. It was only such co-operation at all levels that had made it possible for him to report as he had done. The Committee's comments would be a continuous inspiration to the staff, both at headquarters and in the field.

All the comments and suggestions made would be closely studied. He would not at that stage comment on points that might be more appropriately raised under specific agenda items.

With regard to casual income, proposals were being made to the Eighteenth World Health Assembly and, if they were adopted, the situation with regard to casual income would be somewhat different in future.

He had been asked for the names of the two inactive Members: they were the Byelorussian SSR and the Ukrainian SSR.

The Secretariat was well aware of the importance of issuing documents as early as possible and was continuously studying every possible way of improving the service. There were a number of obvious difficulties, but the delegate of Canada might rest assured that the Secretariat would do the best it could.

As to recruiting staff, experience had shown that it was not really practical to inform all governments of current field vacancies, but it might well be useful to circulate periodically information regarding the type of posts for which there was a shortage of candidates. For example, there were at present shortages of professors of basic medical sciences, such as anatomy, physiology and pathology; sanitary engineers; epidemiologists; entomologists; nurses specialized in public health and midwifery; and statisticians.

With regard to the electronic computer, the one on order—which should be installed in the new building in about the middle of 1966—had a high degree of expansibility and versatility. It could be expected that with experience—and a two-year period would be required before the computer became really operational—more and more programme functions would be added for computer application. The equipment could be added to as developments warranted. The computer would, of course, not be justified if its use was confined to administrative functions; it would clearly be utilized also for programme purposes.

He would answer the points raised about the world health foundations at the next meeting, since the Committee would undoubtedly wish to rise in time for the meeting of the General Committee.

*The meeting rose at 12 noon.*
1. Review of the Financial Position of the Organization (continued)  

Agenda, 3.12

Mr SIEGEL, Assistant Director-General, Secretary, continuing his comments on the discussion of the statement he had made at the first meeting of the Committee, said that he had still to answer the questions raised on one point—the establishment of world health foundations. Those foundations, about which a summary explanation was to be found in Annex 12 of the Executive Board’s report on its thirty-fifth session,1 were intended as a vehicle for raising funds from non-governmental sources for the purposes of international health work. Each was to be envisaged as an independent foundation, and it was desirable that there should be such foundations in as many countries as possible. They were to be set up on non-profit-making principles and the funds they raised should be used to supplement, and not to supplant, government support of WHO. The funds could be used to finance selected projects at the discretion of the foundation concerned and would usually, although not necessarily, be administered through the World Health Organization. Each foundation would enter into an agreement with WHO, under which the Organization would be responsible for the technical approval of all projects proposed by the foundation for financing under the funds it provided.

The delegate of Iraq had asked in the previous meeting about citizens’ committees. The world health foundations were not meant to eclipse such committees, but on the contrary to enhance their value. Where no such citizens’ committee existed, the world health foundation would serve to disseminate to the general public information on WHO’s work. As soon as two or more national foundations came into existence, it was planned to establish a federation in Geneva, to serve as a link between them and the Director-General.

The foundations were not expected to be limited to developing or to developed countries; on the contrary, it was hoped that they might be established in all countries at the appropriate time. The idea of world health foundations seemed to have won support and enthusiasm, but their value had yet to be proved. Experience of the foundation already in existence—in the United States of America—had already shown that a foundation would not be a success until it had an office and full-time staff. Therefore “seed money” was being sought in the form of advances from a well-known foundation to finance the operations of the first three world health foundations until they had sufficient funds of their own, and it was intended that the funds advanced should be paid back in due course.

The draft resolution on the subject submitted by the delegation of Madagascar appeared to correspond with the plans and concepts that the Director-General had in mind.

The draft resolution read as follows:

The Eighteenth World Health Assembly,

Having heard and noted with interest the statement of the Director-General regarding the establishment of world health foundations;

Recognizing the inadequacy of the funds available for international health work;

Aware of the important repercussions of financial problems on the implementation of health projects, particularly in developing countries;

Convinced that the establishment of world health foundations in the developed countries could encourage the governments of those countries to increase their assistance to WHO;

Considering that such foundations could make an important contribution towards the furtherance of the fundamental objective of WHO, namely, to bring all the peoples of the world up to the highest level of health; and

Believing that it is the responsibility of WHO to arouse and stimulate interest in international health work,

1. Approves all the actions taken with a view to the establishment of world health foundations in the various countries;

2. Encourages the efforts being pursued towards this end; and

3. Requests the Director-General to report to the Nineteenth World Health Assembly on the progress made and work carried out in regard to the establishment and operation of world health foundations.

The Chairman invited delegates to ask questions of the Secretary on the substance of his comments.

Dr Bernhardt (Federal Republic of Germany) said that his delegation had read with interest the statement made by the Secretary and the draft resolution submitted by the delegation of Madagascar. He requested clarification on one point. In his country there was already a society for the support of WHO activities, which was working very effectively and which received support, including financial aid, from the Government. It was, however, designed only to give moral support and to inform the public about WHO’s ideas and tasks. If such a society’s main task was to become that of fund-raising for WHO, one consequence would be that it would wish to have a say in how the money was spent. WHO was a governmental organization, and its policy was determined by the representatives of governments. If WHO took money from private organizations, its policy could be affected, although the difficulty might be avoided if the money was directed through governments.

Dr Al-Wahbi (Iraq) wondered if, in view of the additional information just provided by the Secretary, it was really necessary to adopt a resolution such as the draft before the Committee. He recognized that delegates were almost unanimously in favour of the establishment of world health foundations, but was it necessary, at the present stage of the development of the concept, to give it an official blessing? If so, and if the draft resolution was to be submitted to the Health Assembly, there must be some discussion on it, since some paragraphs did not exactly express the ideas that had been voiced.

Dr Dolo (Mali) supported the statement made by the delegate of Iraq, and asked whether the world health foundations would not be treated as non-governmental organizations and thus be covered by the relevant regulations of WHO.

Mr Roffey (United Kingdom of Great Britain and Northern Ireland) welcomed the draft resolution submitted by the delegation of Madagascar, and was glad to state that there was soon to be a world health foundation in the United Kingdom, where the idea had been well received by both medical and political personalities (among them Lord Brain and Lord Cohen, who were both prepared to back it). However, he proposed certain minor amendments: the first was to delete the words “the governments of” in the fourth paragraph of the preamble, in order to avoid giving the impression that the foundations would seek to influence governments; the second was to delete the word “all” in operative paragraph 1.

The Secretary, in answer to the delegate of the Federal Republic of Germany, recalled the provisions laid down on the establishment of the Voluntary Fund for Health Promotion by the Thirteenth World Health Assembly, in resolution WHA13.24, whereby any contributor was entitled to earmark voluntary contributions for special purposes. Whether the contributions were acceptable or not was for the Health Assembly, or the Executive Board acting on its behalf, to decide, in accordance with Article 57 of the WHO Constitution, which he read. It would seem therefore that there were adequate safeguards to cover the case raised by the delegate of the Federal Republic of Germany.

As for the point raised by the delegate of Iraq, he felt that was a matter for the Committee as a whole to decide; for himself, he felt that the draft resolution would serve a useful purpose in encouraging the establishment of additional foundations and the provision of grants to finance their activities until they could finance themselves. The Executive Board had already adopted a resolution (EB35.R19) dealing with the subject, and a further resolution, by the Health Assembly, along the lines of the draft before the Committee, would be of value.

Dr Andriamasy (Madagascar) said that the draft was in the hands of the Committee, to make any changes considered appropriate. He hoped, however, that discussion of the draft resolution would not take too much time, since it had been meant simply as a gesture of encouragement. The delegate of the United Kingdom had approached him about the amendments just proposed, and he had agreed to them. He had also agreed to certain amendments that had been suggested to him by the delegate of Venezuela. They were: (1) in the second paragraph of the preamble, to insert, before the words “the inadequacy”, the words “the disadvantages of”; (2) in the fourth paragraph of the preamble, to insert, before the word “assistance”, the words “material and technical”; and (3) in the final paragraph of the preamble, to insert, after the word “stimulate”, the words “at all levels”.

Mr Saito (Japan) gave his support to the draft resolution, but proposed changing the word “Approves” in operative paragraph 1 to “Appreciates”.

Dr Andriamasy (Madagascar) accepted that proposal.
Dr Alan (Turkey) supported the draft resolution, since his delegation had repeatedly deplored the lack of funds for financing public health projects, and considered that the world health foundations would be useful in providing financial assistance. One point, however, required clarification: did operative paragraph 2 refer to the future efforts to be made and, if so, should that not be specified?

Dr Andriamasy (Madagascar) replied that "efforts" was intended to cover all efforts, whether in the past or in the future.

Dr Afridi (Pakistan) proposed that, in view of the amendment proposed by the delegate of the United Kingdom, the words "could encourage" in the fourth paragraph of the preamble be replaced by "would encourage".

Mr Roffey (United Kingdom of Great Britain and Northern Ireland) accepted the suggestion.

Mr Brady (Ireland) recalled that he had referred to the world health foundations that morning as a promising development. He would welcome more information, especially after the three foundations had actually been established. While the Irish delegation had no objection to the establishment of world health foundations, it seemed premature for the Eighteenth World Health Assembly to adopt a resolution on the lines suggested, since it had yet to be shown that the world health foundations would make a significant contribution to the Organization's work. It would be advisable, without prejudice to such agencies, for the World Health Assembly to await the results of, say, two foundations before giving "blanket" approval of the whole idea.

Mr Laaifie (Tunisia) said that his delegation supported the resolution, but he had two minor comments to make: first, with regard to operative paragraph 3, it was felt that the setting-up of world health foundations was a long-term undertaking, and that it was not likely that much could be done in one year; he therefore requested that the paragraph in question should be worded on the following lines: "Requests the Director-General to report regularly to the World Health Assembly on the progress made and work carried out in regard to the establishment and operation of world health foundations". Secondly, in the fourth paragraph of the preamble he proposed that the words "de ce" be deleted from the French text.

Dr Subandrio (Indonesia) suggested that no specific difference should be made between world health foundations in developed and developing countries, and proposed accordingly that the words "particularly in developing countries" be deleted from the third paragraph of the preamble, and that the words "in the developed countries" be deleted from the fourth paragraph of the preamble, as the importance of the repercussions of financial problems and the desirability of increasing material and technical assistance were equal in both categories.

Dr Cayla (France) said that the draft resolution was of great interest to his delegation. However, in view of the reservations expressed, in particular by the delegates of Iraq and of the Federal Republic of Germany, and the fact that so many amendments had been proposed, he suggested that the discussion of the draft resolution might be adjourned, and time given for the preparation of a new text taking the amendments into account. His suggestion could be taken as a formal proposal if the Committee shared his opinion.

Dr Al-Wahbi (Iraq) said that, while his delegation had no objection in principle to the resolution, it agreed with the delegation of Ireland that it might be premature for the Health Assembly to commit the Member States to approving the establishment of world health foundations in various countries while the project was still at an experimental stage.

Dr Alan (Turkey) proposed that, since so many amendments had been proposed to the text of the draft resolution, it might be well to set up a small working group to produce a revised text for submission to the Committee at a later meeting.

It was so agreed.

(For continuation of discussion, see minutes of the ninth meeting, section 3.)


Agenda, 3.12.1

Dr Amouzegar, representative of the Executive Board, said that it had not been possible for the Financial Report for 1963 to be submitted to the Seventeenth World Health Assembly because the Assembly had been held in March 1964 instead of in May. The Executive Board therefore, at its thirtieth session, had appointed a working party to consider the Financial Report for 1963 and the Report of the External Auditor. The working party had met on 27 May 1964 and the Executive Board, after consideration of its report, had recommended, in its resolution EB34.R24, the following draft resolution for adoption by the Health Assembly:

The Eighteenth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1963 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 134; and

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


Decision: The draft resolution was approved.¹


Agenda, 3.12.2

Dr Amouzegar, representative of the Executive Board, explained that the Executive Board, during its thirty-fifth session, had established an Ad Hoc Committee to consider the Report of the External Auditor on the accounts of the Organization for 1964 and to submit to the Eighteenth World Health Assembly, on behalf of the Board, such comments as it deemed necessary. The Committee had met on 3 May 1965 and in its report² had recommended the adoption of the following resolution by the Eighteenth World Health Assembly:

The Eighteenth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1964 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 142; and

Having considered the report² of the Ad Hoc Committee of the Executive Board on its examination of these reports,


Mr Wachob (United States of America) noted that, owing to the timing of the Seventeenth World Health Assembly, it had not been possible for the Financial Report and the Report of the External Auditor for 1963 to be made available to governments prior to that Assembly. However, since assets and liabilities of considerable magnitude were involved, his delega-

¹ Transmitted to the Health Assembly in section 1 of the Committee’s first report and adopted as resolution WHA18.8.


Agenda, 3.12.3

The Secretary introduced a report on the collection of annual contributions and of advances to the Working Capital Fund indicating the situation as at 30 April 1965. The following additional contributions had been received since 30 April 1965: from Belgium, $429,000 plus—the contribution for the year 1965; from Cuba, $65,888—the balance of the contribution for 1964 and part of that for 1965; from Paraguay, $20,000—the balance owed to the Working Capital Fund, the balance of the contribution for 1964 and part of that for 1965; from Japan, $811,560—the contribution for 1965.

Collections of contributions for 1965 from active Members amounted to $14,093,739, or 38.22 per cent. of the assessments on active Members; the corresponding percentages of collections for 1963 and 1964 had been 27.15 and 31.45 per cent. respectively. Those figures did not, of course, take into account the additional payments just mentioned.

The status of advances to the Working Capital Fund was very satisfactory: as indicated in paragraph 3 of the report before the Committee, 99.93

³ Transmitted to the Health Assembly in section 2 of the Committee’s first report and adopted as resolution WHA18.9.
per cent. of the total advances due had been received. At the beginning of 1965 the arrears of contributions from active Members were $1 507 054, and payments so far received during 1965 amounted to $327 574, so that at 30 April 1965 outstanding arrears amounted to $1 179 480. The Committee would be considering under a separate agenda item the subject of Members in arrears for a period of two years or more. Paragraph 4.3 referred to the unpaid contributions of China for the years prior to 1965, and paragraph 4.4 to unpaid contributions of inactive Members for the years prior to 1965.

A suggested resolution had been drafted in line with those adopted in previous years.

Mr. De Coninck (Belgium), Rapporteur, introduced the following draft resolution:

The Eighteenth World Health Assembly,

Noting with satisfaction the status, as at 30 April 1965, of the collection of annual contributions and of advances to the Working Capital Fund, as reported by the Director-General,

1. calls the attention of Members to the importance of paying their annual contributions as early as possible in the Organization's financial year, in order that the approved annual programme can be carried out as planned;

2. urges Members in arrears to make special efforts to liquidate their arrears during 1965; and

3. requests the Director-General to communicate this resolution to Members in arrears and to draw attention to the fact that continued delay in payment could have serious financial implications for the Organization.

Dr. Bâ (Senegal) proposed that there should be included in the draft resolution an operative paragraph noting the report of the Director-General.

The Chairman said that the point raised by the delegate of Senegal could be met by changing the preambular paragraph into operative paragraph 1, reading "NOTES with satisfaction..." and renumbering the existing operative paragraphs.

Decision: The draft resolution, thus amended, was approved.¹

5. Supplementary Budget Estimates for 1965

The Chairman requested the representative of the Executive Board to introduce the item, and reminded the Committee that its decision on the supplementary budget estimates for 1965 had, in accordance with Rule 70 of the Rules of Procedure, to be taken by a two-thirds majority of the Members present and voting.

Dr. Amouzegar, representative of the Executive Board, said that the Director-General had submitted to the Board at its thirty-fifth session supplementary estimates totalling $543 000 to meet additional requirements resulting from developments not foreseen when the Seventeenth World Health Assembly had approved the programme and budget estimates for 1965.

As shown in Official Records No. 140, Annex 9, the supplementary costs arose from the following items: (1) the recommendation of the United Nations Joint Staff Pension Board, endorsed by the Administrative Committee on Co-ordination and subject to the decision of the United Nations General Assembly, that contributions to the Joint Staff Pension Fund should be calculated in future on the basis of gross salaries; (2) an increase of 5 per cent. in the pensionable base for calculation of contributions to the Joint Staff Pension Fund in conformity with the movement in the weighted average of post adjustments paid at the headquarters and main regional offices of member organizations; (3) an increase in the rates for rental and maintenance of office space and equipment and other services provided by the United Nations to WHO and other organizations in the Palais des Nations; (4) an increase in the salary scales for general service staff at headquarters and some regional offices; (5) increases in dependants' allowances for general service staff in Geneva; (6) changes in post-adjustment classification for New Delhi; (7) the need to convene the next meeting of the Committee on International Quarantine in 1965 instead of in 1966; (8) increases for the reimbursement of travel costs, assuming that the representatives of the four additional Associate Members admitted in 1964 would attend the Eighteenth World Health Assembly.

In examining the proposed supplementary estimates, the Executive Board had noted that the United Nations General Assembly had not yet taken a decision regarding the recommendation of the Joint Staff Pension Board concerning the calculation of Pension Fund contributions on the basis of gross salaries, so that the supplementary estimates would have to be adjusted depending on the decision taken by the United Nations General Assembly. In its resolution EB35.R5 the Executive Board had requested the Director-General to include in the supplementary estimates for 1965 provision for that part of the cost of the extension of the African Regional Office building in excess of the credits available, and authorized an ad hoc committee to recommend to the

¹ Transmitted to the Health Assembly in section 3 of the Committee's first report and adopted as resolution WHA18.10.
Eighteenth World Health Assembly the precise amount to be included in the supplementary estimates for that purpose.

As indicated in its report, now before the Committee, the Ad Hoc Committee established by the Executive Board had met on 3 May 1965 and reviewed the proposed supplementary estimates. In the light of developments since the thirty-fifth session of the Board, it had agreed on the following adjustments: on item (1) a reduction of $35 000, since the United Nations General Assembly had decided that the change would come into effect on 1 March 1965 instead of on 1 January 1965; on item (4) an increase of $39 000, to take account of the fact that further increases in the Swiss wage index for office workers had necessitated or were expected to necessitate increases in the salary scales for general service staff with effect from 1 March and 1 July 1965 respectively, instead of 1 April and 1 September. With regard to additional costs for the extension of the building for the Regional Office for Africa, the lowest bid received had required an additional expenditure of $723 000 in excess of the credits available. However, since there was a possibility that contributions towards the cost of the building might be made by some of the thirteen Members in the African Region that had not as yet made such contributions, and since it was also possible that savings might be effected in the final expenditure, an additional sum of $600 000 only was requested.

Taking into account those adjustments, the total supplementary estimates amounted to $1 147 000, instead of the previous figure of $543 000.

The Ad Hoc Committee had recommended the adoption of the following draft resolution:

The Eighteenth World Health Assembly,

Having considered the proposals of the Director-General and the recommendations of the Executive Board concerning supplementary budget estimates for 1965,  

1. Approves the supplementary estimates for 1965;  
2. Decides to amend the Appropriation Resolution for 1965 (resolution WHA17.18) by including under Part IV (Other Purposes) an additional section: “Appropriation Section 12—African Regional Office Building Fund”; by renumbering Appropriation Section 12 (Undistributed Reserve) under Part V (Reserve) as “Appropriation Section 13—Undistributed Reserve”; and by increasing the amounts under sub-paragraphs (iii) and (iv) by US $323 893 and US $823 107 respectively.

Dr Cayla (France) said that, while his delegation had voted against the budget proposed for 1965, it would merely abstain in the vote on the supplementary estimates, because it believed that those estimates were fully justified, and because they involved no increase in Members’ assessments.

Mr Wachob (United States of America) said that his delegation, whilst realizing that the long budgetary process in WHO made it difficult to foresee all items of expenditure when the estimates were submitted, nevertheless thought that, with greater care, some supplementary budget estimates could be avoided. He asked whether the Secretary could provide details of the purposes for which supplementary estimates had been made during the last five years and an indication of why it had not been possible to include them in the original programme and budget estimates. He also asked why a provision for the African regional office building had not been included in the estimates for 1965.

Dr Liscyn (Union of Soviet Socialist Republics) observed that the amount of the supplementary estimates—$1 147 000—exceeded by more than $600 000 the amount proposed by the Executive Board. He supported the request of the delegate of the United States of America for more information on the $600 000 requested as a credit to the African Regional Office Building Fund, since the Ad Hoc Committee’s report gave insufficient explanation. It seemed, moreover, that the large sum involved might to some

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extent have been foreseen when the 1965 estimates had been submitted.

The Secretary, in reply to the request made by the delegate of the United States of America, gave information with regard to supplementary budget estimates for the last ten years.

In 1954, 1955 and 1956 there had been no supplementary estimates. In 1957 there had been a supplementary budget of $325 000 ($51 200 for emergency action in the Eastern Mediterranean Region, and $273 800 for increases resulting from amendments to the Staff Rules). In 1958 there had been no supplementary estimates. In 1959 supplementary estimates had totalled $662 366 ($24 060 to make up the deficit in the administrative and operational services costs not covered by the lump sum allocation from the Special Account of the Expanded Programme of Technical Assistance; $47 526 for increases in salary scales for general services staff; $35 974 for increased pensionable remuneration of professional staff; $47 580 for post-adjustment reclassifications; $7226 for reimbursement of the Executive Board Special Fund; $500 000 for an initial credit to the Headquarters Building Fund). In 1960 there had been no supplementary estimates. In 1961 supplementary estimates had totalled $805 094 ($67 500 for increased contributions to the United Nations Joint Staff Pension Fund; $6370 for additional costs resulting from the amendments to the Constitution increasing the membership of the Executive Board from eighteen to twenty-four; $1500 for increased payments to OIHP pensioners; $720 for increased per diem rates for members of the Board; $621 754 for administrative and operational services costs of the planned malaria eradication programme; $107 250 for assistance to the Democratic Republic of the Congo). In 1962 there had been a supplementary budget of $1 256 620 ($221 270 for an increase in salary scales for general service staff; $10 950 for increased travel costs of delegates to the World Health Assembly following the increase in the membership of the Organization and increased salary rates for temporary staff; $1 517 000 for increasing the salary levels and allowances of internationally recruited staff; $7400 for an increase resulting from the modification of the Director-General’s contract; the increases had been offset by a decrease of $500 000 resulting from a reduction in travel costs by extension of the use of tourist/economy class air travel). In 1963 supplementary estimates had totalled $438 100 ($161 200 for increases in post adjustments; $12 500 for increases in salary scales for general service staff; $2400 for increased payments to OIHP pensioners; $40 000 for services to new Members and to Members resuming active participation; $113 000 for a credit to the Headquarters Building Fund). In 1964 there had been a supplementary budget of $477 650 ($25 830 for increase in travel costs of delegates to the World Health Assembly following an increase in the membership, an increase in the provision for reproduction and distribution of documents, an increase in wages for temporary staff, and an increase in printing costs; $11 970, in connexion with the Executive Board, for an increase in wages for temporary staff and in printing costs; $9350 for the printing of publications, as a result of increased printing costs; $23 000 for the African Regional Office Building Fund; $274 000 for staff housing for the Regional Office for Africa; $133 500 for assistance to the Democratic Republic of the Congo).

The delegates both of the Union of Soviet Socialist Republics and of the United States of America had asked why it had not been possible to anticipate the expenditure required for the African regional office building when the 1965 budget estimates had been prepared. In fact, at the time of preparing the estimates it had not been clear how much would be received from Member States in the African Region as contributions towards the cost of the building, and it was not known what the costs of the building would be (there had been considerable increases in labour and material costs in Brazzaville, as elsewhere).

With regard to the suggestion that no information seemed to have been given to the Executive Board at its meeting in January, he pointed out that he had himself, as representative of the Director-General, stated to the Board that no figure had been included in the supplementary estimates in connexion with the financing of the African regional office building, but that supplementary estimates would certainly be required for that purpose. He quoted the statement he had made to the Board at its thirty-fifth session.¹ The precise amount required had not been clear at the time of the thirty-fifth session of the Board; it was not certain even now, but the best possible figure available was a figure considerably in excess of the $600 000 recommended for inclusion in the supplementary estimates. It was hoped that the balance would be met either from additional contributions from Member States in the African Region, or by effecting savings in the building costs.

Dr Lisicyn (Union of Soviet Socialist Republics) asked whether it was now possible to indicate, at least approximately, what percentage of the total costs of the building project would be covered by the sum of $600 000, in view of the increases in building costs.

1 See minutes of the Executive Board, thirty-fifth session (EB35/Min/2 Rev.1, p. 53).
during the past years. Secondly, was that sum to cover only the increased costs of building and materials, and other items connected with the building, or other expenses unrelated to the increase in building costs?

The Secretary said that the Director-General had submitted to the Ad Hoc Committee a report describing the situation with regard to the African regional office building. The provision was for an extension to the building donated to the Organization by the French Government. The cost of the extension was estimated at $1,450,000. It was not suggested that the $600,000 now being requested in the supplementary estimates were solely to cover increased costs of labour and materials: that figure also took into account the fact that it was not possible at present to estimate what additional contributions might be received from countries in the Region towards the cost of the building.

Dr Lisicyn (Union of Soviet Socialist Republics) said that, although his delegation had no objection to the other supplementary items of expenditure, it would be unable to vote in favour of the draft resolution as a whole, since the question of credits for the extension of the African regional office building did not appear to have been sufficiently studied.

Dr Amouzegar, representative of the Executive Board, said that the additional sum of $723,000 now estimated to be required for the African regional office building included not only the increased costs of labour and materials, but also the estimates for air conditioning, movable partitions and lifts, and other items for which separate bids had not yet been received. The Ad Hoc Committee had raised the question, and had been satisfied with the explanations given. He pointed out that there would be sufficient casual income available to finance the supplementary estimates for 1965 as adjusted, inclusive of the additional $600,000 for the African Regional Office Building Fund, and that there would therefore be no increase in Members' assessments.

Dr Lisicyn (Union of Soviet Socialist Republics), whilst noting that the supplementary estimates the Committee was being asked to approve could be financed entirely from casual income, wondered whether the use of casual income for the purpose would not influence the decision to be taken later on the proposed increase in the Working Capital Fund, since the suggestion was being made that part of that increase should come from casual income. He would appreciate the Secretary's comments on that point.

The Secretary stressed that it was the first time an estimate had been made of the full cost of the extension to the African regional office building: previously, it had not been possible to make an estimate, since the architect had not completed the plans, and bids had not been called for. He wished to emphasize once again that the $600,000 requested did not meet the full requirements: it was hoped that further contributions might still be received from Member States in the Region, and that the building costs might be reduced, even if that necessitated reducing the size of the project.

There was a sufficient balance of casual income available to cover the whole amount of the supplementary budget estimates ($1,147,000) as well as the $500,000 recommended for transfer to the Working Capital Fund.

Dr Louembé (Congo, Brazzaville) said that his experience of current conditions in Brazzaville gave him every reason to believe that the amount of $600,000 proposed for the regional office building represented only a part of the sum needed, in view of the increase in costs of labour and materials; but it would enable the work to be started. It was hoped that the remainder might be met from voluntary contributions from Member States in the Region.

Dr Bâ (Senegal), noting that his country was among those which had not yet made a voluntary contribution to the African Regional Office Building Fund, said that he would welcome the inclusion in the draft resolution of a paragraph urging Member States not yet having made a voluntary contribution to do so as soon as possible.

The Secretary suggested that the proposal of the delegate of Senegal might form the subject of a separate resolution, since it would not require a two-thirds majority for adoption.

Dr Bâ (Senegal) agreed.

The Chairman put the draft resolution to the vote.

Decision: The draft resolution was approved by 69 votes to none, with 7 abstentions.

The meeting rose at 4.50 p.m.

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2 Transmitted to the Health Assembly in section 4 of the Committee's first report and adopted as resolution WHA18.11
1. Supplementary Budget Estimates for 1965 (continued)

Agenda, 3.3

Accommodation for the Regional Office for Africa

At the invitation of the CHAIRMAN, Mr DE CONINCK (Belgium), Rapporteur, read out the following draft resolution proposed by the delegation of Senegal:

The Eighteenth World Health Assembly,

Having considered the cost estimates for the extension of the African regional office building as reported by the Director-General in connexion with the supplementary budget estimates for 1965,¹

INVITES all the Members in the African Region to make voluntary contributions as soon as possible to the African Regional Office Building Fund towards meeting the cost of the extension of the regional office accommodation.

Decision: The draft resolution was approved.²

2. Amendments to the Financial Regulations

Agenda, 3.15

Dr AMOUZEGAR, representative of the Executive Board, explained that the Executive Board, in its resolution EB35.R24, had recommended a change in Regulation 6.2 of the Financial Regulations of WHO, which dealt with the Working Capital Fund.

Under that regulation the Working Capital Fund consisted of advances from Member States in accordance with the scale of assessment determined by the Health Assembly. Difficulties had arisen because any increase in the Working Capital Fund entailed additional assessments on Members and consequently legislative action by Member States. After considering the Director-General’s report,³ the Board had decided to recommend that the Fund should in future consist of two parts: Part I being advances from Member States as at present, and Part II being amounts transferred from casual income from time to time. Such a procedure would enable the Working Capital Fund to be increased without entailing legislation in Member States.

In resolution EB35.R24 the Board had recommended for adoption by the Health Assembly the following draft resolution:

The Eighteenth World Health Assembly

ADOPTS the amendment to Financial Regulation 6.2 as proposed by the Director-General, as revised and recommended by the Executive Board.⁴

Mr BRADY (Ireland) said that he was prepared to support the draft resolution, although the procedure seemed somewhat irregular, as it entailed considering the amendment to the Financial Regulations before the main proposal to increase the amount of the Working Capital Fund.

Decision: The draft resolution was approved.⁵

3. Scale of Assessment for and Amount of the Working Capital Fund

Agenda, 3.13.1

Dr AMOUZEGAR, representative of the Executive Board, introduced the item, said that when the Board had discussed the desirability of increasing the amount of the Working Capital Fund it was the general consensus of the members that the size of the Working Capital Fund should have a direct relation to the size of the effective working budget. As the effective working budget was increasing it would only be logical for the Working Capital Fund to be increased also.

The Working Capital Fund had been established at $4,000,000 when the effective working budget was only $19,000,000, and had remained unchanged although the effective working budget for 1966 was $42,000,000—more than double that amount. The Director-General had therefore suggested that the Working Capital Fund should be increased from $4,000,000 to $7,000,000. However, in view of the

² Transmitted to the Health Assembly in section 5 of the Committee’s first report and adopted as resolution WHA18.12.
⁵ Transmitted to the Health Assembly in section 6 of the Committee’s first report and adopted as resolution WHA18.13.
resolution recommended by the Board and just approved by the Committee—by which the composition of the Working Capital Fund would be changed so that it would consist of two parts—the Director-General had agreed with the recommendation of the Executive Board that the amount of Part I of the Fund should be increased by only $1,000,000. If additional resources should in the future be needed, the Director-General could make use of the new Part II of the Fund. The Executive Board had adopted its resolution EB35.R23 on the basis of the arguments adduced by the Director-General in his report to the Board, which was reproduced as Annex 17 to Official Records No. 140. The comments in paragraph 4.1 and the observations of the External Auditor reproduced in paragraph 4.3 had been found particularly telling.

In its resolution EB35.R23 the Executive Board had recommended to the Health Assembly the adoption of the following draft resolution:

A

1. DECIDES that:

   (1) Part I of the Working Capital Fund, composed of advances assessed on Members, shall be established as from 1 January 1966 in the amount of US $5,000,000, to which shall be added the assessments of any Members joining the Organization after 30 April 1965;

   (2) the advances to the Working Capital Fund shall be assessed on the basis of the 1966 scale of assessment;

   (3) the additional advances shall be due and payable prior to 31 December 1967; and

   (4) the credits due to Members shall be refunded on 1 January 1966 by applying these credits to any contributions outstanding on that date, or to the 1966 assessments;

2. REQUESTS the Member States concerned to provide in their national budgets for the payment of additional advances before 31 December 1967; and

3. AUTHORIZES the Director-General to credit the annual contributions to the budget for the years 1966 and 1967 to the budgetary income for those years notwithstanding the provisions of Financial Regulation 5.6;

B

1. DECIDES that Part II of the Working Capital Fund shall, subject to the provisions of paragraph 2 below, consist of amounts which are required to supplement the amount provided in Part I of the Working Capital Fund in order that the Fund will, at the beginning of each financial year, be equal to, but not exceed, 20 per cent. of the effective working budget for the year;

2. AUTHORIZES the Director-General to transfer from casual income to Part II of the Working Capital Fund such amounts as are necessary to bring the Working Capital Fund to the level authorized in paragraph 1 above as soon as practicable in the light of the availability of casual income; and further

3. AUTHORIZES the immediate transfer, from available casual income, of an amount of US $500,000 to Part II of the Working Capital Fund;

C

1. AUTHORIZES the Director-General to advance from the Working Capital Fund:

   (1) 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 become available;

   (2) 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 $1,000,000 may be used; and

   (3) 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; and
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 C1(3) for the provision of emergency supplies to Member States, together with the status of reimbursement by Members;

D

REQUESTS the Executive Board to review the assessment of advances to the Working Capital Fund at its first session in 1970 and to submit a report to the Health Assembly.

Dr LISICYN (Union of Soviet Socialist Republics) said that he appreciated that the change in the Financial Regulations relating to the Working Capital Fund under the resolution just adopted would make greater flexibility possible. He had noted, however, that the proposals appeared to be designed to meet a purely theoretical situation, because there had never been any case in which the Working Capital Fund had been completely exhausted, even in 1963, when some contributions had come in rather late. That seemed to show that the existing sum of $4 000 000 was entirely satisfactory and fully met the Organization's needs. From Table C in Appendix 3 to Annex 17 it would seem that requirements might exceed significantly the present level of the Working Capital Fund in May, June and September 1966. He did not for a moment challenge the accuracy of the estimates, but he was disturbed by the fact that no explanation was given to justify those figures. The Committee should also bear in mind that when the Director-General referred to serious lack of proportion between the Working Capital Fund and the regular budget he said nothing about the rapid rate of increase in the latter; that was a subject traditionally discussed by the other main committee and in plenary session. An increase in the Working Capital Fund would do nothing to solve that particular problem. An increase of $1 000 000 would mean that more than ninety of the Members of WHO would have to make additional contributions at a time when several States were in arrears of contributions. The real solution would be for all Members to honour their pledge to pay their assessment in good time. Indeed, the commitment was plainly stated in paragraph 5.4 of the Financial Regulations. If that regulation was strictly applied, it would guarantee sound finance and make an increase in the Working Capital Fund unnecessary.

Dr ALAN (Turkey) explained that his purpose in speaking was to seek information from the Secretariat, rather than to make general comments. First, he would like to know the number of Member countries in which the fiscal year coincided with the calendar year. Doubtless there were some where that was not the case; in Turkey, for instance, the fiscal year ran from 1 March. Secondly, what was the earliest date on which a country in the calendar fiscal year category would be in a position to complete the necessary formalities to enable it to pay its contribution to the Organization? In other words, what interval must elapse after 1 January before WHO could expect to receive the first contributions of the year? Thirdly, had it ever happened that in any year WHO had found itself in a difficult position due to the fact that the Working Capital Fund had not been adequate to meet immediate expenses for current projects which could not be brought to an abrupt end?

Mr ROSE (Trinidad and Tobago) noted that the effect of the recommendation before the Committee would be that the majority of Member States would have to make additional contributions to the Working Capital Fund and, since governments always found difficulty in finding additional funds, he would like to ask a few questions in order to satisfy himself that the action proposed was really necessary.

Table C in Appendix 3 to Annex 17 contained a column showing the funds that would be needed month by month in 1966 to meet immediate obligations, and the maximum requirement shown was $4 000 000—i.e., the same as the maximum amount of the Working Capital Fund as at present established. However, it appeared that the cash position of the Fund had never reached that figure, because of some contributions habitually coming in late in the year and of the inclusion of assessments on inactive Members (Annex 17, part 1, paragraph 4.1). He asked whether the proposal to increase the Fund to $5 000 000 was intended in some way as an insurance against the contingency of a point being reached where the maximum of $4 000 000 would be needed; in other words, in that eventuality, to offset the deficit due to the two causes he had mentioned.

Secondly, on the basis of the information given in Annex 17, he could see no logic in the suggestion that there should be a direct relationship between the

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Working Capital Fund and the effective working budget, and he would like further clarification on that point also.

Dr Subandrio (Indonesia) said she was not clear as to the effect of the recommendation before the Committee. Would each Member State be required to pay its total budget assessment for the year, plus its additional contributions to the Working Capital Fund? To take the first country on the list, as an example, Afghanistan was assessed at $19 700 for 1965 and according to Appendix 2 to Annex 17 it appeared to have paid up $2410 to the Working Capital Fund. Was the latter sum to be added to, or subtracted from, the former?

Dr Popovici (Romania) said that, so far as he could see, the main reason advanced to justify an increase in the Working Capital Fund was the desire to avoid the Organization finding itself in a precarious financial position. Fortunately, however, the Secretary had been able to report that the Organization’s financial position was sound, so that there would seem to be no such danger, either at the moment or in the foreseeable future. Moreover, the situation in respect to collection of annual contributions had shown a marked improvement in recent years, thus contributing to stability in the Organization’s financial position.

At the time of considering the matter, the Executive Board had not had at its disposal full information on those aspects, and further information was now needed to enable the Committee to reach a judicious decision in the light of all the facts.

Dr Lisicyn (Union of Soviet Socialist Republics) asked whether he was right in supposing that the acceptance of the recommendation of the Executive Board in its resolution EB35.R23 relating to the increase in Part I of the Working Capital Fund would mean additional advances from about one hundred Member States. Also, with regard to part C of the draft resolution before the Committee, he would like to know why it had been felt that the Organization should be prepared to advance double the amount authorized in previous years for the provision of emergency supplies to Member States on a reimbursable basis.

Mr Siegel, Assistant Director-General, Secretary, welcoming the opportunity to provide further information on a matter of such importance, explained that the maintenance of the Working Capital Fund at an adequate size was the factor that had made it possible for the Organization to be able to report each year that the financial position was sound. That had been the position hitherto and it was purely because the Health Assembly had taken appropriate action on those lines sufficiently in advance that the Organization had been able to operate in an efficient and satisfactory way in so far as finance was concerned.

The Director-General had submitted to the Executive Board, at its thirty-fifth session, a proposal to increase the size of the Working Capital Fund gradually, so that in five years’ time it would have reached a level representing a reasonable relationship to the size of the effective working budget. Under the arrangements in force up till now, provision had been made for a review of the amount of and scale of assessment for the Working Capital Fund every five years only, unless the Director-General considered that an interim review was required. Accordingly, the Director-General’s proposal had been designed to meet the envisaged requirements of the Organization for the period up to and including the year 1970. The Executive Board had made an exhaustive study of the matter and had requested that additional tables be provided for that purpose, which were before the Committee (in Annex 17 of Official Records No. 140) in addition to the original information submitted to the Board.

Questions had been raised in respect to Table C in Appendix 3 to Annex 17. Admittedly some of the column headings were not as clear as they might have been. The last column of that table, on potential use of the Working Capital Fund in 1966, showed the maximum potential needs. The table had been based on past experience in respect to receipt of contributions and on the size of the effective working budget recommended by the Board for approval by the Health Assembly. It would be seen that the maximum figure, that for the month of June, stood at $10 000 000. The Executive Board, after its study, had made an alternative proposal which the Director-General had been able to accept because in his view the arrangements being recommended for both Part I and Part II of the Working Capital Fund would be sufficient to meet the envisaged requirements of the Organization.

Coming to specific questions that had been raised, he took up first the pertinent point about the need for a proportionate relationship between the Working Capital Fund and the effective working budget. As the Director-General had stated in his report to the Board, the present Working Capital Fund was clearly much too small to provide financial stability for the Organization; the cash balance of the fund was less than forty-five days’ cash requirements of the Organ-

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zation (Annex 17, Part 1, paragraph 4.2). Moreover, in 1964 the assessment of the two largest contributors represented 44.87 per cent. of the total assessments and normally those contributors paid their contributions in the second half of the year. Any unusual delay in those payments might place the Organization in serious financial difficulties, such as had arisen in 1963 when the amount remaining in the Working Capital Fund at 31 December of that year had been sufficient only to meet cash needs for approximately eight days. It would be readily understood that the estimation of daily cash requirements had to be based on the size of the effective working budget. The Organization had been close to jeopardy in 1963 and the Director-General was concerned to avoid any recurrence of that situation in the future.

The point raised by the delegate of Turkey had a direct bearing on the need for a Working Capital Fund. He did not know the number of Member countries in which the fiscal year corresponded to the calendar year. The largest contributor had a fiscal year beginning on 1 July and that fact had certainly had an effect on its ability to pay its contribution to the Organization early in the year; that payment, which represented over 31 per cent. of the effective working budget, could never be expected before 1 July in any year.

In answering the question of the delegate of Indonesia, he drew attention to the table appearing in Appendix 4 to Annex 17, which was based on the Executive Board’s recommendation that the advances to the Working Capital Fund should be on an assessed basis of $5 000 000. The Director-General had recommended an assessed basis of $7 000 000, but had been able to accept the Board’s proposal because it represented over 31 per cent. of the Working Capital Fund which would meet the needs. To take the example used by the delegate of Indonesia—Afghanistan—the present advance made by that country to the Working Capital Fund stood at $2410. That sum remained to the credit of Afghanistan and, in the event of the Board’s recommendation being accepted, its revised advance would be assessed at $2500. Afghanistan would thus be required to pay an additional $90 only. The same held true for all Member States; the third column in that table showed the additional amounts each country would be required to pay to bring the assessed part of the Working Capital Fund to a level of $5 000 000. The Working Capital Fund was maintained as a separate account and existed for the purpose of enabling the Organization to maintain good financial management.

The assessments for the Working Capital Fund were not related in any way to the assessments on Members to cover the effective working budget each year.

The delegate of the Soviet Union had made some observations with which the Committee had already indicated its agreement; as, for example, on the question of prompt payment of contributions by Member States. It had approved a resolution on that subject the previous day. In his explanations regarding Table C in Appendix 3 to Annex 17, he had already dealt with the first question of the delegate of the Soviet Union, and had clearly demonstrated, he thought, the need for an increase in the Working Capital Fund. The second question related to part C of the draft resolution recommended by the Executive Board in its resolution EB35.R23 which had not as yet been discussed. The provisions in question concerned arrangements under which the Director-General would have authority to make advances from the Working Capital Fund to meet unforeseen or extraordinary expenses, and it would be noted that under paragraph 1(2) he would be authorized to advance not more than $250 000 on his own authority, and up to a total of $1 000 000 with the prior concurrence of the Executive Board. The provision hitherto in force imposed a limitation of $500 000, and the reason for the recommended increase was explained in Annex 17, Part 1, paragraph 6.5, where it was noted that a similar provision to that now proposed had been approved by the Second World Health Assembly, but had later been reduced because of the situation brought into being by the withdrawal from active participation in the Organization of a number of Members. Furthermore, the Organization now had a much larger membership than at the time the last resolution on the Working Capital Fund had been adopted, and therefore had a potential need for considerably larger sums to meet unforeseen or extraordinary expenses.

If he had failed to answer any point that had been raised, he would be glad to have his attention called to the matter.

Mr Rose (Trinidad and Tobago) thanked the Secretary for his explanation regarding Table C in Appendix 3 to Annex 17. However, he still did not understand the wide gap between the column in that table on potential use of the Working Capital Fund, representing an assessment of maximum needs, and the column on funds needed to meet immediate obligations, which presumably was based on actual past experience. Possibly, part of the explanation lay in
the fact that such a large proportion of the funds was supplied by such a small proportion of the membership, but he would be glad to have some further enlightenment in view of the wide disparity between the two sets of figures.

The Secretary, in answer, said the explanation was to be found in Annex 17, Part 2. The three tables appearing in Appendix 3 to Annex 17 had been prepared on the basis of the cash requirements of the Organization, and of the cash income anticipated from receipt of contributions. The cash requirements included the normal cash balances held in some ninety bank accounts throughout the world. Coming to Table C, he explained that the first two columns related to cash income and cash requirements for the year 1966. The third column showed the estimated use of the Working Capital Fund on a cash basis; in other words, the difference between income and requirements. It would be seen that in the middle of the year (June) the cash outlay might be expected to reach the figure of $6,000,000. The next column showed the funds needed to meet immediate obligations, representing outstanding obligations that would not have been paid in cash but which would have to be met at some stage. The last column represented the total of cash outlay plus outstanding obligations. He hoped those explanations would serve to clarify the situation.

Mr. Brady (Ireland) said that the case made out in Annex 17, together with the explanations given by the Secretary, seemed to his delegation to justify an increase in the Working Capital Fund. The growth in the Organization's budget entailed added risks, requiring access to a Working Capital Fund adequate to defray expenses pending the receipt of contributions. Attention had been drawn to that matter from time to time by the External Auditor, and his delegation considered it but prudent financial management to make adjustments to bring the level of the Working Capital Fund more into line with the present level of the budget.

It would be seen from the information given in Annex 17 that even at the level which the Director-General was proposing to work to ultimately, i.e. approximately 20 per cent. of the effective working budget, the Working Capital Fund would not be out of line with the practice of other organizations in the matter. Indeed, as the table in Appendix 1 to Annex 17 showed, all the other agencies listed had working capital funds in excess of the percentage relationship of that of WHO. His delegation therefore felt able to endorse the proposals put forward by the Executive Board.

He had two small points to raise. Under the arrangement proposed for Part I of the Working Capital Fund in the draft resolution, he presumed that the 1966 scale of assessment referred to therein was the scale which would be adopted by the Health Assembly at a later stage. Secondly, his understanding was that adoption of Part B, paragraph 3, of that draft resolution would mean that casual income would be used immediately to transfer $500,000 to the credit of Part II of the Working Capital Fund. However, it was stated in Annex 17, Part 1, paragraph 5.1.4, that, should sufficient casual income be available each year from 1965 through 1969 to make the maximum transfers to Part II of the Working Capital Fund recommended by the Director-General, by the end of 1969 the total amount available in Part II would be $3,000,000. That statement, coupled with the provision in the draft resolution, suggested to him that the transfers of casual income over the five years in question would be of the order of $500,000 to $600,000. He would like to know whether the Director-General in fact intended to make transfers of that magnitude, in the event of the draft resolution being adopted.

Dr. Subandrio (Indonesia) asked to be assured that she was right in assuming that the additional amounts to be provided by Member States represented only the difference between the revised assessments and the existing assessments (i.e. in the case of Afghanistan, the example already cited, the amount would be $90), and that the payment would be non-recurring. Secondly, would payment have to be made in 1965 or 1966? Thirdly, she would like some explanation of the fact that the assessment for some Members was higher under the existing scale than under the revised scale. Burma was a case in point.

Dr. Cayla (France) thought the general discussion had served to clear up a number of important points, so that his delegation was now ready to support the draft resolution recommended by the Executive Board.

There was one point of detail which he would like to have cleared up. Taking the figures given in Appendix 2 to Annex 17 based on the assumption that Part I of the Working Capital Fund would be increased to $7,000,000, it would seem that the inclusion of the three new full Members, Malawi, Malta and Zambia, would in fact bring the total up to $7,240,000 or else that the additional assessment on all the other Members would have to be reduced

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Mr Thorp (New Zealand) said his delegation had some hesitation about introducing a fixed relationship between the amount of the Working Capital Fund and the effective working budget, as proposed by the Executive Board, having regard to the rate of growth in the budget in the past and the likely rate of growth in the years to come. On the basis of the latest forecast for the effective working budget, a sum of approximately $8,000,000 would be required to bring the Working Capital Fund up to 20 per cent. of the effective working budget. To achieve a growth of $4,000,000 would mean that $800,000 would have to be transferred to the Working Capital Fund each year from casual income, rather than the amount of $500,000 envisaged. He would like some explanation of the apparent discrepancy, particularly as, under the terms of the draft resolution recommended by it, the Executive Board would be required to review the assessment of advances to the Working Capital Fund in 1970.

Secondly, since it might not prove possible to transfer an average amount of $800,000 each year from casual income, perhaps the Secretary might attempt to forecast the rate of transfer for the next few years. Specifically, he would like to know whether the Director-General believed that it would be possible by 1970 to achieve a Working Capital Fund equal to but not exceeding 20 per cent. of the effective working budget for the year; if not, it might well be difficult for the Executive Board to assess whether the 20 per cent. principle in fact was appropriate to the Organization's needs.

Mr Wachob (United States of America) said that, in view of the statement in Annex 17 to the effect that any cases which might arise in the future requiring withdrawals from the Working Capital Fund had potentially much larger financial implications than heretofore, his delegation would like to know whether the Director-General's authority to make advances from the Working Capital Fund under part C of the draft resolution had actually been used in the past; if so, for what purposes, and if not, what were the general purposes now envisaged for which the provision would be used?

Dr Al-Wahbi (Iraq) said that his Government had studied the proposals regarding the Working Capital Fund most carefully and his delegation was prepared to support the draft resolution as it stood. Nevertheless, he was somewhat concerned as to the bearing the resolution would have on the use of casual income and on the budget ceiling, and he would like all the implications in that regard to be cleared up.

Dr Afridi (Pakistan) endorsed the stand taken by the delegate of New Zealand regarding the 20 per cent. principle. He had attempted to make certain projections of expenditure on the one hand and of additions to the Working Capital Fund on the other, and his calculation showed that, with a transfer from casual income each year in the amount of $500,000 the Working Capital Fund would be unlikely in the next few years to exceed more than 14 per cent. of the effective working budget. The tendency would be for governments to regard the 20 per cent. relationship as somewhat extravagant. Accordingly, it would make acceptance of the proposals less painful and not affect the issue if the words "equal to" were deleted from operative paragraph 1 of part B of the draft resolution. He accordingly proposed that that be done and that the word "adequate" be inserted in their place.

The Secretary, answering points raised, said he would first take up the questions relating to the scale of assessment to be applicable to the Working Capital Fund. In that connexion, he referred the Committee to Annex 17 of Official Records No. 140, containing the Director-General's report on the question to the Executive Board at its thirty-fifth session. In that report, it was noted that the Working Capital Fund had been established as from 1 January 1961 under resolution WHA13.41, and that the scale of assessment now used for calculating advances by Members to the Working Capital Fund was the scale for 1961 approved by resolution WHA13.18. The latter resolution, however, provided that the scale of assessment should be reviewed in five years' time in order to take account of changes which occurred from time to time in the scale of assessment applied by the Organization in financing the annual budget. If it were decided that the scale of assessment for 1966 to be adopted by the Health Assembly should be applied, adjustments of the type to which the delegate of Indonesia had made reference would have to be introduced; in other words, there would have to be adjustment upwards or downwards for some countries to reflect the changes in the scale of assessment adopted. The table in Appendix 4 to Annex 17 showed that there were a few countries to which credits would be due, on the basis of a Working Capital Fund (Part I) of $5,000,000 and application of the anticipated scale of assessment for 1966. He would point out that the table would have to be adjusted in line with the Health Assembly.
decision on the 1966 scale of assessment, which would take account also of the admission of the three new Members.

Under the draft resolution recommended by the Executive Board (page 397), provision was made in part A, operative paragraph 1(3), that the additional advances should be due and payable prior to 31 December 1967. Accordingly, if the draft resolution was adopted, the additional amounts indicated could be paid at any time before that date.

The delegate of Pakistan had confirmed the figures cited by the delegate of New Zealand, so that he need not deal with that question. He well understood why questions had been raised regarding the various sets of figures. The confusion had no doubt arisen from the fact that the Director-General's report to the Executive Board (Official Records No. 140, Annex 17) dealt with a different set of figures to those now before the Committee, because the Executive Board had recommended a different way of dealing with the matter. The Director-General had accepted that alternative solution because it represented a less painful way of raising the funds needed for the Working Capital Fund, even though there was no assurance at the present stage that the needed funds could be raised. The Director-General therefore assumed that the Health Assembly would wish him to call attention to the problem that would arise in the event of casual income in succeeding years not being available in sufficient amount to enable him to increase the Working Capital Fund to an amount not in excess of 20 per cent. of the effective working budget for the year. He would assume that the amendment proposed by Pakistan, if adopted, would not preclude that level being reached.

To the points raised regarding the possible adequacy of casual income in the years to come, he could only reply on the basis of experience. By the end of 1965, he would expect casual income to have accumulated in sufficient amount to enable the Director-General to transfer $500,000 to the Working Capital Fund as proposed under part B, operative paragraph 3, of the draft resolution recommended by the Executive Board, thus ensuring adequate working funds for 1966.

There had been few instances in the past when it had been necessary for the Director-General to use his authority to draw on the Working Capital Fund for meeting unforeseen or extraordinary expenses, because of the fact that the Organization had been able to finance supplementary budget estimates out of available casual income. But that happy position could not be expected to be maintained in the future, since, if the draft resolution recommended by the Executive Board was adopted, most of the resources becoming available under casual income would be utilized to build up an adequate Working Capital Fund. He accordingly anticipated that WHO would find itself in a similar position to other international organizations: i.e. it would have to use the Working Capital Fund to finance supplementary budget estimates if the need for imposing a supplementary assessment on Members in any year was to be avoided.

He was aware that he had given no precise answer as to the amount of casual income likely to be available in future years. He was unable to make any specific estimate, but hoped that there would be enough to enable the Director-General to finance operations, pending receipt of contributions from Member States.

Dr Alan (Turkey) said that the discussion had served to convince his delegation that the Executive Board's proposals were worthy of full support. The table given in Appendix 1 to Annex 17 showed that WHO's relative position in respect to the percentage size of its Working Capital Fund was low in comparison with that of the United Nations and other agencies. The Organization was a large one, with a big operational programme, and, in order to be able to meet the calls upon it, must have a larger Working Capital Fund than hitherto. Table C in Appendix 3 of Annex 17 showing the estimated use of the Working Capital Fund for the year 1966, plainly indicated that the present Working Capital Fund was inadequate, so that in the future the Organization might find itself in the position of being unable to finance its operations, pending the receipt of contributions from Members. For all those reasons, his delegation strongly supported an increase in the amount of the Working Capital Fund. As to the amendment proposed by the delegate of Pakistan, the proposed change would appear to present no great difficulties for the Organization.

Dr Lisicyn (Union of Soviet Socialist Republics) said that, although the Secretary's explanations served to clear up many points, no further grounds had been adduced in the discussion to warrant his delegation changing its stand on the matter. The Organization's financial position remained stable and satisfactory, as had been indicated by the Secretary in his introductory statement. It had been clearly confirmed that the way to ensure proper financing of WHO's activities was for every Member to observe the provisions of Regulation 5.4 of the Organization's Financial Regulations by paying contributions in due time—i.e. at the beginning of each financial year. Budgeting procedures of Member States could be adapted to take that provision into consideration.

The concern of the Director-General was based on what had happened in 1963 when there had been a longer delay than usual in the payment of certain contributions. Nevertheless, even in that most disturbing period, the resources of the Working Capital Fund had never been entirely exhausted and the whole background and experience confirmed the stable nature of the Organization's financial machinery. No case had been made out to show that an increase in the Working Capital Fund was essential. Moreover, even the relatively small increase proposed by the Executive Board would mean that some hundred Members would be called upon for additional advances in varying sums, so that the situation of those already in arrears of contributions would in fact be worsened. Furthermore, even the increased Working Capital Fund would not be adequate to meet all the estimated needs as set out in Table C in Appendix 3 of Annex 17.¹ He therefore failed to see that the additional burden that would be entailed on Members was really necessary and his delegation would have to abstain in the vote on the draft resolution recommended by the Executive Board.

Mr WACHOB (United States of America) asked how the Director-General would be guided in applying the provisions of operative paragraph 2 of part B of the draft resolution recommended by the Executive Board in the event of the adoption of the amendment proposed by the delegate of Pakistan to operative paragraph 1.

The SECRETARY said he would again point out that the Organization had been able to report a healthy financial position at the end of each year thanks to the wisdom of the Health Assembly in making adequate provision for the Working Capital Fund over the years. The proposals before the Committee would, in the Director-General's opinion, ensure the continuance of that position, provided that Member States continued to pay their contributions in due time and possibly at an earlier date in the year than at present. More security would be provided for the future and adjustments: decommissioning of those two States into the United Republic of Tanzania, it had become necessary to adjust those assessments. The United Nations Committee on Contributions had recommended that the United Republic be assessed at the minimum of 0.04 per cent. per annum. The Executive Board was now recommending that the Health Assembly cancel the present assessments against the two former States and assess the United Republic at 0.04 per cent. for the years 1964 and 1965.

As the assessments for 1964 had been applied as unbudgeted assessments, that action would reduce the amount of the unbudgeted assessments by the equivalent of 0.04 per cent. in 1964, or $13 870. The assessments for 1965 were part of the budgetary income for that year and the adjustment would mean a decrease in income for the year of 0.04 per cent., or $15 760. To replace that loss of income, the Board was recommending an increase in the amount of miscellaneous income appropriated in 1965 by $15 760.

In its resolution EB35.R18, the Board had recommended that the Health Assembly adopt the following draft resolution which would effect the necessary adjustments:

Decision: The amendment was rejected by 13 votes to 7, with 54 abstentions.

The CHAIRMAN put to the vote the draft resolution recommended by the Executive Board in its resolution EB35.R23 (see page 397).

Decision: The draft resolution was approved by 73 votes to none, with 6 abstentions.²


Agenda, 3.9

Dr AMOUZEGAR, representative of the Executive Board, introduced the item.

The former States of Tanganyika and Zanzibar had been assessed individually by the Seventeenth World Health Assembly for the years 1964 and 1965, each at the minimum assessment of 0.04 per cent. With the merging of those two States into the United Republic of Tanzania, it had become necessary to adjust those assessments. The United Nations Committee on Contributions had recommended that the United Republic be assessed at the minimum of 0.04 per cent. in the United Nations. The Executive Board was now recommending that the Health Assembly cancel the present assessments against the two former States and assess the United Republic at 0.04 per cent. for the years 1964 and 1965.

As the assessments for 1964 had been applied as unbudgeted assessments, that action would reduce the amount of the unbudgeted assessments by the equivalent of 0.04 per cent. in 1964, or $13 870. The assessments for 1965 were part of the budgetary income for that year and the adjustment would mean a decrease in income for the year of 0.04 per cent., or $15 760. To replace that loss of income, the Board was recommending an increase in the amount of miscellaneous income appropriated in 1965 by $15 760.

In its resolution EB35.R18, the Board had recommended that the Health Assembly adopt the following draft resolution which would effect the necessary adjustments:

The Eighteenth World Health Assembly,

Having noted the report of the Executive Board on the assessment of the United Republic of Tanzania; ³ and

Recalling that the former States of Tanganyika and Zanzibar had been assessed individually by the Health Assembly for the years 1964 and 1965,

² Transmitted to the Health Assembly in section 7 of the Committee's first report and adopted as resolution WHA18.14.
DEEDS

(1) to cancel the present separate assessments of the former States of Tanganyika and Zanzibar for the years 1964 and 1965 and to fix the assessment of the United Republic of Tanzania for those same years at 0.04 per cent.; and

(2) to revise paragraph III of the Appropriation Resolution for 1965 (WHA17.18) by increasing the amount under sub-paragraph (iii) by US $15 760 from miscellaneous income available for that purpose and by decreasing the assessments against Members by US $15 760.

Decision: The draft resolution was approved.¹

5. Report on Casual Income: Status of the Assembly Suspense Account

Agenda, 3.12.5, 3.12.6

The Secretary explained that the report before the Committee gave a summary of the casual income available as at 30 April 1965 (amount: $2 275 674) and of the uses proposed for it.

As indicated in the report, in its resolution EB35.R26 the Executive Board had recommended to the Health Assembly that $552 000 of casual income be used to help finance the proposed programme and budget estimates for 1966. It was customary for the Committee to transmit to the Committee on Programme and Budget a recommendation on the amount of casual income to be taken into account in establishing the budget ceiling for the effective working budget each year.

The Committee had already acted on the Executive Board’s proposals that the Health Assembly approve the supplementary estimates for 1965, amounting to $1 147 000, to be financed from casual income; that an amount of $500 000 be transferred from casual income to the Working Capital Fund; and that casual income be appropriated to offset the adjustments necessitated by the merging of Tanganyika and Zanzibar into a single State. The position was recapitulated in the report, showing that an amount of $47 044 would remain in casual income, after taking account of the recommendations.

The Committee might wish to recommend to the Committee on Programme and Budget that $552 000 be used to help finance the programme and budget estimates for 1966, as recommended by the Executive Board.

Mr Wachob (United States of America) said that the United States Government continued to be interested in the casual income available to the Organization, from the standpoint both of sources from which it was derived and ways in which it was to be used. The United States of America had accordingly welcomed the inclusion in the Executive Board’s report on the proposed programme and budget estimates for 1965 (Official Records No. 133) of the tables given in Appendix 17, which showed the sources from which casual income was derived and the amounts remaining in each of the three categories at 31 December for each of the ten previous years. Similar tables had not been included in the Board’s report on the proposed programme and budget estimates for 1966 (Official Records No. 141) and his delegation hoped that it would be found possible to provide such tables each year. It would further suggest that one of the tables be designed to show the amount of casual income actually derived from each of the three sources for each calendar year covered, and not simply the amounts remaining as of 31 December each year. That information would enable governments to get a better idea of the amount of casual income that might be anticipated in the succeeding year, without having to refer to several different sections of the annual Financial Report.

On a different aspect, he reminded the Committee of the suggestion made by his delegation the previous year to the effect that it would be helpful if the Executive Board, at its thirty-fifth session, were to review the Organization’s practice of appropriating the fixed amount of $500 000 in casual income to reduce Members’ assessments each year, and report to the Health Assembly. That reminder was not intended to affect the recommendation relating to the year 1966, but rather to ensure consideration of the long-range problem. The amount of casual income accruing during 1964 had been stated to be approximately $2 000 000. The Committee’s action designed to modify the level of the Working Capital Fund would result in earmarking for that purpose a certain amount of casual income each year, so that the total amount accruing could not be fully utilized to reduce Members’ assessments. His delegation was not suggesting that any particular amount, either in terms of dollars or percentage, be established as a target figure for that purpose, but felt that it would be valuable if the Executive Board, in January 1966, were to conduct a review from the policy standpoint and report to the Nineteenth World Health Assembly.

(For continuation of discussion, see minutes of the fifth meeting, section 2.)

¹ Transmitted to the Health Assembly in section 8 of the Committee’s first report and adopted as resolution WHA18.15.

The meeting rose at 12.30 p.m.
1. Members in Arrears in the Payment of their Contributions to an Extent which may invoke Article 7 of the Constitution

Agenda, 3.12.4

Dr Amouzegar, representative of the Executive Board, introduced the item—one of those referred to the Ad Hoc Committee by the Executive Board. The Ad Hoc Committee recalled in its third report 1 that when the Standing Committee on Administration and Finance of the Executive Board had dealt with this item prior to the thirty-fifth session of the Board, the Standing Committee had requested the Director-General to cable the Members concerned, urging them to expedite payment of their arrears or furnish reasons for non-payment before the opening of the thirty-fifth session of the Board. The Director-General had also communicated resolution EB35.R30 to the Members concerned, informing them of the Board's action, and urging payment of their outstanding arrears by 3 May 1965—the date of the Ad Hoc Committee's meeting. The Ad Hoc Committee had been informed that, at the time of its meeting, Haiti, Paraguay and Uruguay were in arrears to an extent that might invoke Article 7 of the Constitution, but had noted that a communication (reproduced in the Appendix to the Committee's report) had been received from Paraguay stating that a payment of US $20,000 was being dispatched, so that Paraguay would no longer be in arrears to an extent that might invoke Article 7 of the Constitution. Following the Seventeenth World Health Assembly, Uruguay had made a payment of US $34,090 which, at that time, reduced that country's arrears to less than two full years. However, on 1 January 1965 those arrears again exceeded two full years of contributions. While there had been additional time since the thirty-fifth session of the Board in which to liquidate their arrears, Haiti and Uruguay had made no reply to requests by 3 May 1965. The Ad Hoc Committee, on behalf of the Executive Board, therefore recommended that, if payments were not received or satisfactory reasons for non-payment given to the Health Assembly prior to Tuesday, 11 May 1965, the Assembly adopt the following resolution:

The Eighteenth World Health Assembly,

Having considered the report of the Executive Board and its Ad Hoc Committee on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;

Noting that Haiti, Paraguay and Uruguay are in arrears to the extent that it is necessary for the Assembly to consider, in accordance with the provisions of Article 7 of the Constitution and the provisions of paragraph 2 of resolution WHA8.13, whether or not their right to vote should be suspended at the Eighteenth World Health Assembly;

Recalling the provisions of resolutions WHA16.20 and WHA17.33; and

Believing that the Members concerned have had sufficient time in which to liquidate their arrears,

DECIDES to suspend the voting rights of Haiti, Paraguay and Uruguay at the Eighteenth World Health Assembly.

He drew attention to the fact that the Director-General had received on 6 May 1965 a communication from the Government of Haiti 3 undertaking payment of a minimum of two years' obligations in the next financial year.

It was for the Assembly to insert the names in the second paragraph of the preamble of the draft resolution as it thought fit, but it was the duty of the Ad Hoc Committee to point out that, up to 3 May 1965, Uruguay and Haiti had not replied to the requests for payment. The Ad Hoc Committee had felt that Haiti should be included in the resolution, since its arrears dated back to 1961.

The CHAIRMAN thanked the representative of the Executive Board for his explanation, and asked whether there were any questions regarding it.

2 Names of the countries concerned to be inserted.
Mr García Piñeiro (Argentina) said that the matter before the Committee was one which had concerned all the delegates for a considerable number of years. His delegation attached great importance to it, as it could also become a very delicate question if arrears in payments restricted public health programmes and services in countries depending on WHO for assistance. So far, fortunately, matters had not become as serious as that: the debts of the two countries in question were slight, and could not hold up the Organization’s programmes. Granted, the principle of punctual payment in an organization working for public good should be upheld, but it would be a serious step to deprive the countries in question of one of their basic rights as Member States—the right to vote—and it would be contrary to the basic principles of the Organization. Both countries were faced with economic and other difficulties, and had clearly been making efforts to strengthen their position. He felt that no valid comparison could be drawn between the reasons that had made the Seventeenth World Health Assembly deprive a Member State of its right to vote and the present situation. The explanation received from Haiti should be taken into account: to claim that Haiti had fallen behind in her obligations due to neglect would be to cast doubt on the Government’s word. He was also sure that the delegation of Uruguay would produce equally valid reasons for the delay in payment. To say the least, it was embarrassing for a country to be in such a situation; to see its name appear in documents only made matters worse.

The only fair solution was to approve a resolution showing due understanding and tolerance, and the delegation of Argentina was prepared to draft such a resolution. If a vote were taken, his delegation would oppose the draft resolution recommended by the Ad Hoc Committee.

Dr Magariños de Mello (Uruguay) thanked the delegate of Argentina for his words of understanding. It was a thankless task for him to justify his country’s arrears in payment. No one could doubt Uruguay’s interest in the work of the Organization or consider the delay to be a sign of wilful neglect of obligations. A recent drought had had a serious impact on the country’s economy, and the latest national budget had reorganized the system of payments in hard currency, delaying the fulfilment of obligations. The Ministry concerned had now authorized payment, but the present bank strike had caused further delays. He had now received a cable from his Government saying that Dr Adolfo Morales would be arriving as a special delegate to provide further details to the Assembly.

Mr Stein (Chile) agreed with the reasons given by the delegate of Argentina for opposing the resolution recommended by the Ad Hoc Committee. Those clear reasons, together with the explanation for delay just given by the delegate of Uruguay, provided sufficient grounds for a favourable view of the position. His delegation wished to await the report of the special delegate from Uruguay, and supported the suggestion that the delegation of Argentina draw up a new resolution.

Dr Lisicyn (Union of Soviet Socialist Republics) said that the Ad Hoc Committee of the Executive Board had had good reason to express concern about the arrears, and rational steps to find a solution should be sought. Some States, however, found difficulty in paying their contributions, which were increasing as a result of the increase in the budget. The resolution that had been passed on the Working Capital Fund would not improve the situation. Taking into consideration the announcement made by the delegate of Uruguay regarding the arrival of a special delegate to give further explanations, the comparatively small sum involved, and the country’s earnest attempts to pay its arrears, his delegation associated itself with the feelings of previous speakers and considered that the draft resolution submitted by the Ad Hoc Committee need not be adopted. A resolution expressing concern and the hope that Uruguay would take all necessary steps to effect rapid payment would suffice. In any case, there was no longer any reason to suspend that Member’s voting rights.

Dr Cayla (France) agreed that there was no doubt that the smooth operation of such an organization as WHO could be assured only if contributions were received regularly. But it was not wise to adopt too strict an attitude, especially in the present circumstances, which were obviously due not to neglect, but to very real economic difficulties. He agreed with the delegate of the Union of Soviet Socialist Republics that the Committee should not be over-hasty in its judgment, but should consider the verbal explanation given by the delegate of Uruguay on the one hand, and the written explanation furnished by the Government of Haiti on the other.

Nonetheless, he believed that some resolution was necessary, stressing that delays in payment prejudiced the work of the Organization and that Member States voting for the Organization’s budget were formally committed to meet the resulting obligations.

Mr Tarcici (Yemen) said that Article 7 of the Constitution could be seen as a “sword of Damocles” hanging over the heads of Members in arrears in payments. It was a good thing to have some arm
available in case of need—as when a negative attitude was to be combated. But the governments of the countries in question were not guilty of such an attitude; their difficulties were real. Did the delegates have to be reminded of the family character of the Organization? It was only normal that when a member of a family was in difficulties the rest should show understanding, and abstain from stringent measures. Article 7 was not aimed at such countries, but at those actively opposed to paying contributions.

Dr Subandrio (Indonesia) pointed out that, according to the Secretary's statement, the status of collection of contributions at the end of December 1964 had reached a level higher than in any year but 1957. In such circumstances, and remembering that Member States in similar circumstances in the previous year had already sent the contributions due up to the present time, and considering also the explanations that had already been heard and the promise of others yet to be heard, it would be inappropriate to adopt the resolution drafted by the Ad Hoc Committee of the Executive Board: it should be dropped, together with any idea of applying Article 7 of the Constitution.

Dr Alan (Turkey) said that the question of arrears was important and at the same time embarrassing. The delegation of Turkey agreed with the previous speakers that it should not be necessary to invoke Article 7 of the Constitution. Nor, however, could criticism be levelled at the Executive Board and its Ad Hoc Committee, since their concern was justified at the time when no explanation had been given of the arrears in payments. They had, indeed, only recommended that the resolution be adopted in the eventuality that no explanation was received by 11 May 1965.

The Chairman pointed out that the Ad Hoc Committee's draft resolution contained a blank; if no name were proposed to fill the blank there would be no need to vote on the resolution. He asked whether the delegate of Argentina was prepared to submit an alternative resolution.

Mr García Piñeiro (Argentina) said that he had before him the text that he proposed to submit—to the effect that, in view of what had recently come to light, there should be no suspension of voting rights, but a speedy settlement of dues, and that the countries in question be thus informed.

Dr Cayla (France) asked, in view of the importance of such a resolution, that the text be distributed.

Dr Bâ (Senegal) wondered what advantage there was in approving any sort of resolution, since all delegations had agreed on the excellent reasons for the delays of the countries in arrears. He felt that any such resolution was bound to contain words of judgment (such as "Members in default")—whereas in fact all the delegates who had spoken on the question were convinced that the delays were not due to any lack of goodwill. The payment of US $34,090 the previous year in an effort to avoid the application of Article 7 of the Constitution was clear evidence of goodwill; if Uruguay had been able to pay its arrears of contributions it would no doubt have done so. With regard to Haiti, there was no need to stress the seriousness of damage caused by hurricanes.

He would therefore ask the delegate of Argentina not to propose a new resolution, since that implied in itself an unjustified sanction or rebuke.

Mr García Piñeiro (Argentina) expressed his willingness to concur in the majority view. His main concern was to oppose the draft resolution already before the Committee. He also wished the delegate of France to be invited to work with his own delegation on a possible draft for a new resolution.

Dr Louembé (Congo, Brazzaville) felt that sufficient light had been shed on the question and, in view of the various statements made, in particular that by the delegate of Senegal, wished to suggest that the Committee pass over the item in silence.

Mr Stein (Chile) felt that there was a measure of agreement for both the suggestion of a new resolution and the suggestion that the Committee restrict itself to noting the situation. If the delegate of Senegal's proposal were a formal one, the Committee could proceed to a vote to determine which course of action should be approved.

Mr Siegel, Assistant Director-General, Secretary, drew attention to operative paragraph 2 of resolution WHA8.13, in which the Eighth World Health Assembly resolved "that, if a Member is in arrears in the payment of its financial contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from it for the preceding two full years at the time of the opening of the World Health Assembly in any future year, the Assembly shall consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of such a Member shall be suspended." That measure was to be seen as a warning—one that had been applied to two countries the previous year in resolution WHA17.33. It was useful in helping the Director-General of WHO to carry out his responsibility to remind Member States of their obligations. The procedure had been followed in other years also.
He suggested that the delegate of Senegal could perhaps be added to the drafting group to produce a resolution with the delegates of Argentina and France.

Mr Tarcici (Yemen) supported that suggestion.

Dr Bă (Senegal) was aware that, in accordance with resolution WHA8.13, the Assembly must make some statement on the present situation, and it was for that reason that he would suggest the adoption of a resolution simply noting the explanations given by the countries concerned. It would be an easy matter to draft such a resolution, and the time-consuming procedure of arranging drafting groups would thus be avoided.

Mr García Piñeiro (Argentina) said that if the majority of the Committee accepted the suggestion of the delegate of Senegal his delegation would be quite willing to refrain from proposing a resolution.

Mr Roffey (United Kingdom of Great Britain and Northern Ireland) felt that, in view of the comments made by the Secretary, some kind of positive action was called for; he would like to see in writing the draft resolution proposed by the delegation of Argentina.

Mr Tarcici (Yemen) appreciated the attitude of the delegate of Argentina; he felt that the suggestion of the delegate of Senegal would win the Committee’s support.

Mr Buffum (United States of America) agreed with the view expressed by the delegate of the United Kingdom; the Secretary had given a compelling picture of the procedure to be adopted in the circumstances. Although it was not suggested that Article 7 of the Constitution should be invoked in this instance, it would nevertheless be right to provide a formal instrument of official communication between the Director-General and the Member countries in arrears in payment.

Dr Bartoumi-Moussa (Central African Republic) agreed with the delegate of Yemen.

Dr Bă (Senegal) pointed out to those delegates who seemed to have come to a slightly different attitude on the question, though not a contrary one, that the problem was simply one of form. The requirements of resolution WHA8.13 had in fact already been met: the question of whether or not to invoke Article 7 of the Constitution had been considered. Thus a simple statement noting the explanations given by the Member States concerned and expressing the hope that the contributions would be paid should meet the situation.

The Director-General said that he felt the divergence of opinion between the delegates was a divergence only in appearance. To gain a clearer picture of the question, one had first to consider the position of the Director-General, who must approach the different governments and persuade them to pay their contributions. One had to realize the efforts that were necessary to reach a status of paid contributions as good as 96 per cent. Active negotiations with both the governments in question had been in process for more than two years to obtain some payment. He fully agreed that the explanations given for delay deserved appreciation, but the Assembly could not limit itself, in his opinion, merely to taking note of what had happened without requesting that an effort be made by the governments concerned to pay their arrears of contributions. He felt it was his responsibility to appeal to the Assembly to help him in carrying out his functions.

If he had understood the delegate of Uruguay correctly, he had promised a full explanation in three days’ time. But that was not a promise to pay; how could one know in advance what would be said? The explanations of the economic situation and the difficulties of payment had been extremely clear, but he felt that there should be a resolution asking the countries to make the payments as promised. That procedure had been followed before with good results.

With regard to Haiti, no delegate of Haiti was attending the Eighteenth World Health Assembly, and if there was no resolution asking the Government of Haiti to make the payment in question it would be difficult to know how to proceed.

The delegate of Argentina had made a proposal that some considered to be too much, the delegate of France had suggested some changes, and the delegate of Senegal had suggested a simpler form of resolution altogether. It would seem normal that the three delegates should get together to draft a resolution—more simple, perhaps, but one which would be brought to the attention of the Health Assembly.

There was another point he wished to make: two delegates had asked to see a resolution in writing, and he wished to draw attention to Rule 51 of the Rules of Procedure which made it difficult for there to be a vote on a resolution without it being put into writing. That seemed to be the only course of action. He appealed to the Committee to approve a resolution which would help the administration to carry out its functions.

Dr Castillo (Venezuela) supported the suggestion made earlier by the delegate of Senegal.

Dr Afridi (Pakistan) thanked the Director-General for clarifying the position. He would like to see the
Dr Magariños de Mello (Uruguay) thanked delegates for the understanding they had shown of his country's difficult situation. He wished, however, to correct the impression that the special delegate appointed by his Government was coming to the Assembly for the sole purpose of offering his Government's explanations on the subject of non-payment of contributions: he had himself endeavoured to offer those explanations in his earlier statement to the meeting. The special delegate, who was expected in Geneva within two days, had received instructions from his Government with regard to the payment of contributions, and the necessary administrative steps had already been taken to make the payment as soon as possible. The payment could not, in any event, be made immediately, because of the bank strike to which he had already referred. He hoped that his explanation would serve to clear up any doubts that had been created about his Government's intentions and the function of his fellow delegate, who would address the Assembly soon after his arrival.

The Director-General said that he had not understood that the delegation of Uruguay was in possession of definite information that its Government was going to make a payment within a certain period of time, and he apologized for the misunderstanding.

Dr Magariños de Mello (Uruguay) considered that he himself owed the apologies, for not having given a sufficiently clear explanation.

Mr Brady (Ireland) proposed that, in accordance with Rule 60 of the Rules of Procedure, the debate on the item under discussion should be adjourned in order to give the Committee the opportunity to see the terms of any proposed draft resolutions, and to hear any further explanations that might be given by the special delegate being sent by the Government of Uruguay.

Dr Cayla (France) supported the motion.

Decision: The motion was adopted unanimously. (For continuation of discussion, see minutes of the seventh meeting, section 2.)

2. Report on Casual Income: Status of the Assembly Suspense Account (continued from fourth meeting, section 5)

The Secretary referred to the comments made by the delegate of the United States of America at the previous meeting (see page 405) and said that, in his own introductory statement, he should have referred to the recommendation of the Executive Board that the amount of $552,000 be used from casual income to help finance the programme and budget estimates for 1966. In resolutions EB35.R26 and EB35.R11 the Executive Board had recommended the inclusion in the programme and budget estimates for 1966 of an amount of $62,000, in addition to the sum already proposed, in order to provide for WHO's participation in the Joint FAO/WHO Food Standards Programme. In its report to the Committee on Programme and Budget, the Committee might wish to refer to the Board's recommendations in those two resolutions.

The United States delegate had also referred to the tables appearing in Appendix 17 to the report of the Executive Board on the proposed programme and budget estimates for 1965 (Official Records No. 133); he had pointed out that no such tables appeared in the corresponding report on the estimates for 1966 (Official Records No. 141), and had suggested that they should be included in the Executive Board's future reports. There should be no difficulty in suggesting that procedure to the Executive Board at its thirty-seventh session, in January 1966, and the Director-General would provide the necessary details so that the tables could be included.

With regard to the general policy governing the amount of casual income to be used each year, it might be useful to recall the discussion that had taken place in the Committee on Administration, Finance and Legal Matters during the Seventeenth World Health Assembly. The United States delegate had then suggested that steps might be taken to utilize casual income to increase the size of the Working Capital Fund, and the Secretary had himself replied that the Director-General would be considering the matter. As the Committee knew, a proposal on the subject had been made to the Board and to the current session of the Assembly. It would seem premature to review the policy regarding the amount of casual income to be used to help finance the annual programme and budget estimates until the Organization had had at least two years' experience in the utilization of casual income for increasing the size of the Working Capital Fund, since during the next few years it might be necessary to use nearly all the available casual income for that purpose, leaving little to help finance the programme and budget estimates. However, both the Director-General and the Executive Board would bear the present discussion in mind.

\[1\text{ Off. Rec. Wld Hlth Org. 136, 414.}\]
Mr Brady (Ireland) shared the view of the United States delegation that the role of casual income in relation to budgetary policy needed to be reviewed. He appreciated the Secretary's very reasonable point of view that it would be premature to consider the question so soon after the change-over to the policy of making annual transfers of casual income to the Working Capital Fund, but felt that some useful steps might be taken in that connexion.

During the discussion on the Working Capital Fund, when he had tried to ascertain the likely amounts of transfers of casual income to the Working Capital Fund for the years 1965-1969, the Secretary had said that it was not possible to give a clear indication of what transfers might be made in the possible changing circumstances in the coming years. It was desirable that the Executive Board, in considering the position of the Working Capital Fund, should consider what would be the probable amounts of the transfers in the years to come, and he had little doubt that, with the knowledge and expertise available to the Secretary and his staff, a projection of probable levels of casual income could be provided to the Board.

In recent years it had been the policy of the World Health Assembly to limit the use of casual income as relief for the programme and budget—though the amounts finally used had generally been far in excess of those originally earmarked, owing to the necessity of making provision for additional items arising after preparation of the budget. There would seem to be a fair amount of casual income left that should be earmarked at an early stage by the Director-General when formulating the budgetary proposals. Perhaps the Secretary could give some indication of the factors affecting availability of casual income.

He would recommend that, consistent with the provision of reasonable transfers to the Working Capital Fund, the maximum proportion feasible of estimated casual income should be utilized as a credit for the programme and budget proposals by the Director-General when he formulated his proposals for consideration by the Executive Board.

The Chairman suggested that the Committee should recommend to the Committee on Programme and Budget that casual income to the amount of $552 000 be used to help finance the programme and budget for 1966.

It was so agreed.

3. Assessment for 1965 of New Members

The Secretary introduced the Director-General’s report, which recommended that the assessments of the three new Member States, Malta, Zambia and Malawi, be the minimum scale of 0.04 per cent. The report contained the following draft resolution for the consideration of the Committee:

The Eighteenth World Health Assembly,

Noting that Malawi, Malta and Zambia became Members of the Organization during 1965 by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution,

DECIDES that these Members shall be assessed as follows:

<table>
<thead>
<tr>
<th>Member State</th>
<th>1965 per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>0.04</td>
</tr>
<tr>
<td>Malta</td>
<td>0.04</td>
</tr>
<tr>
<td>Zambia</td>
<td>0.04</td>
</tr>
</tbody>
</table>

Decision: The draft resolution was approved.1

4. Scale of Assessment for 1966

The Secretary introduced the Director-General’s report, which provided the Committee with information relating to the basis on which the scale of assessment had been considered during previous Health Assemblies, together with indications as to how the Committee might wish to take action regarding the establishment of the scale for 1966.

A difficulty had arisen because the United Nations General Assembly had not yet been able to take action regarding a scale of assessment for the year 1965 for the United Nations. However, the scale for 1965, 1966 and 1967 recommended to the United Nations General Assembly by the United Nations Committee on Contributions was available, and was reproduced in Annex 1 to the report. That scale, adjusted to make it applicable to WHO for 1966, appeared in Annex 3. Alternatively, the Committee might wish to retain for another year the United Nations scale for 1964, which had been used as a basis for the 1965 WHO scale: a table showing the WHO scale for 1966, calculated on that basis, appeared in Annex 2.

The United Nations Committee on Contributions had introduced a number of changes in the new scale it had recommended for 1965, 1966 and 1967. As the United Nations General Assembly was likely to change those recommendations little, if at all, the Committee might decide to use them as the basis of the WHO scale for 1966. There would probably be less likelihood of retroactive adjustments with that scale.

1 Transmitted to the Health Assembly in section 9 of the Committee’s first report and adopted as resolution WHA18.16.
The report included a draft resolution for the Committee's consideration: the first part could be completed by the scale selected; the second part allowed for the WHO scale to be adjusted to bring it into line with the United Nations scale should the General Assembly adopt during 1965 a scale different from that recommended by its Committee on Contributions.

Mr Brady (Ireland) said that, since the Nineteenth Session of the United Nations General Assembly had not discussed the report of the Committee on Contributions recommending a new scale of assessment for 1965, 1966 and 1967, his Government considered it preferable that WHO should retain its existing scale, and not anticipate or prejudge the action of the United Nations General Assembly. Any adjustments needed later could be made retrospectively. Even though it had been the normal practice of the United Nations General Assembly to accept the recommendations of the Committee on Contributions, it did so after a full debate during which certain principles for the future were agreed upon. There had been a departure from the previously accepted principle in the latest recommendations of the Committee, since it had decided to use the net national product as a basis for comparison of the capacity of Members to contribute, instead of national income. One of the effects of that decision had been that the assessments of a number of Members had been recommended for upward revision. It could not be assumed that the passage of the new scale through the forthcoming session of the United Nations General Assembly would be as smooth as in the past.

He did not propose to submit a formal resolution, but wished to have the view of his Government on the subject recorded.

Mr Turbanski (Poland) said that he wished to raise the question of the currency in which contributions were payable—a subject of vital importance to many Members, but not specifically included in the agenda. In view of the fact that Members' contributions had increased sharply in recent years—in the case of Poland, its 1966 contribution would be almost 140 per cent. of that for 1961—the necessity of making contributions in United States dollars, Swiss francs or pounds sterling represented a very heavy burden. Authorization to pay even 10 to 15 per cent. of the contribution in local currency would relieve that burden considerably and should in no way hamper the operations of WHO, since many payments, such as those for fellowships, for the purchase of equipment, for the organization of training courses and seminars, etc., could be made in local currency. Some specialized agencies of the United Nations, such as UNICEF, already followed that practice.

His delegation had prepared a draft resolution on the subject, which read as follows:

The Eighteenth World Health Assembly,

Taking into account that the steady increase of the regular budget of the Organization creates a considerable burden, particularly for certain Member States;

Recalling its resolutions WHA2.58 and WHA14.32 and certain resolutions of the Executive Board concerning payment of contributions in currencies other than United States dollars, Swiss francs or pounds sterling;

Bearing in mind that certain agencies of the United Nations accept a portion and even the whole of the contributions in local currencies of the Member States,

REQUESTS the Director-General and the Executive Board:

(1) to ask the governments of Member States to communicate to him their views on the whole problem of payment of contributions in currencies other than United States dollars, Swiss francs or pounds sterling;

(2) to continue to study this problem with a view to extending possibilities of payment of contributions in local currencies other than those now authorized, taking into account replies of the governments;

(3) to report the results of such study to the Nineteenth World Health Assembly.

He submitted the draft resolution for the Committee's consideration.

The Chairman pointed out that, although the Committee could not take a decision on the question raised by the delegate of Poland, since the subject was not on the agenda, his statement would be recorded in the records of the meeting. The question, which was, of course, a very important one, could be discussed by the Executive Board under paragraph (c) of Rule 9 of the Board's Rules of Procedure.

The Secretary observed that the subject, which had already been discussed on several occasions, was not included in the Assembly's agenda, and he therefore doubted whether it could be considered. Moreover, delegates would no doubt wish a careful study to be made beforehand. As suggested by the Chairman, the subject could be referred to the Executive Board.

Mr Turbanski (Poland) said that a great deal of the Committee's time had already been devoted to discussion on world health foundations—an item which did
not appear on the agenda—and that a draft resolution on the subject was to be considered at a later meeting.

Dr Lisicyn (Union of Soviet Socialist Republics) associated himself with the views expressed by the delegate of Poland. The matter of the currency in which contributions had to be paid was of concern not only to Poland, but to a number of other countries whose national currencies were not acceptable for that purpose. The Executive Board and the Health Assembly had already taken some measures to alleviate the position of such countries, but the optimal solution had by no means been found as yet. As regards the question whether the Polish delegation's draft resolution could be discussed, the Committee had already discussed and would consider a draft resolution on one item that was not on the Health Assembly's agenda—that relating to world health foundations. It did not seem to him that the proposal of the Polish delegation was contrary to the Rules of Procedure, since the subject was not a new one.

The Chairman pointed out that the discussion on world health foundations had arisen during the Committee's consideration of agenda item 3.12—Review of the financial position of the Organization—and that the subject was mentioned in the statement presented by the Secretary in that connexion (see page 379).

Dr Subandrio (Indonesia) proposed that discussion on the item should be adjourned, as the members of the Committee had not had sufficient time to study the alternative proposals for the scale of assessment for 1966.

Dr Al-Wahbi (Iraq) supported the motion. He felt that a comparative table, including in one list the details given in Annexes 2 and 3 of the report (scale of assessment for 1966 based on the United Nations scale for 1964, and scale of assessment for 1966 based on the scale recommended by the United Nations Committee on Contributions for 1965, 1966 and 1967), might facilitate the work of the Committee, and suggested that the Secretariat bear that in mind for the future.

The Chairman invited the Committee to vote on the motion for the adjournment of the discussion. Decision: The motion was adopted by 70 votes to none, with 2 abstentions. (For continuation of discussion, see minutes of the sixth meeting, section 2.)

5. First Report of the Committee to the Committee on Programme and Budget

At the request of the Chairman, Mr de Coninck (Belgium), Rapporteur, read out the Committee's draft first report to the Committee on Programme and Budget. Decision: The report was adopted (see page 477).

The meeting rose at 5.40 p.m.

SIXTH MEETING

Wednesday 12 May 1965, at 9.30 a.m.

Chairman: Professor R. Vannugli (Italy)

1. First Report of the Committee

At the invitation of the Chairman, Mr de Coninck (Belgium), Rapporteur, read out the Committee's draft first report.

The Chairman noted that, under Rule 70 of the Rules of Procedure, the fourth resolution, relating to supplementary budget estimates for 1965, required to be approved by a two-thirds majority of the Members present and voting. In the absence of comment, he would assume that that requirement was fulfilled.

Dr Bâ (Senegal), referring to the fifth resolution (on accommodation for the Regional Office for Africa), asked that a list of the African Members that had already made voluntary contributions towards the cost of the extension of the regional office accommodation should be appended to the resolution.

Dr Louembé (Congo, Brazzaville), supporting the suggestion, assumed that the amount of each country's contribution would also be shown.
Dr KINYA (Kenya) endorsed both suggestions: it was time all Members of the African Region paid their due share of the cost involved.

Mr SIEGEL, Assistant Director-General, Secretary, said that in order to avoid procedural difficulties that might arise in accepting at that stage the suggestion of the delegate of Senegal, the point might be met by the insertion in the resolution of a footnote reference to Schedule E in the Financial Report for 1964, which contained a list of the African countries that had made voluntary contributions to the African Regional Office Building Fund, together with the amount in each case.

Dr BA (Senegal) thought it would be more effective for getting the necessary action if the list were appended to the resolution; footnotes tended to be overlooked.

The SECRETARY further explained that, if the footnote reference were added, the Director-General in transmitting the resolution by letter to Members in the African Region would annex to it the information appearing in Schedule E, so that all the facts would thus be readily available to the governments concerned.

Dr BA (Senegal) and Dr LOUEMBÉ (Congo, Brazzaville) said they would be satisfied with that way of dealing with the matter.

It was agreed that a footnote reference be added to the resolution.

Decision: The report, as amended, was adopted (see page 476).

2. Scale of Assessment for 1966 (continued from fifth meeting, section 4)

The CHAIRMAN invited the Committee to resume discussion of the item.

Dr SUBANDRIO (Indonesia) said she was grateful that the discussion had been adjourned at the previous meeting, since she had thus had the opportunity in the interim of thoroughly studying all the issues involved. The Director-General's report covered the background to the question in detail, and the points brought out in paragraphs 1.1, 1.3, 2 and 3.2 were particularly relevant to the decision to be made. It would seem that the Director-General's suggestion that the Health Assembly might wish to base the WHO scale of assessment for 1966 on the scale recommended by the United Nations Committee on Contributions for the years 1965, 1966 and 1967 (Annex 3 to the report) was in accordance with the Health Assembly's decision that the Organization's scale of assessment should be adjusted to take into account the latest United Nations scale, and, since in the past the United Nations General Assembly had, with one exception only, ultimately adopted the scale of assessment recommended by the Committee on Contributions, there would seem to be no obstacle to the Health Assembly's acting as the Director-General suggested.

Having analysed the adjustments that would be introduced by the adoption of that particular scale, from the figures given in Annex 3 to the report, she had found that the assessments of forty-three Members would be lower, those of eighteen higher, and those of the remaining Members would be unchanged. In the circumstances, her delegation would support the scale of assessment for 1966 as set out in Annex 3.

The SECRETARY drew attention to the fact that neither of the scales of assessment set out in Annexes 2 and 3 to the report took account of the assessments that would be applicable to the three new Members—Malawi, Malta and Zambia. Some slight adjustments would therefore be required as a result of their inclusion.

Dr ALAN (Turkey) observed that the detailed analysis made by the delegate of Indonesia should have served to convince the Committee of the soundness of her reasoning, to which he heartily subscribed. It had been customary for many years for the Health Assembly to adopt a scale of assessment based on the latest available United Nations scale, and the same practice should be followed in the present instance, particularly as that course coincided with the Director-General's recommendation.

Dr AL-WABHI (Iraq) said that he too had concluded after careful consideration that the scale of assessment set out in Annex 3 to the report, as based on the most up-to-date information available from the United Nations, should be adopted.

Dr HALEVI (Israel), on the other hand, thought that adoption of the scale in Annex 3 might be tantamount to prejudging the eventual decision to be made by the United Nations General Assembly. There would seem to be no good reason to depart from the past practice established by the Health Assembly of basing the WHO scale of assessment on the latest available United Nations scale. Since the United Nations General Assembly had as yet taken no action on the recommendation of the Committee on Contributions, presumably the United Nations scale for 1965 would be the same as that for 1964. He would therefore advocate adoption of the scale set out in Annex 2 to the report (based on the United Nations scale for 1964).
but would be appropriate if the choice fell on that in

The Secretary reminded the Committee that the
draft resolution set out in the Director-General’s
report contained a section providing for adjustments
to be made in the WHO scale for 1966 in the event of
the General Assembly adopting, prior to 31 December
1965, a scale different to that recommended by the
Committee on Contributions. It was important, too,
that the Committee should understand that the
United Nations General Assembly had not adopted,
as yet, any scale of assessment for the year 1965.

Dr Popovici (Romania) endorsed the views
expressed by the delegate of Israel. There was no
guarantee that the United Nations General Assembly
would eventually adopt the recommendations of the
Committee on Contributions. It was accordingly
advisable that the WHO scale should be based on the
latest scale adopted by the General Assembly.

Dr Layton (Canada), noting that speakers in the
discussion had addressed themselves exclusively to the
scales of assessment set out in Annexes 2 and 3,
asked whether it was not the case that the Committee
was, in fact, dealing with the draft resolution as a
whole, set out in the Director-General’s report.
Secondly, was he right in assuming that the scale set
out in Annex 3, if adopted, would be applicable also
to the additional advances to the Working Capital
Fund, as provided in the resolution on the scale of
assessment and amount of the Working Capital
Fund, which had been approved by the Committee
at an earlier meeting? Under the terms of that reso-
lution, whatever scale of assessment was adopted
for 1966 would also be applicable to advances to the
Working Capital Fund, and would remain applicable
until reviewed by the Executive Board in 1970 (i.e., for
approximately five years).

Dr Alan (Turkey) pointed out that it was a virtual
certainty, in view of the past practice, that the United
Nations General Assembly would eventually adopt the
recommendations of the Committee on Contributions,
and it would therefore be logical for the Health
Assembly to give effect to those recommendations
forthwith.

The Secretary, answering the points raised by the
delegate of Canada, said that part II of the draft
resolution contained in the Director-General’s report
would not be applicable if the Committee decided to
approve the scale of assessment set out in Annex 2,
but would be appropriate if the choice fell on that in

Annex 3. Secondly, it was plain that whatever scale
of assessment was adopted by the Health Assembly for
application to the 1966 budget would be the scale
applied for assessing advances to Part I of the Working
Capital Fund, as provided in the relevant resolution.

To the arguments adduced by the delegate of Turkey
he might add that some Members of WHO were not
Members of the United Nations, and that in the past
the Health Assembly had followed the practice of
accepting the recommendations of the United Nations
Committee on Contributions on the assessments to be
applied to those Members.

The Chairman, noting that there were no further
comments, proposed to proceed to voting in the
following order: (1) the scale of assessment for 1966
set out in Annex 2 to the report before the Committee;
(2) the scale set out in Annex 3; and (3) the draft
resolution contained in the report, as completed by
insertion of the scale of assessment agreed upon.

Answering a point raised by Mr Rose (Trinidad and
Tobago), the Secretary explained that it was the
first time in the history of the Organization that the
Health Assembly had been confronted with a situation
where the United Nations General Assembly had been
unable to reach a decision regarding the United
Nations scale of assessment for the succeeding year.
There was, therefore, no precedent to guide the Com-
mitee other than the fact to which he had already
drawn attention, that in the past the Health Assembly
had approved a scale including assessments on
Members of WHO that were not Members of the
United Nations, based solely on the recommendations
made by the United Nations Committee on Contribu-
tions.

After some discussion, the Chairman noted that
there was general agreement on the voting procedure
he had suggested.

He put to the vote the proposed scale of assessment
for 1966, based on the United Nations scale for 1964,
as set out in Annex 2 to the report before the Com-
mitee.

Decision: The proposal was rejected by 45 votes to
17, with 5 abstentions.

The Chairman put to the vote the scale of assess-
ment for 1966 based on the scale recommended by the
United Nations Committee on Contributions for
1965, 1966 and 1967, as set out in Annex 3 to the
report before the Committee.

Decision: The proposal was approved by 63 votes
to none, with 10 abstentions.

The Chairman invited consideration of the draft re-
solution contained in the report before the Committee,
as completed by the insertion of the scale approved, adjusted to include the three new Members, and reading as follows:

The Eighteenth World Health Assembly

I

DECIDES that the scale of assessment for 1966 shall be as follows:

<table>
<thead>
<tr>
<th>Member</th>
<th>Scale (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>0.05</td>
</tr>
<tr>
<td>Albania</td>
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Committee on Administration, Finance and Legal Matters: Sixth Meeting

Member | Scale (percentage)
-------|------------------
Viet-Nam | 0.07
Western Samoa | 0.04
Yemen | 0.04
Yugoslavia | 0.32
Zambia | 0.04

Total | 100.000

II

Considering that the WHO scale of assessment for 1966 is based on the latest available scale recommended by the United Nations Committee on Contributions,

DECIDES that, if the General Assembly of the United Nations adopts prior to 31 December 1965 a scale of assessment for 1965 different from that recommended by the United Nations Committee on Contributions, the WHO scale of assessment for 1966 should be similarly adjusted, provided, however, that such adjustments shall be taken into account in calculating the contributions to be paid by Members in respect of the budget of the Organization for the year 1967.

Decision: The draft resolution was approved.¹

Dr. Doubek (Czechoslovakia) asked what would happen if the United Nations failed to take any decision about the scale of assessment.

Reverting to the point raised by the delegate of Poland at the previous meeting, he said that the question of the payment of contributions in national currencies, which was of great importance to a number of countries, including his own, would need further study at some time by the Organization.

Dr. Cayla (France) observed that the question of the payment of contributions in national currencies was not on the agenda of the Eighteenth World Health Assembly. The parallel drawn by the delegates of Poland and of the Soviet Union with the draft resolution on national world health foundations was not a proper one, since that draft resolution had arisen directly from the opening statement by the Secretary. However, he was sure, in view of the great importance of the subject raised by the delegate of Czechoslovakia, that the Director-General would bring it before the Executive Board so that it could be discussed and a recommendation prepared for the Health Assembly.

The Chairman observed that the first question raised by the delegate of Czechoslovakia was somewhat academic.

Dr. Layton (Canada) suggested that, in the interest of orderly procedure and of speeding the Committee’s work, the point made by the delegate of Czechoslovakia might be referred to the General Committee under Rule 33(d) of the Rules of Procedure.

Dr. Andriamasy (Madagascar) agreed with that suggestion.

Mr. Turbanski (Poland) said that the arguments against the consideration of his proposal had not convinced him. The question of payment in national currencies was related to practically every item on the agenda. He appreciated the fact that some speakers had agreed that it required careful consideration and, in order to expedite the Committee’s business, he would support the suggestion made by the delegate of France and would not press the procedural issue.

The Secretary commented on various points raised during the discussion.

The proposal made by the delegate of Poland for a discussion on the currencies of contributions could not be compared with the draft resolution introduced by the delegate of Madagascar on national world health foundations. At least two items on the agenda, in addition to the one already mentioned by the delegate of France, had a bearing on national world health foundations: the annual Financial Report of the Director-General (Official Records No. 142) contained a schedule on the Voluntary Fund for Health Promotion which was directly related to the proposal regarding world health foundations; and in the report of the Executive Board on its thirty-fifth session (Official Records No. 140) resolution EB35.R19 mentioned specifically the proposal for world health foundations.

The currency of contributions was governed by Financial Regulation 5.5, which read as follows:

5.5 Annual contributions and advances to the Working Capital Fund shall be assessed in US dollars, and shall be paid in either US dollars or Swiss francs; provided that payment of the whole or part of these contributions may be made in such other currency or currencies as the Director-General, in consultation with the Board, shall have determined.

The subject had been studied by the Executive Board more than once. WHO was perhaps the only international organization that, with a budget supported by statutory assessments, invited governments to contribute in so many currencies. Contributions were accepted at present in seven or eight currencies.

The fund mentioned by the delegate of Poland the previous day was supported solely by voluntary

¹ Transmitted to the Health Assembly in the Committee’s second report and adopted as resolution WHA18.17.
contributions. For the Voluntary Fund for Health Promotion, in no instance had WHO refused a contribution in the national currency of the contributor.

He assured the Committee that the Director-General, by virtue of the authority which he had under the Rules of Procedure of the Executive Board, would put the item on the agenda of the next session of the Executive Board.

The CHAIRMAN stated that the Committee had completed its work on item 3.11 of the agenda.

3. Proposed Amendments to the Rules of Procedure of the World Health Assembly

Agenda, 3.6

Dr AMOUZEGAR, representative of the Executive Board, introduced the proposed amendments to the Rules of Procedure of the Health Assembly. Those amendments had been considered by the Board at its thirty-fifth session, and in resolution EB35.R37 the Board had recommended their adoption by the Health Assembly. The object of the proposed amendments was to facilitate the conduct of business in the Health Assembly, with a view to saving time and money. He reminded the Committee that the Health Assembly (in resolution WHA18.1) had already provisionally adopted the new Rule 75(bis) and the amendment to Rule 80.

The CHAIRMAN invited the Committee to consider the proposed amendments rule by rule.

Rule 61

The proposed amended Rule read as follows:

A delegate or a representative of an Associate Member may at any time move the closure of the debate on the item under discussion whether or not any other delegate or representative of an Associate Member has signified his wish to speak. If request is made for permission to speak against closure, it may be accorded to not more than two speakers, after which the motion shall be immediately put to the vote. If the Health Assembly decides in favour of closure, the President shall declare the debate closed. The Health Assembly shall thereafter vote only on the one or more proposals moved before the closure.

Decision: The amended Rule 61 was approved.

Rule 69

The proposed amended Rule read as follows:

Each Member shall have one vote in the Health Assembly. For the purposes of these Rules, the phrase “Members present and voting” means Members casting a valid affirmative or negative vote. Members abstaining from voting are considered as not voting.

Decision: The amended Rule 69 was approved.

Rule 75 (bis)

The proposed new Rule 75(bis) read as follows:

When the Health Assembly votes by secret ballot, the ballot itself and the check of the number of ballot papers shall take place in plenary meeting. Unless the Health Assembly determines otherwise the counting of votes shall take place in a separate room to which delegations may have access. This counting shall take place under the supervision of the President or of one of the Vice-Presidents of the Health Assembly. The Health Assembly may proceed with its work during the period before the results of the ballot can be announced.

Mr BRADY (Ireland) proposed replacing the words “may have access” by “shall have access”, in the English text.

Decision: The amendment to the English text was approved, the French text remaining unchanged.

Dr ALAN (Turkey) said that his delegation, which had consistently been in favour of provisions that would shorten the Health Assembly’s work, was in favour of the new Rule 75(bis). He asked, however, why the word “may” had been used in preference to “shall” in the last sentence.

The SECRETARY said that in the Director-General’s original proposal the word “shall” had been used, and the change to “may” had been made by the Board. He quoted the relevant passage from the minutes of the Board’s thirty-fifth session, which read:

Professor AUJALEU asked whether the intention in the proposed Rule was that the Health Assembly must necessarily proceed with its work until the results of the ballot could be announced, or whether it was merely being given the possibility of doing so if it wished.

Mr SIEGEL suggested that the point would be covered by substituting “may” for “shall” in the last sentence.

The SECRETARY said that in the Director-General’s original proposal the word “shall” had been used, and the change to “may” had been made by the Board. He quoted the relevant passage from the minutes of the Board’s thirty-fifth session, which read:

Professor AUJALEU asked whether the intention in the proposed Rule was that the Health Assembly must necessarily proceed with its work until the results of the ballot could be announced, or whether it was merely being given the possibility of doing so if it wished.

Mr SIEGEL suggested that the point would be covered by substituting “may” for “shall” in the last sentence.

The intention of the Board had presumably been to make the provision permissive, so that each Health Assembly could decide, taking into consideration the work before it, whether or not to follow the procedure.

1 EB35/Min/14 Rev. 1, p. 483.
Dr Alan (Turkey) said that he was satisfied with the explanation given.

Decision: Rule 75(bis) was approved, with the amendment to the English text proposed by the delegate of Ireland.

Rule 78(bis)
The proposed new Rule 78(bis) read as follows:

In an election each Member, unless he abstains, shall vote for that number of candidates equal to the number of elective places to be filled. Any ballot paper on which there are more or fewer names than there are elective places to be filled shall be null and void.

Decision: Rule 78(bis) was approved.

Rule 79
The proposed amended Rule read as follows:

If during an election one or more elective places cannot be filled by reason of an equal number of votes having been obtained by two or more candidates, a ballot shall be held among such candidates to determine which of them will be elected. This procedure may be repeated if necessary. If the votes are equally divided on a matter other than an election, the proposal shall be regarded as not adopted.

Dr Cayla (France) proposed that in the French text the words “si nécessaire” should be substituted for “si c'est nécessaire”. The proposal did not affect the English text.

Decisions:
(1) The amendment to the French text proposed by the delegate of France was approved.
(2) The amended Rule 79 was approved, subject to that amendment.

Rule 80
The proposed amended Rule read as follows:

Subject to any decision of the Health Assembly the procedure governing the conduct of business and voting by committees shall conform as far as practicable to the Rules relative to the conduct of business and voting in plenary meetings. One third of the members of a committee shall constitute a quorum. The presence of a majority of a committee shall, however, be required for a question to be put to vote.

Decision: The amended Rule 80 was approved.

Rules 100 and 101
Decision: Rules 100 and 101 were deleted.

Appendix to the Rules of Procedure for the Conduct of Elections by Secret Ballot

The Secretary introduced the proposed appendix to the Rules of Procedure of the Health Assembly for the conduct of elections by secret ballot, and explained that the purpose was simply to put in a more formal manner a procedure which had been followed in the past. The text of the proposed appendix read as follows:

1. Before voting begins, the President shall hand to the two tellers appointed by him the list of Members entitled to vote and the list of candidates. For the election of Members entitled to designate persons to serve on the Executive Board or of the Director-General, the list of candidates shall include only those nominations submitted to the World Health Assembly in accordance with the procedure laid down in Rules 98 and 108 respectively of the Rules of Procedure of the World Health Assembly.

2. The Secretariat shall distribute a ballot paper to each delegation. Every ballot paper shall be of the same size and colour without distinguishing marks.

3. The tellers shall satisfy themselves that the ballot box is empty and, having locked it, shall hand the key to the President.

4. Members shall be called in turn to vote in the English alphabetical order of their names, beginning with the name of a Member which shall have been drawn by lot. The call shall be made in English, French, Russian and Spanish.

5. The secretary of the meeting and the tellers shall record each Member's vote by marking the margin of the list of Members entitled to vote opposite to the name of the Member in question.

6. At the conclusion of the calling of Members, the President shall ensure that all the Members present and entitled to vote have been called. He shall then declare the voting closed and announce that the votes are to be counted.

7. When the ballot box has been opened, the tellers shall count the number of ballot papers. If the number is not equal to that of the voters, the President shall declare the vote invalid and another ballot shall be held.

8. Where the counting of votes takes place outside the Assembly Hall, the ballot papers shall be returned to the ballot box which shall be taken by the tellers to the room where the votes are to be counted.
9. One of the tellers shall then read aloud the names which are on the ballot paper. The number of votes obtained by each of the candidates mentioned shall be written opposite their names by the other teller on a document drawn up for this purpose.

10. A ballot paper on which no names are written or which bears the word “abstention” shall be considered as signifying an abstention.

11. The following shall be considered null and void:
   (a) ballot papers on which there are more or fewer names than there are elective places to be filled or on which the name of any candidate appears more than once;
   (b) ballot papers in which the voters have revealed their identity, in particular by apposing their signature or mentioning the name of the Member they represent;
   (c) where the Rules of Procedure so require, ballot papers bearing the names of candidates other than those nominated in accordance with the provisions of those Rules.

12. When the counting of the votes is completed, the tellers shall indicate the results in a document drawn up for this purpose, which they shall sign and hand to the President. The latter, in plenary meeting, shall announce the results in the following order: number of Members entitled to vote; number absent; number of abstentions; number of ballot papers null and void; number of Members present and voting; number required for a majority; names of candidates and the number of votes secured by each of them, in descending order of the number of votes.

13. For the purposes of these provisions, the following definitions shall apply:
   (a) “Absent” — Members entitled to vote but whose representatives are not present at the meeting at which the secret ballot takes place;
   (b) “Number of Members present and voting” — the difference between the number of Members with the right to vote and the total number of absenteees, abstentions and invalid ballot papers.

14. The President shall declare elected candidates who have obtained the required majority.

15. The list signed by the tellers and on which the results of the vote have been recorded shall constitute the official record of the count of the ballot and shall be retained in the Organization’s files. The ballot papers shall be destroyed immediately after the declaration of the results of the ballot.

Mr Hewitt (United States of America) expressed doubt as to the advisability of placing such a long and detailed description of the method of conducting elections by secret ballot on the same level as the Rules of Procedure themselves. If that was done, some slight divergence from the method laid down—in announcing the result of a vote, for instance—might invalidate the whole voting procedure. He proposed replacing the word “appendix” by “guidelines”, or some other word or words of similar meaning, so that the text would not form an integral part of the Rules of Procedure.

The Secretary said that the intention had been to establish guiding principles relating to the conduct of elections by secret ballot, and to print them immediately after the Rules of Procedure. He suggested that the text might appropriately be entitled “Guiding Principles”, instead of “Appendix”.

Mr Hewitt (United States of America) accepted that suggestion.

Dr Cayla (France) proposed that in paragraph 4 of the text the words “English alphabetical order” should be amended to read “English or French alphabetical order”. The working languages of the Health Assembly were English and French and it would be courteous to make provision for the names of Members to be called in the French alphabetical order when the President of the Assembly was French-speaking.

Dr Nabulsi (Jordan) seconded the proposal.

The Secretary said that the provision that names of Members should be called in the English alphabetical order was incorporated in Rule 72 of the Rules of Procedure and had been there since the Rules had first been drafted. A similar provision existed in the Rules of Procedure of the United Nations General Assembly.

Dr Cayla (France) said that the amendment he had just proposed to paragraph 4 of the guiding principles for the conduct of elections by secret ballot should be made also in Rule 72, which was constantly applied by the Health Assembly. If that could not be done at the present juncture, it should be done at a future Health Assembly.

The Secretary said that he had not understood that the delegate of France had made a formal proposal to amend Rule 72. However, if the Committee so
wished, such an amendment could properly be discussed at the present Health Assembly.

In reply to a question from the CHAIRMAN, Dr CAYLA (France) said he formally proposed that the phrase “English alphabetical order” be replaced by “English or French alphabetical order” in Rule 72 and in paragraph 4 of the guiding principles.

Dr Bâ (Senegal), recalling that in alternate years delegates were seated in the Health Assembly according to the English or French alphabetical order, supported the proposal.

Mr Pianca (Switzerland) also supported the proposal.

Mr Brady (Ireland) said that he had no objection of principle to the proposal of the delegate of France, but considered that, before a decision was taken, some mechanism would need to be devised for determining which alphabetical order to use on a particular occasion. It might be necessary, for instance, to amend paragraph 4 of the guiding principles along the following lines: “Members shall be called in turn to vote in the English or French alphabetical order at the discretion of the President.” In view of that, and the fact that the terminology of Rule 72 had not so far been considered, he suggested that the Director-General and the Executive Board be given time to study the matter in more detail.

Mr Roffey (United Kingdom of Great Britain and Northern Ireland) shared the view of the delegate of Ireland that more time was needed for study of the proposal.

Dr CAYLA (France) said that his delegation, and the delegations of Jordan and Senegal, which had supported his proposal, agreed to the suggestion of the delegate of Ireland.

The CHAIRMAN proposed that the discussion should be adjourned until a later meeting.

It was so agreed.

(For continuation of discussion, see minutes of the seventh meeting, section 3.)

4. Second Report of the Committee

At the request of the CHAIRMAN, Mr De Coninck (Belgium), Rapporteur, read out the Committee’s draft second report.

Decision: The report was adopted (see page 476).

The meeting rose at 12.30 p.m.

SEVENTH MEETING

Friday, 14 May 1965, at 9.40 a.m.

Chairman: Professor R. Vannugli (Italy)

1. Review of Programme and Budget Estimates for 1966

Agenda, 3.4

The CHAIRMAN invited the Committee to consider Parts I, III and IV of the proposed programme and budget estimates for 1966 contained in Official Records No. 138 (Organizational Meetings, Administrative Services, Other Purposes), and the Appropriation Resolution for the financial year 1966 contained in the document before the Committee. The findings of the Executive Board’s Standing Committee on Administration and Finance and the conclusions of the Board were set out in Official Records No. 141. He invited the Board’s representative to introduce the items.

Organizational Meetings

Dr Amouzegar, representative of the Executive Board, explained that Part I (Organizational Meetings) was divided into three sections. Firstly, the World Health Assembly, for which the estimates showed a net decrease of $8630, due to a decrease of $27 300 in the requirements for “other contractual services”, against which had been set an increase of $18 670, mainly in respect of salary increases and printing costs.

Secondly, the Executive Board and its Committees, for which the estimates showed a decrease of $11 440 resulting from reductions of $12 150 in requirements for “other contractual services” relating to reproduci-
tion and distribution of documents and of $3290 for rental and maintenance of premises and of equipment, offset by an increase of $4000 in the estimates for salaries of temporary staff. As a result of reducing the number of working days of the thirty-seventh session of the Board by four, the estimated costs had been further reduced by $10 000. The Board would still have thirteen working days with two intervening Sundays in case of need. The thirty-fifth session had lasted only eight working days.

Thirdly, Regional Committees, which showed an increase of $5200, due mainly to provision for WHO’s share ($14 800) of the estimated costs of the XVII Pan American Sanitary Conference, less decreases of $3500 and $6100 for the Regional Committees for South-East Asia and for Europe.

Decision: The estimates for Part I (Organizational Meetings), amounting to $674 200, were approved.

Administrative Services

Dr AMOUZEGAR, representative of the Executive Board, said that there was an increase of $110 765 in the estimates for Appropriation Section 8—Administrative Services—resulting from an increase of $8800 for public information supplies and materials, and certain recurrent annual increases. There was a decrease of $52 001 in the total estimates for Common Services at headquarters (under Appropriation Sections 4 and 8), but an increase in staff costs. As the Director-General had explained to the Board, the substantial increase in costs without a corresponding increase in the number of posts was due to the fact that the new posts provided for in 1965 had been based on the cost of an average of three months’ employment during the latter part of the year, whereas the 1966 costings covered the full year. There was also an increase under Appropriation Sections 7 and 9—Other Statutory Staff Costs—amounting to $989 804. When considering the estimates, the Board had noted that as a result of its resolution EB35.R11 on the Joint FAO/WHO Food Standards Programme $11 833 had to be added to the estimates under Appropriation Section 7.

Dr HAQUE (Pakistan), recalling that the principle of geographical distribution had to be applied in the recruitment of administrative as well as technical staff, asked for information on geographical distribution in the administrative services.

Mr SIEGEL, Assistant Director-General, Secretary, replied that in the budget administrative expenses related solely to headquarters at Geneva, and there was no distribution of costs according to geographical areas. He was not in a position to give specific information as to geographical distribution of the staff of the administrative services because the records were not kept in a form that would enable him to do so. However, a list showing the geographical distribution of the entire staff of the Organization had been provided to each delegation.

Decision: The estimates for Part III (Administrative Services), amounting to $3 145 916, were approved.

Other Purposes

Dr AMOUZEGAR, representative of the Executive Board, said that the amount of $500 000 included under Part IV (Other Purposes) was to provide for a credit to the Headquarters Building Fund. The Director-General had informed the Board, in answer to a question, that repayment of the loans from the Swiss Confederation and the Republic and Canton of Geneva was to start in 1968.

Decision: The estimates for Part IV (Other Purposes), amounting to $500 000, were approved.

Text of the Appropriation Resolution for the Financial Year 1966

Dr AMOUZEGAR, representative of the Executive Board, introduced the proposed Appropriation Resolution for the financial year 1966. It was similar to that for the preceding year except for the exclusion of the section concerning reimbursement of the Working Capital Fund.

The SECRETARY explained that paragraph III, concerning certain deductions including casual income, did not contain the customary sub-paragraph on transfer from the cash portion of the Assembly Suspense Account, in view of the $552 000 of casual income available under sub-paragraphs (ii) and (iii). As a result of the Committee’s decisions, the appropriate amounts could now be inserted in the draft Appropriation Resolution which, if approved by the Committee, would be incorporated in its draft second report to the Committee on Programme and Budget, to be distributed during the present meeting.

The draft Appropriation Resolution read as follows:

The Eighteenth World Health Assembly

RESOLVES to appropriate for the financial year 1966 an amount of US $45 057 590 as follows:

I.

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<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount US $</th>
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<td>PART I: ORGANIZATIONAL MEETINGS</td>
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<tr>
<td>1. World Health Assembly</td>
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<td>2. Executive Board and its Committees</td>
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<td>3. Regional Committees</td>
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<td>Total – Part I</td>
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Committee on Administration, Finance and Legal Matters: Seventh Meeting

Appropriation
Section
Purpose of Appropriation

PART II: OPERATING PROGRAMME
4. Programme Activities
5. Regional Offices
6. Expert Committees
7. Other Statutory Staff Costs

Total – Part II

PART III: ADMINISTRATIVE SERVICES
8. Administrative Services
9. Other Statutory Staff Costs

Total – Part III

PART IV: OTHER PURPOSES
10. Headquarters Building Fund

Total – Part IV

SUB-TOTAL – PARTS I, II, III AND IV

PART V: RESERVE
11. Undistributed Reserve

Total – Part V

TOTAL – ALL PARTS

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 1966 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 1966 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 US $ 985 000 available by reimbursement from the Special Account of the Expanded Programme of Technical Assistance

(ii) the amount of US $ 34 700 representing assessments on new Members from previous years

(iii) the amount of US $ 517 300 representing miscellaneous income available for the purpose

Total US $ 1 537 000 thus resulting in assessments against Members of US $43 520 590.

Decision: The text of the Appropriation Resolution was approved for transmission to the Committee on Programme and Budget.\(^1\)

2. Members in Arrears in the Payment of their Contributions to an Extent which may invoke Article 7 of the Constitution (continued from fifth meeting, section 1)

The Chairman invited the Committee's attention to the following draft resolution, proposed by the delegations of Argentina, France and Senegal:

The Eighteenth World Health Assembly,

Having considered the reports of the Executive Board and of its Ad Hoc Committee\(^2\) on Member States in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution;

Noting the explanations provided by the Member States in arrears subsequent to the report of the Ad Hoc Committee; and

Reiterating the provisions of resolutions WHA8.13, WHA16.20 and WHA17.33,

1. DECIDES not to suspend the voting rights of Haiti and Uruguay at the Eighteenth World Health Assembly;

2. EXPRESSES the conviction that these Member States will regularize their situation so that it need not be considered once again at the Nineteenth World Health Assembly; and

3. REQUESTS the Director-General to communicate the text of this resolution to the Member States concerned.

Dr Cayla (France) explained that the draft resolution represented a compromise in which an effort had been made to take into account all the points of view expressed during the discussion. It might not meet the more extreme views, but he hoped that, since it represented the majority of views, the Committee would approve it unanimously.

Decision: The draft resolution was approved.\(^3\)

3. Proposed Amendments to the Rules of Procedure of the World Health Assembly (continued from sixth meeting, section 3)

The Chairman invited the Committee to consider the proposal submitted by the delegations of France, Guinea, Iran, Ivory Coast, Jordan, Madagascar, Mali, Mexico, Senegal, Switzerland and Upper Volta for amendments to the Rules of Procedure of

\(^{1}\) The draft resolution, as completed by the Committee on Programme and Budget at its tenth meeting (see p. 296) by the insertion of the figures in sections 4-7 of Part II, was transmitted to the Health Assembly in section 3 of the fourth report of the Committee on Programme and Budget and adopted as resolution WHA18.35.


\(^{3}\) Transmitted to the Health Assembly in section 1 of the Committee’s third report and adopted as resolution WHA18.21.
the Health Assembly, and to paragraph 4 of the Guiding Principles for the Conduct of Elections by Secret Ballot.

Dr Rouhani (Iran) introduced the proposed amendments, on behalf of the sponsors. Rule 82 of the Rules of Procedure of the Health Assembly and Rule 22 of the Rules of Procedure of the Executive Board stipulated that Chinese, English, French, Russian and Spanish should be the official languages of the two bodies, and English and French the working languages. Rule 72 of the Rules of Procedure of the Health Assembly, however, provided that roll-call votes should be taken in the English alphabetical order of the names of Member States. There was no reason why French, which was the other working language of both the Assembly and the Executive Board, should not be included, and the purpose of the proposed amendments was to remedy that omission.

The proposed amended text of Rule 72 and of paragraph 4 of the Guiding Principles read as follows:

Rule 72

The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, the selection of the alphabetical order for the duration of the session being determined by its President at the beginning of each session. The name of the Member to vote first shall be determined by lot.

Guiding Principles, paragraph 4

4. Members shall be called in turn to vote in the alphabetical order determined in accordance with Rule 72 of the Rules of Procedure of the Health Assembly, beginning with the name of a Member which shall have been drawn by lot. The call shall be made in English, French, Russian and Spanish.

Mr Takashima (Japan) said that he fully supported the proposed amendments, but wished for clarification on two points. In the first place, was he correct in understanding that any decision on alphabetical order would apply equally to roll-call votes and to seating arrangements? Secondly, was he correct in assuming that, in recording roll-call votes in the summary records as required under Rule 73 of the Rules of Procedure, the English and French alphabetical order would be followed in the English and French texts respectively?

Dr Alan (Turkey) supported the proposed amendment to Rule 72 of the Rules of Procedure. With regard to the Guiding Principles, the introduction of a reference to Rule 72 would cause an inconsistency, for Rule 72, as amended, would provide that a roll-call vote should be taken in the English or French alphabetical order, whereas paragraph 4 of the Guiding Principles stated that the calls should be made in English, French, Russian and Spanish. Since the purpose of the Guiding Principles was to simplify procedure by making available all the instructions concerning a roll-call vote, it would be preferable to include the substance of Rule 72, rather than only a reference to it.

Mr Wachable (United States of America) and Mr Roffey (United Kingdom of Great Britain and Northern Ireland) supported the proposed amendments.

The Secretary, replying to the question raised by the delegate of Japan, said that the procedure for seating arrangement that had been followed in practice had been to alternate from one year to the next between the English and the French alphabetical order. To determine the precise seating arrangement each year a letter was drawn in advance of the Health Assembly by the Director-General or the Deputy Director-General so that the arrangements could be made before the arrival of delegations.

The question raised in regard to Rule 73 would be covered by Rule 72, either as it existed or in its new form if the proposals for its amendment were adopted by the Committee. There therefore seemed to be no need for an amendment to Rule 73. The proposed revision of paragraph 4 of the Guiding Principles would appear to be suitable provided Rule 72 were amended as had been suggested. He pointed out that, whatever the alphabetical order used, the call would be made in the four languages—English, French, Russian and Spanish.

Dr Afridi (Pakistan) proposed that, since the English alphabetical order had been used for the past eighteen years, it should for a similar period give way to the French alphabetical order. That arrangement would greatly simplify the procedure for seating and calling.

Dr Ferreira (Brazil) said that there was no solution regarding alphabetical order that could satisfy everyone, and his delegation would support the proposed amendments.

Dr Cayla (France) referred to Rule 82 of the Rules of Procedure, already cited by the delegate of Iran. He felt that the proposal of the delegate of Pakistan was almost too favourable to the French
position, and would be grateful if it could be withdrawn.

Dr Afridi (Pakistan) withdrew his proposal.

Mr Turbanski (Poland) supported the amendments before the Committee. The matter seemed quite clear, and the Secretariat did not appear to foresee any complications resulting from the adoption of the proposed amendment.

The Secretary said that there would be no insurmountable difficulty for the Secretariat if the amendment were to be adopted. He had, however, two observations to make.

There seemed to be no inconsistency or incompatibility between Rule 82 and Rule 72 in its existing form, and he did not believe that the Health Assembly had been behaving in an incorrect manner for the past eighteen years.

A point of potential difficulty would arise from the precise wording of Rule 72 as contained in the proposed amendment. He was not taking a position either for or against the proposal but, as Members would be aware, the Assembly was always opened by the outgoing President, and during the meeting at which the nomination and election of a new President took place a situation might arise in which a secret ballot was required. It would be difficult to know how to implement the provisions of the revised Rule 72 because it would not be clear which President should decide the language to govern the alphabetical order for the session. It would therefore be useful if the sponsors of the amendment could indicate precisely which President would make the decision.

Dr Layton (Canada) said that there appeared to be some confusion, particularly with regard to the seating arrangements. Rule 72, as he understood it, referred only to the matter of the roll-call vote. The delegation of Canada—a country that had both French and English as its official languages—would welcome the proposal that had been made. He was confused, however, by the fact that, as the Secretary had pointed out, under the existing procedure for seating, the Director-General drew a letter of the alphabet and arranged the seating accordingly. He wondered which language would be used for that purpose. If it were that of the outgoing President it might very well happen that the French alphabetical order would be used and that the Health Assembly might afterwards find itself with an English-speaking President—or vice versa—and the whole purpose of the amendment would be defeated. He would be grateful if the Secretary could comment on that point.

Dr Alan (Turkey) suggested that the wording of the proposed amendment to Rule 72 should be amended to read: “... the selection of the alphabetical order being determined by its President”. That would enable the order to be determined by the outgoing President in the case of a roll-call vote being taken before his departure, and by the newly-elected President thereafter.

Dr Cayla (France) said that in drafting the amendment he had been greatly assisted by the legal services of WHO, and the point that the Secretary had raised had been discussed. It had been assumed that, in the case of a roll-call vote at a meeting presided over by an outgoing President, he would be the one to exercise the choice of alphabetical order. The amendment proposed by the delegate of Turkey would make that interpretation clearer.

The point had been raised that confusion might be caused if the President were to choose for roll-call an alphabetical order that conflicted with the one used for seating. In his view it should be left to the President to choose the alphabetical order that he considered would cause the least confusion. He was certain that the Committee could justly place its confidence in any President in that respect.

The Secretary, replying to the point raised by the delegate of Canada, said that, as he had already mentioned, the question of the seating arrangements was not precisely dealt with in the Rules of Procedure, but that the practice had been to alternate between English and French from year to year. After listening to the remarks of the delegate of France it had occurred to him that if the amendment to Rule 72 could simply provide for the use of the English and French alphabetical order in alternate years, the seating arrangements could easily be made to correspond. If that solution would commend itself to the proposers of the amendment and the Committee as a whole, the Secretariat would attempt to develop the appropriate wording.

Dr Andriamasy (Madagascar) said that the position was not clear to him. The Secretary had said that there was no inconsistency between Rules 72 and 82. In that case the two Rules could be interpreted in the same way. He wished to support the proposal that had been made by the delegate of Pakistan and afterwards withdrawn. The use of the French alphabetical order for several succeeding years, whatever the language of the President, would simplify the problem.

(For continuation of discussion, see section 5 below).
4. Second Report of the Committee to the Committee on Programme and Budget

At the request of the Chairman, Mr de Coninck (Belgium), Rapporteur, read out the Committee's draft second report to the Committee on Programme and Budget.

Decision: The report was adopted (see page 477).

5. Proposed Amendments to the Rules of Procedure of the World Health Assembly (resumed)

Dr Rouhani (Iran), on behalf of the delegations sponsoring the proposed amendment to Rule 72, submitted the following revised text:

The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English or French alphabetical order of the names of the Members, in alternate years. The name of the Member to vote first shall be determined by lot.

Mr LAAFIF (Tunisia) supported the proposed amendment. He was not in favour of the proposal that had been made, and later withdrawn, by the delegate of Pakistan and afterwards taken up by the delegate of Madagascar. The use of a single language for a prolonged period would, he thought, create a tedious uniformity.

Dr Rouhani (Iran) explained that it would be left to the discretion of the Director-General to implement the procedure on the practical side.

Decision: The proposed revised amendment to Rule 72 was approved.

Mr de Coninck (Belgium), Rapporteur, read out the following draft resolution:

The Eighteenth World Health Assembly,

Having considered the amendments to the Rules of Procedure of the Health Assembly as proposed by the Executive Board at its thirty-fifth session,

ADOPTS the amendments to the Rules of Procedure as well as the Guiding Principles for the conduct of elections by secret ballot set forth below.

The text of the amended Rules and the Guiding Principles followed.

Dr Alan (Turkey) recalled his proposal that the text of Rule 72 be reproduced in paragraph 4 of the Guiding Principles; he considered that that would simplify procedure.

The Secretary confirmed that there would be no difficulty for the Secretariat if that proposal were accepted. It would, however, seem preferable to keep the paragraph in simple terms, as follows:

Members shall be called in turn to vote in the required alphabetical order of their names, beginning with the name of a Member which shall have been drawn by lot...

It would seem superfluous to reproduce the text of Rule 72, but it could be done if the Committee so wished.

The Chairman said that a reference might be given in the Guiding Principles to the page in the Basic Documents at which Rule 72 was to be found. He suggested that it could be left to the Secretariat to draft the Guiding Principles.

It was so agreed.

Decision: The draft resolution was approved.¹

6. Headquarters Accommodation

Dr Amouzegar, representative of the Executive Board, introducing the item, said that the Executive Board at its thirty-fifth session had had two reports before it, that of the Standing Committee on Headquarters Accommodation, and the progress report by the Director-General; both were reproduced in Annex 4 to Official Records No. 140.

The Board had noted that the work on the building was generally proceeding according to schedule and that a number of gifts towards furnishing it had been received from Member States. It had also noted with appreciation the generosity of the Swiss Confederation and the Republic and Canton of Geneva in granting the additional loans referred to in resolution WHA16.22. The Board had also taken note of the fact that the Director-General had awarded a contract for the building of a garage with space for about 390 vehicles, the cost of which was less than that originally foreseen for one for 300 vehicles, as authorized by the Health Assembly. The Board had been informed that certain difficulties were being encountered with regard to the supply of water for running the air-conditioning installation, but those difficulties had since been resolved. There had been a dispute with the contractor responsible for structural work regarding payments to be made under the contract, and the matter had been referred to arbitration. It had also been indicated that alterations would be required in the plans for the heating and air-conditioning installations involving extra cost, and the Board had asked its Ad Hoc

¹ Transmitted to the Health Assembly in section 2 of the Committee's third report and adopted as resolution WHA18.22.
Committee on review the matter as soon as further information was available. The Ad Hoc Committee had met on 3 May and had had before it a report from the Standing Committee on Headquarters Accommodation\(^1\) together with a report by the Director-General.\(^2\)

As stated in the report of the Ad Hoc Committee,\(^3\) the architect's latest estimate of total cost amounted to Sw. fr. 62 500 000. The Committee had noted from the Director-General's report that the increase in the estimated expenditure was expected to be covered by credits available or likely to become available in the Headquarters Building Fund, and that final adjustment of the figures could be made at the Nineteenth World Health Assembly. The total costs, however, exceeded the financial authorizations established by the Health Assembly in resolutions WHA13.46 and WHA16.22. The Committee had therefore recommended that the World Health Assembly adopt the draft resolution:

The Eighteenth World Health Assembly,

Having considered the report of the Ad Hoc Committee of the Executive Board concerning headquarters accommodation, together with the annexed reports of the Standing Committee on Headquarters Accommodation and of the Director-General,

1. NOTES the increase in the architect's estimate of the total cost of the building project as a consequence of the necessary corrections in the heating and air-conditioning installation;

2. NOTES that, notwithstanding this latest increase which brings the total estimated cost to a figure higher than the presently authorized credits and thus makes it necessary to seek additional sums, these sums can be found without great difficulty through a combination of the already planned budgetary provisions for the years 1966, 1967 and 1968, and the fact that the first repayment on the loan from the Republic and Canton of Geneva will be made only in 1969;

3. AUTHORIZES the Director-General, notwithstanding the provisions of paragraph 3 of resolution WHA16.22, to proceed with the building project in accordance with the architect's current estimate and the plan of financing described in his report to the Ad Hoc Committee of the Executive Board; and

4. REQUESTS the Director-General to report further, through the Executive Board and the Standing Committee on Headquarters Accommodation, to the Nineteenth World Health Assembly on the financing of the building project.

The Secretary thought some additional information might be useful. The Director-General had reported on the progress of the construction work to the Executive Board at its thirty-fifth session and subsequently to the Board's Standing Committee on Headquarters Accommodation at its tenth session. The Director-General's report to the Board and the Standing Committee's report on its tenth session were reproduced in *Official Records* No. 140, Annex 4. It would be seen from those reports that considerable progress had been made in the construction work since the Seventeenth World Health Assembly, and as from January 1965 the various types of building and installation work had gone ahead at a most satisfactory rate. The metal façade of the building was almost entirely in place, so that it had been possible to begin installation of the sub-floors and of the metal ceilings and to go ahead with the various inside installations. Excavation work for the underground garage, begun in January 1965, had met with no particular difficulty, and the foundations were currently being poured. Invitations to tender had been issued and contracts had been awarded or were under discussion for such items as metal frames, tiling, floor coverings, paintwork, marble, and work on the gardens and roads in the grounds.

The Director-General would be glad to arrange a visit to the building for delegates wishing to view progress.

In regard to the important matter of contributions by governments to the building, the report of the Standing Committee contained a long list of gifts made or promised since May 1963. However, contributions had been made since that list had been compiled, including a cash gift equivalent to $2000 from the Government of Luxembourg which had been earmarked for the purchase of ceramics and tiling. Some promised gifts in kind had also been received: twenty tons of teak from Burma, a consignment of gammalu wood from Ceylon, and equipment for the medical service from the Federal Republic of Germany. In addition, the Government of Afghanistan had announced its intention of donating two carpets.

As the Director-General had reported to the Executive Board, the totals of the loans granted in December 1960 by the Swiss Confederation and the Republic and Canton of Geneva had been raised to Sw. fr. 26 500 000 and Sw. fr. 13 500 000 respectively. The revised loan agreements had been signed on 21 September 1964; their text would be found on pages 40-42 of *Official Records* No. 140. The represen-

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The CHAIRMAN, thanking the Secretary, said he was sure he would be expressing the sentiment of the Committee as a whole in taking the opportunity to thank governments which had made gifts for the building. The Committee had before it two draft resolutions: the one submitted by the Ad Hoc Committee of the Executive Board, and one proposed by the delegation of Pakistan and reading as follows:

The Eighteenth World Health Assembly,

Noting with satisfaction that by the time of the next Health Assembly the headquarters building is expected to be completed and the Secretariat installed therein;

Considering that this represents another significant step in the development of the Organization; and

Considering, further, that such an event in the life of the Organization should be formally observed,

1. REQUESTS the Executive Board and the Director-General to arrange for a suitable inaugural ceremony at the time of the Nineteenth World Health Assembly and to take such other measures as may be appropriate to mark the occasion;
2. SUGGESTS that the inaugural ceremony might include a token presentation by Members, symbolic of the voluntary gifts they have made to the construction and furnishing of the building; and
3. AUTHORIZES the Executive Board to take, on behalf of the Health Assembly, decisions necessary to celebrate the completion of the World Health Organization’s headquarters building.

Dr Nabulsi (Jordan) asked to be informed of the total amount of voluntary contributions that had been made by Members for the headquarters building.

Mr Wachob (United States of America) welcomed the initiative of the delegation of Pakistan in bringing to the Committee’s attention the need for an inauguration ceremony to mark the opening of the new building. The draft resolution put forward was most appropriate. In the absence of information to the contrary, he would assume that there were no financial implications to that resolution, but if that were not the case his delegation would be glad to have a general idea of the cost involved and the method the Secretariat would propose to meet it.

Dr Al-Wahi (Iraq) said he had already made his views on the matter known both in the Committee at previous Health Assemblies and in the Executive Board, so that there was no need for him to go into detail on the present occasion. His main concern was to be assured that the latest estimate of total cost for the building project would be final; in other words, that there would be no further increase in the funds required to complete it, in view of the fact that the latest figure was already very substantially greater than the original cost estimate.

His delegation was ready to support the two draft resolutions before the Committee; that submitted by the delegation of Pakistan was most appropriate and timely.

Dr Thor Peng Thong (Cambodia) thought the draft resolution submitted by the delegation of Pakistan would meet the general will of the Committee; undoubtedly the opening of the new building would usher in an important further stage in the Organization’s development and the occasion called for an appropriate inauguration ceremony. It seemed, however, that adoption of a resolution of the kind might to some extent bind the Committee in considering item 3.5 of the agenda, concerning the selection of the country or region in which the Nineteenth World Health Assembly would be held.

Dr Layton (Canada) asked to be informed of the outcome of the effort initiated to speed up the basic constructional work of the headquarters building, the details of which would be found in the Executive Board’s report on its thirty-third session (Official Records No. 132, Annex 17, part 1, section 4). The idea had been that, by providing additional funds for extra equipment and labour, the building time could be considerably shortened, with consequent reduction in overall costs. Perhaps the Secretary could give some idea of the savings that had accrued, in terms both of time and money, as a result of that action.

Dr Diba (Iran) said his delegation was glad to learn that the Organization was soon to have its own headquarters building and hoped that the Secretariat would be completely installed in it in the course of the next year. Some doubts had been expressed about the funds that might be required to bring the project to completion. In that regard, he would suggest that the Director-General might communicate to Member States a list of gifts so far made for the building, since that action might well stimulate further contributions.

Secondly, as the installation and inauguration of the building would mark an important stage in the Organization’s life, his delegation endorsed the draft resolution submitted by the delegation of Pakistan,
and hoped that the Executive Board and the Director-General would take the necessary steps to ensure that the inauguration ceremony would be appropriate.

Professor AuJaleu (France), basing his remarks on the experience he had acquired over the past five years in serving on the Standing Committee on Headquarters Accommodation, wished in the first instance to urge the Committee to approve the two draft resolutions before it, and more especially that dealing with the question of financing. It was not surprising that some concern had been expressed on the subject of cost, in view of the substantial increase that had occurred. It might be of interest to the Committee to hear about some of the items accounting for that increase. First, there was the construction of a garage, which had not been included in the original cost estimate. Secondly, as everyone was well aware, the cost of living in Switzerland, including the cost of services in the building trade, was rising by some 6 per cent. to 7 per cent. a year, with obvious repercussions on the cost of any building whose construction was spread over five to six years. Thirdly, the cost of the heating, ventilation and air-conditioning equipment had been manifestly under-estimated at the outset, and indeed that was the main reason for the large increase in cost. That under-estimation had been due to the incompetence of the firm of consulting engineers first employed. The mistake was perfectly understandable in view of the unimpeachable references produced, but experience had shown that the firm in question was lacking in both professional capacity and honesty. Moreover, by the time the need for selecting a different firm had become apparent, the first one had managed to disappear, ruling out legal action against it. The new plans drawn up to provide satisfactory heating and air-conditioning had increased the cost considerably. Admittedly it was a bitter pill, but it had to be swallowed, and there was a certain alleviation in the fact that the delay in the work had meant delay in calling upon the funds placed at the Organization’s disposal by the Swiss authorities, with consequent postponement of their reimbursement. As a result, the final expenditure would be spread over a longer period, and in consequence there would probably be no need for substantial sums to be found to cover the additional Sw. fr. 2 500 000.

He had been somewhat concerned at the Secretary’s statement that at the moment the total expenditure foreseen stood at Sw. fr. 62 500 000. He had been under the impression that that was a definitive estimate, except in so far as the settlement of the litigation under arbitration was concerned.

The delegate of Canada had recalled the appropriation of additional funds in order to speed up the main work. Most effective results had been obtained by that action, and it was thanks to the more rapid progress of the work that the building would be ready for occupation by the end of 1965.

Lastly, Committee members with experience in launching large building projects, as for example in hospital construction, would, he was sure, view with sympathy the various calls for additional funds that had to be made for the new headquarters building which, after all, constituted a considerable undertaking. In that regard he wished to pay a tribute to the secretariat officials concerned with the project for the scrupulous devotion they had shown to the Organization’s interest.

Finally, he fully supported the draft resolution proposed by the delegation of Pakistan; the acquisition of the new building was an important event that should be appropriately marked.

Dr Lisicyn (Union of Soviet Socialist Republics) said that, if he had understood the previous speaker aright, the amount of Sw. fr. 2 500 000 would be the final call on the Organization and no additional funds be required to complete the building project. Secondly, he would like to have more information as to how the Director-General proposed to finance that sum; i.e., the sources of funds to offset the amount. The increasing cost of the new building was a matter of grave concern to all delegations.

Professor AuJaleu (France), answering the first point, said it would appear from all the reports before the Committee that the amount of Sw. fr. 2 500 000 should cover the cost of completing the building, provided the Organization won the litigation under arbitration, which he considered to be most likely. If not, more funds might be required.

The Secretary availed himself of the opportunity to express appreciation for the great assistance rendered by Professor AuJaleu to the Secretariat with regard to the building project. He also paid tribute to the other members of the Standing Committee on Headquarters Accommodation for the valuable help they had given in dealing with many difficult and complicated problems.

Answering the second point raised by the delegate of the Soviet Union, he would say at the outset that the Secretariat, too, had been concerned about the cost aspect of the project; it had endeavoured to the best of its ability to keep the total cost to the minimum consistent with the need to obtain a well-constructed building, in order that the Organization would not be burdened with additional costs shortly after it was put into service. It was to be hoped that that objective had been achieved.
Some information on the voluntary contributions made was contained in the financial report for the year ending 31 December 1964 (Official Records No. 142, page 24). Cash contributions subsequently received brought the total to $35,920. No attempt had been made to place a cash value on gifts made in kind, but their total value was quite considerable.

The delegate of Iran had suggested that it might be useful to consider inviting Members that had not as yet contributed to consider doing so, and to that end an additional paragraph might be inserted in the draft resolution proposed by the delegation of Pakistan. The additional paragraph could be inserted as operative paragraph 1, the existing paragraphs to be renumbered accordingly. Such a paragraph might read:

INVITES governments not yet having made a voluntary contribution for the headquarters building to consider making a contribution to the Building Fund or donating gifts of furnishings, decorations and equipment which the Director-General indicates to be needed.

At the present stage the most flexible type of gift would be cash. The constructional work was so far advanced that the only gifts in kind that would still be useful would be decorations, furnishings, carpets, etc.

The results obtained from the special arrangements made to speed up the main building work had been very satisfactory indeed. Approximately five months had been gained on the main work, and that had enabled the building to be closed in during the past winter so that work could proceed during the winter months on the interior. No attempt had been made to estimate the value of that additional saving of time, but it had certainly proved very useful.

As to whether the adoption of the draft resolution proposed by the delegation of Pakistan would commit the Organization to holding the Nineteenth World Health Assembly in Switzerland, he could inform the Committee that no invitation to hold that Assembly elsewhere had been received, so that the Director-General would be able to propose as the venue only the regular place of meeting, Geneva.

There would certainly be some outlay involved in giving effect to the provisions of the draft resolution proposed by the delegation of Pakistan. Until the Executive Board and the Director-General had studied the matter, however, it would not be possible to estimate the expenses that would be involved. Such estimates would be submitted to the Executive Board when the proposed arrangements were known. At the moment the only way he could suggest of meeting those costs would be to draw on the Working Capital Fund.

In answer to the questions regarding the final nature of the latest total cost estimates, he would refer the Committee to the Director-General’s report to the Ad Hoc Committee of the Executive Board. It was stated in paragraph 2 that the estimate of Sw. fr. 62,500,000 also included the sum of Sw. fr. 733,255 for miscellaneous and unforeseen items which might arise in the final months of the construction programme, but did not include any amount in relation to the litigation now in progress between the Organization and the Compagnie Française d’Entreprises. In accordance with the financing plan presented to the Seventeenth World Health Assembly, a further credit to the Building Fund of $500,000 would be included in the 1967 budget estimates, thus raising the credits to Sw. fr. 60,808,801 (paragraph 4). Details were then given of proposed arrangements for meeting the repayment of the loans from the Swiss authorities, and it should be noted that, on the assumption that an amount of $500,000 would be included in the proposed programme and budget estimates for 1968, $306,714 would be needed to meet the first repayment of the loan from the Swiss Confederation, leaving $193,286 available for meeting the costs of the building. That sum would bring the credits to Sw. fr. 61,645,801, and, in addition, there were supplementary credits in the Headquarters Building Fund at 31 March 1965 amounting to $179,320 (Sw. fr. 774,662). The total amount of credits which would thus become available was Sw. fr. 62,420,463, i.e., approximately the amount of the architect’s current estimate of the total cost (paragraph 5). Considering that the architect’s figure could only represent an approximation at that stage and that other small credits might accrue to the Headquarters Building Fund in the form of government contributions or earned interest, it might be assumed on the basis of present information that the credits becoming available would be sufficient to finance the building. Such adjustments as might be necessary in the light of the relation of actual requirements to the credits could be dealt with at the Nineteenth World Health Assembly.

It was obvious at that stage that no one could give an absolute guarantee that the Organization would not be faced with some additional surprises. The Secretariat had tried to cover the situation to the best of its ability, and was hopeful that the present provision would prove adequate.

The meeting rose at 12.40 p.m.

EIGHTH MEETING

Friday, 14 May 1965, at 2.45 p.m.

Chairman: Mr Y. Saito (Japan)

1. Headquarters Accommodation (continued)

Agenda, 3.14

The Chairman recalled that the Committee had before it a draft resolution recommended by the Ad Hoc Committee of the Executive Board (page 427) and a draft resolution submitted by the delegation of Pakistan (page 428) together with an additional paragraph suggested for inclusion by the Secretary (page 430).

He suggested that perhaps it might be advisable to amalgamate the two draft resolutions and the additional paragraph into a single resolution with three sections, the additional paragraph being prefaced by an expression of thanks to those governments which had already made voluntary contributions towards the headquarters building and its furnishings, decorations and equipment. He invited comments on that proposal.

Professor Aujaleu (France) considered it preferable to retain two separate resolutions, since the concepts expressed therein were different—relating on the one hand to the need to meet the additional costs and, on the other, to gratification at the completion of the headquarters building and to a suggestion for an inaugural ceremony. The paragraph submitted by the Secretary should be included in the resolution recommended by the Ad Hoc Committee of the Executive Board which referred specifically to financial provisions.

Dr Al-Wahbi (Iraq) associated himself with the point of view expressed by the delegate of France that each resolution should maintain a separate character. He was, however, inclined to favour the inclusion of the additional paragraph proposed by the Secretary in the draft resolution submitted by the delegation of Pakistan.

Dr Afridi (Pakistan) said that, although he had originally thought that it would be an improvement to amalgamate all the texts submitted into a single resolution, the logic of the French argument was such that he would support it. The paragraph suggested by the Secretary could, in his own view, be inserted in either draft resolution; however, if it were incor-
Nevertheless, the essential point was surely to expedite a decision which was of a predominantly procedural nature, since all were agreed on the principle of the question.

The Chairman withdrew his suggestion for amalgamating the texts submitted, since it had not received any support in the Committee. He invited the Committee to express a preference as to the remainder of the proposals made.

Dr Bâ (Senegal) was of the opinion that it would be inappropriate to include the paragraph proposed by the Secretary in the draft resolution submitted by the delegation of Pakistan; it appeared unfortunate to seek to raise funds within the context of a resolution relating to the organization of a ceremony which was essentially a celebration.

It seemed to him that it would be useful if any resolution adopted were to include, as a footnote, detailed information of the voluntary contributions already made and of remaining needs, since a reminder of the position might stimulate further contributions.

Mr Al-Hajji (Kuwait) said that his delegation was in favour of having two draft resolutions and of including the text proposed by the Secretary in the draft resolution recommended by the Ad Hoc Committee of the Executive Board.

Dr Alan (Turkey) said that he had made his suggestion for having three separate draft resolutions in order to facilitate the task of the Director-General in sending a circular letter to Member States. If his suggestion did not have the support of the Committee, he was willing to withdraw it.

Professor Aujaleu (France) considered that it would be appropriate to include the paragraph proposed by the Secretary, possibly as a new operative paragraph 4, in the draft resolution recommended by the Ad Hoc Committee of the Executive Board; the preamble of that draft resolution could remain unchanged, as it was applicable to the subject matter of the additional paragraph.

Dr Andriamasy (Madagascar) supported that proposal.

The Secretary said that, on further thought, there would seem to be considerable merit in having three entirely separate draft resolutions as the delegate of Turkey had suggested. Details of the position with regard to voluntary contributions received would be annexed to the draft resolution based on the paragraph he had suggested prefaced by an expression of gratitude to the Member States which had contributed. If the Committee were to agree on that point, a draft resolution along those lines could be prepared and submitted for consideration at a later stage.

Mr Wachob (United States of America) supported the procedure outlined by the Secretary.

Mr Rose (Trinidad and Tobago) believed that there was general agreement on the substance of the matter, and that difficulties had arisen merely in connexion with combining the various points. He accordingly supported the proposal made by the delegate of Turkey for three draft resolutions, which should expedite the Committee's work.

Mr Roffey (United Kingdom of Great Britain and Northern Ireland) also supported the suggestion of the delegate of Turkey.

The Chairman believed that it was the consensus that three draft resolutions were desirable. He would accordingly put to the vote the two draft resolutions already before the Committee.

Decisions:
(1) The draft resolution recommended by the Ad Hoc Committee of the Executive Board (see page 427) was approved.
(2) The draft resolution submitted by the delegation of Pakistan (see page 428) was approved.

The Chairman noted that there was general agreement to request the Secretary to prepare a draft resolution expressing gratitude for voluntary contributions and inviting Member States which had not yet done so to make such contributions. That draft resolution would be considered by the Committee at a later stage in the session (see page 436).

2. WHO Participation in the Expanded Programme of Technical Assistance

Agenda, 3.17

The Chairman invited the representative of the Executive Board to introduce the item.

Dr Amouzegar, representative of the Executive Board, introduced the fifth report of the Ad Hoc Committee of the Executive Board and drew particular attention to the information provided to the Ad Hoc Committee by the Director-General on the position with regard to the proportion of funds allocated to WHO under the Expanded Programme of Technical Assistance.\(^1\)

\(^1\) Transmitted to the Health Assembly in section 8 of the Committee's third report and adopted as resolution WHA18.28.

\(^2\) Transmitted to the Health Assembly in section 9 of the Committee's third report and adopted as resolution WHA18.29.

Having reviewed that report by the Director-General, the Ad Hoc Committee had decided that no special action was needed by the World Health Assembly, and had recommended the adoption of the following draft resolution:

The Eighteenth World Health Assembly,

Having considered the report of the Ad Hoc Committee of the Executive Board on the participation of the World Health Organization in the Expanded Programme of Technical Assistance,

NOTES with appreciation the improvement since January in the financial situation of the Programme.

Decision: The draft resolution was approved.³

3. Extension of the Agreement with UNRWA

Agenda, 3.18

The Secretary, introducing the item, said that the purpose of the document before the Committee was to invite attention to the necessity for extending the agreement with UNRWA for a further period. The draft resolution submitted for the consideration of the Committee in that document accordingly extended the agreement until 30 June 1966, in keeping with the decision taken by the United Nations General Assembly.

Speaking at the invitation of the chairman, Dr Sharif (United Nations Relief and Works Agency for Palestine Refugees in the Near East) greeted the President and members of the Eighteenth World Health Assembly on behalf of the Agency's Commissioner-General, Mr Laurence Michelmore.

The story of the continued dependence of Palestine refugees on the United Nations was well known to the Member States of WHO, many of which had made voluntary contributions towards the sustenance of those refugees from year to year. Approximately one and a quarter million of the refugees, uprooted from their homes seventeen years before, were spread over vast areas, finding refuge in Jordan, the Gaza Strip, Lebanon and Syria; some of their progeny had entered into the third generation. Because no political solution of the problem, satisfactory to all concerned, had emerged, the matter still rested with the United Nations General Assembly. Under a recurring mandate from the General Assembly, UNRWA continued to perform its humanitarian task of providing relief and assistance within the scope of its limited resources, including shelter, clothing, rations, education and health services. The basic rations issued provided only 1500 calories a day per head in summer and 1600 in winter. Of UNRWA's annual budget for 1965, relief services received 42 per cent., education 45 per cent., and health services 13 per cent. of the total. Approximately $5,000,000 was thus allotted to UNRWA's health services, comprising medical services and environmental sanitation services, and a further approximate $1,200,000 was spent by the Department of Health from the relief services budget on a programme of milk distribution and supplementary feeding as a health protection measure to fortify the vulnerable age groups among the refugees. The distribution of liquid skimmed milk benefited children up to the age of fifteen, pregnant women and nursing mothers; UNRWA's supplementary feeding centres served one hot meal six days a week to infants and preschool children under six, selected schoolchildren and others in special need. Extra dry rations were also provided to expectant and nursing mothers, and to tuberculous patients receiving domiciliary treatment. Vitamin A and D capsules were issued to those attending supplementary feeding centres and to elementary school children.

UNRWA's health services were designed to conform as closely as possible to the health services provided by the host countries to their own indigenous populations. However, under WHO's technical direction a much needed comprehensive health service for the refugees had been developed over the past fifteen years, providing preventive health cover with particular emphasis on maternal and child health care, environmental health services, curative services, nursing care and the nutrition and supplementary feeding programme.

One hundred and two static clinics and mobile units served 123 points where patients received outpatient medical attention, including professional advice, medicines, injections, dressings, ophthalmic and limited dental treatment. Specialist consultations, laboratory services and hospitalization were provided by arrangement with host governments, voluntary agencies and private organizations through a system of financial subsidy. UNRWA's medical supplies catalogue was kept under review and brought up to date as necessary.

Communicable diseases were controlled through regular immunization programmes—against smallpox, typhoid, tetanus, pertussis and diphtheria. Poliomyelitis vaccination campaigns using Sabin oral vaccine had been undertaken, in collaboration with the host governments, among the epidemiologically susceptible group of infants and children. Those measures, together with improved sanitary and living conditions and health education, had kept communicable diseases under effective control. However,
within the Agency's services. Economies and a process of streamlining had continued to be maintained and even improved through budgetary difficulties. For the past two years the Agency had had to face increasingly serious financial difficulties. UNRWA's financial position had always left much to be desired, and for the past two years it had continued to provide extra support to the health programme of UNRWA, without which such a measure of success could not be achieved. It was hoped that that much-needed assistance would continue to be provided in increasing quantity.

Dr. Nabulsi (Jordan) congratulated Dr. Sharif, Director of Health of UNRWA, on the achievements described in his statement. Dr. Sharif had co-operated very closely with the Government of Jordan, and on behalf of his country he wished to thank him for his detailed and accurate outline of the situation. He also hoped that, like the United Nations, WHO would provide for an extension of the agreement with UNRWA to provide continued services to refugees.

The Chairman drew attention to the following draft resolution before the Committee:

The Eighteenth 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 Sixteenth World Health Assembly, in resolution WHA16.41, extended the duration of this agreement until 30 June 1965;

Considering that, subsequently, the General Assembly of the United Nations, at its nineteenth session had extended UNRWA's mandate for a further period of one year, from 1 July 1965 to 30 June 1966. He trusted that the Eighteenth World Health Assembly would likewise authorize the extension of the existing UNRWA/WHO agreement for collaboration for a similar period to enable UNRWA to continue to enjoy the benefits of WHO's assistance, expert guidance and advice, which UNRWA greatly appreciated.

He expressed UNRWA's gratitude to the host Governments of Jordan, Lebanon, Syria, and the United Arab Republic for their most cordial cooperation, assistance and unfailing support to its programme; also to the various other governments, voluntary agencies, philanthropic societies and individuals who continued to provide extra support to the programme of UNRWA, without which such a measure of success could not be achieved. It was hoped that that much-needed assistance would continue to be provided in increasing quantity.

Now, however, a deficit of $2 300,000 in the 1965 budget presented UNRWA with a serious problem and might compel it to introduce substantial reductions in its services, which might also affect certain health programmes. UNRWA's administration was at present engaged in a serious study of the difficult situation.

UNRWA's extensive maternal and child health programme included antenatal clinics and infant health centres attached to UNRWA's clinics and providing ante- and post-natal care, supervised domiciliary midwifery, infant health care and routine immunizations. To control the continued high incidence of gastro-enteritis among refugee infants and small children, steadily increasing numbers of rehydration/nutrition centres were being established at focal points, with encouraging results. Infants and children debilitated by diarrhoeal and other diseases were given special diets at the centres. A school health service was also provided, and more emphasis was being placed on health education in schools.

In addition to their work in hospitals and UNRWA health centres, the nursing services carried out a programme of home visiting and health education for mothers.

The environmental sanitation programme was primarily directed towards the provision of safe and adequate water supplies, sanitary waste disposal, drainage and vector control. Community participation among refugees was being encouraged. Family latrines were being provided in ever-increasing numbers through UNRWA subsidies.

In-service training programmes and refresher courses were organized for doctors, nurses and other personnel in UNRWA employ, in addition to the university scholarships and courses provided for the refugees by UNRWA's Department of Education for ab initio training of doctors, nurses, dentists, public health inspectors, laboratory technicians, pharmacists, radiographers and other categories of health personnel. A quarterly health department bulletin was also issued.

UNRWA's Department of Health thus continued to discharge its obligations towards the refugees to the best of its abilities. Its services were increasingly appreciated and, with better awareness among the refugees and with the natural increase in population, the demand for health services was constantly on the increase. However, UNRWA's financial position had always left much to be desired, and for the past two years the Agency had had to face increasingly serious budgetary difficulties. So far, the health programme had continued to be maintained and even improved through economies and a process of streamlining within the Agency's services. Now, however, a
session, extended the mandate of UNRWA until 30 June 1966; and

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 1966.

Decision: The draft resolution was approved.

The DEPUTY DIRECTOR-GENERAL expressed the satisfaction of the Director-General at the approval of the resolution, which would make it possible to continue to collaborate with a body whose purpose and usefulness WHO had always respected and admired.

Dr SHARIF (United Nations Relief and Works Agency for Palestine Refugees in the Near East) expressed his thanks to the Committee for its support and to the delegate of Jordan and the Deputy Director-General for their encouraging remarks.

4. Selection of the Country or Region in which the Nineteenth World Health Assembly will be held

Agenda, 3.5

The SECRETARY, introducing the item, recalled that, under Article 14 of the Constitution, the Health Assembly was required at each annual session to select the country or region in which the next annual session should be held. Since no invitation had been received, the Committee might wish to recommend the adoption of a resolution which would be the same in substance as for the previous year.

Mr DE CONINCK (Belgium), Rapporteur, read the following draft resolution:

The Eighteenth World Health Assembly,

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

DECIDES that the Nineteenth World Health Assembly shall be held in Switzerland.

Decision: The draft resolution was approved.


Agenda, 3.19.1

The SECRETARY, introducing the item, reminded the Committee that each year the Health Assembly was asked to note the activities of the Joint Staff Pension Fund. He drew attention to the following draft resolution included in the report before the Committee:

The Eighteenth World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the annual report for the year 1963 and as reported by the Director-General.

Decision: The draft resolution was approved.

6. WHO Staff Pension Committee: Appointment of Representatives to replace Members whose Period of Membership expires

Agenda, 3.19.2

The SECRETARY, introducing the item, explained that, as indicated in the document before the Committee, the Health Assembly was called upon to appoint one member and one alternate member to the WHO Staff Pension Committee to replace the members designated by Canada and the Soviet Union, whose period of office had expired. If it followed the precedent established at previous sessions the Assembly would appoint representatives from among the members of the Executive Board. The Member countries newly entitled to designate members of the Executive Board were: Czechoslovakia, Guinea, India, Mexico, Morocco, Peru, the United States of America, and Yemen.

Dr ANDRIAMASY (Madagascar) said that, as members of the Executive Board designated by the governments of countries in the African, Western Pacific, Eastern Mediterranean and European Regions would continue to be represented on the WHO Staff Pension Committee, the principle of geographical representation required that the new members be designated from the countries in the Americas and the South-East Asia Region. He proposed the members of the Executive Board designated by the Governments of Mexico and India as member and alternate member respectively.

The CHAIRMAN asked whether, in the absence of any other proposals, the Committee would be prepared to approve the draft resolution included in

2 Transmitted to the Health Assembly in section 4 of the Committee’s third report and adopted as resolution WHA18.24.
3 Transmitted to the Health Assembly in section 5 of the Committee’s third report and adopted as resolution WHA18.25.
4 Transmitted to the Health Assembly in section 6 of the Committee’s third report and adopted as resolution WHA18.26.
the document before it, with the insertion of the names of the two countries just proposed. The draft resolution would then read as follows:

The Eighteenth World Health Assembly

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

Decision: The draft resolution was approved.

Dr Layton (Canada), speaking as a retiring member of the WHO Staff Pension Committee, said he wished to make a statement which might be of interest to WHO, especially to the Director-General.

The United Nations Joint Staff Pension Board consisting of representatives from the United Nations and specialized agencies performed tasks with regard to the interests of the staff of these organizations. He had found it a challenging and interesting appointment, but felt that there was too rapid a “turnover” of representatives, especially representatives of the World Health Assembly. The Director-General might wish to consider revising the system of representation in the interests of the Organization’s staff, whose interests and rights could, in his opinion, be better served. He had no formal proposal to make, but respectfully drew the attention of the Director-General to this question: the representation of WHO might be made more continuous; he was sure it would pay returns regarding the economic interests of WHO and, in particular, the interests of its staff. He had taken the liberty of raising this question as an outgoing representative of the WHO Staff Pension Committee.

The meeting rose at 4.15 p.m.

NINTH MEETING

Saturday, 15 May 1965, at 9.30 a.m.

Chairman: Professor R. Vannugli (Italy)

1. Headquarters Accommodation (continued from eighth meeting, section 1) Agenda, 3.14

The Chairman put the following draft resolution to the Committee:

The Eighteenth World Health Assembly,

Having been informed of the gifts which have been made by Member States towards the construction and furnishing of the headquarters building:

1. expresses its appreciation to those governments that have so generously made voluntary contributions to the headquarters building; and

2. invites governments not yet having made a voluntary contribution for the headquarters building to consider making a contribution to the Headquarters Building Fund or donating gifts of furnishings, decorations and equipment which the Director-General indicates to be needed.

Decision: The draft resolution was approved.

2. Third Report of the Committee

The Chairman proposed that the draft resolution just approved, concerning headquarters accommodation, should be added to the Committee’s draft third report, as section 10.

It was so agreed.

Mr de Coninck (Belgium), Rapporteur, read out the draft third report of the Committee, including the new section 10.

Decision: The report was adopted (see page 476).
3. Review of the Financial Position of the Organization
(continued from third meeting, section 1)

Agenda, 3.12


Dr Andriamasy (Madagascar), Chairman of the working group established to draft a resolution on world health foundations, introduced the report of the working group, which had met on 14 May 1965, with the delegations of France, Indonesia, Madagascar, Tunisia, Turkey and the United Kingdom of Great Britain and Northern Ireland represented. It had decided to recommend the adoption of the following draft resolution:

The Eighteenth World Health Assembly,

Having noted with interest the report regarding the establishment of world health foundations;

Recognizing the benefits which would result from additional funds becoming available for international health work;

Aware of the important repercussions of financial problems on the implementation of health projects;

Believing that the establishment of world health foundations, to be financed by voluntary contributions from private and other non-governmental sources, will serve to demonstrate to governments the interest of the people of their countries in world health;

Considering that such foundations could make an important contribution towards the furtherance of the fundamental objective of WHO, namely, “the attainment by all peoples of the highest possible level of health”; and

Believing that it is the responsibility of WHO to arouse and stimulate at all levels interest in international health work,

1. APPRECIATES the actions taken with a view to the establishment of world health foundations in several Member countries;

2. ENCOURAGES the efforts which are being pursued and which will be undertaken towards this end; and

3. REQUESTS the Director-General to report regularly to the World Health Assembly on the progress made and work carried out in regard to the establishment and operation of world health foundations.

Dr Cayla (France) noted that the United States of America was not included in the list of delegations represented in the working group although a delegate of that country had participated in the meeting.

The Chairman explained that that delegate had been present only as an observer.

Dr Bernhardt (Federal Republic of Germany) said that his delegation was unable to support the draft resolution for the reasons he had given at the Committee’s third meeting.

The Chairman put the draft resolution to the vote.

Decision: The draft resolution was approved by 69 votes to 1, with 10 abstentions.¹

4. Decisions of the United Nations, the Specialized Agencies and the International Atomic Energy Agency affecting WHO’s Activities (Administrative, Budgetary and Financial Matters)

Agenda, 3.16

Mr Siegel, Assistant Director-General, Secretary, introducing the Director-General’s report,² explained that the reason for the delay in issuing it had been that the report of the last meeting of the Administrative Committee on Co-ordination had only been received a few days before.

Reference was made in paragraph 1 of the report to the fact that the report of the Fifth Committee of the General Assembly of the United Nations and the decisions of the General Assembly on the report of the Advisory Committee on Administrative and Budgetary Questions had still not been made. When the General Assembly had taken action the Director-General would report to the Executive Board. Paragraph 2 referred to the paragraphs of the thirty-first report of the Administrative Committee on Co-ordination reproduced in the Appendix.

Paragraph 78 of that report made reference to the fact that there had been an exchange of views with the Chairman of the Advisory Committee on Administrative and Budgetary Questions.

Paragraphs 79 to 81 referred to the discussion regarding reimbursement to agencies of overhead costs of the Expanded Programme of Technical Assistance and Special Fund projects.

In paragraphs 82 to 88 reference was made to resolution 1044 (XXXVII) of the United Nations Economic and Social Council concerning the preparation and submission of agency budgets, and to the fact that there had been general agreement that it was not practical to obtain uniformity with regard to the agencies’ budget presentation, but that it would be possible to have made available to the Economic and Social Council some additional information, on a

¹ Transmitted to the Health Assembly in section 1 of the Committee’s fourth report and adopted as resolution WHA18.31.
more standardized basis, with regard to the United Nations, the specialized agencies, and the International Atomic Energy Agency, but not the International Monetary Fund or the International Bank for Reconstruction and Development. He thought that WHO would have no difficulty with regard to those arrangements, which had been agreed to on an inter-agency basis and discussed with the Chairman of the United Nations Advisory Committee on Administrative and Budgetary Questions.

Paragraph 90 referred to common grading standards, paragraph 91 to compensation for service-incurred injuries, etc., paragraph 92 to review of base salary scales for the professional and higher categories, and paragraph 93 to conditions of service for field staff. Unless the Committee had some points which it wished to discuss it was not required to take any action except to approve a resolution noting the report.

Dr Afridi (Pakistan), referring to paragraph 93 of the report (conditions of service for field staff), said that the matter was one that particularly concerned the Organization, since a large number of its staff came within that category. Their allowances and conditions of service should be such as to attract the best possible candidates, and he entirely agreed with the last sentence of the paragraph, which mentioned the difficulties in recruitment for field programmes. A number of the Organization’s programmes had now reached the very critical stage of development at which the result of past efforts was resting on a very sharp edge and might fall on the side of success or failure depending very largely on the type, personality and competence of the field staff. He would urge that very attractive terms of service be offered to that category of personnel.

He realized that a proposal of that sort involved a large number of cognate questions, such as determining the point at which field duties began, but no doubt the Secretary would be able to clear up that difficulty. His plea was more one of principle than of detail.

The Secretary agreed that the point made by the delegate of Pakistan was an important one, and assured the Committee that the Director-General and his staff had been much preoccupied with the problem of developing conditions of service for field staff that would attract the best possible personnel to carry out duties in the “firing-line”. Studies on the matter would continue to be pursued. WHO and some of the other specialized agencies had a special interest in the problem.

He drew attention to paragraph 92 of the ACC’s report, from which it would be noted that a study had been made with regard to the salaries of professional and higher categories of staff, taking into account the movement of salaries in a number of the larger national civil services since 1960, which had been the last year taken into account when the present United Nations salary scales had been reviewed in 1961. The study had been carried out in considerable detail and was being transmitted to the International Civil Service Advisory Board for its comments when it met in Geneva the following week. The report of that body would be considered by the Administrative Committee on Co-ordination and the results transmitted to the Executive Board and to the Nineteenth World Health Assembly.

Dr Afridi (Pakistan) indicated his satisfaction with the Secretary’s explanation.

Mr de Coninck (Belgium), Rapporteur, read out the following draft resolution:

The Eighteenth World Health Assembly

Notes the report of the Director-General on decisions of the United Nations, specialized agencies and the International Atomic Energy Agency affecting WHO's activities on administrative and financial questions.

Decision: The draft resolution was approved.

5. Proposal for the Establishment of a Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training

Supplementary agenda item

The Chairman said that the item had been placed on the agenda at the request of the delegation of India, which had proposed the following draft resolution:

The Eighteenth World Health Assembly,

Recognizing that the shortage of teaching and laboratory equipment in medical schools is a great handicap in imparting medical education in the newly started medical schools in many parts of the developing countries;

Noting the difficulty that is experienced by many developing countries in providing foreign exchange for the purchase of essential and important equipment; and

Having been informed of the national world health foundations already established or being established,

2 Transmitted to the Health Assembly in section 2 of the Committee’s fourth report and adopted as resolution WHA18.32.
1. REQUESTS the Director-General to study the possibility of assisting Member States in obtaining equipment from abroad including the possibility of establishing a revolving fund of one million dollars from which to help developing countries obtain the necessary equipment against reimbursement in their own currencies; and

2. REQUESTS the Director-General to report on the matter to the Executive Board and World Health Assembly.

Dr Cayla (France) said that his delegation had examined with the interest the proposal that had been made by the delegation of India for the establishment of a revolving fund. The health services of developing countries were greatly in need of qualified personnel, and everyone agreed that the subject was one that should receive the particular attention of the Organization and the countries concerned. It was certainly true that the lack of teaching and laboratory equipment hampered the functioning of newly-created medical schools, and the aims of the resolution deserved full support.

He had some reservations, however, on the methods proposed. It was known that several delegations were not in favour of new special funds or revolving funds. The problem of the means of financing them had been raised in the Committee on previous occasions. The draft resolution mentioned reimbursement by the countries concerned in their own currencies, and that question raised great difficulties. Teaching and laboratory equipment was in many cases unobtainable in countries in which those currencies could be used and, since the Financial Regulations laid down that the question of payment in currencies other than the official currencies could be determined only by the Director-General in consultation with the Executive Board, he considered that the important question before the Committee should be referred to the Executive Board for consideration at its next session, and thereafter to the Nineteenth World Health Assembly.

Dr Afridi (Pakistan) said that the delegation of France had already covered some of the points he had wished to raise.

He suggested the deletion of the third paragraph of the preamble and of the specific reference in operative paragraph 1 to one million dollars, but stated that he would not press those suggestions as formal amendments. The proposal of the delegate of France that the subject be referred for consideration to the Executive Board and the Nineteenth World Health Assembly seemed to be covered by the terms of operative paragraph 2 of the draft resolution.

His delegation was wholeheartedly in favour of the draft resolution.

Dr Bernhardt (Federal Republic of Germany) associated himself with the statement made by the delegate of France.

Mr Rose (Trinidad and Tobago) said that he supported the principle of the draft resolution, but would appreciate some enlightenment from the delegate of India, as its sponsor, on how he envisaged the fund would be administered and what would be the basis on which a country would qualify for assistance from it. The problem for the developing countries might not always be the question of foreign exchange but the allocation of scarce resources to meet competing needs.

Mr Moreno (Panama) asked whether it was intended that the equipment should be for medical education only, or for the training of paramedical staff as well. He considered it of great importance that provision be included for the training of the latter category of personnel.

Dr Gunaratne (Ceylon) wholeheartedly supported the proposal made by the delegate of India. The lack of teaching and laboratory equipment for education and training was one of the greatest difficulties for developing countries. If it was not clear from the draft resolution that equipment for the training of paramedical personnel was also intended, he considered that a specific reference to such personnel should be included.

Dr Thor Peng Thong (Cambodia) said that his delegation, having itself experienced difficulties in regard to equipment for a new medical school, was very much in favour of the draft resolution. With regard to the most appropriate procedure for implementing the proposal, he supported the idea that the Director-General should make recommendations to the Executive Board.

Mr Gokana (Congo, Brazzaville) supported the remarks made by the delegate of Trinidad and Tobago. There were many countries in the process of development, and a few among them frequently got the biggest share of assistance.

Dr Wone (Senegal) expressed his delegation's interest in the proposal and said that during the technical discussions on the subject of health planning emphasis had been placed on the need for setting up suitably equipped public health laboratories.

He would be pleased to support the draft resolution, but would be glad if the delegate of India could accept the amendments suggested by the delegate of Pakistan.
Mr Havlasek (Austria) shared the view expressed by the delegate of France; he considered that the problem needed further careful study.

Dr Ferreira (Brazil) said that the lack of equipment was not the main problem of medical schools; it was even more important to have good personnel. He would support the suggestion of the delegate of France that the matter be referred to the Executive Board, so as to avoid the need for introducing amendments into a resolution the principle of which received unanimous support.

Dr Keita (Chad) expressed the hope that if the proposal were approved the equipment could be used for the training of paramedical personnel; his country had a school for that level of personnel, but did not have one for medical personnel.

Mr Roffey (United Kingdom of Great Britain and Northern Ireland) said that his delegation had every sympathy with the thought behind the proposal and was very ready to support it. It had one or two doubts on points of detail, but believed that, since the proposal was to refer the matter to the Director-General and the Executive Board, they could be resolved. The chief difficulty concerned the practicability of using so many currencies. Another point was that some mention had been made of personnel, whereas the draft resolution seemed to relate to equipment—but his delegation would support the idea in either case.

Dr Castillo (Venezuela) said that one of the chief problems for all health administrations was the shortage of trained personnel at all levels. In the promotion of health a great part was played not only by medical staff but also by those working in such fields as environmental health; the resolution should include provison for sanitary engineers, health inspectors and all other staff engaged in health activities.

Mr De Coninck (Belgium) said that he had listened carefully to the remarks made by previous speakers and had come to the conclusion that the problem was much more complicated than might have been supposed. A number of opinions had been expressed on the various aspects of the problem that deserved long and serious study. He would therefore support the proposal made by the delegate of France.

Mr Igbude (Nigeria) said that the draft resolution was simple and straightforward; it was not a final proposal to establish the fund, but merely requested the Director-General to study the possibility and report to the Executive Board and the World Health Assembly. The measures envisaged would go a long way to helping developing countries to obtain the teaching and laboratory equipment they needed. He would support the draft resolution.

Mr Havlasek (Austria) shared the view expressed by the delegate of France; he considered that the problem needed further careful study.

The Chairman, noting that there were no further general comments, summed up the discussion and invited the delegate of India to answer points raised.

Dr Dhir (India) said that the proposal contained in his delegation's draft resolution was simple and straightforward, as the delegate of Nigeria had pointed out. The suggestion put forward by the delegate of Pakistan that no specific level be set for the proposed revolving fund had already been discussed in the Regional Committee for South-East Asia, at its seventeenth session. However, a fund of the kind would be of use only if it disposed of adequate credits. Accordingly, some minimum level should be indicated in any resolution adopted, and his delegation would prefer to maintain the figure of one million dollars for that purpose.

The Secretary said that, as he understood the position, the provisions of the draft resolution proposed by the delegation of India would require the Director-General to study the matter and submit a report to the Executive Board at a later session, and subsequently to the Health Assembly. Plainly, it would not be possible for him to report to the Board at its forthcoming session, immediately following the Health Assembly. The study in question would have to cover the possibility of inducting additional funds in the regular budget for the provision of equipment for the purposes indicated in the draft resolution and in the discussion. Both the Director-General and the Executive Board would undoubtedly take into account the various points that had been raised in the discussion.

The reference to national world health foundations was presumably intended to stimulate, through the foundations, voluntary contributions which might be utilized for the purposes indicated in the resolution.

A further factor to be taken into account by the Director-General would be the possible difficulties in operating a revolving fund where reimbursement would be in local currencies that could not be used for the purchase of equipment. Unless reimbursement was in a utilizable form, clearly the revolving fund would quickly find itself at a standstill.

There was little more the Secretariat could add at the present stage. Should the draft resolution be adopted, it would do its best to make a comprehensive study of the kind requested.

Dr Cayla (France), noting with gratitude the support in the Committee for his earlier suggestion, formally proposed the following amendments to the draft resolution presented by the delegation of India: (I) insertion of the words "and paramedical" before "schools", in the first preambular paragraph;
(2) deletion of the remaining two paragraphs of the preamble—which neither added new ideas nor in any way strengthened the text; and (3) deletion of the final phrase in operative paragraph 1, after the word "abroad".

The first and the third amendments respectively would serve to meet the points raised by the delegates of Venezuela and Pakistan, and, as the Secretary had indicated, the Director-General would be taking account of all the views expressed in the discussion.

Dr Afridi (Pakistan) said the delegate of France had correctly interpreted his views, except in respect to operative paragraph 1, where he considered there would be some point in maintaining the reference to a revolving fund.

As to the currency question, the United Nations Educational, Scientific and Cultural Organization (UNESCO) operated a coupon system, under which coupons were made available to teaching institutions against reimbursement in local currencies. There no doubt existed other possibilities which the Director-General would be able to study.

Dr Diba (Iran) pointed out that the various suggestions and amendments put forward would entirely change the nature of the draft resolution presented by the delegate of India and, in view of the major importance of the matter for developing countries, he would like to have the proposals in writing before taking a final stand. However, it might facilitate matters for the Committee if the delegations concerned formed a working group, with a view to arriving at an agreed text.

Dr Cayla (France) endorsed the first suggestion of the delegate of Iran: he well understood the difficulty of taking a decision in the absence of a written text. As to the second suggestion, so far as he could see that would serve no useful purpose, in view of the irreconcilable positions taken by his own delegation and that of Pakistan. The position of the French delegation was that it wished to have a study made covering all means of achieving the objective and, should a revolving fund be found to be the best, it would be prepared to consider the adoption of that measure.

Mr Moreno (Panama) endorsed the proposal to set up a working group. At the same time, the delegate of India had rightly drawn attention to the urgent need in developing countries for help in the matter, and any draft resolution prepared must take into account the desire for action on the lines proposed by the delegation of India.

Dr Lisicyn (Union of Soviet Socialist Republics) supported the amendments proposed by the delegation of France, as reflecting the general spirit of the Committee. Adoption of the suggestion of the delegate of Pakistan would prejudice the outcome of the general study to be made by the Director-General and the Executive Board.

Dr Al-Wahbi (Iraq) remarked that there was general agreement in principle that some way should be found to provide the maximum assistance to the developing countries to enable them to procure the necessary tools of teaching for their medical and paramedical schools. On the other hand, there was a wide divergence between the original draft resolution and the version as amended by the proposals of the delegate of France. Nevertheless, experience had shown that even more irreconcilable problems could be resolved by a spirit of understanding, so that he was inclined to support the proposal to set up a working group which would save time and enable the Committee to devote itself to more useful work.

The Secretary said he would put forward, hesitantly, an alternative suggestion which might provide a way out of the dilemma in which the Committee found itself. The general consensus seemed to be that the subject was a very important one, warranting objective study, and secondly that the Committee would not wish to take any definitive stand at the moment, so as not to prejudice the results of such study. Accordingly, a simple resolution on the following lines might adequately serve the purpose:

The Eighteenth World Health Assembly,

Having considered the proposal for the establishment of a revolving fund to finance teaching and laboratory equipment for medical and paramedical education and training,

Requests the Executive Board, bearing in mind the discussions in the Committee on Administration, Finance and Legal Matters, to study the proposal and to report to the Nineteenth World Health Assembly.

Dr Cayla (France) welcomed the new draft as providing a solution that he was sure would prove generally acceptable; he accordingly withdrew his proposed amendments to the draft resolution presented by the delegation of India.

Dr Afridi (Pakistan), noting that the new text covered the point he had had in mind, also agreed not to press his suggested amendments.

Dr Dhir (India) thanked the Committee for the interest shown in his delegation's proposal and the sympathy and understanding evinced for the difficulties of the developing countries. The text suggested by the
Secretary would be acceptable to his delegation, provided that the facts of the situation were covered in the preamble. To that end he proposed the insertion of an additional preambular paragraph, reading as follows:

Recognizing that manpower requirements are of fundamental importance for health planning, and realizing that the shortage of teaching and laboratory equipment in medical and paramedical schools and in research institutes is a great handicap in imparting medical education, especially in the newly started medical schools in many parts of the developing countries, and feeling the necessity of purchasing such essential equipment not available in those countries, on a reimbursement basis in their home currencies.

The Chairman said that the delegate of Trinidad and Tobago had proposed the following amendment to the new text: the word “discussed” to be substituted for the word “considered” in the preambular paragraph. That amendment would not affect the French text. He asked whether the Committee would be prepared to continue the discussion on the basis of the new text before it, or whether it considered there was still need for a working group to resolve outstanding differences.

Dr Al-Wahbi (Iraq) still thought that a working group would serve a useful purpose, the more so as there was ample time available to the Committee to follow that procedure. He endorsed the additional preambular paragraph proposed by the delegate of India, as bringing all elements of justification to the Board’s attention. As to the amendment suggested by the delegate of Trinidad and Tobago, he saw no point whatsoever in making such a change; the discussions in the Committee were referred to in the operative paragraph of the new text.

The Chairman noted that there was a consensus in favour of setting up a working group, and proposed that the group be composed of the delegations of India, France and Pakistan, on the understanding that any other delegation wishing to take part in the work might do so.

Dr Cayla (France) thought the discussion had reached a point where an agreement could quickly be reached without having recourse to a working group.

The Chairman interpreted that remark as tantamount to a proposal for an unofficial drafting group.

Dr Al-Wahbi (Iraq) disagreed with the delegate of France; there was more than mere drafting to be undertaken by the working group, and he would therefore prefer an official body.

Dr Afridi (Pakistan) entirely agreed with the previous speaker, and suggested that the delegate of Senegal be included in the working group.

The Chairman assumed that the Committee was agreeable to setting up an official working group, and accepted the suggestion that the delegate of Senegal should be included.

Dr Cayla (France) said that, in view of the position he had taken during the discussion, he was regretfully obliged to decline the honour of being included in the working group.

Dr Al-Wahbi (Iraq) said he would gladly volunteer to serve on the working group.

The Chairman noted that the working group would be composed of delegates of India, Iraq, Pakistan and Senegal. Discussion of the item would be adjourned, pending the submission of the working group’s report.

(For continuation of discussion, see minutes of the tenth meeting, section 1.)

6. Fourth Report of the Committee

At the invitation of the Chairman, Mr de Coninck (Belgium), Rapporteur, read out the Committee’s draft fourth report.

Decision: The report was adopted (see page 477).

The meeting rose at 12.10 p.m.
1. Proposal for the Establishment of a Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training (continued from the ninth meeting, section 5)

The CHAIRMAN informed the Committee that the working group which had been set up at the previous meeting to consider the proposal for the establishment of a revolving fund for teaching and laboratory equipment for medical education and training had met that morning, and had agreed upon the text of a draft resolution for the consideration of the Committee.

Mr DE CONINCK (Belgium), Rapporteur, read out the following draft resolution:

The Eighteenth World Health Assembly,

Recognizing that manpower requirements are of fundamental importance for health programmes, and realizing that the shortage of teaching and laboratory equipment in medical and paramedical schools is a great handicap in imparting medical education, especially in the developing countries; and

Having considered the proposal for the establishment of a revolving fund to finance, on a reimbursement basis, teaching and laboratory equipment for medical and paramedical education and training,

REQUESTS the Executive Board, bearing in mind the discussions in the Committee on Administration, Finance and Legal Matters, to study the proposal and to report to the Nineteenth World Health Assembly.

Decision: The draft resolution was approved.

2. Report on Operative Paragraph 2 of Resolution WHA17.50

Proposed Amendments to Article 7 of the Constitution

Agenda, 3.7, 3.8

The CHAIRMAN said that he had decided to hold over the items which the Committee was about to consider, in view of their importance, until it had completed all other items on its agenda.

Since the report on operative paragraph 2 of resolution WHA17.50 and the proposed amendment to Article 7 of the Constitution were closely linked, he proposed that the Committee should consider them jointly.

It was so agreed.

The CHAIRMAN invited the representative of the Executive Board to present the report of the Executive Board on operative paragraph 2 of resolution WHA17.50.

Dr TURBOTT, representative of the Executive Board, introducing the report, stated that the Board had discussed at length the Seventeenth World Health Assembly's request, contained in its resolution WHA17.50, for "formal proposals with a view to the suspension or exclusion from the Organization of any Member violating its principles and whose official policy is based on racial discrimination". Three resolutions had been proposed, none of which had obtained the required two-thirds majority. The Board had therefore been unable to meet the Assembly's request.

During the present Assembly, that action had been challenged in the general debate by a delegate who had claimed that, according to Article 28 of the Constitution, the Board had no option but to give effect to the decision of the Assembly. On behalf of the Board, he felt obliged to point out that such a claim—namely, that the Board should automatically obey the Health Assembly—was entirely fallacious. Paragraph (a) of Article 28 did not detract from the authority of the remaining paragraphs of that Article, and paragraph (d) specifically empowered the Board to advise the Health Assembly on questions referred to it by that body. In accordance with paragraph (d) the Executive Board had advised the Health Assembly
that it could not agree on the action the Board should take and had accordingly referred the matter back to the Health Assembly.

He called attention, in that connexion, to an opinion which had been expressed in the course of the thirty-fourth session by a member of the Executive Board, to the effect that it would be difficult to find any constitutional provision to justify the asserted supremacy of the World Health Assembly over the Executive Board. That member had further stated that the Health Assembly was a fundamentally political body, whereas members of the Executive Board served in a purely personal capacity, and that, under Article 28, the functions of the Board were not only to give effect to the decisions and policies of the Health Assembly but also to advise the Health Assembly on questions referred to it by that body. He also referred to the statement made by the Legal Adviser on the functions of the Executive Board.

To refuse the Board the right to have its own debate and to refer back to the Health Assembly any matter for further consideration would undermine the value of the Board as an organ consisting of twenty-four members who were intended to consider matters free of any direction by governments, and would be contrary to the intention of those who had drawn up the Constitution. He hoped the Committee would not seek to do that. The Board had acted democratically and correctly in the matter at present before the Committee.

Dr Keita (Guinea) recalled that he had already commented on the matter under consideration in the course of debate in the sixth plenary meeting and he did not therefore intend to re-open the discussion at the present juncture.

He pointed out that the Legal Adviser, in the course of the statement to which the representative of the Executive Board had just referred, had stressed the fact that the Board, in taking the position that the course of action that the Health Assembly wished to carry out was not a suitable one, would have to take full responsibility for its action and bear the consequences.

It was his own view that Articles 28 and 29 of the Constitution clearly stated that the Executive Board received instructions from the Health Assembly; Dr Evang had, in the Executive Board, referred only to sub-paragraph (e) of Article 28 which provided that the Board should submit advice or proposals to the Health Assembly on its own initiative, but he had not mentioned other sub-paragraphs of that same Article, or Article 29. In the hierarchy of the Organization, the World Health Assembly constituted the supreme organ, followed by the Executive Board which advised it or replaced it if necessary. In that connexion, he recalled that at the time of the preparatory meetings in 1946 the view had been expressed that it would not be appropriate for the Executive Board to replace the World Health Assembly in exceptional circumstances but that, where necessary, a special session of the Assembly should be held. It appeared clear, therefore, that the Health Assembly adopted decisions and resolutions with regard to which it gave instructions to the Executive Board which was then required to formulate recommendations and, in any case, to implement decisions. The Executive Board emanated from the World Health Assembly as it was elected by it and should therefore obey that superior organ.

It was not the intention of the delegations of the African countries to discuss the matter at length. He wished, however, to seek to ensure that the Health Assembly would clarify the position. If Articles 28 and 29 were inadequate as they stood, it was essential to make legal provision so that such difficulties of interpretation would not arise in the future. Any interpretation should of course be based on the spirit which had guided those responsible for drafting the Constitution.

He was inclined, moreover, to believe that, had that same problem been considered by an Executive Board the majority of whose members supported the substance of resolution WHA17.50, the existing difficulties would not have arisen.

Dr Evang (Norway) wished to dispel any misunderstanding regarding his interpretation of the functions of the Executive Board. He was in full agreement with the delegate of Guinea that Article 28 clearly established the Board as the executive organ of the Health Assembly. It was, however, evident that the Executive Board, in acting on the decisions of the Health Assembly, was required to do so within the limits of its Rules of Procedure, which had been laid down by the Health Assembly itself. Accordingly, if the Executive Board had been unable to reach a decision on a specific matter, that fact should be accepted and the Executive Board then had no alternative other than to refer the matter back to the Health Assembly for its further consideration. He had, in the course of the discussion of the matter in the Executive Board, invoked Article 28(e) and stated that the Board was competent to refer a matter back to the superior organ.

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3 See Off. Rec. Wld Hlth Org. 143, 137.
The solutions to the present difficulties which had been put forward in the document before the Committee could be divided into three groups: proposals which would provide for expulsion as well as suspension of a Member State of the Organization; proposals for suspension; and the proposal of the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland. His Government was unable to agree with any of the amendments suggested. He would, from the outset, make it clear that his Government fully sympathized with the stand taken by the delegation of Guinea and others on the substance of the question; indeed, it would be difficult for his Government to find words strong enough to condemn the policies which had given rise to the present situation. A series of initiatives had in fact been taken by the people of Norway to support all efforts to bring about a change in that respect. He would, therefore, urge the delegates of the African countries to realize that there was no difference of opinion on that fundamental point. The difficulty lay in finding agreement on what measures were needed with regard to any amendment of Article 7 of the Constitution.

His Government held the view that to suspend rights and privileges while continuing to oblige a Member State to pay its contribution would constitute a more severe punishment than suspension or expulsion. Furthermore, his Government considered it of fundamental importance that the universal character of the Organization be preserved. In addition, it should be borne in mind that the adoption of any measure for expulsion should, in all fairness, be matched by the inclusion of a provision for withdrawal; none of the proposals at present submitted had taken that into account. His delegation would submit a proposal, incorporating the points to which he had just referred, which would be circulated to the Committee for its consideration.

Dr Keita (Guinea), speaking on a point of order, said that the delegations of the African countries were studying the possibility of arriving at a proposal which would obviate the need for lengthy discussions. He therefore requested an adjournment of the meeting under Rule 59 of the Rules of Procedure.

The Chairman put to the vote the motion for adjournment.

Decision: The motion was adopted by 72 votes to none, with 4 abstentions.

The Chairman said that the Committee would resume its discussion at its meeting that afternoon.

The meeting rose at 11.10 a.m.
he had stressed that the serious political issues in question had a direct bearing on the fundamental principles and specific provisions of the United Nations Charter and thus should be considered by the principal political organs of the United Nations rather than by the specialized bodies.

The Australian delegation supported the proposed amendment to Article 7 of the Constitution submitted by the Governments of the United Kingdom of Great Britain and Northern Ireland and of the Netherlands —providing that the Assembly by a two-thirds majority vote might suspend or exclude any Member which had been suspended or excluded from membership of the United Nations. It followed also that his delegation was opposed to the amendments to Article 7 of the Constitution put forward by some African Governments providing that in certain circumstances—which were, moreover, defined only in rather general terms—a Member of WHO might be suspended or excluded by the World Health Assembly itself. The Australian Government, while it understood the feelings prompting the proposed amendments, was opposed to them on general constitutional principles.

He was not yet in a position to state his delegation’s views on the draft resolution proposed by the Norwegian delegation (see page 448) which had just been circulated and was being studied with interest by his own delegation.

Apart from all other considerations, it seemed to his delegation that the policy of apartheid could not be substantially changed by excluding South Africa from WHO. On the contrary, the chances of influencing that policy in a salutary way might indeed become less. The aims of the present Assembly must be to try in every possible way to minimize racial differences. Care must be taken not to do anything that might merely harden the present position, increase hostilities, and in fact harm those it was intended to help. The action now urged by some delegations could well mean that nine million fellow men would be denied the services and influence of a great humanitarian organization. The exclusion of South Africa would in no way advance the basic principles and programmes for which WHO stood.

Mr LAAFIF (Tunisia), speaking only on item 3.7 of the agenda—report on operative paragraph 2 of resolution WHA17.50—said that the relevant documentation was exhaustive and reflected all the views expressed; in addition the delegate of Norway had at the previous meeting analysed the situation clearly. The Executive Board had always carried out in an exemplary manner the work entrusted to it by the World Health Assembly, and he thought it would be regrettable if a discussion were to be opened that might be detrimental to the unity of the Organization. He therefore formally moved the closure of the debate on item 3.7, under Rule 61 of the Rules of Procedure, and recommended that the Committee should do no more than note the report of the Executive Board on the item. He was prepared to submit a draft resolution to that effect.

The Chairman read out Rule 61 of the Rules of Procedure and asked whether any delegates wished to speak against the motion for closure of debate on item 3.7 of the agenda.

Dr Bâ (Senegal) supported the proposal by the delegate of Tunisia; the Committee was trying to discuss two subjects that should be kept separate. He also agreed that it was not necessary to discuss the competence of the Executive Board or the World Health Assembly.

Decision: The motion was adopted.

At the request of the Chairman, Mr de Coninck (Belgium), Rapporteur, read the following draft resolution proposed by the delegate of Tunisia:

The Eighteenth World Health Assembly

NOTES the report of the Director-General and of the representatives of the Executive Board on operative paragraph 2 of resolution WHA17.50.

Decision: The draft resolution was approved.2

2. Proposed Amendments to Article 7 of the Constitution (continued)

Agenda, 3.8

The Chairman said that the Committee, having brought to an end its consideration of item 3.7, would continue its discussion on item 3.8.1

Mr Roffey (United Kingdom of Great Britain and Northern Ireland) introduced the draft amendment to Article 7 of the Constitution proposed by the Governments of the Netherlands and of the United Kingdom. The proposal was to delete the present Article 7 and to replace it by the following:

Article 7

(a) The Health Assembly may, on such conditions as it thinks proper and by a two-thirds vote:

1 The texts of the proposed amendments to Article 7 of the Constitution are reproduced in Off. Rec. Wild Hlth Org. 143, Annex 14.


3 Transmitted to the Health Assembly in section 2 of the Committee's fifth report and adopted as resolution WHA18.40.
(i) suspend from the exercise of the rights and privileges of membership of the Organization any Member which has been suspended from the exercise of the rights and privileges of membership of the United Nations;

(ii) expel from the Organization any Member which has been expelled from the United Nations.

(b) If a Member fails to meet its financial obligations to the Organization, the Health Assembly may, on such conditions as it thinks proper, suspend the voting privileges and services to which a Member is entitled.

(c) The Health Assembly shall have the authority to restore any rights, privileges and services suspended pursuant to this Article.

The issues at stake and the various viewpoints were by now well known to all present and did not need lengthy repetition. The United Kingdom Government was second to none in its condemnation of the detestable policy of racial discrimination and had proved it by its actions: the present Government had forbidden the sale of arms to South Africa, and had presented a bill to Parliament making racial discrimination a criminal offence.

The United Kingdom fully sympathized with the desire of African countries to bring home to the South African Government as forcibly as possible the abhorrence with which the international community viewed its policy; some delegations, however, could not go all the way with them concerning the means they wished to use.

The proposal submitted by the Governments of the Netherlands and of the United Kingdom was identical with the text submitted to the Executive Board at its thirty-fourth session by Sir George Godber (United Kingdom of Great Britain and Northern Ireland), Professor Aujaleu (France), Dr Layton (Canada), Professor Muntendam (Netherlands), Dr Prieto (Paraguay), and Mr Zohrab (New Zealand). It was based on principles well known to the Committee and urged by the Secretary-General of the United Nations, namely that organizations in the United Nations family should avoid divergent action in matters of this kind, and should pay full regard to the position taken on such questions by the principal political organs of the United Nations. That view was repeated in the Secretary-General's letter, reproduced in the organs of the United Nations. That view was repeated

Moreover, the Health Assembly would be called upon to judge immediately whether the accused Member was in fact guilty of deliberately practising a policy of racial discrimination. In the case of South Africa it was a declared policy, but to decide in other cases would need lengthy and careful consideration by a body able to obtain and evaluate full information on the various aspects of life in the country. That task the World Health Assembly could not perform—still less on a motion from the floor, and without notice.

The former President of the World Health Assembly had reminded delegates that they must be all the more cautious, because of their violent feelings, to avoid bracketing with racial discrimination other ill-defined or hypothetical situations in a way that might cause grave damage to the Organization. He feared that the amendments proposed by the Government of Chad and other governments would, if adopted, entail just such a danger.

Finally, it was only right to inform the Committee that the United Kingdom Government would have to consider very seriously whether it could ratify an amendment to the Constitution which it considered would endanger the future of the Organization, however much it sympathized with the purely political point the amendment was intended to make. He felt that the African countries underestimated the extent

\[\text{Off. Rec. Wld Hlth Org. 143, 142.}\]
to which their proposals might undermine the universality—and indeed the existence—of the Organization, and hoped they would be able to agree to take their proposals back for further consideration before the next Assembly. He would urge them at least to agree that a decision to expel a Member must be a serious matter requiring a vote by a two-thirds majority.

In answer to a question from Mr Gutteridge, Legal Adviser, said that it was never easy to give a legal opinion on an abstract matter. The interpretation of the Constitution was involved. The Assembly had considered similar questions more than once in the past; he would briefly summarize its actions on those occasions.

As he understood it, two questions had been put: firstly, could an amendment be made to a legally proposed amendment, and, secondly, could several amendments be grouped together. He recalled that the Third World Health Assembly had examined proposed amendments to the Constitution of WHO submitted by the governments of three Scandinavian countries, under which the Health Assembly would have met biennially. In its resolution WHA3.96 the Assembly had approved the plan in principle, and had requested the Director-General and the Executive Board to study the arrangements necessary for implementing such a decision and to report to the Fourth World Health Assembly.

As little progress had been made by the Fourth World Health Assembly, the matter had been deferred to the Fifth World Health Assembly, at which time the Executive Board had presented a report together with draft amendments to the Constitution. The Executive Board, in transmitting its report, had made some reflections on amendments to amendments. Those comments were to be found in the minutes of the ninth session of the Executive Board (Official Records No. 40, page 52, paras 62-67), and included a paragraph in which it was judged that any additional amendments would have to be communicated to Members at least six months before the next World Health Assembly in order to comply with Article 73 of the Constitution.

In point of fact, at the Fifth World Health Assembly, although the amendments proposed by the Executive Board were substantially very similar to those proposed by the governments of the Scandinavian countries concerned, it had been felt that Article 73 had not been complied with, and that the Assembly was therefore not in a position to examine any of the proposals before it.

A similar problem had arisen some years later when consideration had been given to the adoption of procedural rules to govern the handling of amendments to the Constitution. The Eighth World Health Assembly had had before it certain suggestions prepared by the Director-General at the request of the Executive Board at its fifteenth session. The
Executive Board had raised the matter because, in the Health Assembly which preceded the session of the Board, certain amendments to the Constitution had been put forward relating to the number of its members, together with a proposal which tended to change the capacity in which members of the Board acted. The latter proposal had been submitted too late to be receivable, but there had been discussion as to whether it could be introduced as an amendment to the other proposal. The Board had stated in particular that "... it would seem that some distinction might be drawn between amendments of substance and amendments of a drafting nature, or those intended to combine several similar amendments in a single text. In this respect it would be valuable to examine the practice and procedure of other United Nations organizations, always bearing in mind differences in their constitutional provisions. The Director-General accordingly was requested by the Board to submit a study along these lines to the Eighth Health Assembly." (Official Records No. 63, page 380).

The note prepared by the Director-General for the Eighth World Health Assembly included the opinion that, although the power to interpret the Constitution was vested in the Health Assembly (Article 75), the Director-General would infer that in the absence of any qualifying provisions the terms of Article 73 were such as to prevent the Assembly from considering any proposed amendment submitted less than six months before the opening of a Health Assembly, including any amendments of substance proposed to the original amendments.

On matters of drafting, the Director-General had suggested that it might facilitate the preparation and consideration of amendments to the Constitution if provisions were made in the Rules of Procedure to cover drafting changes, particularly bearing in mind that such draft amendments had to be drawn up in the five authentic languages of the Constitution, and a draft rule of procedure for consideration by the Health Assembly along those lines had been proposed. In the course of the examination of this matter at the Eighth World Health Assembly, the Legal Sub-Committee had proposed to the Committee on Administration, Finance and Legal Matters a text that would have enabled the Health Assembly to examine and adopt, without prior communication to Members, changes to proposed amendments to the Constitution which did not deviate from the underlying purpose thereof —i.e. amendments to amendments which were similar in substance—or any changes designed to embody in a single text similar substantive proposals communicated to Members in accordance with the provisions of Article 73 of the Constitution. It was, however, provided that in case of doubt such proposed changes would be deemed inadmissible unless the Health Assembly by a two-thirds majority decided otherwise.

However, it had been felt that further studies were necessary, and the matter had been deferred to the Ninth World Health Assembly. At that Assembly three tendencies evolved. These had been summarized by the Chairman of the Committee on Administration, Finance and Legal Matters at the time: the first was that the matter was one of interpretation of Article 73 and could therefore be dealt with by the Assembly under Article 75, subject to the right of any Member to appeal to the International Court of Justice at The Hague; the second, that the matter was one solely of finding a procedure suitable for the application of Article 73; and the third, that the difficulties arose from a gap in the Constitution which could only be filled by an amendment thereof (Official Records No. 71, page 331).

No agreement had been reached regarding the insertion in the Rules of Procedure of provisions on amendments to the Constitution, and the Ninth World Health Assembly had adopted resolution WHA9.44, by which it decided "that, for the present, no provision regarding the procedural problems related to constitutional amendments shall be inserted in the Rules of Procedure".

Two deductions of a general nature could be made from the past deliberations of the World Health Assembly and the Executive Board on this matter; on amendments to amendments that differed much in substance from the original, the position was clear—under Article 73 of the Constitution they had been deemed to be inadmissible. But on amendments to amendments of a drafting nature—the exact scope of which could be difficult to determine—the Health Assembly had not taken such a definite stand, although there had always been a considerable body of opinion in the Health Assembly which tended to reject any sort of amendment to amendments. From the procedural point of view it would seem that if on the present occasion an amendment were put forward to one of the amendments before the Committee the first action of the Committee should be to consider and pronounce upon the question of its admissibility before deciding to examine it in substance.

Dr Bá (Senegal) thanked the Chairman and the Legal Adviser for their clarification. His Government had suspected those difficulties, and in order to simplify the proceedings had authorized him to withdraw the amendment it had proposed to Article 7 of the Constitution in favour of the proposal of the Government of the Ivory Coast to amend Article 7 to read as follows:
Article 7

(a) If a Member fails to meet its financial obligations to the Organization or in any other exceptional circumstances, the Health Assembly may, on such conditions as it thinks proper, suspend the voting privileges and services to which a Member is entitled. The Health Assembly shall have the authority to restore such voting privileges and services.

(b) If a Member ignores the humanitarian principles and the objectives laid down in the Constitution, and deliberately practises a policy of racial discrimination, the Health Assembly may suspend it or exclude it from the World Health Organization.

Nevertheless, its rights and privileges, as well as its membership, may be restored by the Health Assembly on the proposal of the Executive Board following a detailed report proving that the State in question has renounced the policy of discrimination which gave rise to its suspension or exclusion.

Dr O. Keïta (Guinea), Dr Lambin (Upper Volta), Dr Amorin (Togo), Dr Dolé (Mali), Dr A. B. Keïta (Chad), Dr Amogho (Gabon) and Mr Bio (Dahomey) withdrew the amendments proposed by their respective governments to Article 7 in favour of the proposal of the Government of the Ivory Coast.

Dr Ayé (Ivory Coast) thanked the delegates of the African countries concerned on behalf of his Government. Explaining the reason for the amendment proposed by his Government to Article 7, he drew attention to the preamble of the Constitution of WHO, setting out the basic principles for which WHO had been established. In the opinion of his Government the official policy of racial discrimination deliberately practised by the South African Government ran counter to the humanitarian aims of WHO, and was an obstacle to their achievement. For that reason his Government considered it essential that the Health Assembly should be given the power to suspend or exclude any Member State practising an official policy of racial discrimination.

Mr Breman (Netherlands) said that the delegate of the United Kingdom, in introducing the amendment to Article 7 proposed jointly by the United Kingdom and the Netherlands, had clearly explained the principles on which that amendment was based. One of those principles was that organizations in the United Nations family should avoid divergent action on important matters such as that now before the Committee. The principles concerned were upheld not only by practically all Member States present at the Assembly, but also by the organizations themselves, and specifically by the United Nations. Reference had already been made to the letter on the subject to the Director-General from the Secretary-General of the United Nations. He would recall also the statement made the previous summer by the Secretary-General to the Economic and Social Council regarding the place of UNCTAD in the United Nations family, when he had stressed the principle that each organization in the United Nations family should play the part allotted to it within its own mandate.

The draft amendment proposed by the Ivory Coast had obviously been prompted by a very high motive—the elimination of racial discrimination as deliberately practised by a Member State. There could be no doubt as to the sincerity of the Netherlands' sympathy with the African countries represented at the Assembly; nor could there be any doubt as to the sincerity of the greater number of the countries represented.

However, the implications of the amendment proposed by the Ivory Coast were against the very principles that had been expounded by the delegate of the United Kingdom and stressed by the Secretary-General of the United Nations. If that amendment were accepted, the Constitution of WHO would be out of harmony with those of the agencies related to the United Nations and, what was worse, the way would be open for the adoption by other organizations of similar far-ranging and eventually self-destructive measures.

The delegate of the United Kingdom had mentioned four elements in the amendment proposed by the Ivory Coast which, separately, raised serious doubts as to the legal aspects and consequences. Firstly, there was no provision for prior action by the appropriate political organs of the United Nations, so that the way was open for political issues to be discussed by the World Health Assembly. Secondly, no mention was made as to whether the two-thirds majority would be required for the vote, and the inference from past experience was that a simple majority was required: in other words, the expulsion of a Member would not be considered a sufficiently important matter to merit a two-thirds majority. Thirdly, a resolution to expel a Member could be adopted with little or no notice. Lastly, the very imprecise wording regarding the deliberate practice by a country of a policy of racial discrimination gave ample opportunity for subjective interpretation, and was therefore not acceptable in any constitution.

The four elements combined set a very grave legal and moral problem. Indeed, the real issue at stake seemed to be no longer apartheid or the activities and character of WHO, but the whole system of international law.

However much the Netherlands sympathized with the feelings underlying the African proposal, and however clearly it had pronounced itself against
the policy of apartheid, racial discrimination, or any type of discrimination, no Netherlands Government could be a party to an amendment to a constitution or any other statute which potentially undermined the very system of international law—without which the world would be even further removed from the goal pursued by the African countries.

Mr IGBRUDE (Nigeria) spoke on behalf of the African delegations in giving full support to the amendment proposed by the Ivory Coast.

It was indeed a matter for regret that the Executive Board had been unable to put before the Assembly concrete proposals for the implementation of resolution WHA17.50, as it had been called upon to do by the Seventeenth World Health Assembly. It was now up to the Eighteenth World Health Assembly to take effective steps to implement that resolution. All the African delegations were satisfied that the amendment proposed by the Government of the Ivory Coast would fully meet the requirements of resolution WHA17.50; they therefore not only gave it their full support, but commended it to all other delegations desiring to make social justice, equality and fair play available for the whole human race so that it might enjoy the highest possible standard of health as proclaimed in the Constitution.

In several countries other than South Africa social justice for all sections of the population was yet to be established. Most of those countries, however, were becoming increasingly aware of the evils of social injustice and racial discrimination, and their governments were making greater efforts to eliminate social injustice and to secure greater happiness and better health for all their people. Those countries were to be commended for their efforts; they would surely succeed, for the course they pursued was just. But when a country made social inequality and racial discrimination an official policy, and classified its citizens not on their individual ability and merit, but on the colour of their skin, that country forfeited its right to sit in a gathering such as the World Health Assembly. It would be futile to rely on legal technicalities to serve such a government, and it was the duty of all nations of the world to condemn apartheid. It was essential to take some effective action against it, and that was precisely what the amendment proposed by the Ivory Coast seemed to provide. Mere condemnation without action amounted to tacit encouragement. The time had come for all nations to confront apartheid actively on all fronts, until those who gloried in the iniquitous practice were prevailed upon to return to the path of rectitude and social justice.

It was clear that the World Health Assembly did not have to await action by the United Nations General Assembly before deciding what action to take. ILO had already taken action to exclude South Africa. The time had come for the World Health Assembly to take action also.

He assured the delegates of the United Kingdom and the Netherlands that he appreciated their fears. But if the governments did not encourage apartheid or racial discrimination in those countries, why did they defend South Africa in the Assembly? The amendment proposed by the Ivory Coast was not directed against them, since they had not adopted apartheid as an official policy.

Mr Buffum (United States of America) said that, in view of the important matters of principle involved in any decision to amend the Organization's Constitution, he would state the attitude of the United States Government on the issues before the Committee.

He emphasized that the views of the United States on the amendment should in no way be regarded as defence of the South African Government, or of the abhorrent policy of apartheid. The United States record on the subject was quite clear; it had voted on many occasions in the United Nations Security Council and the United Nations General Assembly, condemning the policy of apartheid and appealing to South Africa to abandon that policy. Moreover, his Government was waging a determined fight against racial discrimination inside the United States.

However, delegates were now being asked to pass judgement not merely on the question of apartheid, but on the fundamental question of changes in the basic law of the Organization—changes with which States must be prepared to live for years to come.

The United States Government held the view that, in matters such as the expulsion or suspension of a Member essentially for political reasons, the lead should be taken from the parent bodies in the United Nations: in other words, when or if the United Nations took punitive action against a Member it would seem to be perfectly natural and proper for other United Nations bodies to take that action duly into account in reaching decisions regarding membership in their own organizations.

With regard to the various technical problems raised by the amendment submitted by the Government of the Ivory Coast, his delegation shared the views already expressed by the delegates of the United Kingdom and the Netherlands.

The essential question was what practical effect the adoption of the proposed amendments would be likely to have within South Africa itself. His delegation, while fully respecting the motives and concern that had led a number of African States to submit the
amendments, and sharing their abhorrence of the discrimination practised in their continent, did not see how the suggested prescription could cure the patient.

There were other places and ways in which the concern felt by all could be more appropriately and effectively expressed. The United States would not be found wanting in that regard. But, for the reasons he had given, the United States delegation would vote against the amendment submitted by the Ivory Coast, and would support the amendment submitted by the United Kingdom and the Netherlands.

Dr. AujoT, (France), after commending the African delegations on their wisdom in agreeing on a single proposal, thus simplifying the whole procedure, pointed out a slight difference between the English and French texts in paragraph (b) of the amendment proposed by the Ivory Coast (the inclusion of the conjunction “and” after the word “Constitution” in the English, but not in the French, text).

He then restated the position of the French delegation on the subject under discussion.

As it had shown repeatedly by its actions, France was opposed to any policy of discrimination, wherever practised, and particularly to the official application of the doctrine of apartheid. However, in view of the Organization’s basic function—to unite all peoples on the solid technical ground of health promotion—the Organization should favour the broadest possible application of the principle of universality. France reaffirmed its position with regard to the fundamental principle, which was legally indisputable, that WHO, a specialized agency and technical in character, could not, without acting at variance with its Constitution, take steps to expel one of its Members for political reasons before the United Nations had taken such a decision, in accordance with Article 6 of the Charter. Finally, appreciating the view expressed by the Secretary-General of the United Nations that it was desirable that the various specialized agencies should avoid taking divergent action, and bearing in mind the tradition established by ILO and UNESCO, the French delegation considered it necessary to protect the close relationship between the various United Nations agencies.

Accordingly, the French delegation regretted that it would have to oppose the amendment proposed by the Ivory Coast; it would support the proposal put forward by the United Kingdom and the Netherlands.

Dr. Ohri (Albania) said that the Albanian Government, which had always regarded the policy of apartheid as a criminal fascist policy, had condemned it in all international gatherings, and had requested the implementation of the resolutions on the subject adopted by the United Nations General Assembly and the Security Council. The Albanian Government would continue to have no diplomatic or trade relations with South Africa until its Government abandoned its policy of apartheid. That policy was condemned by international public opinion; it was supported by certain powers, which also practised racial discrimination and helped the South African Government in all possible ways—morally, materially and politically—with a complete disregard for the humanitarian principles proclaimed in the Organization’s Constitution. It was the support of those powers that encouraged the South African Government, which intensified repression and persecution, executing the leaders of the indigenous population fighting for their basic rights and their very existence.

The Albanian delegation fully supported the amendment proposed by the Government of the Ivory Coast, and hoped that most other delegations would do likewise.

Dr. Evang (Norway) joined the delegate of France in thanking the African delegations for having simplified the procedure, so that there were now only three proposals before the Committee.

Referring to the remark made by the delegate of Nigeria, he pointed out that the Committee was not discussing whether or not the practice of racial discrimination in the form of apartheid was contrary to the spirit of the Constitution of WHO: it was obvious that, on purely technical grounds, a policy establishing different health services according to colour was contrary to WHO’s Constitution. He fully agreed with the delegate of Nigeria on that point, and was unable to share the view of those who regarded the question as a purely political one. There were, of course, political considerations to be taken into account by the United Nations, but there were also questions of health that had to be considered by the World Health Assembly. The practice of racial discrimination was a cancer that must be removed, a local inflammation spreading its poison to the whole organism of humanity.

However, the Norwegian delegation considered that both the proposal of the Ivory Coast and that of the United Kingdom and the Netherlands violated the principle of universality of WHO. It could not support an amendment to the Constitution providing for suspension or exclusion of a Member. If such an amendment were introduced, there should also be an amendment enabling a Member to withdraw if it disagreed with the Constitution and principles of WHO.

As a technical and non-political body, WHO should not be made dependent upon a political body in taking a decision—as would seem to be implied in the
amendment proposed by the United Kingdom and the Netherlands. If the United Nations wanted to expel a Member, it would be for political reasons, but those criteria would not be relevant to WHO. On the other hand, if a Member State of WHO acted in such a way that it was felt that under the present Article 7 it should be deprived of its voting rights and of the services of the Organization, the criteria would be of a technical nature (for example, the gross violation of quarantine regulations), and those criteria would be completely irrelevant to the United Nations.

The amendment proposed by the United Kingdom and the Netherlands would also have the disadvantage of placing in a privileged position States which were Members of WHO but not also Members of the United Nations: such States would be immune from action under the proposed amendment, since they were not Members of the United Nations.

The Norwegian delegation considered that it was not yet time to amend the Constitution. It was in favour of action to abolish apartheid. Some action had been taken: more was possible under the existing provisions of Article 7, as was made clear in the resolution proposed by his delegation. If the words "other exceptional circumstances" meant anything, they surely meant that the Assembly was free to interpret them in any given situation.

Dr Lisicyn (Union of Soviet Socialist Republics) supported the remarks of the delegates of the African countries condemning the Government of South Africa for its official policy of racial discrimination in its most anti-humanitarian form. Apartheid had been condemned by the peoples of the world as a crime against humanity. He recalled the decision of the General Assembly of the United Nations in 1946, by which it had proclaimed apartheid and all other forms of racial discrimination to be a violation of international law. The United Nations had also adopted a special convention concerning the prevention of genocide and its punishment. In spite of that decision of the General Assembly, and the convention, which had been signed by more than seventy countries, there still existed governments that implemented the policy of apartheid as their official policy. In 1956 the Government of South Africa had enacted laws under which any person irrespective of race who in any way opposed that policy could be not only prosecuted, but executed. According to official statements, and to the press, more than 380,000 sentences had been pronounced in 1956, and in the ten years from 1951 to 1961 more than three and a half million Africans had been condemned for alleged disturbance of public order. According to the same sources, during the past year more than 400,000 people had been imprisoned, and 115 Africans had been hanged. It was natural that the African peoples, and other countries, should demand collective measures to punish apartheid. It had been amply demonstrated at the Seventeenth World Health Assembly that apartheid caused irreparable damage to the physical and mental health of the population and therefore that it was an obstacle to the Organization's work. The policy of so-called assimilation that was practised in Mozambique and in Portuguese Guinea was another manifestation of racial discrimination. Under the pretext of taking action against so-called terrorists, particularly since 1961, many villages had been wiped out in those territories.

His delegation supported the amendment submitted by the Ivory Coast, and understood the phrase "deliberately practises a policy of racial discrimination" as the final condemnation of the official policy of apartheid.

Mr Fenzi (Italy) said that, as his delegation had stated on several previous occasions, it considered that questions of a political nature should be dealt with by the competent political bodies: the United Nations General Assembly and the Security Council. Their discussion by other agencies was a waste of time, bearing in mind the many serious and important problems of a social and humanitarian nature with which they were faced. His delegation would vote on that basis.

Mr Brajović (Yugoslavia) said that WHO and other members of the United Nations family had devoted considerable attention in recent years to the problem of racial discrimination, with the aim of ending a policy that was contrary to the United Nations Charter and the principles on which the Organization was based.

The Seventeenth World Health Assembly had adopted resolution WHA17.50, which reaffirmed that the majority of Member States condemned the policy of apartheid and racial discrimination followed by the Government of the Republic of South Africa, and confirmed the need to take further energetic measures to bring it to an end.

His delegation considered that the draft amendment submitted by the Government of the Ivory Coast and supported by the other African countries correctly interpreted the basic intentions of resolution WHA17.50 and reflected the endeavours of the Organization to take concrete measures for the prevention of the further application of the policy of racial discrimination.

Since the adoption of resolution WHA17.50 no changes had taken place to justify the alteration of the recommendations outlined in it. The policies of
apartheid and racial discrimination practised in the Republic of South Africa and in some other countries were increasingly endangering the health and welfare of the peoples living in them; they not only threatened peace in the countries concerned but constituted a world-wide danger. The draft amendment submitted by the Ivory Coast gave the highest body of the Organization the right to take a decision on such important questions as the suspension of rights and privileges or the expulsion of a Member; the Health Assembly should itself decide on those matters and should not leave them to a decision of the United Nations or any other organ.

The adoption of that draft amendment would be a new step forward and would contribute to the general efforts to ensure respect for human rights and human dignity in the world. His delegation was convinced that it would meet with wide support from Member States, who would thus clearly manifest their condemnation of the policy of racial discrimination.

Dr Layton (Canada) supported the views expressed by the delegations of the United Kingdom of Great Britain and Northern Ireland, the Netherlands and others in favour of a text that would require prior action by the appropriate political organs of the United Nations in the matter of the suspension or expulsion of a Member State. The views of his delegation on the policy of racial discrimination needed no further emphasis. The text submitted by the Governments of the Netherlands and the United Kingdom of Great Britain and Northern Ireland best fitted the Organization’s needs, and helped to distinguish carefully between the responsibilities of the United Nations General Assembly and Security Council on the one hand, and WHO, as an important technical agency of the United Nations, on the other.

Mr Turbanski (Poland) said that his delegation would support the adoption by the Health Assembly of an amendment to the Constitution that would properly and adequately cover the situation in which the Republic of South Africa, by pursuing its inhuman policy of apartheid, flagrantly and persistently violated the fundamental principles of the Organization.

He had listened very carefully to the various views expressed by previous speakers. His delegation considered that of the three proposals before the Committee only that of the Ivory Coast was adequate to meet the challenge. It would therefore vote in favour of that amendment.

Mr Chivunga (Zambia) said that it was accepted in principle by the Organization that mental and social well-being were part and parcel of a healthy State. The policy of apartheid did not allow of an environment of mental and social well-being: how, therefore, could the Organization tolerate a Member that violated the very foundation upon which it was based? The problem was a humanitarian one, and had nothing to do with politics. For WHO it was purely a matter of how to treat the sick. A European, for example, could not go to South Africa and treat an African patient—if he attempted to do so, he would go to prison. There could be no compromise with that policy, which three million people in South Africa were attempting to impose upon ten million.

His delegation was opposed to South Africa’s membership of the Organization so long as its Government continued to pursue its inhuman and unhealthy policy of racial discrimination, and would without hesitation vote for the amendment proposed by the Government of the Ivory Coast. The United Kingdom proposal did not mention racial discrimination. Since the British and United States Governments had openly condemned apartheid, however, they should have no difficulty in saying that South Africa was practising a wrong policy and must leave the Organization.

Dr Subandrio (Indonesia) said that she had listened with great interest to the views that had been expressed. She fully agreed with those speakers who had said that WHO was a technical body. It was indeed a technical body based on humanitarian principles and the principle of the dignity of man, whatever his colour or creed, and it was in that light that she would support the amendment proposed by the Government of the Ivory Coast. If it were to be accepted that WHO was not an independent organization, but was dependent with regard to its membership upon decisions of the United Nations, as the proposal of the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland would imply, then her country could not remain a Member of WHO. By accepting such a principle WHO—a technical body with humanitarian aims—would be subjecting itself to decisions of a purely political character.

Dr Felkai (Hungary) said that his Government had repeatedly condemned the shameful policy of apartheid practised by the Republic of South Africa, which was the direct manifestation of ruthless colonial oppression. Hungarian delegations to the United Nations had accordingly always voted in favour of resolutions calling upon that country to abandon its racial policy, the consequences of which were felt even beyond its borders. His country was among those that firmly believed the policy of apartheid to be a threat to the peace and security not only of Africa but of the world.
His Government had never maintained official trade relations with the Republic of South Africa or supplied its Government with any equipment that could have been used for the oppression of the non-white population. It had moreover instructed its authorities to act in the letter and spirit of General Assembly resolution 1761 (XVII).

Hungary had in 1962 been elected a member of the United Nations Special Commission on the Policies of Apartheid of the Government of the Republic of South Africa, and its representatives had taken an active part in its work.

His delegation believed that WHO also should resolutely condemn the policies of apartheid, which had not only grave political and legal, but also social and health consequences. Little imagination was needed to realize what apartheid meant for the non-white population in the health field—the lack of sufficient doctors, public health establishments and medical help in urgent cases; health conditions in the reserves were comparable only to those in the Nazi concentration camps of the pre-1945 years.

He agreed with previous speakers who had said that WHO was not a political organization.

Dr Thor Peng Thong (Cambodia) said that his delegation wholeheartedly supported the proposal of the Government of the Ivory Coast. An organization with the lofty, noble and humanitarian ideals of WHO should not tolerate a Member State that continued obstinately to pursue such a policy as apartheid.

Mr Retta (Ethiopia) said that a decision had been taken during the Seventeenth World Health Assembly condemning the policy of apartheid. Some delegates had now expressed the view that WHO, as a technical agency, was not competent to deal with the subject and that it should be referred to the United Nations. He pointed out, however, that nothing had been done in that connexion in the intervening period since the Seventeenth World Health Assembly.

WHO was independent of the United Nations in its Constitution and administration, and should be able to arrive at its own decision. The question under discussion came within the scope of its humanitarian interests. His delegation could not support the proposal submitted by the Governments of the Netherlands and the United Kingdom of Great Britain and Northern Ireland, or that of the delegation of Norway. Article 73 of the Constitution foresaw the possibility of revision if and when desirable. The Organization was therefore entitled and empowered to take measures to that end, and his delegation would wholeheartedly support the amendment submitted by the Government of the Ivory Coast.

Mr Heinrici (Sweden) said that there could be no doubt about the attitude of his Government with regard to any form of racial discrimination, and particularly apartheid. The Swedish delegations to the various international organizations had on several occasions and in strong terms condemned that policy, with its lack of respect for elementary human rights. However, his Government always adhered to the principle of universality, and felt that a decision by which a Member country would be suspended or expelled should not be taken by any of the specialized agencies, but by the political organs of the United Nations.

An amendment to its constitution, almost identical with the one submitted by the Governments of the Netherlands and the United Kingdom of Great Britain and Northern Ireland, had been adopted in 1964 by the International Labour Organisation, and would shortly be ratified by the Swedish Government with the consent of parliament. His delegation was therefore prepared to vote in favour of that amendment, and was also alternatively willing to support the proposal submitted by the delegate of Norway, but would vote against the proposal of the Ivory Coast.

(For continuation of discussion, see minutes of the twelfth meeting, section 2.)

The meeting rose at 5.30 p.m.
TWELFTH MEETING

Tuesday, 18 May 1965, at 9.40 a.m.

Chairman: Professor R. VANNUGLI (Italy)

1. Fifth Report of the Committee

Mr DE CONINCK (Belgium), Rapporteur, read out the draft fifth report of the Committee.

Decision: The report was adopted (see page 477).

2. Proposed Amendments to Article 7 of the Constitution (continued from eleventh meeting, section 2)

The CHAIRMAN recalled that the Committee had before it for its consideration three proposals: two proposals for the amendment of Article 7 of the Constitution (one submitted by the Government of the Ivory Coast, and the other by the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland), and a draft resolution proposed by the delegation of Norway.¹

Mr SIEGEL, Assistant Director-General, Secretary, recalled that the delegate of France had, at the previous meeting, raised a query as to whether the English translation of paragraph (b) of the text proposed by the Government of the Ivory Coast, by its inclusion of the word “and” preceding the words “deliberately practises a policy of racial discrimination...”, accurately reflected the meaning of the French wording. The text in the two languages read:

(b) Lorsqu’un État Membre ne tient pas compte des principes humanitaires et des objectifs énoncés dans la Constitution, applique délibérément une politique de discrimination raciale, ...

(b) If a Member ignores the humanitarian principles and the objectives laid down in the Constitution in that it officially practises a policy of racial discrimination..., rendered the meaning of the French text more closely. It was necessary to clarify the English text, as it might be possible at present to introduce a legal interpretation to the effect that the word “and” separated the two clauses.

Dr BA (Senegal) expressed the view that the English text, implying that a Member which deliberately practised a policy of racial discrimination ignored the humanitarian principles and the objectives laid down in the Constitution, satisfactorily conveyed the intention of the original French drafting, and could therefore be maintained.

Dr Ayé (Ivory Coast) confirmed the opinion expressed by the previous speaker.

Dr AFRIDI (Pakistan) did not consider the English text as it stood to be altogether clear. It appeared to him that to use such wording as “If a Member ignores the humanitarian principles and the objectives laid down in the Constitution in that it officially practises a policy of racial discrimination...” rendered the meaning of the French text more closely. It was necessary to clarify the English text, as it might be possible at present to introduce a legal interpretation to the effect that the word “and” separated the two clauses.

Dr AUJOULAT (France) said that, while he did not wish to press the point, it would be preferable, in view of the importance of the proposed amendment, not to leave open any possibility for divergent interpretations of the provision. He suggested that to substitute the words “en appliquant” for “applique” might meet the position.

Dr KEITA (Guinea) believed the text proposed by the Government of the Ivory Coast was altogether clear as at present drafted, and that the suggestion made by the delegate of France would somewhat alter the meaning of the original proposal.

The SECRETARY stressed the fact that his remarks were made solely with the purpose of assisting to clarify the position, since he was sure that there would be general agreement that a provision of the Constitution should be as compatible as possible in all languages. As in the present instance the original text had been drafted in French, he suggested that to use the words “by deliberately practising” would bring the English version into line with the intention of the French text.

Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland) considered that the suggestion made by the delegate of France and the wording proposed by the Secretary made the meaning clearer.¹

¹ See pages 450, 446-447 and 448.
Dr Alan (Turkey) wondered whether a possible solution might be to draft the paragraph as follows: "Lorsqu'un Etat Membre, ne tenant pas compte..., applique délibérément...".

Dr Ayé (Ivory Coast) said that he was unable to accept any amendment to the text submitted by his Government. The purpose of his Government's proposal was to apply sanctions regarding apartheid: any State which deliberately practised that policy undoubtedly ignored the humanitarian principles and objectives laid down in the Constitution.

Dr Bâ (Senegal) thought that there was a general understanding of the fact that the proposed text intended to condemn apartheid. The meaning of the French text as it stood was, in his own view, perfectly clear; the English translation should therefore simply be brought into line with the French original.

Dr Auooulat (France) emphasized the fact that his suggestion had been made solely in order to clarify the present text and had not been in any way intended to change its meaning, however slightly. The wording he had suggested—"en appliquant délibérément"—seemed to reflect the purpose of the provision more clearly in French.

Dr Keita (Guinea) regretted the fact that the debate was being unduly protracted on a question of mere form. He reiterated the view that the intention and wording of the provision were sufficiently clear as the text stood, and that the delegations of the African countries wished to maintain the text in its original form.

Dr Ayé (Ivory Coast) felt it necessary to state explicitly the interpretation which his Government gave to the provision under discussion.

The Government of the Ivory Coast intended that sub-paragraph (b) should provide for sanctions against any Member State which officially practised racial discrimination; any State which did so was undoubtedly ignoring the humanitarian principles of WHO. South Africa was an instance of a State which deliberately practised racial discrimination as an official policy.

Dr Bâ (Senegal) added that the proposal at present before the Committee—as befitted any legal provision—had been couched in general terms so that it would provide for sanctions regarding any State which might practise racial discrimination as an official policy at any future time, and its application was not restricted solely to the present case of South Africa; that should meet the criticisms made in the course of past Health Assemblies that the measure was aimed solely at South Africa.

Dr Auooulat (France) said that, in view of the clear interpretation given by the delegate of the Ivory Coast, he would himself withdraw his suggestion for a drafting amendment.

The Chairman invited general comment on the substance of the proposals submitted to the Committee for its consideration.

Mr Godfrey (Jamaica) said that his delegation had studied the proposals submitted and had listened with keen interest to the discussion thereon. It was apparent that, while there was general agreement that a policy of racial discrimination was abhorrent, there existed a divergence of opinion as to what sanctions, if any, should be applicable.

His delegation shared the view expressed at the previous meeting by the delegate of Nigeria that it was the duty of the Health Assembly to take effective action so that a Member State which practised racial discrimination as a deliberate policy might be deprived of enjoying its rights and privileges in WHO. His Government would therefore support the amendment to Article 7 of the Constitution submitted by the Government of the Ivory Coast. If it had had any doubts as to whether such action would be in the best interests of the victims of racial discrimination, those doubts had been dispelled.

Mr Thorp (New Zealand) said that, while New Zealand fully concurred that the policy followed by the Republic of South Africa was repugnant, it continued to hold the widely shared view that the United Nations was the proper body to take action in that sphere. He recalled that the member of the Executive Board designated by New Zealand had been a co-sponsor of the amendment at present being proposed by the Governments of the Netherlands and of the United Kingdom, and he would support that proposal at the present juncture.

He was unable to support the proposal made by the Government of the Ivory Coast. However, any doubts that his delegation might have as to whether action of that type was timely should in no way be taken to mean that its condemnation of apartheid was any the less sincere.

Dr Keita (Guinea) expressed regret that it was proving necessary yet again to reopen the painful chapter at present under consideration. Hitherto, the Committee had proceeded with its business expeditiously and it was desirable that some solution which would enjoy general agreement should be found as soon as possible to the question of the amendment of Article 7 of the Constitution in the interests of the Organization and, more particularly, of the Regional Committee for Africa.
He would appeal to all delegates to show a spirit of understanding and to examine the case on the basis of a real appreciation of the motives guiding those countries seeking to introduce an amendment to the Constitution which would constitute a guarantee for the future. He stressed the fact that that amendment would be applicable to any government, white or non-white, which ever practised a policy of racial discrimination. The amendment was related entirely to a point of ideology and was in keeping with the noble aim of WHO to attain health for all. He hoped that the debate on the amendment submitted would take place with that ideal in view.

He recalled the developments which had led to the adoption by the World Health Assembly of resolutions WHA16.43 and WHA17.50 following the refusal of the Government of the Republic of South Africa to abandon its policy of apartheid. The Eighteenth World Health Assembly was once again endeavouring to reach some solution of the problem, since it had not been possible to convince all Member States of the need to do so at past Health Assemblies.

Various views had been expressed against WHO taking any decisive action: it had been stated that the matter was essentially political and therefore for the United Nations to act upon, that WHO should follow the action taken by other specialized agencies, that WHO could exert a favourable influence on the health of the non-white populations in South Africa if that country remained a Member, and that apartheid was not included in the "other exceptional circumstances" to which reference was made in the present Article 7 of the Constitution. All those arguments could be refuted.

There could be no doubt that politics were in fact discussed in connexion with certain items on the agenda of the World Health Assembly, albeit in a veiled and indirect form. It was, moreover, impossible entirely to separate the technical from the political aspect of a given situation. Surely it was the duty of the Health Assembly to help fight an evil which undoubtedly constituted quite as much of a threat to health as did disease. As for the adoption of a uniform attitude by the specialized agencies, he emphasized that the obligation of the various specialized agencies to follow the United Nations lead on certain points differed; WHO was one of those agencies whose Constitution did not specify that it was obliged to follow a decision taken by the United Nations. It was, after all, essential not to complicate the legal position in such a way that only desperate solutions remained. He referred to the atrocities committed in the name of apartheid. Indeed, a visit to South Africa would suffice to provide proof, if that were needed, of the effect on the health of the people. Every effort should be made to find ways of combating such mental and physical cruelty. Possibly, if it were isolated from the rest of the world the Republic of South Africa might come to change its abhorred policy. Otherwise there was the risk that apartheid might one day lead to the horrors of nuclear war, which were infinitely more terrible than the biological warfare which had been discussed in 1946 during the drafting of the Constitution. Even those countries with traditional links of friendship with South Africa must be losing patience with that country's refusal to heed the appeals made to it. South Africa had consistently ignored all demands made by the United Nations for a change in policy and the existence of the right of veto in the United Nations resulted in a situation in which South Africa seemed to enjoy virtual impunity. WHO, therefore, should act to rid itself of that scourge with its nefarious repercussions on the health of the people.

With regard to the suggestion made by the Norwegian delegation for provision for voluntary withdrawal by a Member State, he recalled the discussions in 1946 in the Technical Preparatory Committee for the International Health Conference which had led to the decision that WHO should not include a provision of that type (Official Records No. 1, page 26). He did not think action on that point was necessary for the time being; such a clause could be inserted if and when it was deemed necessary.

He emphasized the fact that the only action at present being called for was an amendment to the Constitution. If the Republic of South Africa were then to persist in its present policy, a request might be made first of all only for suspension of its rights and privileges.

He wished to make it entirely clear that the amendment supported by the African delegations was intended to combat racial discrimination when it was an official policy. The measures provided for would on no account be applicable to countries where segregation in fact existed but did not constitute the official government policy.

It seemed to him that, on the basis of those explanations, the World Health Assembly should be able to give its wholehearted support to the amendment submitted by the delegation of the Ivory Coast, which would go so far towards achieving an improvement in the health of the people of the world and would thus both serve the interests of the Organization and lessen
the risk of the explosive situation in South Africa deteriorating into a world-wide conflict.

Dr Sigurjónsson (Iceland), commenting on the purely technical aspects of the amendments submitted for the consideration of the Committee, first of all expressed support for the view that it was illogical for provisions for suspension or expulsion of Members not to be accompanied by provisions for voluntary withdrawal. On that basis, his delegation was unable to give its support either to the proposal submitted by the Government of the Ivory Coast or to that submitted by the Governments of the Netherlands and of the United Kingdom.

He was also of the opinion that it would be necessary to provide that any decision for the suspension or expulsion of a Member State should require a two-thirds majority in order to prevent the misuse of such a measure. That requirement was specified in the joint proposal submitted by the Governments of the Netherlands and the United Kingdom but not in the proposal submitted by the Government of the Ivory Coast. He could not agree with the joint proposal submitted by the Netherlands and the United Kingdom, which placed WHO in a somewhat subordinate position to the United Nations. That proposal did, moreover, introduce a measure of discrimination, as it made a distinction between the Members of WHO which are also Members of the United Nations and those which are not.

The fact that he was unable to vote in favour either of the proposal submitted by the Ivory Coast or of that submitted by the Netherlands and the United Kingdom should in no way be taken as expressing any lack of sympathy with the purposes of those delegations seeking to combat apartheid, an aim which he fully shared.

Dr Al-Wa'habi (Iraq) said that, while he was reluctant to extend the debate further, he would be failing in his duties if he did not express his Government's views in the matter.

On the substance of the question, there could be no doubt that the policy of apartheid was deplored by all. His Government had made a thorough study of the proposed amendments to Article 7, but had not been able to consider the proposal made the previous day by the delegation of Norway.

He concurred with the view that political issues had no place in WHO. The present problem could, however, undoubtedly be considered in its technical aspects. The implications of the practice of apartheid for the health of the people of South Africa were all too apparent, particularly after the statements made by the delegates of Zambia, the Soviet Union, and Guinea.

The proposal submitted by the Governments of the Netherlands and of the United Kingdom made WHO action subordinate to any action taken by the United Nations. He felt most strongly that WHO was autonomous within the framework of its Constitution. All would support the principle of universality, which was indeed the very cornerstone of the Organization, but it was essential that such universality should be achieved with justice. The World Health Assembly was, of course, not eager to expel any of its Members. In fact, universality had not yet been achieved and there were still outside the Organization countries whose presence would be welcomed. He was unable to agree with the delegate of Norway that resolution WHA17.50 constituted sufficient action. Speaking as a member of a gathering of technical and medical people, he would say that if a healthy body were endangered by a festering limb, there was no alternative other than to amputate that limb in order to save the body as a whole.

His delegation would support the action proposed by the Government of the Ivory Coast as being absolutely necessary in order to show clearly where WHO stood with regard to apartheid.

Mr. Rose (Trinidad and Tobago) considered that the issue before the Committee was of such great importance as to warrant exceedingly careful consideration.

Giving first of all his Government's view on the proposal submitted by the Netherlands and the United Kingdom, he noted that that amendment was based essentially on the opinion expressed by the Secretary-General of the United Nations to the Director-General of WHO and that it made action by WHO contingent on previous action in that respect by the United Nations. There were, however, a number of weaknesses apparent in that proposal. He recalled that WHO prided itself on its principle of universality, such universality being of essentially practical as well as ideological interest in the fight against disease which knew no frontiers. However, membership of WHO was not entirely identical with that of the United Nations and the joint proposal of the Netherlands and the United Kingdom would create a distinction between two categories of Members of the Organization, according to whether or not they were also Members of the United Nations; that had clearly not been the intention of the sponsors of that proposal. Its Constitution made WHO autonomous and it was therefore not desirable for WHO action to be made subordinate to action taken by the United Nations. Furthermore, he called attention to the fact that sub-paragraph (c) of the proposal of the Netherlands and the United Kingdom specified the authority of the Health Assembly to restore any rights,
privileges and services suspended pursuant to the Article, but that it did not cover the case of reversing expulsion. His delegation consequently considered that proposal inadequate and would urge its withdrawal.

Commenting on the proposal submitted by the Government of the Ivory Coast, he said that the words on which the present difference of opinion undoubtedly hinged were "and deliberately practises a policy of racial discrimination", since some might consider that that clause introduced an element of politics into the Constitution of a specialized agency concerned solely with health. However, he disputed that view, since it had been established beyond question that the health of the people who were victims of such racial discrimination had undoubtedly been affected. He quoted figures published by the Government of the Union of South Africa in 1957 giving mortality rates as between the white and non-white populations. The mortality rate per thousand white population had been 8.5 as compared with 25.2 for non-white; the infant mortality rate per thousand of white population had been 29.1 as compared with 194.3 for non-white; and the tuberculosis mortality rate 6.1 per one hundred thousand white population as compared with 93.3 per one hundred thousand non-white. That disparity could not be attributed to mere chance or to distribution of population as between rural and urban areas. It was the direct result of the policy of discrimination and the way in which responsibility for health had been assigned to local authorities; that had been borne out by a statement made by Dr Gale, then Secretary for Health and Chief Health Officer for the Union of South Africa, in the *Handbook on Race Relations in South Africa* (1949) in which he had stated that the principle of a self-balancing Native Revenue Account, adopted by the vast majority of local authorities, meant in practice that no more could be spent on the sanitary and health services of locations than could be raised from the residents thereof. Indeed, as well as the serious effects on the health of the non-white population, there was evidence that the health of the white population practising racial discrimination also suffered in its mental aspects. He quoted from *Race Relations and Mental Health*, a booklet by Marie Jahoda, published by UNESCO in the series *The Race Question in Modern Science*, in which the writer had arrived at the conclusion that prejudice in the individual was a sign of impaired positive mental health.

Having thus examined both proposals fully, his Government supported the amendment proposed by the Ivory Coast. That text was in keeping with the principles of the Constitution of WHO. He had deliberately avoided mentioning such elements as housing and repressive legislation and had confined himself purely to justification of such action on health grounds.

Dr Dhiri (India) said he had listened carefully to the statements in support of the amendment proposed by the Government of the Ivory Coast. Any attempt to comment further would result only in repetition. He would therefore be brief. The Indian delegation had done its utmost in supporting measures to secure the abandonment of the policy of *apartheid* and to ensure that better counsel might prevail. In the absence of any improvement—a situation which his delegation noted with regret—he fully supported the amendment proposed by the Ivory Coast.

Mr Abrar (Somalia) said he had been particularly impressed by the arguments presented by the delegates of Trinidad and Tobago, Guinea and Iraq. His Government had always condemned *apartheid*. He had noted the feelings expressed, and would like to see concrete action taken. The issue was not a purely political one, but definitely came within the scope of WHO; a decision should be made in the World Health Assembly, which should not merely refer the matter to the United Nations. His delegation supported the Ivory Coast proposal, and he hoped that all those who had spoken against *apartheid* would do the same, as proof of their real condemnation of it.

Mr Havlasek (Austria) confirmed the well-known attitude of the Austrian Government regarding racial discrimination; in the political organs of the United Nations his country's delegations had always condemned it as a violation of human dignity and humanitarian principles.

With regard to the question of suspension or exclusion of a Member of WHO on such grounds, his delegation wished to avoid divergent action or any decision that might weaken the Organization's close relationship with the United Nations. He therefore associated himself with those who had expressed their support for the proposal made by the Netherlands and the United Kingdom.

Mr Stamboliyev (Bulgaria) restated his Government's opposition to the policy of *apartheid* practised against the indigenous population of South Africa, where some thirteen million people were being subjected to systematic extermination by the white South African settlers. The cruel practices had there been raised to the level of state policy, in violation of the humanitarian principles of WHO. His delegation supported the amendment proposed by the Government of the Ivory Coast and would vote in favour of it.
Mr Takashima (Japan) said that it was a matter of regret that, although the Members of the Organization were united against racial discrimination, they could not agree on the measures to be taken to suspend or exclude those practising it. The problem, being a legal one, should surely be dealt with in the light of the legal merits of the different proposed amendments to the Constitution. The Japanese delegation had concentrated on the legal aspects of the proposals and, as the amendment proposed by the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland was, in its opinion, legally the better one, that was the one it would support.

Mr Igbrude (Nigeria) felt that much had been said already that tended to demolish the proposal submitted by the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland. The delegates of Norway, Indonesia and the Soviet Union had pointed out the dangers of apartheid. However, the delegation of Norway had not, in his opinion, proposed a practical solution in its draft resolution, and the United Kingdom and Netherlands Governments merely sought to postpone the evil day of reckoning for those practising racial discrimination. By doing so they were challenging the authority of WHO and making a subtle attempt to go back on resolution WHA17.50, as their proposal would leave the Health Assembly in a position where it could only condemn and do nothing to cure the “disease”. Those countries having economic ties with South Africa were trying to prevent its suspension or exclusion; in so doing they were asking the other Members to abandon the responsibility which was exclusive to WHO, since the wide repercussions on health of apartheid did not come within the competence of the United Nations. He reminded delegates of the situation in South Africa where, even if a non-white were dying of some disease, no white doctor might come to his aid, and where the white population enjoyed a high standard of living and of health services, while non-whites were living in slums—a situation in flagrant contradiction to the principles of WHO.

Having read the definition of health and the principles set out in the preamble to the Constitution of WHO, he asserted that there was without doubt a “common danger” in the situation he had described. The answers to the questions whether the whole population of South Africa enjoyed the “highest attainable standard of health” for that country, and whether those who deprived a part of the population of such standards of health deserved sympathy, must of course be negative.

The amendment to Article 7 of the Constitution proposed by the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland suggested that, once a State had managed by some artful manoeuvres to evade the censure of the United Nations, it did not matter if it defied WHO principles. The proposal attempted to tie the hands of the Organization, and it was obvious that it could only lead the Health Assembly to inaction and complacency.

The only proposal that could give effect to the Organization’s noble ideals was that made by the Government of the Ivory Coast, which the Nigerian delegation supported without reservation. He urged all other delegations having sympathy for the down-trodden non-white population of South Africa to do the same.

Dr Chocholushký (Czechoslovakia) said that the Government and people of Czechoslovakia had always condemned all forms of racial discrimination including apartheid. His delegation therefore wholeheartedly supported the proposal of the Government of the Ivory Coast. He had intended to express the hope that the words “deliberately practises a policy of racial discrimination” in paragraph (b) of that proposed amendment would be understood as a decisive condemnation of apartheid and racial discrimination practised as an official policy; but his delegation was satisfied with the further explanation of the delegate of the Ivory Coast.

Mr Willot (Belgium) said that his delegation would support the amendment proposed by the Governments of the United Kingdom and of the Netherlands. He was anxious that that decision should not be misinterpreted, particularly by those who found it necessary to adopt a different course. That the policy of apartheid was in complete opposition to the ideals of the people and Government of Belgium had been repeatedly made clear, by spokesmen both of the Government and of public opinion. It was out of the question for Belgium to support in any way a government deliberately practising an official policy of racial discrimination.

But Belgium was also intent on safeguarding and promoting the future success of international organizations, which meant, at the present time, the future of the United Nations family, wherein lay the greatest promise for world peace and progress. That future would be threatened if the different agencies were to adopt divergent policies on matters as important as the one under consideration. Clearly, the concern that had been expressed by the Secretary-General of the United Nations was shared by others, and could not be dismissed as a legal quibble. On a question involving the basic principle of racial equality the
initiative should lie with the United Nations, and WHO should merely follow the decision taken by that body.

It was equally dangerous for the expulsion or suspension of a Member State to depend on a simple majority vote in the Health Assembly. The importance of the question had rightly been emphasized, so it was difficult to understand why action to remedy such an important situation should be decided by the simple majority vote, considered adequate under Article 60 of the Constitution for unimportant questions.

The Belgian Government was also chary of broad, imprecise texts, which, while satisfying legitimate indignation at present, might give rise to great trouble in the future. It had taken thousands of years for men to learn that one of the essentials of civilized life was to protect the rights of the defence by defining the crime so clearly that no misinterpretation was possible. In voting for the amendment proposed by the Governments of the United Kingdom and of the Netherlands, the Belgian delegation was both confirming its condemnation of apartheid and seeking to protect the future of the United Nations, and therefore of WHO.

Dr Schandorf (Ghana) said that the more argument there was on the present issue, the further delegates would stray from their target. It was even doubtful whether the World Health Assembly had acted rightly in submitting the matter to the Executive Board, which, by declaring itself incompetent to act on that mandate, had re-opened the whole debate without a method of action having been determined. Objections to action against racial discrimination by WHO revolved around the claim that the question was a political one and therefore within the competence of the United Nations alone. History was repeating itself in the reiteration of arguments similar to those put forward in previous Assemblies. The same delegates who had been heard going to great pains to explain their abhorrence of racial discrimination subsequently stated that they were not prepared to support a proposal to take action against it; they arrogantly and deliberately insisted on preserving the status quo in which their non-white brothers and sisters in territory where apartheid was practised were deprived of their rights and privileges, because, they said, that proposal did not provide the right solution to the problem.

What, then, was a just solution? It was claimed that the "exceptional circumstances" mentioned in Article 7 of the Constitution referred to germ warfare. To the delegation of Ghana, that was tantamount to saying that murder by any other means, including apartheid, was not objectionable—"murder" being the right word to describe the situation revealed by the figures that had been quoted by the delegate of Trinidad and Tobago. Some mention should have been made of how ineffectual the policies adopted to combat apartheid had so far been. As long as there were Members on friendly terms with them, the white rulers of South Africa would be emboldened to continue their inhuman practices.

According to the alternative proposal submitted by the Governments of the United Kingdom and of the Netherlands, Members might be expelled or suspended by the Health Assembly only after prior action by the United Nations. How could that be applied to any Members of WHO that were not Members of the United Nations if they failed to follow its principles? Also, the Health Assembly was responsible for disciplining the Members that violated the Organization's principles.

He urged that there should be no further delay in the debate of the question. The African delegations had won the fight at the previous World Health Assembly because their cause was just. The next problem was to find a way to implement resolution WHA17.50, and the Ivory Coast proposal was a move in the right direction once again. So far the voices of friends in the north and south had not been heard, but he knew they would give their support, as they had done the year before. The Netherlands and United Kingdom proposal must be rejected as a move in the wrong direction.

Dr Pereda-Chávez (Cuba) supported the Ivory Coast proposal. Cuba energetically condemned any attitude or conduct showing evidence of racial discrimination, whether official or unofficial. His delegation saw that there were clearly political repercussions, but these did not reduce the gravity of repercussions on the health and welfare of the people. Any doubt on this question would be removed by the facts and figures which had been quoted by the delegate of Trinidad and Tobago. The conduct of the South African Government constituted a brake on human progress. Not only did Cuba condemn racial discrimination, but the Cuban delegation was prepared actively to combat it by supporting the proposed amendment submitted by the Government of the Ivory Coast.

Dr Afridi (Pakistan) sincerely hoped that the debate on that item, which because of its emotional impact had dominated delegates' deliberations throughout the Eighteenth World Health Assembly, would soon be completed. There was no need for him to state his abhorrence of racial discrimination; it should be taken for granted. Nevertheless, he felt that some
explanation might be expected of the stand he was taking, in view of his statement in his opening address at the Eighteenth World Health Assembly that no action should be taken which might damage the Organization. His observation had been prompted by fears about the original wording of the proposed amendment—the English wording, since he was not competent to judge the French—according to which both clauses rendered Members liable to suspension or exclusion from the Organization. Now that the question had been clarified, he was satisfied. But he would have been happier to have supported a text without the word “exclude”—not because he felt that South Africa or other protagonists of racial, religious or social discrimination did not deserve expulsion, but because the rest of the Constitution, as it was, might stand in the way of the implementation of such a provision. In particular, a Member which had been expelled might keep on re-applying for membership under Article 4 of the Constitution. As that could become a procedural burden to the Organization, he would like to know whether such fears were founded. No similar conflict with other parts of the Constitution would arise in the case of suspension of a Member.

Regarding the other two proposals, the Norwegian delegation’s proposal was unacceptable because it did not provide for any further action, while the amendment proposed by the Governments of the United Kingdom of Great Britain and Northern Ireland and of the Netherlands only stressed the obvious. In any case, if a Member were expelled from the United Nations it would be for some heinous offence, so that it could be expelled by WHO without amendment of the Constitution, since surely that was covered by the “other exceptional circumstances” mentioned in the existing Article 7.

The only acceptable proposal was that of the Government of the Ivory Coast, and the delegation of Pakistan would support it.

The meeting rose at 12.30 p.m.
problems of inconsistency between treaty provisions, and read as follows:

When all the parties to a treaty enter into a later treaty relating to the same subject matter, but the earlier treaty is not terminated... the earlier treaty applies only to the extent that its provisions are not incompatible with those of the later treaty.

If that rule were applied in the present context, it would mean that Articles 4 and 6 would have to be applied in such a manner as to be compatible with the later provisions of the revised Article 7.

The Organization had two categories of Members: Members which were also Members of the United Nations, and Members which were not Members of the United Nations. Members of the United Nations might become Members of WHO by accepting the Constitution in accordance with one of the procedures provided for in Article 79; States not Members of the United Nations might apply for admission and be admitted as Members upon a decision of the Health Assembly taken by a simple majority.

It should be noted that Members of the United Nations were not automatically Members of WHO. For a State in that category to become a Member of WHO positive action was required on its part; but it had the right to become a Member of WHO solely by the acceptance of the Constitution, without any other requirement.

It could be assumed that, on expulsion, the membership in the Organization of an expelled State terminated, and that its treaty relationships with Member States established through the Constitution were severed. In other words, if, on expulsion, the rights of the Member ceased to exist, in the same way its obligations towards the Organization also ceased to exist. Therefore, for all those rights and obligations to be re-established, positive action would be required, not only on the part of WHO but on the part of the State concerned, which in one manner or another would have to signify that it once more accepted the obligations of membership.

To give effect to the intention underlying the amendments to Article 7, within the framework of Chapter III of the Constitution as a whole and of other relevant provisions, the assumption would be that, once the grounds for expulsion had ceased to exist, the Health Assembly would have to re-establish the eligibility of the State for membership under the provisions of Article 4 or of Article 6, so that, in the absence of any other factor to prevent the resumption of membership, such as lack of capacity to pay the annual contribution, the defaulting State could resume its membership by taking appropriate action under one or other of those Articles, both of which would have to be read as subject to the provisions of the amended Article 7. Further, it would be presumed that the expulsion would continue to have legal effect until such time as it was expressly withdrawn by decision of the Health Assembly, in order to preclude action by a State which was also a Member of the United Nations, notwithstanding that the expulsion decision still remained in effect, to resume membership by depositing an instrument of acceptance of the Constitution with the Secretary-General of the United Nations. Any such action would be invalid and without legal effect unless or until the decision on expulsion was withdrawn; otherwise, a new decision to expel would be required.

And that process might go on indefinitely until the conditions which had occasioned the expulsion no longer existed.

The "rule of effectiveness" applied in the interpretation of treaties required that a clause must be so interpreted as to give it meaning rather than to deprive it of meaning. That rule had been upheld by the then Permanent Court of International Justice, in its advisory opinion in the case of the Polish postal service in Danzig; the Court had stated that it was a cardinal principle of interpretation that words must be interpreted in the sense they would normally have in their context, unless such interpretation would lead to something unreasonable or absurd. Adoption of the amended Article 7 would have the effect of changing the constitutional conditions for eligibility for membership, in particular under the provisions of Article 4, relating to States Members of the United Nations. The same type of problem did not arise in the case of Article 6. In other words, adoption of the amended Article 7 would mean that the Member expelled would not be eligible, under the provisions of Article 4, to deposit an instrument of acceptance of the Constitution with the Secretary-General of the United Nations until the Health Assembly had reached a new decision, under the paragraph of the amended Article 7 providing for restoration of rights.

In any event, if the rule of effectiveness were taken into consideration, it would be manifestly unreasonable and absurd to accept the situation of successive withdrawal of membership rights, followed by resumption ad infinitum, so that even if the first interpretation he had given was set aside, then under the principle of effectiveness, it would have to be recognized that to give effect to Article 7 such a situation could not be permitted.

Finally, reverting to the application of Article 75 of the Constitution, it was noteworthy that on a previous occasion where the validity of an acceptance of the Constitution had been involved the United Nations Legal Department had taken the position that the Health Assembly was the competent body to
interpret the Constitution and that, consequently, the Secretary-General of the United Nations would be guided by the action of the Health Assembly in that respect. It might therefore be presumed that if a situation of the kind he had mentioned did arise the matter would once more be referred to the Health Assembly for interpretation under Article 75 and that, thereafter, the Secretary-General of the United Nations would be guided by the Health Assembly's decision in considering the validity of an instrument of acceptance deposited. In the event of an irreconcilable difference of views, the ultimate solution was to be found in the provisions of the Constitution and of the Agreement between WHO and the United Nations, according to which an advisory opinion could be sought from the International Court of Justice on any matter involving the interpretation or application of the Constitution (Constitution, Article 76; UN/WHO Agreement, Article X, paras 2, 3 and 4).

The Chairman invited the Committee to resume the discussion.

Dr Bà (Senegal) was gratified at the general condemnation of racial discrimination and of the policy of apartheid, and was grateful for the support indicated for the action the African States were advocating. He appreciated some delegations' difficulties in taking any formal decision in the matter. The legitimate concern expressed by the delegate of Pakistan about the possible extension of the application of the proposed measures should have been dissipated by the explanations given by the delegate of the Ivory Coast to the effect that they were directed solely against any State basing its official policy on racial discrimination and apartheid and that their application could not otherwise be extended. Obviously, the amended terms of Article 7 would likewise apply to any State that might in the future adopt the same policy as the Government of South Africa.

On the grounds of universality of membership, the delegate of Pakistan had also expressed concern about provision being made for suspension or exclusion of a Member. There were obviously good grounds for making such provision, but that did not mean that the World Health Assembly would indiscriminately threaten exclusion; the possibility of suspension would not be overlooked. It had been suggested that decisions on suspension or exclusion should require a two-thirds majority. In that regard he had full confidence in the Health Assembly's wisdom to judge each case on its merits and decide whether such a majority was necessary.

Admittedly, the incorporation of a two-thirds majority requirement in the amended text of Article 7 would, as had been claimed, provide some guarantee for the future; but that would be tantamount in fact to a roundabout amendment of Rule 70 of the Rules of Procedure, an action to which he could not subscribe.

The question of re-establishment of a Member's rights was already covered by the second paragraph of part (b) of the amended Article 7 proposed by the Ivory Coast. That text was, in his view, fully compatible with the Constitution.

Doubts had been expressed regarding the competence of the Organization. That question had been discussed at length at the Seventeenth World Health Assembly which, by adopting resolution WHA17.50, had acknowledged its competence. Furthermore, adoption of the stand that WHO should be restricted to its purely technical role would mean ignoring an essential part of its mission, since health, as a state of complete physical, mental and social well-being, was undoubtedly affected by economic and social conditions.

As to universality, the fact was that more than a quarter of the world's population was not as yet represented in the Organization, for reasons well known to all. It was therefore incomprehensible that the proposal to exclude South Africa should raise objections on that score.

The effectiveness of the proposed measures had been questioned. In fact, all the measures so far taken had proved ineffective. The attitude of the Government of South Africa was amply illustrated by the statement made by the Prime Minister to the House of Assembly on 26 March 1964, in reference to the suspension of South Africa's voting rights in the Organization under resolution WHA17.50. The accusation had then been made that the action in question had been taken purely on political grounds and was contrary to the spirit of the Constitution. His delegation, for its part, rejected that accusation outright.

Faced with that intransigent attitude, what was to be done? There were two proposals before the Committee for the amendment of Article 7, and a draft resolution proposed by the delegation of Norway affirming that the Constitution as it stood was perfectly adequate. Obviously, if that had been the case the matter would not now be up for reconsideration.

As to the proposal put forward by the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland, it was based mainly on the question of the Organization's competence—already resolved—and the appeal of the Secretary-General of the United Nations against unilateral action on the part of WHO. Undoubtedly, co-ordination of action was desirable, but there was no question whatsoever of a divergence between the wishes of the African States and the stand taken by
the United Nations against South Africa. Moreover, there was a certain duplication in the terms of paragraph (a) of that proposal, where it was specified that the Health Assembly might take certain action “on such conditions as it thinks proper and by a two-thirds vote.” Both were not required and for his part he was willing to trust to the wisdom of the Health Assembly to decide according to Rule 71 of the Rules of Procedure whether the question of suspension or exclusion in any particular case required to be decided by a two-thirds majority. Furthermore, since WHO and the United Nations were not strictly similar in composition, the provisions of sub-paragraph (a) (i) were not acceptable. Under those provisions, WHO might be required to suspend the rights and privileges of a Member simply because it was in arrears with its contributions to the United Nations. Likewise sub-paragraph (a) (ii) was unacceptable, since the burdensome procedure of the United Nations, including the power of veto, was unlikely to allow of action being taken within a reasonable period of time. A further matter of serious concern to his delegation was that paragraph (b) failed to take account of an important provision contained in the present text of Article 7, namely, suspension on grounds of exceptional circumstances other than failure to meet financial obligations, which would cover the case of apartheid.

The analysis he had made of the proposals before the Committee would, he hoped, have served to show that the sole answer to the problem lay in the adoption of the revised text of Article 7 as proposed by the Government of the Ivory Coast. His delegation would therefore give its full support to that proposal and firmly reject the others.

Dr AFRIDI (Pakistan) said that to him the Constitution represented the spirit of the Organization and as such should not be open to any ambiguous interpretation. In raising his earlier points, he had been guided by that consideration. The explanations that had been given during the discussion had, he was glad to say, made the proposal of the Government of the Ivory Coast absolutely clear.

The Committee had heard an exhaustive legal interpretation in regard to the point he had raised. It had been stated that Article 4 would be interpreted subject to the provisions of the amended Article 7, and he would like to be certain whether that proviso was implicit or explicit.

He would take issue with the delegate of Senegal on one point: in his earlier statement he had merely raised the question of legality, not of universality—an argument which had been shown to be invalid. Mr BREMAN (Netherlands) welcomed the opportunity to clarify his delegation’s position, which seemed to have been misunderstood in some quarters. Despite the unequivocal assurance that the Netherlands was opposed to racial discrimination in any form, regrettably some delegations seemed to have interpreted his earlier statement as a defence of the Republic of South Africa. He expressed regret that such imputations had been made, since he had already made it sufficiently clear to the Committee that no doubt could be cast on his country’s sincerity in this matter. His delegation was not concerned to defend any particular country or government or to use “artful manoeuvres”, as one speaker had suggested, to that end. It was mainly concerned about the validity of the action proposed and about maintaining the guarantees of international law.

The discussion had served to show that the text of the amendment to Article 7 proposed by the Government of the Ivory Coast was by no means unambiguous. He appreciated the assurances given by the delegates of the Ivory Coast, Senegal and other countries to the effect that the reference to racial discrimination was meant to apply to the policy of apartheid as at present practised by the Government of South Africa. He trusted that those assurances would remain valid for the States concerned in the future, although it was a moot point whether, under international law, they could be held to remain binding upon them indefinitely.

The problem as presented was to find a way of ridding the world of apartheid. However, in fact the problem was one of a far more important nature, even more important than the problem of racial discrimination in the world as a whole. It was the principle of international law itself which was at stake. The amendment proposed by the Ivory Coast would undermine the guarantees offered by international law, and he would stress the great constitutional risk its adoption would entail. He would merely hope that that risk would be recognized and taken fully into account at the time of voting.

Mr TARCICI (Yemen) said that the Yemen Arab Republic was the product of a progressive movement, representing an indomitable will towards rapid evolution. By virtue of its national concept, Yemen in its new era was strongly attached to humanitarian principles, including those enunciated in the WHO Constitution. It was therefore natural that his country should feel profound indignation in face of any manifestation of racial or other discrimination. The existence of discrimination in any area of the world was an affront to man’s desire for progress, and appropriate measures should be applied by the
international community to remedy such a situation. For its part, the Organization should not fail in that regard, the more so in view of its humanitarian mission. To that end, provisions should be introduced into the United Nations Charter and the constitutions of the specialized agencies, so that moral pressure might be brought to bear upon recalcitrant governments.

In the specific instance under consideration, it was a matter of providing the Organization with the necessary means to exclude a country that was seeking to paralyse the march of progress and to jeopardize the good health of international society. Banishment of the kind proposed would perhaps lead the Member in question to better ways, and eventual re-admission into the community of nations. Peoples and governments throughout the world were crying out against the maintenance of the shameful policy of apartheid, and WHO could not remain unresponsive to those demands. His delegation would accordingly support the proposal of the Government of the Ivory Coast.

Mr Gutteridge, Legal Adviser, replying to the question raised by the delegate of Pakistan, explained that when he had said that the provisions of Article 4 would be subject to those of Article 7 as amended he had meant that that would be so by implication.

Dr Barclay (Liberia) said that there were some who would invoke microscopic technicalities as an excuse for condoning the inhuman practice of apartheid; it was, they would say, a purely political problem, which the Assembly had no competence to discuss. But was it a political issue that the non-white population of South Africa was deprived of liberty and that the practice of apartheid undermined its health and well-being? Resolution WHA17.50 bore ample testimony to the fact that the question of competence had already been decided. There were those who had condemned apartheid and emphasized the tragic consequences for people’s health and well-being, yet had withheld their support for any measures that would impose adequate sanctions upon the Republic of South Africa. That behaviour savoured of duplicity. Liberia was unequivocally opposed to racial discrimination in whatever form, and he would therefore enthusiastically support the proposal of the Government of the Ivory Coast and uncompromisingly reject those of the United Kingdom and of the delegation of Norway. He would call upon all delegations who were either on the fence or on the wrong side of the fence to think seriously and cast their votes in support of justice and humanity.

Mr Roffey (United Kingdom of Great Britain and Northern Ireland) said that those who had spoken during the two days of debate had fallen into two distinct groups: firstly, those who believed that in order to make a political demonstration it was worth taking the risk of causing grave damage to the Organization by supporting the amendment put forward by the Government of the Ivory Coast; and, secondly, those who considered the risks to be too great. The subject under discussion was a serious heresy—the heresy of separation and “ apartness ”. But there was a danger of using one evil to correct another, by creating separation within the Organization, and that, he thought, would be tragic. He quoted from “ Hymn of the Universe ” by Teilhard de Chardin:

If my being is ever to be decisively attached to yours, there must first die in me not merely the monad ego but also the world; in other words I must first pass through an agonizing phase of diminution for which no tangible compensation will be given me. That is why, pouring into my chalice the bitterness of all separations, of all limitations, and of all sterile fallings away, you then hold it out to me: “ Drink ye all of this.”

Mr Chebeleu (Romania) supported the proposal of the Government of the Ivory Coast.

Dr El-Kadi (United Arab Republic) said that the question was now very clear. All delegates were agreed on the importance of the problem of racial discrimination. Every Member of the Organization was bound to respect the Constitution, the opening words of which he quoted. The policy of racial discrimination of the South African Government was against the spirit of the United Nations Charter and the WHO Constitution, and was being obstinately pursued in spite of decisions taken by the United Nations. His Government believed that all human beings had the same rights, regardless of race, colour or religion, and that any government that acted contrary to that noble ideal did not deserve to be a Member of the Organization. His delegation would therefore support the proposal of the Government of the Ivory Coast.

Dr Suvarnakich (Thailand) said that there was no reference in the Constitution to the exclusion or expulsion of a Member, and he was sure that it was not because the founders of the Organization had overlooked that aspect. Their aims in drawing up the Constitution had been humanitarian, and they had had no wish to exclude any country. He would be glad if the Secretariat would confirm that interpretation. Perhaps a brief historical account of the Organization could be given as an annex to the Basic Documents to provide Members with the
necessary background for considering the Constitution.

The exclusion or expulsion of a Member was contrary to the principles of the Constitution, in the preamble of which it was stated that the enjoyment of the highest attainable standard of health was one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. Moreover, Article 3 stated that membership in the Organization should be open to all States.

The phrase “racial discrimination” could be interpreted in many ways—politically, socially, or economically. WHO was concerned with health, and it should be made quite clear that it was discrimination in the field of health that was being referred to.

The Constitution should be regarded by the Organization as the rule above all rules. Any proposal to amend it should be given very careful thought, and it was necessary to listen to the advice of the legal experts, bearing in mind that delegates were health experts and were not competent in legal matters.

Finally, he would ask what benefit was likely to be derived from the adoption of the proposed amendment.

Dr DOLO (Mali) said that, although he was not a legal expert, his daily life had taught him that in all spheres, including that of international law, there could be no rights or privileges without obligations.

A great deal had been said about universality. But if one of the delegates who had spoken about it were to ask a member of the present Government of the Republic of South Africa what was the population of that country he would be told that it was three million—the three million white population, the twelve million Bantu being discounted, since they were not regarded as human beings. It could be seen that Government’s very conception of universality was in direct conflict with that of the Organization and with its principles. There were those who professed to be against apartheid and yet were unwilling to do anything about it. As to the States that supported the amendment proposed by the Government of the Ivory Coast, the majority were still young, but were beginning to make progress.

Mr GUTTERIDGE, Legal Adviser, replying to the delegate of Thailand, recalled that during the Seventeenth World Health Assembly an explanation had been given of the circumstances that had led to the inclusion of Article 7 in its existing form in the Constitution.1 In the draft proposals for the creation of a world health organization, submitted to the United Nations Economic and Social Council by the Technical Preparatory Committee for the International Health Conference which had met in Paris in 1946, it had been recommended (Official Records No. 1, page 71) that a provision be included in the Constitution along the following lines:

Voting privileges in the Organization and services to a Member State may be suspended in exceptional circumstances which, in the opinion of the Board, justify such action. Such action should also be possible in cases of failure to meet financial obligations to the Organization. The Board should be able to restore voting privileges and services so suspended.

The following footnote was given to that passage:

A State would retain a right of appeal under other provisions of the Constitution. There is no provision for expulsion. A State could therefore send a delegate to the Conference, where the matter could be raised.

After receiving those draft proposals, the Economic and Social Council had adopted a resolution (reproduced in Official Records No. 2, page 119) an appendix to which, entitled “Recommendations, suggestions and observations made by members of the Economic and Social Council, in full session or in the Drafting Committee, concerning the report of the Technical Preparatory Committee for the International Health Conference”, contained the following passage:

Suspension of membership privileges, provided in the report, seems to provide against participation of undesirable States in the Organization.

The report of the Technical Preparatory Committee also contained references to the possibility of the insertion of a withdrawal clause. Reference had also been made to the constitutions of other international organizations. It could therefore be assumed that the delegates at the Technical Preparatory Committee for the International Health Conference had been fully aware of the provisions of the United Nations Charter and the constitutions of other specialized agencies relating to that and analogous questions.

Dr Bâ (Senegal) said that, after so many days of fruitful and positive debate on all the other items on the agenda, it was unpleasant to have to end the work of the Health Assembly on the present note.

His delegation fully understood the various points of view that had been expressed, and was convinced of the good faith of all delegates. He would like it to be known, however, that the position of his delegation was not a sentimental one, but was founded on the principles of the Constitution. He hoped that,
whatever the outcome of the vote, the same cordial atmosphere and brotherly feelings would continue to prevail as hitherto, bearing in mind that Members were all part of the great family of the United Nations and were all in their various ways trying to strengthen the Organization and further international cooperation in the field of health.

The CHAIRMAN thanked the Committee for the way in which it had conducted its debate. The question had been kept on the basis of general principles, and all the delegates who had spoken had made valuable contributions.

The delegate of Senegal had expressed his appreciation and understanding of the various points of view that had been expressed. He himself would emphasize the high tenor and dignity of the interventions. He expressed his gratitude both as a member of the Committee and as the one responsible for directing its debates. That task had been for him an outstanding experience, and he would like his remarks to go on record.

The Deputy Director-General said that the Chairman's remarks would be included in the record of the meeting.

The CHAIRMAN said that the proposal of the Government of the Ivory Coast and that of the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland, being proposals for the amendment of the Constitution, would require a two-thirds majority vote. The draft resolution proposed by the delegation of Norway, however, would require only a simple majority. In accordance with the Rules of Procedure, he would first put that draft resolution to the vote, being the proposal furthest removed from the original proposal. That would be followed by the proposal of the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland, and the proposal of the Ivory Coast would be voted upon last.

He accordingly put to the vote the draft resolution proposed by the delegation of Norway (see page 448).

Decision: The draft resolution was rejected by 73 votes to 5, with 5 abstentions.

The CHAIRMAN put to the vote the proposal of the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland (see pages 446-447).

Decision: The proposal was rejected by 60 votes to 27, with 5 abstentions.

The CHAIRMAN put to the vote the proposal of the Government of the Ivory Coast (see page 471).

Decision: The proposal was approved by 59 votes to 27, with 9 abstentions, there being 86 Members present and voting, and the required majority for approval being 58.

Dr Castillo (Venezuela), explaining his delegation’s abstention, said that it must not be taken to imply that the Government of Venezuela was in favour of any form of racial discrimination. He recalled the statement made by his delegation at the Seventeenth World Health Assembly, clearly indicating its position. Resolution WHA17.50, which did not involve any amendment to the Constitution, had not required ratification by governments and had therefore not involved action by the legislative bodies in the various countries. The decision that had just been taken, however, could have very dangerous implications for the future and the very life of the international organizations. Such an action did not always have the effect of making the government at which it was aimed modify its policy: on the contrary, it often resulted in a hardening of that policy. It was true that WHO, as an autonomous body, could take such action, but, as had been said during the debate, the United Nations would be the most appropriate body to do so.

For those reasons, and although Venezuela was against all forms of discrimination, his delegation had abstained from voting.

Mr Ponce Y Carbo (Ecuador) said that his delegation had abstained from voting both on the proposal of the Government of the Ivory Coast and on that of the Governments of the Netherlands and the United Kingdom of Great Britain and Northern Ireland.

His delegation considered that it was for the United Nations General Assembly to decide on matters of a political nature. The specialized agencies had neither the legal authority nor the competence to take such decisions. Their authority was of a technical and scientific nature.

The expulsion of a Member and consequent denial of the services extended by an organization like WHO was, moreover, undesirable from both the political and practical points of view. From the political viewpoint that State would, by its expulsion, be removed from the jurisdiction and competence of the organization which would no longer be able to influence or guide its policy through sanctions or other measures. From the practical point of view, the denial of services to that State would affect most adversely the very section of the population that had been subjected to the policy of discrimination.

He stressed that his delegation had always taken a stand against any discriminatory practices; that had been his Government's position in all the United
Nations agencies that had had to deal with such matters.

Dr GUNARATNE (Ceylon) said that, although his delegation had abstained from voting on the proposal of the Government of the Ivory Coast, he would like it to go on record that his Government was unequivocally opposed to any Member that ignored the humanitarian principles and objectives laid down in the Constitution, and in no way condoned the practice of racial discrimination. It considered, however, that the United Nations was the proper body to originate punitive action, and that was the reason for his delegation's abstention.

Dr MAGARIÑOS DE MELLO (Uruguay) said that his country, like all Latin American countries, was opposed to racial discrimination. The only possible shield of the weak against the strong, however, was the strict application of and respect for the legal principles that had been built up slowly over the years. The amendment that had just been approved might constitute a danger for the future by jeopardizing the legal structure of the Organization, which, of course, was subject to change.

His delegation had abstained from voting on the proposal that had been approved. It had done so with great regret, bearing in mind that the principles involved touched on such vital philosophic and religious convictions.

Dr FERREIRA (Brazil) said that his delegation had supported the proposal of the Governments of the Netherlands and of the United Kingdom of Great Britain and Northern Ireland. It had done so because, like several other delegations, it considered that the specialized agencies were technical organizations, having particular functions. That did not mean, however, that it supported any form of discrimination. It was concerned lest the amendment that had now been approved might damage the Organization.

Dr HALEVI (Israel) said that it was with great regret that his delegation had abstained from voting. According to the principles governing Israel's policy, the United Nations was the only body competent to expel a country from the family of nations, and the Israeli delegation could not vote in a manner contrary to those principles. It could not, however, vote against the proposal of the Government of the Ivory Coast, bearing in mind Israel's position regarding all forms of racial discrimination.

Mr IGBRUDE (Nigeria) said that there were various reasons why delegates had voted for or against the motion, and there should be no recrimination. On behalf of the African delegations he wished to express profound gratitude to all those who had made it possible for the amendment to be carried. As one of the speakers during the debate had said, there was no need to sit on the fence. He appreciated the position of the delegations that had abstained from voting, but expressed the hope that by the time the amendment came before the plenary session they would have been persuaded to vote on the side of justice.

Dr Ayé (Ivory Coast) associated himself with the remarks made by the delegate of Nigeria. The vote would enable a solution to be found to the urgent problem with which the African Region was faced.

Mr SIEGEL, Assistant Director-General, Secretary, said that in order to facilitate the Committee's work the Secretariat had prepared and distributed a suggested draft resolution which, if approved, would be incorporated in the sixth and last report of the Committee. To it would be annexed the texts of the amendments to the Constitution which had just been adopted, and which would be prepared in the five languages indicated in operative paragraph 1 of the draft resolution. The text in Chinese would not be prepared by the time the draft report came before the Committee for adoption, but it would be available when the resolution was considered in plenary session. The English, French, Russian and Spanish texts would be available for review by the Committee when it met to approve its report.

Mr de CONINCK (Belgium), Rapporteur, read out the draft resolution, as follows:

The Eighteenth World Health Assembly,

Considering the proposal made by the Government of the Ivory Coast for the amendment of Article 7 of the Constitution; and

Noting that the provision of Article 73 of the Constitution, which requires that the texts of proposed amendments to the Constitution shall be communicated to Members at least six months before consideration by the Health Assembly, has been duly complied with,
I

1. ADOPTS the amendments to the Constitution set forth in the Annexes to this resolution, and which shall form an integral part of this resolution, the texts in the Chinese, English, French, Russian and Spanish languages being equally authentic;

2. DECIDES that two copies of this resolution shall be authenticated by the signatures of the President of the Eighteenth World Health Assembly and the Director-General of the World Health Organization, of which one copy shall be transmitted to the Secretary-General of the United Nations, depositary of the Constitution, and one copy retained in the archives of the World Health Organization;

II

Considering that the aforesaid amendments to the Constitution shall come into force for all Members when accepted by two-thirds of the Members in accordance with their respective constitutional processes, as provided for in Article 73 of the Constitution,

DECIDES that the notification of such acceptance shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations, as required for acceptance of the Constitution by Article 79(b) of the Constitution.

ANNEX B

ENGLISH TEXT

Article 7 — Delete and replace by

Article 7

(a) If a Member fails to meet its financial obligations to the Organization or in any other exceptional circumstances, the Health Assembly may, on such conditions as it thinks proper, suspend the voting privileges and services to which a Member is entitled. The Health Assembly shall have the authority to restore such voting privileges and services.

(b) If a Member ignores the humanitarian principles and the objectives laid down in the Constitution, by deliberately practising a policy of racial discrimination, the Health Assembly may suspend it or exclude it from the World Health Organization.

Nevertheless, its rights and privileges, as well as its membership, may be restored by the Health Assembly on the proposal of the Executive Board following a detailed report proving that the State in question has renounced the policy of discrimination which gave rise to its suspension or exclusion.

Decision: The draft resolution was approved.

The meeting rose at 5.25 p.m.

FOURTEENTH MEETING

Wednesday, 19 May 1965, at 10.20 a.m.

Chairman: Professor R. VANNUGLI (Italy)

1. Sixth Report of the Committee

At the invitation of the CHAIRMAN, Mr DE CONINCK (Belgium), Rapporteur, read out the draft sixth report of the Committee, containing the draft resolution on amendments to Article 7 of the Constitution approved by the Committee at its previous meeting.

Decision: The report was adopted (see page 477).

2. Closure

The CHAIRMAN thanked the members of the Committee and the members of the Secretariat for helping him in his task during the discussion on the many interesting items that had been covered during the session. He expressed particular gratitude to the Director-General, the Assistant Director-General Mr Siegel, the Deputy Director-General and the Legal Adviser for contributing to the solution of arid and often difficult questions; also to the Vice-Chairman and the Rapporteur for their kind cooperation.

Dr ADESUYI (Nigeria), Dr BELCHIOR (Brazil), Dr CAYLA (France), Dr NOZARI (Iran), Mr ALBANO PACIS (Philippines), Dr LISICYN (Union of Soviet Socialist Republics), Mr AL-HAJI (Kuwait), Mr ROFFEY (United Kingdom of Great Britain and Northern Ireland), Dr SUBANDRIO (Indonesia), Mr GREENE (Sierra Leone), and Dr IssA (Somalia) joined in paying tribute to the Chairman and added their own expressions of appreciation to the Secretariat.

The meeting rose at 10.50 a.m.

1 For the texts in the Chinese, French, Russian and Spanish languages, see Off. Rec. Wld Hlth Org. 143, 33-34.

2 Transmitted to the Health Assembly in the Committee's sixth report and adopted as resolution WHA18.48.
COMMITTEE REPORTS

The texts of recommended resolutions subsequently adopted without change by the Health Assembly have here been omitted from the committee reports, as they appear in Part I (Official Records No. 143, pages 1 to 35) and are also incorporated in the record of the relevant meeting in the present volume. To facilitate reference to Part I, the serial numbers of the omitted resolutions are inserted in square brackets after the relevant headings in the reports.

COMMITTEE ON CREDENTIALS

FIRST REPORT

[18/8 — 4 May 1965]

The Committee on Credentials met on 4 May 1965. Delegates of the following Members were present: Brazil, Dahomey, Iran, Ireland, Italy, Lebanon, Nigeria, Philippines, Romania, Switzerland, Thailand and Venezuela.

Mr T. J. Brady (Ireland) was elected Chairman, Dr J. Anouti (Lebanon) Vice-Chairman, and Dr M. Aldea (Romania) Rapporteur.

The Committee examined the credentials delivered to the Director-General in accordance with Rule 22 of the Rules of Procedure of the Health Assembly.

1. The credentials of the delegates and representatives of the Members and Associate Members listed below were found to be in order. The Committee therefore proposes that the Health Assembly should recognize the validity of the credentials of the delegates and representatives of the following Members and Associate Members:

   Afghanistan, Albania, Algeria, Australia, Austria, Belgium, Bolivia, Brazil, Bulgaria, Burma, Cambodia, Cameroon, Canada, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Democratic Republic of the Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Dominican Republic, Ecuador, El Salvador, Ethiopia, Federal Republic of Germany, Finland, France, Gabon, Ghana, Greece, Guatemala, Guinea, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Laos, Lebanon, Luxembourg, Madagascar, Malawi, Malaysia, Mali, Malta, Mauritania, Mexico, Monaco, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Romania, Rwanda, Saudi Arabia, Senegal, Sierra Leone, Spain, Sudan, Sweden, Switzerland, Syria, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Upper Volta, Uruguay, Venezuela, Viet-Nam, Western Samoa, Yemen, Yugoslavia, Zaire, and Mauritius, Qatar and Southern Rhodesia (Associate Members).

2. The Committee examined notifications from Argentina, Burundi, Liberia, Libya, Pakistan and Somalia which, while indicating the composition of their delegations, could not be considered as constituting formal credentials in accordance with the provisions of the Rules of Procedure. The Committee recommends to the Health Assembly that these delegations be provisionally recognized with full rights in the Health Assembly pending the arrival of their formal credentials.

3. The delegate of Romania contested the validity of the credentials presented on behalf of the Republic of China. He declared that only credentials drawn up by the Government of the People's Republic of China gave the right to represent China in the World Health Assembly.

1 Approved by the Health Assembly at its first plenary meeting.
4. The delegate of Iran made a reservation concerning the validity of the credentials presented on behalf of Cyprus which should, in his opinion, also bear the approval of the Vice-President of the Republic.

SECOND REPORT ¹

[A18/14 — 12 May 1965]

The Committee on Credentials met on 12 May 1965 under the chairmanship of Mr T. J. Brady (Ireland).

The Committee examined the formal credentials delivered to the Director-General in accordance with Rule 22 of the Rules of Procedure of the Health Assembly. The Committee proposes that the Health Assembly should recognize the validity of the formal credentials of the delegates of Argentina, Liberia, Libya and Pakistan, which were found to be in order.

THIRD REPORT ²

[A18/24 — 20 May 1965]

The Committee on Credentials met on 20 May 1965 under the chairmanship of Dr J. Anouti (Lebanon).

The Committee examined the telegram bearing this same date from Luxembourg, communicated to the Director-General and requesting the addition to this delegation of a new member as delegate.

Upon the request of one delegate, the Secretary read the present credentials of the delegation of Luxembourg, which delegation consisted of three delegates and one adviser.

The Committee discussed this question and many delegates intervened. The closure of the debate having been requested by the delegate of the Philippines, a vote was taken on the provisional validity of these credentials. The result of the vote was as follows: in favour of the validity, 5; against, 3; abstentions, 3.

The delegates of Dahomey and Nigeria requested that their formal opposition to the validity of the credentials be mentioned in the records.

The Committee proposes to the Assembly that it provisionally recognize this delegate's right to participate in its work.

COMMITTEE ON NOMINATIONS

FIRST REPORT ³

[A18/5 — 4 May 1965]

The Committee on Nominations, consisting of delegates of the following Member States:

Afghanistan, Argentina, Australia, Austria, Cameroon, Chile, Denmark, Ecuador, Ethiopia, France, Ghana, India, Japan, Panama, Poland, Saudi Arabia, Senegal, Sudan, Syria, Turkey, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, and United States of America.

met on 4 May 1965.

Professor E. J. Aujaleu (France) was elected Chairman.

Certain delegates first raised the question whether the Committee might present more than one candidate per post. After some discussion and explanations by the Secretariat, the Committee decided by a majority

to follow the traditional procedure and to present only one candidate per post.

In accordance with Rule 25 of the Rules of Procedure of the Health Assembly, the Committee decided to propose to the Assembly the nomination of Dr W. D. Refshauge (Australia) for the office of President of the Eighteenth World Health Assembly.

SECOND REPORT ⁴

[A18/6 — 4 May 1965]

At its first meeting, held on 4 May 1965, the Committee on Nominations decided to propose to the Assembly, in accordance with Rule 25 of the Rules of Procedure of the Health Assembly, the following nominations:

Vice-Presidents of the Assembly: Dr S. Al-Sammarrai (Iraq), Dr A. Engel (Sweden), Mr O. Owusu-Afriyie (Ghana);

Committee on Programme and Budget: Chairman, Dr A. L. Mudaliar (India);

¹ Approved by the Health Assembly at its eighth plenary meeting.
² Approved by the Health Assembly at its twelfth plenary meeting.
³ See verbatim record of the second plenary meeting, section 1.
⁴ Approved by the Health Assembly at its second plenary meeting.
Committee on Administration, Finance and Legal Matters: Chairman, Professor R. Vannugli (Italy).

Concerning the members of the General Committee to be elected under Rule 31 of the Rules of Procedure of the Health Assembly, the Committee decided to nominate the delegates of the following fourteen countries: Ethiopia, France, Guinea, Ivory Coast, Japan, Kenya, Mali, Mexico, Pakistan, Peru, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Venezuela.

THIRD REPORT 1
[A18/7 — 4 May 1965]
At its first meeting, held on 4 May 1965, the Committee on Nominations decided to propose to each of the main committees, in accordance with Rule 25 of the Rules of Procedure of the Health Assembly, the following nominations for the offices of Vice-Chairman and Rapporteur:

Committee on Programme and Budget: Vice-Chairman, Professor R. Geric (Yugoslavia); Rapporteur, Dr V. M. Vovor (Togo);

Committee on Administration, Finance and Legal Matters: Vice-Chairman, Mr Y. Saito (Japan); Rapporteur, Mr J. de Coninck (Belgium).

GENERAL COMMITTEE

REPORT 2
[A18/9 — 10 May 1965]
Election of Members entitled to designate a Person to serve on the Executive Board
At its meeting held on 10 May 1965, the General Committee, in accordance with Rule 98 of the Rules of Procedure of the Health Assembly, drew up the following list of twelve Members, to be transmitted to the Health Assembly for the purpose of the annual election of eight Members to be entitled to designate a person to serve on the Executive Board:

Czechoslovakia, Federal Republic of Germany, Guinea, India, Mexico, Peru, United States of America, Morocco, Yemen, Burma, Argentina, Nigeria.

The General Committee then recommended the following eight Members which, in the Committee's opinion, would provide, if elected, a balanced distribution on the Board as a whole:

Guinea, Peru, Mexico, United States of America, Czechoslovakia, Morocco, Yemen, India.

COMMITTEE ON PROGRAMME AND BUDGET

FIRST REPORT 3
[A18/10 — 11 May 1965]
The Committee on Programme and Budget held its first, second, third, fourth and fifth meetings on 6, 10 and 11 May 1965, under the chairmanship of Dr A. L. Mudaliar (India). On the proposal of the Committee on Nominations, Professor R. Geric (Yugoslavia) was elected Vice-Chairman and Dr V. M. Vovor (Togo) Rapporteur. However, Dr Vovor being unable to attend all meetings of the Committee, the delegate of Cameroon was elected Rapporteur to succeed Dr Vovor upon his departure.

During the course of its fourth and fifth meetings, the Committee decided to recommend the following resolutions for adoption by the Eighteenth World Health Assembly:
1. Development of the Malaria Eradication Programme [WHA18.3]
2. Committee on International Quarantine: Thirteenth Report [WHA18.4]
3. Additional Regulations of . . . May 1965 amending the International Sanitary Regulations, in parti-

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2 See verbatim record of the eighth plenary meeting, sections 2 and 9.
3 Approved by the Health Assembly at its eighth plenary meeting.
cular with respect to Disinsecting of Ships and Aircraft, and Appendices 3 and 4 (Forms of the International Certificates of Vaccination or Revaccination against Yellow Fever and against Smallpox) [WHA18.5]

4. Joint FAO/WHO Food Standards Programme (Codex Alimentarius) [WHA18.6]

SECOND REPORT ¹

[A18/11 — 12 May 1965]

During the course of its fifth meeting, held on 11 May 1965, the Committee on Programme and Budget decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolution: International Standards and Units for Biological Substances [WHA18.7]

THIRD REPORT ²

[A18/15 — 13 May 1965]

During the course of its seventh meeting, held on 13 May 1965, the Committee on Programme and Budget decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolution: Effective Working Budget and Budget Level for 1966 [WHA18.19]

FOURTH REPORT ³

[A18/19 — 15 May 1965]

The Committee on Programme and Budget met on 12, 14 and 15 May 1965 and during the course of its sixth and tenth meetings held on 12 and 15 May 1965 decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolutions:

2. Programme and Budget Estimates for 1966: Voluntary Fund for Health Promotion (WHA18.34)
3. Appropriation Resolution for the Financial Year 1966 [WHA18.35]

¹ Approved by the Health Assembly at its eighth plenary meeting.
² Approved by the Health Assembly at its ninth plenary meeting.
³ Approved by the Health Assembly at its tenth plenary meeting.

FIFTH REPORT ⁴

[A18/16 — 18 May 1965]

During the course of its eleventh and twelfth meetings held on 17 May 1965, the Committee on Programme and Budget decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolutions:

1. Quality Control of Pharmaceutical Preparations [WHA18.36]
2. Organizational Study of the Executive Board: Methods of Planning and Execution of Projects [WHA18.37]
3. Smallpox Eradication Programme [WHA18.38]

SIXTH REPORT ⁵

[A18/22 — 20 May 1965]

The Committee on Programme and Budget held its thirteenth, fourteenth, fifteenth and sixteenth meetings on 18 and 19 May 1965. During the course of these meetings, the Committee decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolutions:

1. Adverse Drug Reaction Monitoring System [WHA18.42]
2. Proposal for the Establishment of a World Health Research Centre [WHA18.43]
3. Establishment of an International Agency for Research on Cancer [WHA18.44]
5. Single Convention on Narcotic Drugs, 1961 [WHA18.46]
6. Control Measures for Certain Dependence-producing Drugs [WHA18.47]

SEVENTH REPORT ⁶

[A18/23 — 21 May 1965]

The Committee on Programme and Budget held its seventeenth and eighteenth meetings on 20 and 21 May 1965, and during the course of its eighteenth meeting decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolution: Programme Activities in the Health Aspects of World Population which might be developed by WHO [WHA18.49]

⁴ Approved by the Health Assembly at its eleventh plenary meeting.
⁵ Approved by the Health Assembly at its twelfth plenary meeting.
⁶ Approved by the Health Assembly at its thirteenth plenary meeting.
COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST REPORT

[A18/12 — 12 May 1965]

The Committee on Administration, Finance and Legal Matters held its first, second, third, fourth and fifth meetings on 6, 10 and 11 May 1965, under the chairmanship of Professor R. Vannugli (Italy). On the proposal of the Committee on Nominations, Mr Y. Saito (Japan) was elected Vice-Chairman, and Mr J. de Coninck (Belgium) Rapporteur.

The Committee decided that it was not necessary to establish a Legal Sub-Committee immediately, since the substance of the agenda items should be discussed in the full Committee. If, as the work progressed, the legal aspects of any subject required special examination, the Chairman would propose the establishment of an ad hoc working party for that purpose.

It further decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolutions:

4. Supplementary Budget Estimates for 1965 [WHA18.11]
5. Supplementary Budget Estimates for 1965: Accommodation for the Regional Office for Africa [WHA18.12]
7. Scale of Assessment for and Amount of the Working Capital Fund [WHA18.14]
9. Assessment for 1965 of New Members [WHA18.16]

SECOND REPORT

[A18/13 — 12 May 1965]

During its sixth meeting, held on 12 May 1965, the Committee on Administration, Finance and Legal Matters decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolution: Scale of Assessment for 1966 [WHA18.17]

THIRD REPORT

[A18/17 — 15 May 1965]

The Committee on Administration, Finance and Legal Matters held its seventh, eighth and ninth meetings on 14 and 15 May 1965.

The Committee decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolutions:

1. Members in Arrears in the Payment of their Contributions to an Extent which may invoke Article 7 of the Constitution [WHA18.21]
2. Amendments to the Rules of Procedure of the World Health Assembly [WHA18.22]
3. WHO Participation in the Expanded Programme of Technical Assistance [WHA18.23]
4. Extension of the Agreement with UNRWA [WHA18.24]
5. Selection of the Country in which the Nineteenth World Health Assembly will be held [WHA18.25]
7. Appointment of Representatives to the WHO Staff Pension Committee [WHA18.27]
8. Headquarters Accommodation: Financing [WHA18.28]

1 Approved by the Health Assembly at its eighth plenary meeting.

2 Approved by the Health Assembly at its tenth plenary meeting.
FOURTH REPORT ¹

[A18/18 — 15 May 1965]

The Committee on Administration, Finance and Legal Matters held its ninth meeting on 15 May 1965. The Committee decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolutions:


FIFTH REPORT ²

[A18/20 — 18 May 1965]

During its tenth and eleventh meetings, held on 17 May 1965, the Committee on Administration, Finance and Legal Matters decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolutions:

1. Proposal for the Establishment of a Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training [WHA18.39]

2. Report on Operative Paragraph 2 of Resolution WHA17.50 [WHA18.40]

SIXTH REPORT ⁴

[A18/21 — 19 May 1965]

The Committee on Administration, Finance and Legal Matters held its twelfth and thirteenth meetings on 18 May 1965.

It decided to recommend to the Eighteenth World Health Assembly the adoption of the following resolution: Amendments to Article 7 of the Constitution [WHA18.48]

REPORTS OF THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS TO THE COMMITTEE ON PROGRAMME AND BUDGET

FIRST REPORT ³

[A18/P&B/16 — 11 May 1965]

Availability of Casual Income

The Committee on Administration, Finance and Legal Matters studied the amount of casual income available as at 30 April 1965 from assessments on new Members from previous years, miscellaneous income, the cash portion of the Assembly Suspense Account and the reimbursement from the Special Account of the Expanded Programme of Technical Assistance. It also took into consideration the recommendations of the Executive Board in resolution EB35.R26, paragraph 3, and EB35.R11, paragraph 2. On the basis of its review of the subject, the Committee on Administration, Finance and Legal Matters recommends to the Committee on Programme and Budget that casual income in the amount of US $552 000 be used to help finance the 1966 budget as it appears in Official Records No. 138.

² Approved by the Health Assembly at its eleventh plenary meeting.
³ See minutes of the seventh meeting of the Committee on Programme and Budget, section 1.

SECOND REPORT ⁵

[A18/P&B/18 — 14 May 1965]

In accordance with its terms of reference under resolution WHA15.1 of the Fifteenth World Health Assembly, the Committee on Administration, Finance and Legal Matters reports to the Committee on Programme and Budget that the following amounts should be inserted in Parts I, III and IV of the Appropriation Resolution:

1. Appropriation Purpose of Appropriation Amount

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<th>Section</th>
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<th>Amount</th>
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<td>PART I: ORGANIZATIONAL MEETINGS</td>
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<td>1. World Health Assembly</td>
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<td>372 200</td>
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<td>2. Executive Board and its Committees</td>
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<td>191 300</td>
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<td>3. Regional Committees</td>
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<td>110 700</td>
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<td>Total — Part I</td>
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<td>674 200</td>
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⁴ Approved by the Health Assembly at its twelfth plenary meeting.
⁵ See minutes of the tenth meeting of the Committee on Programme and Budget, section 1.
### Appropriation

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<td>Other Statutory Staff Costs</td>
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<td><strong>Total – Part III</strong></td>
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<td>10.</td>
<td>Headquarters Building Fund</td>
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<td><strong>Total – Part IV</strong></td>
<td>500000</td>
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The Committee on Administration, Finance and Legal Matters further recommends to the Committee on Programme and Budget the following text of the Appropriation Resolution, with the figures accepted by the Committee on Administration, Finance and Legal Matters inserted as indicated in the appropriate places:

[The text which followed was approved by the Committee on Programme and Budget at its tenth meeting (see pages 296-297) and subsequently adopted by the Health Assembly as resolution WHA18.35.]
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