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
- 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
- UNCTAD — United Nations Conference on Trade and Development
- UNDP/SF — United Nations Development Programme, Special Fund component
- UNDP/TA — United Nations Development Programme, Technical Assistance component
- 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
- 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 Twenty-first World Health Assembly, held at the Palais des Nations, Geneva, from 6 to 24 May 1968, was convened in accordance with resolution EB41.R30 of the Executive Board (forty-first session).

The proceedings of the Twenty-first World Health Assembly are being published in two parts. The resolutions, with annexes, are contained in this volume. The records of plenary and committee meetings will be published, along with the list of participants, agenda and other material, in Official Records No. 169.
In this volume the resolutions are reproduced in the numerical order in which they were adopted. However, in order to facilitate the use of the volume in conjunction with the Handbook of Resolutions and Decisions, they have been grouped by title in the table of contents under the subject headings of the Handbook. There has also been added, beneath each resolution, a reference to the section of the Handbook containing previous resolutions on the same subject. The ninth edition of the Handbook—which is indexed both by subject and by resolution symbol—contains most of the resolutions adopted up to and including the Twentieth World Health Assembly and the forty-first session of the Executive Board.

The following reference list of sessions of the Health Assembly and Executive Board shows the resolution symbol applicable to each session and the Official Records volume in which the resolutions were originally published.

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RESOLUTIONS AND DECISIONS

WHA21.1 Twentieth Anniversary of the World Health Organization

The Twenty-first World Health Assembly,

Having devoted the second day of its session to celebrating the twentieth anniversary of the World Health Organization;

Having taken this opportunity to cast a backward glance and measure the distance covered since 7 April 1948, when the Constitution came into force;

Finding grounds for justifiable pride in the results so far achieved and in the progress made by the Organization with the close collaboration of the United Nations, the specialized agencies and intergovernmental and non-governmental organizations towards the attainment of the objective assigned to it by its Constitution; and

Being nevertheless deeply conscious of the tasks that still remain to be accomplished by the Organization and of its responsibilities for ensuring the attainment of the highest possible level of health by all peoples, particularly those who in that regard remain the least privileged,

1. APPEALS to Members and Associate Members to continue giving the Organization the moral and material support they have hitherto so wholeheartedly accorded it;

2. EXPRESSES to all those organizations which have collaborated with the World Health Organization its profound appreciation and its confidence that they will continue to give in the future the support they have so unstintingly given in the past;

3. RECOGNIZES the inestimable debt it owes to all those who, since the very beginnings of the Organization, have given of their best as members of the Technical Preparatory Committee, the Interim Commission, the Health Assembly, the Executive Board and the regional committees, and as collaborating experts or as members of the Secretariat; and

4. REAFFIRMS the World Health Organization’s determination, in the spirit of its Constitution and with the help of all those who share its ideals, to move steadily towards the attainment of its objective during the third decade now opening before it.


Fourth plenary meeting, 7 May 1968

WHA21.2 Admission of Bahrain as an Associate Member

The Twenty-first World Health Assembly

ADMITS Bahrain as an Associate Member of the World Health Organization, subject to notice being given of acceptance of associate membership on behalf of Bahrain in accordance with Rules 115 and 116 of the Rules of Procedure of the World Health Assembly.


Sixth plenary meeting, 8 May 1968

WHA21.3 Award of the Léon Bernard Foundation Medal and Prize

The Twenty-first World Health Assembly

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

2. ENDORSES the unanimous proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1968;

¹ See Annex 1.
3. **AWARDS** the Medal and Prize to Professor Josef Charvát; and

4. **PAYS TRIBUTE** to Professor Josef Charvát for his unremitting service and outstanding achievements in the field of public health and social medicine.


*Ninth plenary meeting, 13 May 1968*


The Twenty-first World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1967 and the Report of the External Auditor for the same financial period, as contained in *Official Records* No. 167; and

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


*Eleventh plenary meeting, 14 May 1968 (Committee on Administration, Finance and Legal Matters, first report)*

**WHA21.5 Status of Collection of Annual Contributions and of Advances to the Working Capital Fund**

The Twenty-first World Health Assembly

1. **NOTES** the status, as at 30 April 1968, of the collection of annual contributions and of advances to the Working Capital Fund, as reported by the Director-General;

2. **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;

3. **URGES** Members in arrears to make special efforts to liquidate their arrears during 1968; and

4. **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.

**Handb. Res., 9th ed., 7.1.2.4**

*Eleventh plenary meeting, 14 May 1968 (Committee on Administration, Finance and Legal Matters, first report)*

**WHA21.6 Members in Arrears in the Payment of their Contributions to an Extent which may invoke Article 7 of the Constitution**

The Twenty-first World Health Assembly,

Having considered the reports of the Executive Board 2 and its Ad Hoc Committee 3 on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;

Having considered also the report by the Director-General; 4

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1 See Annex 2.


3 See Annex 4, part 1.

4 See Annex 4, part 2.
Noting that the Dominican Republic 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 Twenty-first World Health Assembly;

Recalling the provisions of resolutions WHA16.20, WHA18.21, WHA19.29 and WHA20.31;

Having noted the explanation provided by the Dominican Republic concerning the non-payment of its arrears; and

Noting the proposal made by Uruguay for the settlement of its outstanding contributions,

1. DECIDES not to suspend the voting rights of the Dominican Republic or Uruguay at the Twenty-first World Health Assembly;

2. ACCEPTS the method of payment of its arrears of contributions proposed by Uruguay: namely, to accept Government of Uruguay treasury bills, non-interest bearing, denominated in US dollars, maturing at three-, six-, nine- and twelve-month intervals; the effective date of payment of contributions will be the day on which the account of the Organization receives credit in cash in US dollars or Swiss francs as provided in Financial Regulation 5.5;

3. URGES the Dominican Republic to regularize its position so that the Executive Board at its forty-third session and the Twenty-second World Health Assembly will not again have to consider its arrears; and

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

Handb. Res., 9th ed., 7.1.2.4

Eleventh plenary meeting, 14 May 1968 (Committee on Administration, Finance and Legal Matters, first report)

WHA21.7 Budgetary Implications for 1968 and 1969 of Recent Decisions on General Service Salaries in Geneva

The Twenty-first World Health Assembly,

Having considered the report of the Director-General on the budgetary implications for 1968 and 1969 of recent decisions on General Service salaries in Geneva and the report of the Ad Hoc Committee of the Executive Board on its examination of this matter,1

1. DECIDES that the amount of US $102,800 shall be added to the proposed programme and budget estimates for 19692 to meet the additional amount required in 1969 for the increase in General Service salaries in Geneva; and

2. DECIDES further that these increased requirements shall be financed from available casual income.

Handb. Res., 9th ed., 2.1; 7.2.4.4

Eleventh plenary meeting, 14 May 1968 (Committee on Administration, Finance and Legal Matters, first report)

WHA21.8 Per Diem Rate for Members of the Executive Board

The Twenty-first World Health Assembly,

Having considered the proposal that the per diem rate for members of the Executive Board be increased,

DECIDES that an increase in the per diem rate is not necessary at this time.


Eleventh plenary meeting, 14 May 1968 (Committee on Administration, Finance and Legal Matters, first report)

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1 See Annex 3.

WHA21.9  Assessments for 1967 and 1968 of New Members and Associate Members

The Twenty-first World Health Assembly,

Recalling that resolution WHA13.16 of the Thirteenth World Health Assembly “confirms that the assessment of Associate Members shall be 0.02 per cent.”; and

Noting that Lesotho and Southern Yemen became Members of the Organization by depositing with the Secretary-General of the United Nations formal instruments of acceptance of the WHO Constitution,

DECEDES

(1) that the new Members shall be assessed as follows:

<table>
<thead>
<tr>
<th>Member State</th>
<th>1967 per cent.</th>
<th>1968 per cent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesotho</td>
<td>0.04</td>
<td>0.04</td>
</tr>
<tr>
<td>Southern Yemen</td>
<td>—</td>
<td>0.04</td>
</tr>
</tbody>
</table>

(2) that the 1967 contribution of Lesotho shall be reduced by 50 per cent., in accordance with the provisions of paragraph 1 of resolution WHA17.10.

Handb. Res., 9th ed., 7.1.2.2

Eleventh plenary meeting, 14 May 1968 (Committee on Administration, Finance and Legal Matters, first report)

WHA21.10  Tax Equalization Plan

The Twenty-first World Health Assembly,

Having considered the proposals of the Director-General and the recommendation of the Executive Board relating to the introduction of a tax equalization plan and the establishment of a tax equalization fund, 1

1. DECEDES THAT

(1) a tax equalization fund shall be established as from 1 January 1969 to which shall be credited annually the revenue derived from the staff assessment plan;

(2) the credits to the Fund shall be recorded in sub-accounts of the Fund, in the name of each Member, in the proportion of its assessment for the financial year concerned;

(3) there shall be charged against the credits of the individual Member an amount estimated to be required to cover the annual liabilities in respect of taxes levied by that Member on staff members’ emoluments received from WHO;

(4) the amount credited to each Member in the Fund under paragraph (2) above, less the amounts charged against that credit under paragraph (3) above, shall be taken into account in determining the contribution due from the Member concerned for the same financial year;

(5) adjustments shall be made in the second succeeding financial year to take account of the actual charges made in respect of amounts reimbursed to staff who are subject to national taxes. Should such charges exceed the available credit of any Member, the excess shall be added to the contribution of that Member for the second succeeding year;

2. DECEDES further that new Members joining the Organization after 1 January 1969 shall be assessed only for their pro rata share of the effective working budget for the one or two financial years prior to their assessments becoming a part of the total assessments for the annual budget.


Eleventh plenary meeting, 14 May 1968 (Committee on Administration, Finance and Legal Matters, first report)

**WH21.11 Scale of Assessment for 1969**

The Twenty-first World Health Assembly

DECIDES that the scale of assessment for 1969 shall be as follows:

<table>
<thead>
<tr>
<th>Member</th>
<th>Scale (percentage)</th>
<th>Member</th>
<th>Scale (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>0.04</td>
<td>Jordan</td>
<td>0.04</td>
</tr>
<tr>
<td>Albania</td>
<td>0.04</td>
<td>Kenya</td>
<td>0.04</td>
</tr>
<tr>
<td>Algeria</td>
<td>0.09</td>
<td>Kuwait</td>
<td>0.06</td>
</tr>
<tr>
<td>Argentina</td>
<td>0.84</td>
<td>Laos</td>
<td>0.04</td>
</tr>
<tr>
<td>Australia</td>
<td>1.34</td>
<td>Lebanon</td>
<td>0.05</td>
</tr>
<tr>
<td>Austria</td>
<td>0.51</td>
<td>Lesotho</td>
<td>0.04</td>
</tr>
<tr>
<td>Bahrain</td>
<td>0.02</td>
<td>Liberia</td>
<td>0.04</td>
</tr>
<tr>
<td>Barbados</td>
<td>0.04</td>
<td>Libya</td>
<td>0.04</td>
</tr>
<tr>
<td>Belgium</td>
<td>0.99</td>
<td>Luxembourg</td>
<td>0.05</td>
</tr>
<tr>
<td>Bolivia</td>
<td>0.04</td>
<td>Madagascar</td>
<td>0.04</td>
</tr>
<tr>
<td>Brazil</td>
<td>0.80</td>
<td>Malawi</td>
<td>0.04</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>0.16</td>
<td>Malaysia</td>
<td>0.10</td>
</tr>
<tr>
<td>Burma</td>
<td>0.05</td>
<td>Maldives Islands</td>
<td>0.04</td>
</tr>
<tr>
<td>Burundi</td>
<td>0.04</td>
<td>Mali</td>
<td>0.04</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>0.46</td>
<td>Malta</td>
<td>0.04</td>
</tr>
<tr>
<td>Cambodia</td>
<td>0.04</td>
<td>Mauritania</td>
<td>0.04</td>
</tr>
<tr>
<td>Cameroon</td>
<td>0.04</td>
<td>Mauritius</td>
<td>0.02</td>
</tr>
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<td>Canada</td>
<td>2.71</td>
<td>Mexico</td>
<td>0.78</td>
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<tr>
<td>Central African Republic</td>
<td>0.04</td>
<td>Monaco</td>
<td>0.04</td>
</tr>
<tr>
<td>Ceylon</td>
<td>0.05</td>
<td>Mongolia</td>
<td>0.04</td>
</tr>
<tr>
<td>Chad</td>
<td>0.04</td>
<td>Morocco</td>
<td>0.09</td>
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<tr>
<td>Chile</td>
<td>0.21</td>
<td>Nepal</td>
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<tr>
<td>China</td>
<td>3.60</td>
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<tr>
<td>Colombia</td>
<td>0.18</td>
<td>New Zealand</td>
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<tr>
<td>Congo (Brazzaville)</td>
<td>0.04</td>
<td>Nicaragua</td>
<td>0.04</td>
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<tr>
<td>Congo, Democratic Republic of</td>
<td>0.05</td>
<td>Niger</td>
<td>0.04</td>
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<tr>
<td>Costa Rica</td>
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<td>Cuba</td>
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<td>Norway</td>
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<td>Cyprus</td>
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<td>Pakistan</td>
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<tr>
<td>Czechoslovakia</td>
<td>0.83</td>
<td>Panama</td>
<td>0.04</td>
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<tr>
<td>Dahomey</td>
<td>0.04</td>
<td>Paraguay</td>
<td>0.04</td>
</tr>
<tr>
<td>Denmark</td>
<td>0.56</td>
<td>Peru</td>
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<tr>
<td>Dominican Republic</td>
<td>0.04</td>
<td>Philippines</td>
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<td>Ecuador</td>
<td>0.04</td>
<td>Poland</td>
<td>0.12</td>
</tr>
<tr>
<td>El Salvador</td>
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<td>Portugal</td>
<td>0.14</td>
</tr>
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<td>Ethiopia</td>
<td>0.04</td>
<td>Qatar</td>
<td>0.02</td>
</tr>
<tr>
<td>Federal Republic of Germany</td>
<td>6.30</td>
<td>Republic of Korea</td>
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</tr>
<tr>
<td>Finland</td>
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<td>Romania</td>
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<td>France</td>
<td>5.40</td>
<td>Rwanda</td>
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</tr>
<tr>
<td>Gabon</td>
<td>0.04</td>
<td>Saudi Arabia</td>
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<tr>
<td>Ghana</td>
<td>0.07</td>
<td>Senegal</td>
<td>0.04</td>
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<tr>
<td>Greece</td>
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<td>Sierra Leone</td>
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<td>Guatemala</td>
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<td>Singapore</td>
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<tr>
<td>Guinea</td>
<td>0.04</td>
<td>Somalia</td>
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<tr>
<td>Guyana</td>
<td>0.04</td>
<td>South Africa</td>
<td>0.47</td>
</tr>
<tr>
<td>Haiti</td>
<td>0.04</td>
<td>Southern Rhodesia</td>
<td>0.02</td>
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<tr>
<td>Honduras</td>
<td>0.04</td>
<td>Southern Yemen</td>
<td>0.04</td>
</tr>
<tr>
<td>Hungary</td>
<td>0.47</td>
<td>Spain</td>
<td>0.83</td>
</tr>
<tr>
<td>Iceland</td>
<td>0.04</td>
<td>Sudan</td>
<td>0.05</td>
</tr>
<tr>
<td>India</td>
<td>1.56</td>
<td>Sweden</td>
<td>1.12</td>
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<tr>
<td>Indonesia</td>
<td>0.30</td>
<td>Switzerland</td>
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</tr>
<tr>
<td>Iran</td>
<td>0.20</td>
<td>Syria</td>
<td>0.04</td>
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<tr>
<td>Iraq</td>
<td>0.06</td>
<td>Thailand</td>
<td>0.12</td>
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<tr>
<td>Ireland</td>
<td>0.15</td>
<td>Togo</td>
<td>0.04</td>
</tr>
<tr>
<td>Israel</td>
<td>0.18</td>
<td>Trinidad and Tobago</td>
<td>0.04</td>
</tr>
<tr>
<td>Italy</td>
<td>2.91</td>
<td>Tunisia</td>
<td>0.04</td>
</tr>
<tr>
<td>Ivory Coast</td>
<td>0.04</td>
<td>Turkey</td>
<td>0.31</td>
</tr>
<tr>
<td>Jamaica</td>
<td>0.05</td>
<td>Uganda</td>
<td>0.04</td>
</tr>
<tr>
<td>Japan</td>
<td>3.40</td>
<td>Ukrainian SSR</td>
<td>1.74</td>
</tr>
</tbody>
</table>
Member | Scale (percentage) | Member | Scale (percentage)
--- | --- | --- | ---
Union of Soviet Socialist Republics | 13.14 | Venezuela | 0.40
United Arab Republic | 0.18 | Viet-Nam | 0.06
United Kingdom of Great Britain and Northern Ireland | 5.95 | Western Samoa | 0.04
United Republic of Tanzania | 0.04 | Yemen | 0.04
United States of America | 30.87 | Yugoslavia | 0.36
Upper Volta | 0.04 | Zambia | 0.04
Uruguay | 0.08 | Total | 100.00


**WHA21.12 Award of the Dr A. T. Shousha Foundation Medal and Prize**

The Twenty-first World Health Assembly

1. **NOTES** the reports of the Dr A. T. Shousha Foundation Committee;

2. **ENDORSES** the unanimous proposal of the Committee for the award of the Dr A. T. Shousha Foundation Medal and Prize for 1968;

3. **AWARDS** the Medal and Prize to Professor A. M. Kamal; and

4. **PAYS TRIBUTE** to Professor A. M. Kamal for his most significant contribution to public health in the geographical area in which Dr A. T. Shousha served the World Health Organization.


**WHA21.13 Effective Working Budget and Budget Level for 1969**

The Twenty-first World Health Assembly

**DECIDES** that:

1. the effective working budget for 1969 shall be US $60 747 800;

2. the budget level shall be established in an amount equal to the effective working budget as provided in paragraph (1) above, plus the assessments represented by the Undistributed Reserve; and

3. the budget for 1969 shall be financed by assessments on Members after deducting:

   i. the amount of US $1 231 670 available by reimbursement from the Technical Assistance component of the United Nations Development Programme;

   ii. the amount of US $602 800 available as casual income for 1969.


**WHA21.14 Election of Members entitled to designate a Person to serve on the Executive Board**

The Twenty-first World Health Assembly,

Having considered the nominations of the General Committee,

**ELECTS** the following as Members entitled to designate a person to serve on the Executive Board: Belgium, Canada, Chile, Jamaica, Lebanon, Mongolia, Uganda and the United Kingdom of Great Britain and Northern Ireland.

Handb. Res., 9th ed., 4.2.1

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1 See Annex 5.
WHA21.15 Appointment of the Director-General

The Twenty-first World Health Assembly,

On the nomination of the Executive Board; ¹ and

Considering the outstanding qualities Dr Candau has displayed in carrying out his duties as Director-General of the Organization, a post which he has held to the satisfaction of all for the past fifteen years,

REAPPOINTS Dr M. G. Candau as Director-General of the World Health Organization.

Handb. Res., 9th ed., 7.2.10.2

Fourteenth plenary meeting, 16 May 1968

WHA21.16 Contract of the Director-General

The Twenty-first World Health Assembly,

Pursuant to Article 31 of the Constitution and Rules 106 and 110 of the Rules of Procedure of the Health Assembly,

1. APPROVES the attached contract establishing the terms and conditions of appointment, salary and other emoluments for the post of the Director-General; ² and

2. AUTHORIZES the President of the Twenty-first World Health Assembly to sign this contract in the name of the Organization.

Handb. Res., 9th ed., 7.2.10.2

Fourteenth plenary meeting, 16 May 1968


The Twenty-first World Health Assembly,

Having reviewed the Report of the Director-General on the work of the World Health Organization during 1967; ³ and

Considering that the health of all peoples is fundamental to the attainment of peace and security and that we must now recognize that universal peace is a basic condition for the achievement of the health and well-being of all mankind,

1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1967, in accordance with the established policies of the Organization;

2. COMMENDS the Director-General for the work accomplished; and

3. REQUESTS the United Nations to strengthen its efforts in favour of universal peace, independently of any political ideology and based solely on the ethical principles of respect for the life, health and well-being of humanity.


Fourteenth plenary meeting, 16 May 1968

WHA21.18 Appropriation Resolution for the Financial Year 1969 ⁴

The Twenty-first World Health Assembly

RESOLVES to appropriate for the financial year 1969 an amount of US $71,362,770 as follows:

¹ Resolution EB41.R19.
² See Annex 6.
⁴ For analysis of these appropriations under chapters, see Annex 13.
A.  

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>Purpose of Appropriation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>US $</td>
</tr>
</tbody>
</table>

**PART I: ORGANIZATIONAL MEETINGS**

1. World Health Assembly ........................................ 451 500
2. Executive Board and its Committees .......................... 206 300
3. Regional Committees ........................................... 128 300

Total — Part I 786 100

**PART II: OPERATING PROGRAMME**

4. Programme Activities .......................................... 49 980 951
5. Regional Offices .............................................. 5 275 542
6. Expert Committees ............................................. 232 200

Total — Part II 55 488 693

**PART III: ADMINISTRATIVE SERVICES**

7. Administrative Services ........................................ 3 794 607

Total — Part III 3 794 607

**PART IV: OTHER PURPOSES**

8. Headquarters Building: Repayment of Loans .................. 578 400
9. Revolving Fund for Teaching and Laboratory Equipment ....... 100 000

Total — Part IV 678 400

Effective Working Budget (PARTS I, II, III AND IV) 60 747 800

**PART V: STAFF ASSESSMENT**

10. Transfer to Tax Equalization Fund ........................... 6 674 000

Total — Part V 6 674 000

**PART VI: RESERVE**

11. Undistributed Reserve ......................................... 3 940 970

Total — Part VI 3 940 970

Total — All Parts 71 362 770

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the period 1 January to 31 December 1969, 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 1969 to the effective working budget established by the World Health Assembly, i.e. Parts I, II, III and IV.

C. The appropriations voted under paragraph A shall be financed by contributions from Members after deduction of:
(i) reimbursement from the Technical Assistance component of the United Nations Development Programme in the amount of $1,231,670
(ii) assessments on new Members from previous years in the amount of $51,345
(iii) available by transfer from the cash portion of the Assembly Suspense Account $551,455

Total $1,834,470

thus resulting in assessments against Members of $69,528,300. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members whose nationals, staff members of WHO, are required to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.


Fifteenth plenary meeting, 21 May 1968 (Committee on Programme and Budget, second report)

WHA21.19 Programme and Budget Estimates for 1969: Voluntary Fund for Health Promotion

The Twenty-first World Health Assembly,

Having considered the programmes planned to be financed in 1969 from the Voluntary Fund for Health Promotion, as shown in Annex 3 of Official Records No. 163,

1. NOTES that the programmes are complementary to the programmes included in the regular budget of the Organization;
2. NOTES further that the programmes conform to the general programme of work for the period 1967-1971 and that the research programmes are in accordance with advice received by the Director-General from the Advisory Committee on Medical Research; and
3. REQUESTS the Director-General to implement the programmes planned for 1969 to the extent possible.


Sixteenth plenary meeting, 22 May 1968 (Committee on Programme and Budget, third report)

WHA21.20 Training of National Health Personnel

The Twenty-first World Health Assembly,

Considering that the World Health Organization is called upon in accordance with its Constitution to assist governments in strengthening their health services and to promote teaching and training in the health, medical and related professions;

Appreciating the efforts being made by all countries, particularly the developing countries, to speed up their economic and social development, including the improvement of their health situation;

Being convinced that in order to improve the health situation in all countries it is necessary to intensify efforts to develop and utilize human resources, and particularly to train national staff, taking into account the development plans in each country and its present and long-term needs for qualified health staff at all levels; and

Recalling resolution 2083(XX) of the General Assembly of the United Nations, dated 20 December 1965, which refers to "measures calculated to intensify concerted action by the United Nations and the specialized agencies with regard to the training of national personnel for the economic and social development of the developing countries" and "invites ... the specialized agencies ... to bear these problems in mind when they review future programmes of action",

1. RECOMMENDS Member States to give increasing attention to the training of professional and auxiliary health personnel;

2. **REQUESTS** the Director-General:
   (a) to continue to give high priority to programmes of assistance to Member States in the training of professional and auxiliary health personnel;
   (b) to continue to collaborate with the United Nations and the specialized agencies in the utilization and development of human resources;
   (c) to suggest to the regional committees, at their meetings in 1969, that they undertake an analysis of the problems of training professional and auxiliary health personnel;
   (d) to make provision for a general evaluation during the forty-fifth session of the Executive Board of the experience accumulated by the World Health Organization, taking into account the conclusions reached by the regional committees; and
   (e) to submit to the Twenty-third World Health Assembly a report on any concrete measures that the World Health Organization might appropriately take to assist further the training of national health personnel at all levels.


**WHA21.21 Smallpox Eradication Programme**

The Twenty-first World Health Assembly,

Having considered the report of the Director-General on the smallpox eradication programme, submitted in accordance with paragraph 4 of resolution WHA20.15;

Noting that, while progress in the eradication effort is now being made, smallpox continues to represent a serious health problem to both endemic and non-endemic countries; and

Recognizing the need for full and active participation by all endemic countries if eradication is to be achieved, and for the maximum of co-ordination in their efforts,

1. **REITERATES** that the worldwide eradication of smallpox is one of the major objectives of the Organization;

2. **URGES** again that:
   (a) countries having smallpox, and no eradication programmes, give the highest possible priority to the provision of funds and personnel to achieve eradication; and
   (b) those countries where eradication programmes are progressing slowly intensify their eradication efforts;

3. **REQUESTS** that those countries where smallpox has been eradicated should continue their vaccination programmes so as to maintain a sufficient level of immunity in their populations;

4. **REQUESTS** all Member States to give the programme greater support in the form of contributions, such as vaccine and transport, so that the programme may be executed as rapidly as possible;

5. **REQUESTS** countries providing bilateral aid in the health field to include in their activities assistance in the context of the global smallpox eradication programme;

6. **REQUESTS** all governments to place particular emphasis on:
   (a) complete reporting of smallpox cases; and
   (b) the institution of active containment measures for each outbreak;

7. **REQUESTS** all governments producing freeze-dried smallpox vaccine to take special care in its preparation so as to ensure that vaccine meets the WHO potency and purity requirements; and

8. **REQUESTS** the Director-General:
   (a) to continue to take all necessary steps to assure the maximum co-ordination of national efforts and provision of contributions from international and bilateral agencies with the objective of achieving smallpox eradication as quickly as possible;
   (b) to report further to the Executive Board and the World Health Assembly.

Handb. Res., 9th ed., 1.3.6
WHA21.22 Malaria Eradication Programme

The Twenty-first World Health Assembly,

Having considered the report of the Director-General on the development of the malaria eradication programme and his proposals for the re-examination of the global strategy of malaria eradication;

Bearing in mind the concern expressed over the present status and future development of the programme by the Nineteenth and Twentieth World Health Assemblies;

Noting the steps which the Director-General proposes to take for the re-examination of the global strategy of malaria eradication;

Recognizing the primary importance of basic health services both as a prerequisite for the starting of programmes and for the maintenance of gains already achieved, and appreciating the efforts now being made to build up such services; and

Recalling further the need for both short-term and longer-term plans for the training of personnel and the fundamental importance of research, wherever facilities and opportunities exist,

1. CONFIRMS the need to re-examine the global strategy of malaria eradication;

2. APPROVES the Director-General’s proposals for that purpose, with particular regard to the adaptation of the planning and methods used to the needs and resources of the developing countries in order to achieve the desired success in the control and ultimate eradication of malaria;

3. INVITES the Director-General to arrange adequate opportunities for visiting teams to confer during their undertaking;

4. REQUESTS the Director-General (a) to inform the Executive Board at its forty-third session of the progress of the action taken in this regard and (b) to submit to the Twenty-second World Health Assembly a comprehensive report on the results of his re-examination of the global strategy of malaria eradication together with recommendations for the future orientation of the programme, taking into account the comments of the Executive Board at its forty-third session;

5. URGES governments of countries with malaria eradication programmes to continue to give all possible support to the implementation of these programmes and to take appropriate measures to safeguard the gains already obtained;

6. URGES governments to continue to give priority to the development of basic health services, with due regard to the implementation of appropriate antimalaria measures and to the importance of planning for the immediate and long-term staff needs and related training activities;

7. ENDORSES the recommendation of the Executive Board, in its resolution EB41.R22, that governments and institutions, particularly those of countries now free from malaria, should provide increased facilities for malaria research in order to find methods to hasten the attainment of eradication on a worldwide basis; and

8. RENEWS its appeal to other sources of assistance, both multilateral and bilateral, for their continuing support to the programme in the perspective of the health, social and economic benefits which its progress will bring to the population of the areas where the disease is still prevalent.

Handb. Res., 9th ed., 1.2.2

Sixteenth plenary meeting, 22 May 1968 (Committee on Programme and Budget, third report)

WHA21.23 Health Problems of Seafarers and Health Services Available to Them

The Twenty-first World Health Assembly,

Having considered the progress report presented by the Director-General on the health problems of seafarers and health services available to them; and

Pursuant to resolution EB41.R17 adopted by the Executive Board at its forty-first session,

1. THANKS the Director-General for his report; and

2. REQUESTS the Director-General to continue the study with a view to:
   (a) finalizing the selection of at least two ports for the establishment of pilot centres for the health of seafarers;
   (b) consulting with the proper authorities in the countries concerned and developing definite proposals for the operation of the pilot centres, including financial arrangements; and
   (c) presenting a report with specific recommendations to the forty-third session of the Executive Board and to the Twenty-second World Health Assembly.

Handb. Res., 9th ed., 1.7.2.2

Sixteenth plenary meeting, 22 May 1968 (Committee on Programme and Budget, third report)

**WHA21.24 Recognition of Secretariat Services**

The Twenty-first World Health Assembly,

Noting with satisfaction that a number of staff members have been serving the Organization for many years,

EXTENDS its congratulations, and expresses its appreciation, to these staff members for their long and faithful service in the cause of world health.


Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)

**WHA21.25 Advances from the Working Capital Fund to meet Unforeseen or Extraordinary Expenses**

The Twenty-first World Health Assembly

NOTES the report of the Director-General on the advances made from the Working Capital Fund to meet unforeseen or extraordinary expenses,\(^1\) presented in accordance with the requirements of resolution WHA18.14.

Handb. Res., 9th ed., 7.1.3.2

Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)

**WHA21.26 Advances from the Working Capital Fund for the Provision of Emergency Supplies to Member States**

The Twenty-first World Health Assembly

NOTES the report of the Director-General on the provision of emergency supplies to Member States,\(^2\) presented in accordance with the requirements of resolution WHA18.14.


Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)

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1 See Annex 7.

2 The Director-General stated in his report that an advance of US $12,053 had been made in 1967 to provide emergency supplies of vaccines to the United Arab Republic, and that this sum, as well as the advance of US $5,288 made in 1966 to provide similar supplies to Italy, had been repaid in 1968.
WHA21.27 Headquarters Accommodation: Future Requirements

The Twenty-first World Health Assembly,

Noting from the report of the Director-General concerning the proposed extension of the headquarters building that the consultations regarding additional land have not so far produced a tangible result; and

Noting further that the Director-General has not yet been able to develop specific proposals for the financing of such a project,

1. REQUESTS the Director-General to bring to the attention of the local authorities once again the urgency of finding a solution to the problem of additional land; and

2. EXPRESSES the hope that the Director-General will be able to present to the Executive Board at its forty-third session, and to the Twenty-second World Health Assembly, proposals for dealing with the problem of additional office accommodation at headquarters.

Handb. Res., 9th ed., 7.3.2.2

Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)

WHA21.28 Working Principles governing the Admission of Non-governmental Organizations into Official Relations with WHO: Amendment to Paragraph 2 (vi)

The Twenty-first World Health Assembly,

Considering resolution EB41.R47 adopted by the Executive Board at its forty-first session,

DECIDES to amend as follows paragraph 2 (vi) of the working principles governing the admission of non-governmental organizations into official relations with WHO: ¹

replace “every four years” by “every three years”.


Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)

WHA21.29 Confirmation of the Selection of the Country in which the Twenty-second World Health Assembly will be held

The Twenty-first World Health Assembly,

Considering resolution EB41.R31 concerning the arrangements for the Twenty-second World Health Assembly and the session of the Executive Board which follows;

Having noted the report of the Director-General; ² and

Having regard to Article 14 of the Constitution of the World Health Organization,

1. EXPRESSES its appreciation for the invitation extended by the Government of the United States of America that the Twenty-second World Health Assembly and the session of the Executive Board which follows be held in the United States of America;

2. ACCEPTS this invitation and selects the United States of America as the country in which the Twenty-second World Health Assembly shall be held in 1969, subject to confirmation of the necessary undertakings by the Government of the United States of America;

3. REQUESTS the Director-General to enter into the appropriate arrangements with the Government of the United States of America in connexion with the convening of both the Twenty-second World Health Assembly and the session of the Executive Board which follows, which arrangements shall confirm:

¹ Reproduced in Basic Documents.
² See Annex 8.
(a) that the Government of the United States of America will bear the additional costs incurred by and on behalf of the Organization in the holding of these sessions outside headquarters;

(b) that there shall be placed at the disposal of the Organization the premises, installations, equipment, services and generally all facilities which the Director-General may deem necessary for the holding of sessions of both the Assembly and the Executive Board;

(c) that, in accordance with the declaration of the representatives of the Government of the United States of America, the Organization shall enjoy ample facilities to permit the successful conduct of the sessions of the Assembly and of the Executive Board which follows;

4. DECIDES that, should the Government of the United States of America, for any reason, be unable to confirm the necessary undertakings for the holding of the Twenty-second World Health Assembly in Boston, the Assembly shall be held in Geneva, Switzerland; and

5. REQUESTS the Director-General to inform the Executive Board and Member States at the earliest practicable moment of the outcome of his further consultations with representatives of the Government of the United States of America and the resulting conclusion as to the place of meeting of the Twenty-second World Health Assembly.


Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)


The Twenty-first World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the annual report for the year 1966 and as reported by the Director-General.

Handb. Res., 9th ed., 7.2.7.1

Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)

WHA21.31 Appointment of Representatives to the WHO Staff Pension Committee

The Twenty-first World Health Assembly

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

Handb. Res., 9th ed., 7.2.7.2

Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)


The Twenty-first World Health Assembly,

Having reviewed the Director-General's report ¹ concerning the implementation of the recommendations in the second report of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies; and

Bearing in mind also resolutions EB37.R43, WHA19.30, EB39.R42, WHA20.22 and EB41.R40,

¹ See Annex 9.
1. NOTES with satisfaction that in his report to the Executive Board the Director-General states that he plans to submit to the Board at its forty-third session a report on "possibilities for further improvement and refinement of the planning process, including the introduction of some broad long-term financial indicators of future programmes";

2. WELCOMES also the action taken thus far by the Director-General concerning the development of additional procedures for programme evaluation;

3. REQUESTS the Director-General to present to the forty-third session of the Executive Board for its consideration proposals for further improving and strengthening the evaluation process; and

4. REQUESTS the Director-General to report to the Twenty-second World Health Assembly on further progress in the implementation of the recommendations in the second report of the Ad Hoc Committee, including the recommendation concerning reporting on budget performance.

Handb. Res., 9th ed., 8.1.1.4  Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)

WHA21.33 Co-ordination with the United Nations, the Specialized Agencies and the International Atomic Energy Agency: Administrative, Budgetary and Financial Matters

The Twenty-first World Health Assembly,

Having considered the report by the Director-General on co-ordination with the United Nations, the specialized agencies and the International Atomic Energy Agency on administrative, budgetary and financial matters; and

Noting that the Executive Board has carefully reviewed the recommendations of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies and has indicated the status of each of the recommendations in the World Health Organization,

REQUESTS the Executive Board to keep under review and to report, as appropriate, to a future World Health Assembly on additional developments in the co-ordination of administrative, budgetary and financial matters in the United Nations system of organizations.

Handb. Res., 9th ed., 8.1.1.4  Sixteenth plenary meeting, 22 May 1968 (Committee on Administration, Finance and Legal Matters, second report)

WHA21.34 Implementation of Resolution WHA19.31

The Twenty-first World Health Assembly,

Having considered the report of the Director-General on the implementation of resolution WHA19.31; Bearing in mind resolutions WHA19.31 and WHA20.38 adopted by the Nineteenth World Health Assembly and the Twentieth World Health Assembly respectively;

Noting resolution AFR/RC17/R2 adopted by the Regional Committee for Africa at its seventeenth session, resolution EUR/RC17/R9 adopted by the Regional Committee for Europe at its seventeenth session and resolution WPR/RC18/R2 adopted by the Regional Committee for the Western Pacific at its eighteenth session; and

Having regard to resolutions 2270 (XXII), 2311 (XXII) and 2326 (XXII) adopted by the General Assembly of the United Nations at its twenty-second session,

2 See Annex 9.
4 See Annex 10.
TWENTY-FIRST WORLD HEALTH ASSEMBLY, PART I

DECEDES that, in applying paragraph 2 of resolution WHA19.31, the Director-General should take into consideration the need:

(a) not to envisage in WHO programmes any assistance for Portugal until that country renounces the policy of colonial domination,

(b) to provide, if necessary in co-operation with other appropriate organizations through special programmes, for health assistance to the refugees and nationals of countries under colonial domination, particularly in regard to the control of communicable diseases and the professional training of qualified national personnel,

(c) to ensure, within the limits of his competence, the implementation of this resolution and to report periodically to the Regional Committees concerned and to the World Health Assembly on the measures taken to put this into effect.

Handb. Res., 9th ed., 6.2.4

Seventeenth plenary meeting, 23 May 1968 (Committee on Administration, Finance and Legal Matters, third report)

WHA21.35 Study of the Criteria for assessing the Equivalence of Medical Degrees in Different Countries

The Twenty-first World Health Assembly,

Noting the information on existing legislation on medical qualifications and the practice of medicine in forty countries or territories;

Noting the information on the number of years of education required for obtaining a medical degree and a licence in different countries;

Noting further the compilation of degrees and diplomas corresponding to additional qualifications in special fields referred to in the legislation of twenty-seven countries;

Noting that the Regional Committee for Africa at its seventeenth session adopted a resolution relating to the problem of uniformity of standards in recruitment and training of candidates in the medical and paramedical professions; 1

Agreeing with the need to differentiate between:

(a) the legal aspect of the right to practise medicine in different countries; and

(b) the comparability of standards of professional competence resulting from different systems of medical education;

Reaffirming the importance of promoting exchanges between countries for post-graduate training and experience, provided that doctors from developing countries are encouraged to return to those countries where their skills are most required; and

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1 Resolution AFR/RC17/R4, which reads as follows:

The Regional Committee,

Having considered the report on education and training in Africa submitted to it by the Regional Director at its seventeenth session,

Taking into account the discussions that have taken place on this subject,

1. NOTES with keen interest and deep satisfaction the realistic and dynamic efforts exerted by the Regional Director to implement the provisions of resolution AFR/RC16/R3;

2. WELCOMES in particular the suggestions put forward for giving assistance in the form of equipment and staff to those Member States wishing to establish teaching institutions in their territories;

3. REACTS very favourably to the proposal that subsidies be granted to the education and training centres of Member States in order to cover the cost of awarding fellowships to their nationals;

4. INVITES the Regional Director to continue investigating all the possibilities with a view to the establishment of pilot teacher training centres;

5. REQUESTS the Regional Director, acting through the Director-General, to draw the attention of Member States possessing medical or paramedical teaching institutions to the importance of ensuring that the level of recruitment and training of candidates always conforms to the standards required in their own countries;

6. REQUESTS the Regional Director to transmit this resolution to the Director-General and to report to the Regional Committee at its eighteenth session.
Welcoming the decision to convene an advisory group to consider what further steps are desirable in studying the equivalence of medical degrees,

1. **THANKS** the Director-General for the report on his study of the criteria for assessing the equivalence of medical degrees in different countries;

2. **INVITES** the Director-General to consider holding the first meeting of the advisory group when the report is available of the UNESCO expert committee meeting on the international comparability and equivalence of secondary school certificates, diplomas and university degrees;

3. **REQUESTS** the Director-General:
   
   (a) to study those factors in medical education which promote or hinder the capacity of newly qualified doctors to adapt their medical skills to the needs of different countries and situations;
   
   (b) to consider what steps should be taken by employing authorities to familiarize with local needs medical personnel trained in other countries; and
   
   (c) to promote further study to develop methods of assessing the comparability of different programmes of medical education; and

4. **REQUESTS** the Director-General to report to the Twenty-second World Health Assembly.

Seventeenth plenary meeting, 23 May 1968 (Committee on Programme and Budget, fourth report)

**WHA21.36 Community Water Supply Programme**

The Twenty-first World Health Assembly,

Having considered the progress report of the Director-General on the community water supply programme;

Noting that the rate of progress in the global effort to improve community water supplies, while substantial, is still not commensurate with the increasing demand for more and better-quality water for healthful living, consequent on the natural growth of population and the continuing urbanization processes in developing countries;

Noting with satisfaction that the International Bank for Reconstruction and Development, International Development Association, Inter-American Development Bank and bilateral assistance programmes recognize community water supply as a field of investment contributing to social and economic development;

Recognizing the valuable contribution to the solution of rural water supply problems made possible by the co-ordinated efforts of the World Health Organization, Member States, and the United Nations Children's Fund; and

Reaffirming the recommendations to Member States included in resolution WHA19.50,

1. **NOTES** with appreciation the report of the Director-General and endorses the general principles and programme therein;

2. **RECOMMENDS** to Member States:

   (1) that in carrying out their health protection role due attention be given *inter alia* to:

   (a) the stimulation and promotion of safe community water supplies for all people;

   (b) the establishment of national standards for drinking-water quality;

   (c) the supervision of the sanitary design of water systems and their operation, as well as continuing surveillance of water quality;

   (d) the provision of qualified personnel to carry out these functions;

   (2) that they intensify efforts to strengthen national urban and rural community water supply programmes and to include provision for these programmes in their national plans for economic and general development;
(3) that they continue to seek support for projects to improve community water supplies under the Technical Assistance and Special Fund components of the United Nations Development Programme;

3. draws the attention of the regional banks for Asia and for Africa to the needs of Member States for long-term low interest loans for improved community water supplies; and

4. requests the Director-General:
   (1) to provide for continuing leadership in community water supply by intensifying programme activities as presented in his report, in co-operation with international and other agencies;
   (2) to give all possible support and assistance to Member States in connexion with their rural water supply programmes, maintaining close co-operation with UNICEF and other relevant agencies for that purpose;
   (3) to report on the progress of the programme to the Twenty-third World Health Assembly.


WHA21.37 Quality Control of Drugs

The Twenty-first World Health Assembly,
Recalling resolution WHA20.34;
Having noted resolution EB41.R28 of the Executive Board;
Having considered the report of the Director-General on the quality control of drugs;
Noting with satisfaction that progress has been made in the establishment of principles for good manufacturing practice; and
Considering the further action as outlined in the Director-General’s report with particular reference to the suggestions concerning the principles which might be included in regulations and recommendations,

requests the Director-General:
(i) to report to the Twenty-second World Health Assembly on the final formulation of generally acceptable requirements for good manufacturing practice in the production and quality control of drugs;
(ii) to report to the Twenty-second World Health Assembly on the inclusion of a certification scheme on the quality of pharmaceutical products in international commerce and of the requirements for good manufacturing practice in regulations and recommendations respectively; and
(iii) to continue assistance in the establishment or development of control laboratories on a national or, preferably, zonal or regional basis, complying with the need of those countries which do not yet have the facilities necessary for this purpose.

Handb. Res., 9th ed., 1.10.4.1

WHA21.38 Health Assistance to Refugees and Displaced Persons

The Twenty-first World Health Assembly,
Having considered the annual report of the Director of Health of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (1967);
Considering that the World Health Organization should continue to exert all possible efforts in providing effective health assistance to refugees and displaced persons in order to ensure their overall health protection and care;
Recalling that the Security Council in its resolution 237 (1967) of 14 June 1967 has called upon the Government of Israel “to ensure the safety, welfare and security of the inhabitants of the areas where military operations have taken place and to facilitate the return of those inhabitants who have fled the areas since the outbreak of hostilities”; and
Recalling that the General Assembly of the United Nations in its resolution 2252 (ES-V) endorsed “the efforts of the Commissioner-General of the United Nations Relief and Works Agency for Palestine Refugees in the Near East to provide humanitarian assistance, as far as practicable, on an emergency basis and as a temporary measure, to other persons in the area who are at present displaced and are in serious need of immediate assistance as a result of the recent hostilities”,

1. **CALLS upon Member States to do everything possible to facilitate the return of displaced persons in order to ameliorate their health conditions;**

2. **REQUESTS the Director-General of the World Health Organization to study the health conditions amongst displaced persons in the area and to report to the Twenty-second World Health Assembly; and**

3. **COMMENDS the Director of Health of the United Nations Relief and Works Agency for Palestine Refugees in the Near East and his staff for their valuable assistance provided to the refugees.**

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**WHA21.39 General Order of Magnitude of the Budget for 1970**

The Twenty-first World Health Assembly,

Having noted the report of the Director-General;

Having heard the statements of the Director-General concerning the future general programme developments of the Organization and the trends of increase in costs of the services provided by the Organization;

Recognizing that the annual increase in costs of the Organization for maintaining the activities at the same level as the preceding year requires an increase in each effective working budget of between 4 and 5 per cent.;

Desirous of making available sufficient funds to allow for an orderly increase in the services to be provided by the Organization to its Members, and particularly to the developing countries, in the gradual achievement of the Organization's objective under Article 1 of the Constitution; and

Conscious of the provisions of Articles 34 and 55 of the Constitution,

**RECOMMENDS to the Director-General that as a general orientation in preparing his proposed programme and budget estimates for 1970 he should, taking account of the views expressed by delegations during the discussions at the Twenty-first World Health Assembly, propose an increase in the programme such as will give a budget increase of an order of magnitude of about 9 per cent., provided that no unusual and unforeseen developments occur which would result in additional resources being required by the Organization.**

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**WHA21.40 Form of Presentation of the Programme and Budget Estimates**

The Twenty-first World Health Assembly,

Having studied the report of the Director-General and resolution EB41.R42 adopted by the Executive Board at its forty-first session on the form of presentation of the programme and budget estimates,

1. **REQUESTS the Director-General to include in his proposed programme and budget estimates for 1970 an appendix providing summarized information on the main services provided by the Organization and the geographical distribution of services and assistance provided to governments; and**

2. **REQUESTS the Director-General to continue to study further changes which might be considered and to report, as appropriate, to a future session of the Executive Board and to a future session of the Health Assembly.**

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WHA21.41  Pharmaceutical Advertising

The Twenty-first World Health Assembly,

Having considered the Director-General's report on pharmaceutical advertising;

Having noted resolution EB41.R24 of the Executive Board on the matter;

Considering that, if it is not objective, pharmaceutical advertising in whatever form is detrimental to the health of the public; and

Holding that the adherence to certain fundamental principles for the advertising of pharmaceutical products is essential,

URGES Member States to enforce the application of the ethical and scientific criteria for pharmaceutical advertising as annexed to this resolution.


Seventeenth plenary meeting, 23 May 1968 (Committee on Programme and Budget, sixth report)

ANNEX

ETHICAL AND SCIENTIFIC CRITERIA FOR PHARMACEUTICAL ADVERTISING

All advertising on a drug should be truthful and reliable. It must not contain incorrect statements, half-truths or unverifiable assertions about the contents, effects (therapeutic as well as toxic) or indications of the drug or pharmaceutical speciality concerned.

Advertising to the Medical and Related Professions

In describing the properties of a drug and its use, stress should be laid on rendering facts and data, whereas general statements should be avoided. Statements should be supported by adequate and acceptable scientific evidence. Ambiguity must be avoided. Promotional material should not be exaggerated or misleading.

A full description, based on current scientific knowledge, should include information on the producer and sponsor of the product advertised; full designation (using generic or non-proprietary names) of the nature and content of active ingredient(s) per dose; action and uses; dosage, form of administration, and mode of application; side-effects and adverse reactions; precautions and contra-indications; treatment in case of poisoning; and references to the scientific or professional literature.

A fair balance should be maintained in presenting information on effectiveness on the one hand and adverse reactions and contra-indications on the other.

Advertising to the Public

Advertisements to the public should not be permitted for prescription drugs, for the treatment of certain diseases and conditions which can be treated only by a doctor and of which certain countries have established lists, or in a form which brings about fear or distress, or which declares specific remedies to be infallible, or suggests that they are recommended by members of the medical profession.

WHA21.42  Control Measures for Certain Dependence-Producing Drugs

The Twenty-first World Health Assembly,

Having received information concerning the increasing misuse, especially by young people, of central nervous system stimulants of the amphetamine type;

Considering the special problems of abuse of such stimulants, as reported by certain Member States;

Deeply concerned at the continuing and spreading problem posed by the abuse of psychotropic substances not under international control;

Recognizing the responsibilities of the World Health Organization and other competent organs within the framework of the United Nations in combating the very serious problems of drug abuse;
Recalling the resolutions adopted by the Eighteenth and Twentieth World Health Assemblies relating to control measures for psychotropic drugs;

Reiterating the high importance it attaches to the adoption and strict application by Member States of the measures of national control recommended in the aforementioned resolutions; and

Recognizing the need for urgent consideration of measures of international control of psychotropic substances,

1. NOTES that the Secretary-General of the United Nations, at the request of the United Nations Commission on Narcotic Drugs, has circulated to governments a questionnaire seeking information on existing control measures and on the need for, and nature of, national and international controls for psychotropic substances;

2. NOTES further that replies from governments to the aforementioned questionnaire must reach the Secretary-General by 15 June 1968, so as to enable the United Nations Commission on Narcotic Drugs to proceed without delay to the completion of a draft of an international instrument for control of psychotropic substances;

3. NOTES also that the Director-General of the World Health Organization is prepared to advise the Secretary-General of the United Nations in the elaboration of such a draft international instrument, and in the identification of drugs that would be controlled thereunder;

4. WELCOMES the action which the Commission on Narcotic Drugs is already taking and expresses the hope that the Commission will propose effective measures of international control of psychotropic substances at its next session;

5. EXPRESSES the view that agreement should be reached as quickly as possible on effective international control provisions; and

6. URGES Member States to adopt the national controls earlier recommended by the Twentieth World Health Assembly, in resolution WHA20.43, and currently under discussion in the Economic and Social Council, pending the development and implementation of any necessary international instruments.

Handb. Res., 9th ed., 1.10.2.2

Seventeenth plenary meeting, 23 May 1968 (Committee on Programme and Budget, sixth report)

WHA21.43 Health Aspects of Population Dynamics

The Twenty-first World Health Assembly,

Having considered the report of the Director-General on health aspects of population dynamics;

Noting with satisfaction the development of activities in reference services, research, and training, and the provision of advisory services to Member States, on request, on the health aspects of human reproduction, of family planning, and of population dynamics within the context of resolutions WHA18.49, WHA19.43, and WHA20.41;

1. CONGRATULATES the Director-General on the work accomplished during the year 1967;

2. APPROVES the report of the Director-General; and
3. REQUESTS the Director-General

(a) to continue to develop the programme in this field in accordance with the principles laid down in resolutions WHA18.49, WHA19.43 and WHA20.41 including also the encouragement of research on psychological factors related to the health aspects of human reproduction;

(b) to continue to assist Member States upon their request in the development of their programmes with special reference to:

(i) the integration of family planning within basic health services without prejudice to the preventive and curative activities which normally are the responsibility of those services;

(ii) appropriate training programmes for health professionals at all levels;

(c) to analyse further the health manpower requirements for such services and the supervision and training needs of such manpower in actual field situations under specific local conditions; and

(d) to report on the progress of the programme to the Twenty-second World Health Assembly.


Seventeenth plenary meeting, 23 May 1968 (Committee on Programme and Budget, sixth report)

WHA21.44  Recommendations, Definitions and Standards relating to Health Statistics: Rules for Selection of Cause of Death for Primary Mortality Tabulation

The Twenty-first World Health Assembly,

Recalling its recommendation contained in operative paragraph 1 (d) of resolution WHA20.19,

CONFIRMS the annexed rules for selection of the cause of death for primary mortality tabulation.¹


Seventeenth plenary meeting, 23 May 1968 (Committee on Programme and Budget, seventh report)

WHA21.45  Review of the Organizational Study on Co-ordination with the United Nations and the Specialized Agencies

The Twenty-first World Health Assembly,

Recalling resolutions WHA15.40 and WHA20.49; and

Having considered the recommendations made by the Executive Board in its resolution EB41.R21,

1. DECIDES that the review of the organizational study on co-ordination with the United Nations and the specialized agencies should be continued for another year; and

2. REQUESTS the Executive Board to report on its review to the Twenty-second World Health Assembly.


Seventeenth plenary meeting, 23 May 1968 (Committee on Programme and Budget, seventh report)

WHA21.46  Supplement to the Third Report on the World Health Situation

The Twenty-first World Health Assembly

1. NOTES the supplement to the third report on the world health situation, including the review of the special topic “Environmental health”, which has been prepared by the Director-General in pursuance of resolution WHA19.52, part III;

2. THANKS the governments of Member States and Associate Members for their assistance in providing material for this supplement;

3. Requests the governments of Member States and Associate Members to submit before 30 June 1968 any amendments they wish to include in this supplement before it is finalized; and

4. Recalls the decision of the Nineteenth World Health Assembly to request the Director-General to prepare for the Twenty-third World Health Assembly the fourth report on the world health situation.

WHA21.47 Policy Governing Assistance to Developing Countries

The Twenty-first World Health Assembly,

Considering that technical assistance is fundamental in pursuance of the objectives of the Organization as set forth in its Constitution;

Having considered the report of the Director-General on the policy governing assistance to developing countries;

Having noted resolutions WHA20.50 and EB41.R35;

Considering that it is the responsibility of each government to plan its health services within the framework of general development and to devote thereto the maximum of effort and of national resources with a view to optimum utilization of external aid, multilateral and bilateral; and

Recalling resolution AFR/RC17/R4 adopted by the Regional Committee for Africa, at its seventeenth session, held at Brazzaville,

1. Endorses the report of the Director-General, which provides the flexibility and the new features necessary to ensure that the modalities of assistance meet the differing and evolving needs of developing countries;

2. Endorses in particular the proposed forms of future WHO assistance outlined in the report;

3. Concurs with the views expressed by the Executive Board on the policies to be followed, especially on the fundamental importance of developing health manpower; and

4. Requests the Director-General to continue the review of the modalities of assistance in adapting them to the problems, needs and resources of developing countries.

WHA21.48 Epidemiological Situation in Viet-Nam

The Twenty-first World Health Assembly,

Having considered the report on the epidemiological situation in Viet-Nam submitted by the Director-General to the Executive Board at its forty-first session in accordance with resolution WHA20.47, together with the additional information which came to hand since that session of the Board; and

Having noted resolution EB41.R26 adopted by the Executive Board at its forty-first session,

1. Thanks the Director-General; and

2. Notes the report and its addendum.

1 Resolution WHA19.52, part II.
2 See Annex 11.
3 See footnote on page 16.
WHA21.49 Long-term Planning in the Field of Health

The Twenty-first World Health Assembly,

Having adopted resolutions WHA21.32 and WHA21.33;

Having considered the report of the Director-General and resolution EB41.R40 of the Executive Board on progress in implementation of the recommendations in the second report of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies and in particular the implementation of recommendation 29 concerning long-term planning;¹

Awaiting with interest the report on measures taken further to improve and refine the planning processes of the World Health Organization which the Director-General will make to the Board at its forty-third session;

Noting with appreciation the assistance given by WHO to the development of national health plans in the context of economic and social development;

Recalling the broad directives in the fourth general programme of work adopted by the Eighteenth World Health Assembly (in resolution WHA18.33) guiding the work of the Organization through 1971;

Believing that sound national health plans provide an important basis for the development of WHO programmes at the regional and global levels to support the efforts made by Member States in the field of health;

Appreciating the action taken by the Member States in the Regional Committee for Europe with a view to evaluating the activities of the World Health Organization in the European Region as well as to drawing up long-term plans in the different fields of health work; and

Considering that the long-term plans of the regional offices should increasingly reflect the national plans of the Member States, and their present and long-term needs in the field of health,

1. NOTES that the Regional Committee for Europe has decided to continue to examine long-term planning in new fields of health activity of general interest to Member States;

2. RECOMMENDS that regional committees give particular attention, at their 1968 sessions, to long-term health planning and the formulation and evaluation of health programmes and to the possibilities of cooperation on a regional and inter-regional basis in the development of such plans;

3. INVITES Member States to co-operate, within the framework of the regional committees, with a view to further extending the long-term planning of the programmes of the Organization on the basis of their national health plans and their present and long-term requirements in the field of health; and

4. RECOMMENDS that the Director-General, in presenting his report on this question to the forty-third session of the Executive Board, pay special attention to the recommendations made and the opinions expressed by the Member States and the regional committees.


WHA21.50 Co-ordination with the United Nations, the Specialized Agencies and the International Atomic Energy Agency: Programme Matters

The Twenty-first World Health Assembly,

Having considered the Director-General’s report on co-ordination on programme matters with the United Nations, the specialized agencies and the International Atomic Energy Agency,

1. NOTES the report of the Director-General; and

2. THANKS UNICEF for its valued and continuing support for programmes designed to improve the health of women and children.
WHA21.51  Disinsection of Aircraft

The Twenty-first World Health Assembly,

Having considered the recommendation contained in the fourteenth report of the Committee on International Quarantine concerning the vapour disinsection system for aircraft;

Having noted the conclusions of the Expert Committee on Insecticides in its eleventh and sixteenth reports that, on the one hand, a vapour disinsection system is automatic, practical and, being performed in flight, does not involve any operational delay and that, on the other hand, the utilization of dichlorvos in such a system is, in the dosages proposed, effective and safe for passengers and crew;

Recognizing that the ever-increasing international air traffic greatly enlarges the risk of the introduction of disease vectors into new areas; and

Recognizing that the present "blocks away" aircraft disinsection method has not been fully effective and practicable in large aircraft,

1.  RECOMMENDS to Member States:

(1) that for disinsecting aircraft in international passenger and freight traffic the methods approved by WHO shall be used, these being as follows:

(i) for pressurized aircraft:
   (a) the vapour disinsecting system for in-flight disinsection, or
   (b) aerosol disinsection on the ground on arrival;

(ii) for non-pressurized aircraft:
   (a) "blocks away" aerosol disinsection, or
   (b) aerosol disinsection on the ground on arrival;

(2) that the vapour disinsection system and aerosol disinsection formulation approved by WHO shall be used; and

(3) that the effective date for the recommendations for vapour disinsection shall be 31 December 1970; and

2.  REQUESTS the Director-General to publish the specifications for the approved vapour disinsection system.

Eighteenth plenary meeting, 24 May 1968 (Committee on Programme and Budget, eighth report)

WHA21.52  Committee on International Quarantine: Fourteenth Report

The Twenty-first World Health Assembly,

Having considered the fourteenth report of the Committee on International Quarantine, Volume I,1

1.  THANKS the members of the Committee on International Quarantine; and

2.  ADOPTS the fourteenth report of the Committee on International Quarantine, Volume I.1

Handb. Res., 9th ed., 1.3.9.4  
Eighteenth plenary meeting, 24 May 1968 (Committee on Programme and Budget, eighth report)

WHA21.53  Special Review of the International Sanitary Regulations

The Twenty-first World Health Assembly,

Having considered the fourteenth report of the Committee on International Quarantine, Volume II;

1 See Annex 12.
4 Dichlorvos = 2,2-dichlorovinyl dimethyl phosphate.
Recognizing that the Committee on International Quarantine has made important recommendations for a revision of the International Sanitary Regulations with a view to making them more effective and that these recommendations require time for detailed study;

Noting the recommendations of the Committee concerning diseases of international importance which do not require to be brought into the scope of the International Sanitary Regulations;

Noting that only twenty-two Member States have so far replied to the Director-General’s letter of 22 March 1968; and

Considering the advances in medical science and technology and the increasing volume and rapidity of international travel,

1. **BELIEVES** that improvement of the provisions of the International Sanitary Regulations to make them more effective in practice is opportune;

2. **THANKS** the members of the Committee on International Quarantine for their important work;

3. **COMMENDS** the Director-General for the initiative;

4. **INVITES** Member States to send their views and comments on the fourteenth report of the Committee on International Quarantine, Volume II, to the Director-General by 31 October 1968; and

5. **REQUESTS** the Director-General:
   1. to make available to Member States the summary records of the discussions on this item at the Twenty-first World Health Assembly; and
   2. to submit a report on the replies received from Member States, along with the fourteenth report, Volume II, of the Committee on International Quarantine, to the Twenty-second World Health Assembly. This documentation should be made available to all Member States by 1 February 1969.

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**WHA21.54** Reports of the Executive Board on its Fortieth and Forty-first Sessions

The Twenty-first World Health Assembly

1. **NOTES** the reports of the Executive Board on its fortieth and forty-first sessions; and

2. **COMMENDS** the Board on the work it has performed.

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PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

The Twenty-first World Health Assembly appointed a Committee on Credentials consisting of delegates of the following twelve Members: Argentina, Cameroon, Ceylon, Colombia, Czechoslovakia, Italy, Kenya, Kuwait, Mexico, New Zealand, Switzerland, Tunisia.

First plenary meeting, 6 May 1968

(ii) Composition of the Committee on Nominations

The Twenty-first World Health Assembly appointed a Committee on Nominations consisting of delegates of the following twenty-four Members: Austria, Belgium, Chile, Finland, France, Hungary, India, Iran, Iraq, Jamaica, Japan, Lebanon, Mongolia, Nicaragua, Nigeria, Rwanda, Singapore, Sudan, Uganda, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, Upper Volta, Venezuela.

First plenary meeting, 6 May 1968

(iii) Verification of Credentials

The Twenty-first World Health Assembly recognized the validity of the credentials of the following delegations:

Members

Afghanistan, Algeria, Argentina, Australia, Austria, Barbados, 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, Guyana, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Laos, Lebanon, Lesotho, Liberia, Libya, Luxembourg, Madagascar, 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, Singapore, Somalia, Southern Yemen, 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.

Associate Member

Bahrain

Non-Member State enjoying Associate Member Status under Resolution WHA14.45

Mauritius

Eighth, thirteenth and seventeenth plenary meetings, 9, 15 and 23 May 1968
(iv) Election of Officers of the Twenty-first World Health Assembly

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

President: Professor E. Aujaleu (France);
Vice-Presidents: Dr J. A. Hamdi (Iraq), Professor A. Ordoñez-Plaja (Colombia), Dr U Ko Ko (Burma), Dr D. P. Kennedy (New Zealand), Mr J. W. Lwamafa (Uganda).

Second plenary meeting, 6 May 1968

(v) Election of Officers of the Main Committees

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

Committee on Programme and Budget: Chairman, Professor J. F. Góossens (Belgium);
Committee on Administration, Finance and Legal Matters: Chairman, Dr M. P. Otolorin (Nigeria).

Second plenary meeting, 6 May 1968

The main committees subsequently elected the following officers:

Committee on Programme and Budget: Vice-Chairman, Dr K. Schindl (Austria); Rapporteur, Dr E. Akwei (Ghana);
Committee on Administration, Finance and Legal Matters: Vice-Chairman, Dr J. Anouti (Lebanon); Rapporteur, Dr E. Boéri (Monaco).

(vi) Establishment of the General Committee

The Twenty-first World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following fourteen countries as members of the General Committee: Australia, Brazil, Canada, Finland, Indonesia, Kenya, Kuwait, Malaysia, Pakistan, Rwanda, Syria, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America.

Second plenary meeting, 6 May 1968

(vii) Adoption of the Agenda

The Twenty-first World Health Assembly adopted the provisional agenda prepared by the Executive Board at its forty-first session with the inclusion of two supplementary items.

Fifth and eleventh plenary meetings, 8 and 14 May 1968
Annex 1

REPORTS OF THE LÉON BERNARD FOUNDATION COMMITTEE


[A21/2 - 4 March 1968]

The Léon Bernard Foundation Committee met on 31 January 1968 under the chairmanship of Dr P. D. Martínez, Vice-Chairman of the Executive Board, and noted the following situation of the Fund, presented by the Director-General of the World Health Organization as Administrator of the Léon Bernard Foundation:

Sw.fr.

Balance on 1 January 1967 .................. 18,212.70
Receipts:
    Interest during 1967 .................. 817.50

19,030.20

Expenditure:
    1967 Prize (to Dr Fred L. Soper) .......... 1,000.00

18,030.20

Less:
    Capital of the Foundation ............... 17,000.00

Surplus as at 31 December 1967 ............... 1,030.20

The Committee further noted that the Fund's financial situation was able to cover the expense of awarding a prize in 1968.

2. Report of the Léon Bernard Foundation Committee on its Meeting of 31 January 1968

[A21/3 - 4 March 1968]

The Léon Bernard Foundation Committee met on 31 January 1968 in conformity with the Statutes of the Léon Bernard Foundation, under the chairmanship of Dr P. D. Martínez, Vice-Chairman of the Executive Board, to propose to the Twenty-first World Health Assembly a candidate for the award of the Léon Bernard Foundation Prize in 1968. The Committee noted the replies received to the Director-General's letter of 8 September 1967 requesting nominations, and examined the documentation received in support of the proposed candidates.

The Committee decided not to consider the proposals which arrived after 15 November 1967, the closing date given in the Director-General's letter.

The Committee was impressed by the merit of the candidates proposed, the high standard of their qualifications and their contribution to medical science and to the alleviation of human suffering. It accordingly asked the Director-General when next inviting nominations from national health administrations to draw their attention to Article 5 of the Statutes of the Léon Bernard Foundation, which states that "the same candidature may be submitted on several occasions if unsuccessful".

The Committee eventually decided unanimously to recommend to the World Health Assembly that the Léon Bernard Foundation Prize be awarded in 1968 to Professor Josef Charvát.

Professor Charvát is at present the Head of the Third Medical Clinic of the Charles University in Prague and a member of the Czechoslovak Academy of Sciences. As a member of the State Committee for the Programming of Biomedical Research and as a member of the Council for Medical Research of the Ministry of Health in Czechoslovakia, he provides guidance to many nation-wide public health activities.

Professor Charvát was one of the first, immediately after the Second World War, to foresee the importance of cybernetics and the application of mathematical methods in medical research and he has stimulated their use in public health practice. Since the beginning of his academic career, he has successfully combined research, teaching and clinical medicine with practical application in public health. He has actively contributed to the development of modern concepts in medical sciences and in several fields of internal medicine, especially in endocrinology. He is a regular and honorary member of several national and international biological and medical societies.

Professor Charvát has accomplished outstanding services in social medicine and has made valuable contributions to international health.

1 See resolution WHA21.3.
Annex 2

FINANCIAL REPORT ON THE ACCOUNTS OF WHO FOR 1967 AND
REPORT OF THE EXTERNAL AUDITOR

[21/AFL/17 — 9 May 1968]

FIRST REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. At its forty-first session, the Executive Board, in resolution EB41.R34, established an Ad Hoc Committee consisting of Dr K. N. Rao, Dr D. D. Venediktov and Dr M. P. Otolorin to consider the Financial Report on the accounts of the Organization for 1967 and the Report of the External Auditor and, in accordance with Financial Regulation 12.4, to submit to the Twenty-first World Health Assembly, on behalf of the Board, such comments as it deemed necessary.

2. The Committee met on 6 May 1968 in the Palais des Nations; Dr Rao was elected Chairman.

3. The Committee reviewed the Financial Report of the Director-General in detail and the Report of the External Auditor, which is his first report since his appointment by the World Health Assembly in 1966, and the Committee received full explanations on the various points raised by its members.

3.1 In paragraph 4 of his report, the External Auditor had indicated that a letter dealing with certain questions resulting from the audit had been addressed to the Assistant Director-General responsible for Administration and Finance. The Committee had before it the contents of this letter, which referred to one item for general review by the Organization and to another concerning the International Agency for Research on Cancer, and noted with satisfaction that appropriate action was being taken.

3.2 The Committee noted that during 1967 the Organization had obligated $51 339 664 or 98.59 per cent. of the effective working budget. As only 95.76 per cent. of the contributions for 1967 had been collected at 31 December 1967 there was at that date a cash deficit of $1 275 289 which had been met by an advance from the Working Capital Fund. Since 1 January 1968 contributions relating to 1967 in the amount of $940 486 had been received by 30 April 1968. The balance of $334 803 will be repaid to the Working Capital Fund as and when further contributions in respect of 1967 are received.

3.3 The Committee was informed that the cost of the headquarters temporary building had remained within the original cost estimates. As at 30 April 1968, the total obligations incurred amount to $390 520, leaving an amount unobligated of $9480 within the authorized amount of $400 000.

3.4 In reviewing Part II of the Financial Report the Committee noted that obligations incurred in respect of project costs under the Technical Assistance component of the United Nations Development Programme during 1967, which year constituted the first of a programme biennium, amount to $6 977 770, as compared with $6 817 651 for 1965, the first year of the previous biennium. In this connexion, reference was made to Table 1 on page 7 of Official Records No. 166. The Committee also took note of the fact that, whereas there was some increase in obligations incurred during 1967 as compared to 1965, the Organization’s approved programme represented only 14.4 per cent. of the total programme approved for the 1967-1968 biennium, as compared to 16.3 per cent. of that for the 1965-1966 biennium.

4. Following its review of the Financial Report on the accounts of the Organization for 1967 and the Report of the External Auditor thereon, the Committee decided to recommend to the Twenty-first World Health Assembly the adoption of the following resolution:

The Twenty-first World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1967 and the Report of the External Auditor for the same financial period, as contained in Official Records No. 167; and

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


1 See resolution WHA21.4.
ANNEX 3

Annex 3

BUDGETARY IMPLICATIONS FOR 1968 AND 1969
OF RECENT DECISIONS ON GENERAL SERVICE SALARIES IN GENEVA

SECOND REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. At its forty-first session, the Executive Board in resolution EB41.R34 established an Ad Hoc Committee consisting of Dr K. N. Rao, Dr D. D. Venediktov and Dr M. P. Otolorin to consider, inter alia, the budgetary implications for 1968 and 1969 of recent decisions on General Service salaries in Geneva, and to report thereon to the Twenty-first World Health Assembly.

2. The Committee met on 6 May 1968; Dr K. N. Rao was elected Chairman.

3. The Executive Board at its forty-first session, after considering a report by the Director-General on the budgetary implications for 1967, 1968 and 1969 of recent decisions on General Service salaries in Geneva, in resolution EB41.R13 approved the budgetary arrangements proposed by the Director-General for dealing with this matter. The Executive Board also requested "the Director-General to report to the Ad Hoc Committee of the Board meeting at the time of the Twenty-first World Health Assembly on the amount of savings which may be anticipated for 1968 and 1969 to meet the increased costs of General Service salaries in Geneva".

4. When it examined this matter the Ad Hoc Committee had before it a report by the Director-General (appended to this report). As will be seen from the Director-General's report, estimated savings resulting from the devaluation of certain currencies and from the reduction in the costs of documentation totalling $51,200 in 1968 have been identified as at 30 April 1968. After making reimbursement to the Working Capital Fund of the total estimated savings of $51,200, there remains for reimbursement to the Working Capital Fund an amount of $56,800 in order to repay fully the amount of $108,000 withdrawn to meet the increased requirements for General Service salaries in Geneva in 1968. Subject to the accrual of any further savings, which would reduce the amount to be reimbursed, the Director-General will include provision in the proposed programme and budget estimates for 1970, in an amount not to exceed $56,800, to complete the reimbursement to the Working Capital Fund.

5. Regarding 1969, the Director-General has reported that a total amount of $55,200 may be expected as savings in that year resulting from the devaluation of certain currencies and from the reduction in the costs of documentation. As these expected savings are insufficient to cover the total 1969 requirement of $158,000 for the increase in General Service salaries in Geneva, the Director-General proposes that the difference of $102,800 be added to the proposed programme and budget estimates for 1969. The Director-General further proposes that the amount of casual income used to help finance the proposed 1969 programme and budget be increased by $102,800, thereby avoiding an increase in the assessments on Members above the amounts shown in Official Records No. 163.

6. The Executive Board in resolution EB41.R16 made its recommendation to the Health Assembly on the level of the effective working budget for 1969 "subject to any adjustment resulting from the increased requirements for General Service salaries at headquarters which the Ad Hoc Committee of the Executive Board may recommend at the time of the Twenty-first World Health Assembly". In the light of its examination of the Director-General's report the Ad Hoc Committee recommends that the amount of the effective working budget for 1969 be increased by $102,800, and that this increase be financed from available casual income.

7. The Committee recommends to the Twenty-first World Health Assembly the adoption of the following resolution:

The Twenty-first World Health Assembly, Having considered the report of the Director-General on the budgetary implications for 1968 and 1969 of recent decisions on General Service salaries in Geneva and the report of the Ad Hoc Committee of the Executive Board on its examination of this matter,

1. DECIDES that the amount of $102,800 shall be added to the proposed programme and budget

1 See resolution WHA21.7.
estimates for 1969 to meet the additional amount required in 1969 for the increase in General Service salaries in Geneva; and

2. DECIDES further that these increased requirements shall be financed from available casual income.

Appendix

REPORT BY THE DIRECTOR-GENERAL TO THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. Following its consideration of a report by the Director-General on the budgetary implications for 1967, 1968 and 1969 of recent decisions on General Service salaries in Geneva, the Executive Board at its forty-first session, in resolution EB41.R13, requested "the Director-General to report to the Ad Hoc Committee of the Board meeting at the time of the Twenty-first World Health Assembly on the amount of savings which may be anticipated for 1968 and 1969 to meet the increased costs of General Service salaries in Geneva" for those years. In its resolution EB41.R34 the Board, inter alia, requested the Ad Hoc Committee to consider this subject and to report thereon to the Health Assembly.

1968

2. After taking into account the provision for a 2.6 per cent. increase in the General Service salary scales included in the approved 1968 budget estimates, the additional amount required in 1968 to meet the increased General Service salaries in Geneva is $108 000. In order to meet this immediate requirement the Director-General recommended 1 to the Executive Board that it concur in a transfer from the Working Capital Fund in accordance with paragraph C.1(2) of resolution WHA18.14. Should the estimated 1968 budgetary savings be insufficient to repay the full amount of $108 000 withdrawn from the Working Capital Fund, the Director-General would make provision in his proposed programme and budget estimates for 1970 for the repayment of any balance. The Executive Board in resolution EB41.R13 approved this proposed arrangement.

3. At the end of April 1968 the following amounts of estimated savings have been identified:

(i) Appropriation Section 1: World Health Assembly
   Savings in costs of documentation (paper and postage) resulting from the change in presentation approved by the Executive Board in resolution EB41.R5 ........................................... 1 500

(ii) Appropriation Section 2: Executive Board and its Committees
   (a) Savings in costs of documentation (paper and postage) resulting from the change in presentation approved by the Executive Board in resolution EB41.R5 ........................................... 1 400
   (b) Savings resulting from the decision to discontinue summary records of the Standing Committee on Administration and Finance (resolution EB41.R5) ........................................... 6 300

(iii) Appropriation Section 4: Programme Activities
   Savings resulting from the devaluation of the Danish krone ........................................... 10 000

(iv) Appropriation Section 5: Regional Offices
   Savings resulting from the devaluation of the Danish krone ........................................... 32 000

Total estimated 1968 savings ........................................... 51 200

4. After making reimbursement to the Working Capital Fund of the total estimated savings of $51 200, there remains for further reimbursement to the Working Capital Fund the balance of $56 800. Subject to further savings which may accrue, the Director-General will include provision in the proposed programme and budget estimates for 1970 of an amount not to exceed $56 800 to reimburse fully the Working Capital Fund.

1969

5. The additional requirements to meet the costs of the increased General Service salaries in Geneva for 1969 amount to $158 000 after taking into account the 2.7 per cent. increase already included in the Director-General's proposed programme and budget estimates for 1969. In his report to the Executive Board the Director-General indicated that if at the time of the Twenty-first World Health Assembly he had not found it possible to identify sufficient expected savings in his proposed programme and budget estimates for 1969 to meet these additional requirements, any balance would have to be added to the 1969 estimates as shown in Official Records No. 163; they could be financed from casual income, thereby avoiding an increase in the assessments on Members. The Board in resolution EB41.R13 approved this proposed arrangement.

6. The Director-General is now able to report the following expected savings in 1969:

(i) Appropriation Section 1: World Health Assembly
   Savings in costs of documentation (paper and postage) resulting from the change in presentation approved by the Executive Board in resolution EB41.R5 ........................................... 1 500

(ii) Appropriation Section 2: Executive Board and its Committees
   (a) Savings in costs of documentation (paper and postage) resulting from the change in presentation approved by the Executive Board in resolution EB41.R5 ........................................... 1 400
   (b) Savings resulting from the decision to discontinue summary records of the Standing Committee on Administration and Finance (resolution EB41.R5) ........................................... 6 300

(iii) Appropriation Section 4: Programme Activities
   Savings resulting from the devaluation of the Danish krone ........................................... 11 000

(iv) Appropriation Section 5: Regional Offices
   Savings resulting from the devaluation of the Danish krone ........................................... 35 000

Total expected 1969 savings ........................................... 55 200

7. As the estimated amount of expected savings in 1969 of $55 200 is insufficient to cover the total cost of the additional 1969 requirements for the increase in General Service salaries

in Geneva, amounting to $158,000, the Director-General proposes that the difference of $102,800 be added to the proposed programme and budget estimates for 1969. The Director-General further proposes that the amount of casual income used to help finance the proposed 1969 programme and budget estimates be increased by $102,800, thereby avoiding an increase in the assessments on Members above the amounts shown in Official Records No. 163, pages 12 and 13. For the information of the Ad Hoc Committee, the annex to this report shows the total amounts by appropriation section provided for in the Director-General’s proposed programme and budget estimates for 1969 (Official Records No. 163) as well as the new total amounts resulting from the proposed increase of $102,800 and the budgetary savings and adjustments mentioned above.

### ANNEX

#### SUMMARY OF PROPOSED 1969 BUDGET ESTIMATES

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<td>9. Revolving Fund for Teaching and Laboratory Equipment</td>
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### Annex 4

MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS TO AN EXTENT WHICH MAY INVOKE ARTICLE 7 OF THE CONSTITUTION

1. **THIRD REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD**

At its forty-first session, the Executive Board, in resolution EB41.R34, established an Ad Hoc Committee consisting of Dr K. N. Rao, Dr D. D. Ven-diktov and Dr M. P. Otolorin. The Committee, in accordance with resolution EB41.R46, was to "consider the difficulties of those Members which, at the time of its meeting, remain in arrears in the payment of their contributions to an extent which may invoke..."
Article 7 of the Constitution and to submit to the Twenty-first World Health Assembly on behalf of the Board such recommendations as it deems desirable ".

2. The Committee met on 6 May 1968 in the Palais des Nations; Dr Rao was elected Chairman.

3. The Committee considered the report submitted by the Director-General on this subject which is appended to this report. It took note of the actions taken by the Director-General, the position of the Members concerned and the communications and correspondence with them as shown in his report.

Appendix

REPORT BY THE DIRECTOR-GENERAL TO THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. Resolutions of World Health Assemblies concerning Members in Arrears

1.1 Resolution WHA8.13, paragraph 2, reads as follows:

2. RESOLVES that, if a Member is in arrears in the payment of its financial contributions to the Organization in an amount which equals or exceeds the amount of the contributions due from it for the preceding two full years at the time of the opening of the World Health Assembly in any future year, the Assembly shall consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of such a Member shall be suspended.

1.2 The applicable paragraphs of resolution WHA16.20 read as follows:

II

2. REQUESTS the Executive Board, at its sessions when the agenda of the World Health Assembly is prepared, to make specific recommendations, with the reasons therefor, to the Health Assembly with regard to any Members in arrears in the payment of contributions to the Organization to an extent which would invoke the provisions of Article 7 of the Constitution;

3. INVITES Members that are in arrears to an extent which would invoke the provisions of Article 7 of the Constitution to submit to the Executive Board a statement of their intentions as to payment of their arrears, so that the Health Assembly, when it considers the matter in accordance with the provisions of resolution WHA8.13, will be able to make its decision on the basis of the statements of such Members and the recommendations of the Executive Board;

4. REQUESTS the Director-General to study with the Member States concerned the difficulties of these countries and to report to the appropriate sessions of the Executive Board and the World Health Assembly.

2. Resolution EB41.R46 adopted by the Executive Board at its Forty-first Session

The relevant paragraphs of resolution EB41.R46 read as follows:

4. Taking account of the communication received from the Dominican Republic and the exchange of correspondence with Uruguay, the Committee requested the Director-General to communicate by cable with Ecuador and Paraguay requesting them to pay their arrears before Monday, 13 May 1968, when the matter was expected to be considered by the World Health Assembly, or, if they were unable to do so, to communicate the difficulties they were experiencing in making such payments. The Committee further requested the Director-General to report to the Health Assembly the results of these further communications and of the correspondence with Uruguay.

<table>
<thead>
<tr>
<th>Year</th>
<th>US$</th>
<th>US$</th>
<th>US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1964</td>
<td>149</td>
<td>52</td>
<td>51</td>
</tr>
<tr>
<td>1965</td>
<td>17</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>1966</td>
<td>17</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>1967</td>
<td>17</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td>410</td>
<td>21320</td>
<td>21320</td>
</tr>
</tbody>
</table>

* Balance of contribution.
4. Action taken by the Director-General

4.1 As requested by the Executive Board at its forty-first session, the Director-General communicated the text of resolution EB41.R46 to the Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution, urging them to pay their arrears or, if they were unable to do so before the opening of the Twenty-first World Health Assembly, to provide a statement of their intentions of payment for presentation to the Ad Hoc Committee of the Executive Board. A further communication has been sent by the Director-General and personal contacts made by the Director-General or his representatives.

4.2 The following payments, reflected in the table in paragraph 3, have been received since the closure of the Twentieth World Health Assembly, from Ecuador.

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 June 1967</td>
<td>1,641</td>
<td>Balance 1964 contribution</td>
</tr>
<tr>
<td>13 September 1967</td>
<td>3,282</td>
<td>Part 1965 contribution</td>
</tr>
<tr>
<td>19 September 1967</td>
<td>1,815</td>
<td>Part 1965 contribution</td>
</tr>
<tr>
<td>27 September 1967</td>
<td>1,641</td>
<td>Part 1965 contribution</td>
</tr>
<tr>
<td>6 October 1967</td>
<td>1,815</td>
<td>Part 1965 contribution</td>
</tr>
<tr>
<td>21 December 1967</td>
<td>3,631</td>
<td>Part 1965 contribution</td>
</tr>
<tr>
<td>19 January 1968</td>
<td>1,725</td>
<td>Part 1965 contribution</td>
</tr>
<tr>
<td>26 January 1968</td>
<td>1,815</td>
<td>Part 1965 contribution</td>
</tr>
</tbody>
</table>

Total: US $ 17,365

4.3 Since the forty-first session of the Executive Board a communication has been received from the Dominican Republic which indicates the difficulties it has encountered in making payment of its arrears. The Government of Uruguay has also indicated that it is finding difficulty in making payment of its arrears. The Organization is in correspondence with the Government of Uruguay concerning a method of payment which it has proposed. No communications have been received from either Ecuador or Paraguay relating to any difficulties which they may be encountering in making payment of their arrears.

5. Action to be taken by the Ad Hoc Committee

The Ad Hoc Committee will need to consider what recommendations it wishes to make, on behalf of the Executive Board, to the Twenty-first World Health Assembly. Among other possibilities, the Committee could recommend:

1. that the voting rights of the Members concerned be suspended unless additional payments or satisfactory reasons for non-payment are received prior to the time this item is dealt with by the Health Assembly, or

2. that these Members be given additional time in which to make payment of their arrears while retaining their voting rights at the Twenty-first World Health Assembly.

ANNEX

Cable, dated 2 May 1968, from the Secretary of State for External Relations, Dominican Republic, to the Director-General of the World Health Organization (translation from the Spanish)

The Dominican Republic has been unable to pay the debt contracted with the World Health Organization in respect of its assessment, owing to economic difficulties beyond its control. Specifically the difficulty was due to the recent civil war and the vicissitudes of national politics in recent years known to the whole world. As a member in arrears but bona fide, and on the basis of the precedents existing in the international organizations, while the Government of the Dominican Republic is making arrangements to settle the debt, the Organization is requested not to suspend its voting rights at the Twenty-first session of the World Health Assembly.

2. Report by the Director-General

[21/AFL/19 — 9 May 1968]

1. At the request of the Ad Hoc Committee of the Executive Board, the Director-General communicated by cable on 6 May 1968 with Ecuador and Paraguay, requesting them to pay their arrears before Monday, 13 May 1968, or, if they were unable to do so, to communicate the difficulties they were experiencing in making such payments.

2. A payment of US $20,000 has been received from Paraguay since the report of the Ad Hoc Committee was issued. This payment liquidates Paraguay's arrears for 1965, part of 1966 and the additional advance to the Working Capital Fund. As a result of this payment, Paraguay is no longer in arrears to an extent which might invoke Article 7 of the Constitution.

3. Also since the report of the Ad Hoc Committee was issued, advice has been received from the United Nations that they have received a payment of $4531 from Ecuador for the account of this organization. This payment liquidates Ecuador's arrears for 1965 and a part of its 1966 contribution. As a result of this payment, Ecuador is no longer in arrears to an extent which might invoke Article 7 of the Constitution.

4. In addition to the communication from the Dominican Republic reproduced above, a further communication, dated 3 April 1968, was received on 7 May 1968 (see section 1 of the Appendix below).

5. The Government of Uruguay has indicated by a letter dated 6 May 1968 that it wishes to submit to the Twenty-first World Health Assembly a proposal for payment of all its outstanding contributions. The proposal is that the Government of Uruguay will settle its outstanding contributions by issuing, in favour of the Organization, Government of Uruguay
treasury bills denominated in US dollars. These treasury bills will mature at three-, six-, nine- and twelve-month intervals and will not bear interest.

6. In the course of correspondence between the Government of Uruguay and the Director-General, the Government of Uruguay has been informed that:

(a) the proposed method of payment does not constitute a payment as required by Financial Regulation 5.5, payment meaning either a payment in cash or by means which make cash immediately available to the Organization;

(b) the effective date of payment of contributions by the proposed method would thus be the day on which the account of the Organization receives credit in cash, i.e., at the date of redemption of the treasury bills.

7. The relevant correspondence is reproduced below (see sections 2, 3, 4 and 5 of the Appendix below).

Appendix


I have the honour to refer to your letter No. 1355 of 18 March on the subject of the arrears of contributions owed by our country to the World Health Organization, and to inform you that the Government of the Dominican Republic regrets that it is unable to pay these contributions before 6 May 1968, because of the country’s present economic situation.

Though I cannot indicate the date on which the Government of the Dominican Republic will be able to pay its arrears of contributions, I am nevertheless in a position to inform you that the necessary arrangements are being made to fulfil its obligations in that regard.


I have the honour to write to you, on the instructions of my Government, in order to propose that the arrears of contributions owed by Uruguay should be paid in dollar treasury bills.

This solution has already been utilized by my Government and accepted by the United Nations for the payment of Uruguay’s contribution for last year to the Expanded Programme of Technical Assistance and the Special Fund.


Further to my letter No. DP/263/68 of 18 April 1968, I have the honour to send you additional information, provided today by my Government, regarding the manner in which payment of contributions will be made through treasury bills.

The said bills will have maturity dates staggered over periods of three, six, nine and twelve months, and will not bear interest.


I have the honour to refer to your letters DP/263/68 and DP/265/68 dated 18 and 19 April 1968 respectively advising me of your Government’s proposal to settle its arrears of contributions to this organization by means of US dollar treasury bills yielding no interest and maturing in three, six, nine and twelve months.

The Financial Regulation of the Organization which is relevant to the payment of contributions reads 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 method of payment proposed by the Government of Uruguay to settle the amounts owing to the World Health Organization in respect of contributions and advance to the Working Capital Fund cannot be accepted because it does not constitute a payment as required by Financial Regulation 5.5. Payment means either a payment in cash or by a method which makes cash immediately available to the Organization.

The receipt from your Government of US dollar treasury bills maturing in several months’ time could not be considered as payment until such time as these bills could be placed to the credit of the Organization’s bank account with the Federal Reserve Bank of New York, New York. The effective date of payment would thus be the day on which our account would be credited with cash and, in these circumstances, your Government would remain in arrears to an extent which would invoke the provisions of Article 7 of the Constitution at the time of the Twenty-first World Health Assembly, convened for 6 May 1968.

Such an arrangement for settlement of the financial situation of Uruguay vis-à-vis this organization could only be accepted by a decision of the Assembly. Should your Government wish to make such a proposal, I should be pleased to submit it to the Twenty-first World Health Assembly, together with such detailed technical information as might be provided by you regarding the above-mentioned treasury bills.

I have the honour to acknowledge receipt of your letter F.10-3 Uruguay, dated 30 April 1968.

I have taken due note of your comments and statement concerning the proposal made by the Government of Uruguay in its notes DP/263/68 and DP/265/68, dated 18 and 19 April 1968, respectively, communicated to you by the Permanent Delegation.

In reply, I have the honour to inform you that my Government agrees that the above-mentioned proposal for payment should be submitted to the Twenty-first World Health Assembly.

May I ask you, therefore, to take the necessary steps for submission of the proposal to the Assembly, under the conditions set out in the last paragraph of your letter of 30 April.

My delegation feels that the willingness to pay all outstanding contributions which Uruguay has manifested, not through a mere promise but by handing over treasury drafts, a system by means of which Uruguay's liabilities towards various international institutions and bodies have been settled, will render possible the participation of its delegation in the Twenty-first World Health Assembly, as well as the future expansion of the collaboration between WHO and the Uruguayan Government.

Annex 5

REPORTS OF THE DR A. T. SHOUSHA FOUNDATION COMMITTEE

1. FINANCIAL REPORT ON THE DR A. T. SHOUSHA FOUNDATION FUND

[A21/4 — 4 March 1968]

The Dr A. T. Shousha Foundation Committee met on 1 February 1968 under the chairmanship of Dr A. A. Al-Huraibi and noted the financial situation of the Fund, presented as follows by the Director-General of the World Health Organization as Administrator of the Dr A. T. Shousha Foundation:

I. CAPITAL

The Foundation capital is represented by:

1. Donations received

<table>
<thead>
<tr>
<th></th>
<th>US $</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government of Iraq</td>
<td>2 800.33</td>
<td></td>
</tr>
<tr>
<td>Government of the United Arab Republic</td>
<td>6 899.72</td>
<td></td>
</tr>
<tr>
<td>Government of Zamb</td>
<td>300.00</td>
<td></td>
</tr>
<tr>
<td>Government of Cyprus</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>Government of Malta</td>
<td>140.00</td>
<td></td>
</tr>
<tr>
<td>Government of India</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>Government of Nepal</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>Staff of the Ministry of Oil of Iraq</td>
<td>3.92</td>
<td></td>
</tr>
<tr>
<td>The Mortgage Bank of Iraq</td>
<td>4.62</td>
<td>10 648.59</td>
</tr>
</tbody>
</table>

2. Other income

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest earned: 1966</td>
<td>5.05</td>
<td></td>
</tr>
<tr>
<td>1967</td>
<td>867.93</td>
<td>872.98</td>
</tr>
<tr>
<td>Total</td>
<td>11 521.57</td>
<td></td>
</tr>
</tbody>
</table>

II. ASSETS

The capital is represented by the following assets:

1. Cash

| Deposit account at 6 per cent. with Swiss Bank Corporation, maturing 1 July 1968 | 10 670.00 |

2. Debtors

| Amount due by WHO | 851.57 |

| Total | 11 521.57 |

III. DONATIONS PLEDGED, NOT YET RECEIVED

| Government of Mauritania (CFA francs 100 000) | 408.16 |

The Committee noted that the financial situation was able to cover the award of a prize in 1968. The Committee decided that the award of the cash prize should be Sw. fr. 1000 in conformity with the agreement reached by the first meeting of the Committee on 18 January 1967.

2. REPORT OF THE DR A. T. SHOUSHA FOUNDATION COMMITTEE ON ITS MEETING OF 1 FEBRUARY 1968

[A21/5 — 4 March 1968]

The Dr A. T. Shousha Foundation Committee met on 1 February 1968 in conformity with the Statutes of the Dr A. T. Shousha Foundation. The Committee elected Dr A. A. Al-Huraibi as Chairman of the meeting.

The Committee reviewed the replies received from Member States of the geographical area in which Dr A. T. Shousha served the World Health Organization, together with the supporting documentation.

After discussion, the Committee unanimously decided to recommend to the World Health Assembly that the Dr A. T. Shousha Foundation Prize be awarded in 1968 to Professor A. M. Kamal.

Professor Kamal has devoted half a century of active service to the successful pursuit of the objectives of public health. He made active contribution to the establishment of the High Institute of Public Health in Alexandria, which serves the United Arab Republic as well as a number of countries in the geographical area in which Dr A. T. Shousha served the World Health Organization.

Professor Kamal has made valuable scientific contributions in the fields of epidemiology and medical and public health training. Credit may be attributed

1 See resolution WHA21.12.
2 Cash retained to pay the dies and thirty bronze medals, and to make an award in 1968 of Sw.fr. 1000.
to him for leadership in the eradication of plague,
typhus and smallpox from the United Arab Republic.

His most outstanding contribution was made during
the 1947 cholera epidemic in Egypt. It was due to his
wide knowledge and tireless efforts that the epidemic
was successfully controlled in a short time and did not
spread to other countries in the same geographical
area.

Annex 6

CONTRACT OF THE DIRECTOR-GENERAL
ANNEX TO RESOLUTION WHA21.16

This Agreement is made this Twenty-fourth day of
May One Thousand Nine Hundred and Sixty-eight
between the World Health Organization (hereinafter
called the Organization) of the one part and Dr M. G.
Candau (hereinafter called the Director-General) of
the other part.

WHEREAS

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

(2) The Director-General has been duly nominated
by the Board and appointed by the Health Assembly
at its meeting held on the Sixteenth day of May
One Thousand Nine Hundred and Sixty-eight for a
period of five years.

NOW THIS AGREEMENT WITNESSETH and it is hereby
agreed as follows,

I. (1) The Director-General shall serve from the
Twenty-first day of July One Thousand Nine Hundred
and Sixty-eight until the Twentieth day of July One
 Thousand Nine Hundred and Seventy-three on which
date his appointment and this Agreement shall termi-
nate. This Agreement may be renewed by decision
of the Health Assembly on such terms as the Health
Assembly may decide.

(2) Subject to the authority of the Board, the
Director-General shall exercise the functions of chief
technical and administrative officer of the Organiza-
tion and shall perform such duties as may be specified
in the Constitution and in the rules of the Organization
and/or as may be assigned to him by the Health
Assembly or the Board.

(3) The Director-General shall be subject to the
Staff Regulations of the Organization in so far as they
may be applicable to him. In particular he shall not
hold any other administrative post and shall not receive
emoluments from any outside sources in respect of
activities relating to the Organization. He shall not
engage in business or in any employment or activity
which would interfere with his duties in the Organiza-
tion.

(4) The Director-General, during the term of his
appointment, shall enjoy all the privileges and immu-
nities in keeping with his office by virtue of the
Constitution of the Organization and any relevant
arrangements already in force or to be concluded in
the future.

(5) The Director-General may at any time give
six months' notice of resignation in writing to the
Board, which is authorized to accept his resignation
on behalf of the Health Assembly; in which case,
upon the expiration of the said period of notice, the
Director-General shall cease to hold his appointment
and this Agreement shall terminate.

(6) The Health Assembly shall have the right, on
the proposal of the Board and after hearing the
Director-General and subject to at least six months'
notice in writing, to terminate this Agreement for
reasons of exceptional gravity likely to prejudice the
interests of the Organization.

II. (1) As from the Twenty-first day of July One
Thousand Nine Hundred and Sixty-eight the Director-
General shall receive from the Organization an annual
salary of forty-three thousand United States dollars,
before staff assessment, resulting in a net salary, to be
paid monthly, of twenty-eight thousand one hundred
United States dollars per annum or its equivalent in
such other currency as may be mutually agreed be-
tween the parties to this Agreement.

(2) In addition to the normal adjustments and
allowances authorized to staff members under the
Staff Rules, he shall receive an annual representation
allowance of ten thousand United States dollars or
its equivalent in such other currency as may be
mutually agreed between the parties to this Agreement,

1 See page 7.
to be paid monthly commencing on the Twenty-first day of July One Thousand Nine Hundred and Sixty-eight. The representation allowance shall be used at his discretion entirely in respect of representation in connexion with his official duties. He shall be entitled to such reimbursable allowances as travel allowances and removal costs on appointment, on subsequent change of official station, on termination of appointment, or on official travel and home leave travel.

III. The terms of the present contract relating to rates of salary and representation allowance are subject to review and adjustment by the Health Assembly on the proposal of the Board, and after consultation with the Director-General, to bring them into conformity with any provision regarding the conditions of employment of staff members which the Assembly may decide to apply to staff members already in the service.

IV. If any question of interpretation or any dispute arises concerning this Agreement, which is not settled by negotiation or agreement, the matter shall be referred for final decision to the competent body provided for in the Staff Regulations.

WHEREUNTO we have set our hands the day and year first above written.

(signed) M. G. CANDAU

Director-General

(signed) E. AUJALEU

President of the

World Health Assembly

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Annex 7

ADVANCES FROM THE WORKING CAPITAL FUND TO MEET UNFORESEEN OR EXTRAORDINARY EXPENSES

REPORT BY THE DIRECTOR-GENERAL

1. The Eighteenth World Health Assembly, in resolution WHA18.14, authorized the Director-General to advance from the Working Capital Fund such sums as may be necessary to meet unforeseen or extraordinary expenses, and requested him to make provision in the estimates for the reimbursement of the Fund and to report annually such advances to the Health Assembly. The relevant provisions are contained in Part C, paragraphs 1(2) and 2(1), of resolution WHA18.14.

2. In order to meet the increase in the General Service salaries in 1968, requiring an additional amount of US $108 000, the Director-General recommended to the Executive Board that it concur in a transfer of that amount from the Working Capital Fund. Should the estimated 1968 budgetary savings resulting from devaluation of certain currencies to be reported to the Ad Hoc Committee of the Executive Board, meeting at the time of the Twenty-first World Health Assembly, be insufficient to repay the full amount of US $108 000 withdrawn from the Working Capital Fund, the Director-General would make provision in his proposed programme and budget estimates for 1970 for the repayment of any balance. The Executive Board, in resolution EB41.R13, approved this arrangement.

3. At the end of April 1968 estimated savings amounting to US $51 200 had been identified; when reimbursement of this amount to the Working Capital Fund has been made, there will remain for further reimbursement to the Working Capital Fund a balance of US $56 800.

4. Subject to further savings which may accrue, the Director-General will include provision in the proposed programme and budget estimates for 1970 of an amount not to exceed US $56 800 to reimburse fully the Working Capital Fund.

1 See resolution WHA21.25.
3 See Annex 3.
Annex 8

CONFIRMATION OF THE SELECTION OF THE COUNTRY
IN WHICH THE TWENTY-SECOND WORLD HEALTH ASSEMBLY WILL BE HELD

[21/AFL/14 — 6 May 1968]

REPORT BY THE DIRECTOR-GENERAL

1. By resolution WHA19.9, the Nineteenth World Health Assembly accepted the invitation of the Government of the United States of America for the holding of the Twenty-second World Health Assembly in Boston, Massachusetts, "subject to the conclusion of an appropriate agreement with the Government of the United States of America in accordance with the terms of resolution EB31.R40 and to the conclusion of the necessary practical arrangements; and further subject to confirmation, pursuant to the provisions of Articles 14 and 15 of the WHO Constitution, by the Twenty-first World Health Assembly and by the Executive Board with respect to the country, place and date of the session". The Nineteenth World Health Assembly also requested the Director-General to report further to the Twenty-first World Health Assembly and the Executive Board session which follows.

2. Representatives of the Director-General have had numerous conversations with the officials of the Government of the United States of America and the authorities of the Commonwealth of Massachusetts and the City of Boston regarding the arrangements for the Twenty-second World Health Assembly and visits to Boston have been made for the purpose of examining in detail the arrangements which would be possible. From these explorations, it is clear that adequate physical facilities for the holding of a Health Assembly exist in Boston and can be made available to the World Health Organization for this purpose. They will not be available, however, in time to permit the opening of the Assembly on 1 July 1969 as originally envisaged by the Executive Board in its resolution EB38.R15. As reported to the Executive Board at its forty-first session, the Assembly could be convened on 7 July 1969.

3. The consultations further indicated that all other necessary arrangements for the holding of the Assembly and the session of the Executive Board immediately following it in Boston can be made, subject to the provision of the necessary funds to cover the additional costs involved. The draft text of the agreement and exchange of letters covering the administrative and financial arrangements and status of the Organization have been agreed, except for the insertion of certain quantitative details which can only be fixed on the basis of further detailed consultation.

4. The Director-General, therefore, is able to report that, subject to the qualifications referred to in paragraph 3 above, there is every indication that the requisites for holding the Assembly in Boston, Massachusetts, can be provided.

Annex 9

CO-ORDINATION WITH THE UNITED NATIONS, THE SPECIALIZED AGENCIES AND THE INTERNATIONAL ATOMIC ENERGY AGENCY: ADMINISTRATIVE, BUDGETARY AND FINANCIAL MATTERS

[21/AFL/7 — 24 April 1968]

REPORT BY THE DIRECTOR-GENERAL

1. Background Information

1.1 The Twentieth World Health Assembly, in its resolution WHA20.22, invited the Director-General "to submit to the Executive Board and to the Twenty-first World Health Assembly a report on the progress made" on the inter-agency consultations on the implementation of all those recommendations of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies requiring concerted action with other organizations, as well

1 See resolution WHA21.29.

2 See resolutions WHA21.32 and WHA21.33.
as on implementation in WHO of other recommendations of the Ad Hoc Committee.

1.2 The Director-General reported to the Executive Board at its forty-first session on co-ordination with the United Nations, the specialized agencies and the International Atomic Energy Agency on administrative, budgetary and financial matters,\(^1\) and on the progress made in implementing the recommendations in the second report of the Ad Hoc Committee.\(^2\) After having considered the reports, the Executive Board adopted resolutions EB41.R6 and EB41.R40.

1.3 As will be seen from resolution EB41.R40, the Board noted that sixteen of the recommendations of the Ad Hoc Committee are either not directed to, or do not require action by, the World Health Organization. It considered that twenty-five recommendations of the Ad Hoc Committee are already fully in operation in WHO, and that one recommendation is partly in operation, pending a more precise definition of certain terms in this recommendation. With regard to four recommendations, the Board decided to maintain for the time being certain practices which had been developed to meet the special needs of the World Health Organization; the Board also requested the Director-General to continue to co-operate in the further inter-agency study of four recommendations and noted that two other recommendations would be dealt with by the Twenty-first World Health Assembly (under item 3.4 of its provisional agenda). The Board also decided to review one recommendation at its first session in 1970 and, regarding another recommendation, expressed its interest in a report which the Director-General will make to the Executive Board at its forty-third session.

2. Standardization of Budgetary and Financial Matters

2.1 Among the recommendations of the Ad Hoc Committee were several dealing with standardization of budgetary and financial matters. The Consultative Committee on Administrative Questions (CCAQ) of the Administrative Committee on Co-ordination (ACC) decided to consider first the standardization of nomenclature of budgetary and financial terms. At its twenty-ninth session in March 1968, considerable progress was made in reaching agreement on nomenclature; the Committee agreed on seventy-one terms and definitions in English, which are being translated into French, and subsequently into Russian and Spanish. An additional list of terms and definitions will be considered later this year.

2.2 Although some organizations may not be in a position to put all the agreed definitions into practice in the near future, because of changes that might be required in their Financial Regulations, an important step has been taken towards the standardization on which such emphasis was placed by the Ad Hoc Committee. The ACC and CCAQ regard it as most important that efforts continue to be made to reach agreement on the standardization of additional budgetary and financial terms.

2.3 The increasing emphasis on co-ordination in budgetary and financial matters has led ACC to revise the working arrangements of CCAQ. This committee will now give greater attention, on a more continuing basis, to budgetary and financial questions, and is to be provided with a second full-time officer to carry out preparatory studies which can be expected to facilitate inter-organization agreement on these and other questions.


3.1 As requested by the Economic and Social Council, CCAQ at its twenty-ninth session considered methods of improving and reformulating the present breakdown and classification of expenditures provided in the report on expenditures of the United Nations system in relation to programmes submitted annually to the Council by ACC.

3.2 On the basis of recommendations of CCAQ, ACC at its April 1968 session decided to introduce certain revisions in the tabular material which would be included in its 1968 report to the Council. It is hoped that these changes may give the Council a clearer picture of the position. The ACC will be prepared to consider a more extensive revision of the report if the Council gives a clear indication of the purposes the report is to serve and the type of breakdown it would wish to have.

3.3 The ACC also agreed that organizations that so wished could prepare individual tables with explanatory notes giving a picture of their own programmes of activity and their costs, to be submitted to the Council as an addendum to ACC's report. WHO has submitted such individual tables on its own activities in the same format as presented to the Executive Board at its forty-first session.\(^3\) The Board, in resolution EB41.R42, recommended to the Twenty-first World Health Assembly that it request the Director-General to include such tables in his proposed programme and budget estimates for 1970.

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4. Co-operation in the Use of Computers

4.1 WHO ordered a third-generation computer in December 1964; all organizations in the United Nations system were informed by a letter dated 29 December 1964 that it was the policy of WHO to place its computer facilities at the disposal of those organizations whose location and potential computer applications made such a course practicable. Since then, five organizations have negotiated agreements to use the WHO computer, and are now using it; consultations are in progress with another organization, which is studying whether it needs the WHO computer facilities.

4.2 The United Nations Advisory Committee on Administrative and Budgetary Questions (ACABQ) has for some time urged that organizations in the United Nations system arrange for co-ordination and co-operation in the use of computer installations. In its twelfth report to the General Assembly at its twenty-second session, ACABQ "commends the idea of a United Nations computer users' committee at Geneva to all concerned, and trusts that ACC will give the matter its early attention".

4.3 The ACC, at its session on 4-5 April 1968, considered the question of co-operation in the use of computers in the light of the views expressed by ACABQ. The ACC indicated its appreciation of the renewed offer, by the Executive Board of WHO (in resolution EB41.R6), to provide other interested agencies in Geneva with access to the WHO data-processing equipment, and expressed its confidence that advantage will be taken of it where this is considered feasible by the organizations concerned.

4.4 The ACC also decided that, as recommended by ACABQ, a computer users' committee should be established. The committee would, however, comprise representatives not only of all Geneva-based organizations, but also of other interested organizations in the United Nations system. It would meet as often as necessary, and its functions would be twofold: (1) to deal with questions concerning the use of computers in Geneva; and (2) to develop inter-organization co-ordination and co-operation in matters of general concern regarding computers.

5. Co-ordination in the Use of Language Staff

5.1 The United Nations and specialized agencies with headquarters in Europe have recently established a pool of interpreter trainees with a view to augmenting the supply of well-qualified interpreters to fill the anticipated needs of the organizations in the coming years. The trainees are engaged by the United Nations and are given training and work experience by the several organizations, each reimbursing the United Nations to the extent of the services which it obtains from the pool. The arrangement has been undertaken initially on the basis of a two-year experimental period. The organizations look upon this as a first step in what is hoped will be improved co-ordination in the use of language staff in general.

6. Co-ordination in the Grading of Posts

6.1 As a result of an initiative by the International Civil Service Advisory Board, the organizations using the common system of salaries and allowances have been giving increased attention to the development of common practices in the grading of secretariat posts. Two years ago, the organizations jointly engaged the services of two short-term consultant experts in post classification to draw up common standards for the grading of certain categories of posts common to all the organizations. Within the past year, the organizations have re-engaged one of these experts on a two-year term to refine the common standards and to develop additional standards for other categories common to the organizations. This consultant has also been assisting the individual organizations in the development of overall post classification plans consistent with the common standards.

6.2 The WHO post classification plan, which was established at the inception of the Organization in accordance with the Staff Regulations, has provided a useful starting point to the consultants in the development of the common grading standards.
Annex 10

IMPLEMENTATION OF RESOLUTION WHA19.31

[Report by the Director-General]

In its resolution WHA20.38, the Twentieth World Health Assembly noted the report of the Director-General on the implementation of resolution WHA19.31 and decided to refer the matter to the regional committees concerned for further consideration.

The question was considered by the Regional Committees for Africa, Europe and the Western Pacific at their sessions in 1967. These regional committees adopted respectively resolutions AFR/RC17/R2, EUR/RC17/R9 and WPR/RC18/R2, the texts of which are appended to this report. The reports of the regional committees contained the following passages on this subject:

Regional Committee for Africa, Report on the Seventeenth Session

Attention was directed to the belief by at least one representative that the Director-General had felt a certain hesitation in accepting the absolute suspension of all assistance to the populations in the Portuguese territories since application of such policy might pose problems on occasions when emergencies arise and for which there was obvious need for humanitarian assistance. It was also suggested that the Committee may wish to defer its decision pending consideration of the conclusions reached by the Regional Committees for Europe and the Western Pacific. In the final analysis, however, it was decided that the African States must fulfil the commitments entered into two years previously. As a result, resolution AFR/RC17/R2 was adopted.

Regional Committee for Europe, Report on the Seventeenth Session

In discussing the implementation of resolution WHA19.31 (WHA20.38) concerning the suspension of technical assistance to Portugal, the Committee set up a sub-committee which was unable to draft a formula acceptable to all its members. After discussion, two draft resolutions were voted upon, one proposed by Algeria, Poland and Yugoslavia and the other by Belgium. The Committee adopted the latter (resolution EUR/RC17/R9).

Regional Committee for the Western Pacific, Report on the Eighteenth Session

The Committee noted that the measures taken under this resolution, which referred to the suspension of technical assistance to Portugal and its overseas territories, had been the subject of a report by the Director-General to the World Health Assembly. As a result of discussions which had taken place during the Assembly, the matter had been referred to the Regional Committees concerned for further consideration. Two Portuguese territories in the Region, Macao and Timor, were affected by the resolution.

During the discussion of this item, it was pointed out by the representative of the Philippines that one of the functions of WHO was to stimulate and advance work to control and eradicate epidemic, endemic and other diseases. Unequal development in different countries in the promotion of health and control of diseases was a common danger and the extension to all peoples of the benefits of medical and related knowledge was essential to the fullest attainment of health. It would be difficult for WHO to act on the problems of communicable diseases if the necessary relations with the countries concerned were not maintained.

The Committee adopted a resolution recommending that the policy of granting technical assistance to a Member State or to overseas territories under its administration be reviewed, in so far as this policy imposed restrictions limiting the extension of the Organization's campaigns against communicable diseases of world-wide or regional importance or circumscribing programmes for the training of indigenous health personnel of the overseas territories concerned (see resolution WPR/RC18/R2).

1 See resolution WHA21.34.
Appendix

Resolution AFR/RC17/R2 of the Regional Committee for Africa

The Regional Committee,

Having considered resolution WHA20.38 relating to the implementation of resolution WHA19.31 adopted by the Nineteenth World Health Assembly,

1. REITERATES its unreserved support for its resolution AFR/RC15/R2 adopted on 9 September 1965 at its fifteenth session in Lusaka and for resolution WHA19.31 adopted on 18 May 1966 by the Nineteenth World Health Assembly in Geneva;

2. DISAPPROVES of all assistance that might result from any interpretation whatsoever of paragraph 2 of resolution WHA19.31, in the conviction that it will in no way benefit, under present circumstances, the real African populations, oppressed by Portuguese colonialism and racial discrimination;

3. URGES the Member States of the Region, in accordance with resolution AFR/RC15/R2, to do all in their power to protect and promote the right to health of the populations of the Portuguese colonies in Africa struggling for national liberation; and

4. INVITES the Regional Director to transmit this resolution to the Director-General and to request him to bring it to the attention of the Twenty-first World Health Assembly.

Resolution EUR/RC17/R9 of the Regional Committee for Europe

The Regional Committee,

Noting resolution WHA20.38 of the Twentieth World Health Assembly by which it decided to refer the question of implementing resolution WHA19.31 to the Regional Committees concerned for further consideration;

Considering that the object of seminars, conferences and other meetings of a technical character is to pool the knowledge and experience of the participants and thereby to further the application of knowledge;

Considering that the benefit of attendance at such meetings accrues to the participants as a group and not as representatives of individual countries;

Considering therefore that any limitations on the implementation of the Organization’s programme should be applied only in the light of preceding considerations,

IS OF THE OPINION that funds should be restored for Portuguese nationals to attend seminars, conferences and other technical meetings in the European Region.

Resolution WPR/RC18/R2 of the Regional Committee for the Western Pacific

The Regional Committee,

Noting resolution WHA20.38 of the Twentieth World Health Assembly;

Considering that one of the functions of the World Health Organization is to stimulate and advance work to control and eradicate epidemic, endemic and other diseases;

Considering that it is declared in the Preamble to the Constitution of the Organization that unequal development in different countries in the promotion of health and control of diseases is a common danger and that the extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health,

RECOMMENDS that the policy of granting technical assistance to a Member State or to overseas territories under its administration be reviewed in so far as this policy imposes restrictions limiting the extension of the Organization’s campaigns against communicable diseases of world-wide or regional importance or circumscribing programmes for the training of indigenous health personnel of the overseas territories concerned.
Annex 11

POLICY GOVERNING ASSISTANCE TO DEVELOPING COUNTRIES

REPORT BY THE DIRECTOR-GENERAL

1. Pursuant to the request of the Twentieth World Health Assembly in its resolution WHA20.50, the Director-General submitted to the forty-first session of the Executive Board a report on the policy governing assistance to developing countries, which is communicated to the Twenty-first World Health Assembly (see Appendix).

2. In accordance with the request made by the Board in the course of its forty-first session, an extract of the discussion which took place at that session is transmitted to the Assembly.\(^2\)

Appendix

REPORT BY THE DIRECTOR-GENERAL TO THE EXECUTIVE BOARD AT ITS FORTY-FIRST SESSION

1.1 The Twentieth World Health Assembly, after having considered the need for certain changes in the policies and criteria which govern the provision by the Organization of assistance to governments, adopted resolution WHA20.50 requesting the Director-General to study the measures which could be taken to assist developing countries, with particular reference to the means by which, within the limits of the budget and making the best use of all other available resources:

1. (1) material assistance to the programmes of those countries could be increased;

2. (2) the organizational resources available to States for the execution of their programmes could be supplemented to the fullest possible extent; and

3. (3) further assistance to the operating expenses of priority national or regional programmes could be obtained;"\(^1\)

1.2 In carrying out this study, the Director-General kept in mind, inter alia, the following considerations:

(a) while every effort must be made to adapt the assistance provided by the Organization to the particular requirements of developing countries which do not possess the necessary matching resources, this assistance should remain primarily technical in nature, in keeping with Article 2 of the WHO Constitution;

(b) any changes in the types of assistance provided in relation to the programme of the Organization should not lead to expenditure in excess of the normal budgetary resources; care should therefore be taken that such changes do not impair the overall balance of the programme;

(c) particular attention must be paid to the availability of other resources, under either multilateral or bilateral aid schemes, to assist those countries in the implementation of their national programmes.

1.3 In concluding its debate, the Executive Board adopted resolution EB41.R35 in which it endorsed the proposed forms of future WHO assistance and stressed the importance of education and training and the development of the health manpower of countries, including the proposals concerning training within the country; it further recommended the Director-General to continue his efforts to adapt the assistance of the Organization to the needs of governments in the context of national health plans.

\(^1\) See resolution WHA21.47.

\(^2\) Not reproduced in this volume. See summary records of the forty-first session of the Executive Board (EB41/SR/12 Rev. 1, pp. 192-201).

\(^3\) See Off. Rec. Wld Hlth Org., 14, 78-79.
1.4 Since these early decisions of the World Health Assembly and the Executive Board, the situation has greatly evolved. During the second ten years of the Organization's life a large number of newly independent countries have acceded to its membership. Many of these countries have found themselves unable to derive full benefit from WHO advisory services because of the lack of minimum resources and facilities at national level. The most needy have been the least in a position to use the assistance available to them.

The problem confronting the Board is to find ways and means of assistance which would permit countries experiencing serious social and economic difficulties to take the fullest possible advantage from their co-operation with WHO, even though they may not possess the administrative and financial ability or be able to make such national counterpart contributions as are normally required.

2. Main Purposes and Principles of WHO Assistance

2.1 The main purposes of WHO assistance are:

(i) the surveying of health situations;
(ii) the establishing or strengthening of health services;
(iii) the education and training of health personnel.

These three purposes are closely interrelated; as a matter of fact, they must be envisaged as a whole, under the broad heading of national health development.

WHO's assistance, and the various forms it may take, must in turn be considered within this broader context. The Executive Board, at its twenty-eighth session, in 1961, after having considered a report from the Director-General on assistance to newly independent States, called the attention of governments to "the importance of national health planning in order to ensure that all available resources from whatever source may be effectively and economically used" (resolution EB28.R22).

Any decision allowing for more flexibility in the provision of WHO assistance must be based on well-defined criteria assessed against the national health development plan; only thus will it produce the expected dividends.

2.2 The guiding principles for the provision of advisory and demonstration services to governments have been established by the World Health Assembly and the Executive Board. These provide that the following should be taken into consideration in evaluating requests for assistance:

(a) the probability of achieving successful, useful and permanent results;
(b) the relative importance of the problem in the whole health programme of the requesting country;
(c) the ability of the country to provide the services required as measured by the availability of trained personnel and of means for training personnel;
(d) the financial and administrative ability of the country to absorb the requested assistance, taking into account all the health projects planned and in operation as well as assistance in other forms (including bilateral assistance) which might overload the country's operating capacity;
(e) reasonable assurance of government co-operation throughout the programme;
(f) reasonable assurance that the project will be continued, and particularly that the government will provide adequate personnel and financial support for its continuation.

Experience has shown that certain countries are encountering difficulties when these principles are strictly applied. In fact, it is possible that some criteria are no longer applicable to the current situation even though they proved invaluable in the formative years of the Organization.

2.3 WHO's assistance to countries consists essentially in one or more of the following:

(a) advisory staff, on a long- or short-term basis;
(b) the award of fellowships;
(c) equipment and supplies.

The provision of such assistance is normally covered by a plan of operations which outlines the objectives sought, the methods to be followed and the chronology involved. This plan also specifies the commitments of the Organization and those of the assisted government.

The commitments of the Organization include, essentially, the salaries, allowances and travel costs to and from the country of assignment of international staff, the costs of fellowships and of any equipment and supplies which it has been agreed the Organization would provide, including transportation up to the port of entry.

The commitments of the government cover the provision of national personnel, local equipment and supplies and local expenses necessary for the carrying out of the project. These include, for example, the supply of office accommodation and furnishings, secretarial assistance as required, duty travel of international staff within the country and assistance in obtaining suitable lodging for them, storage and internal transportation of WHO equipment, cost of correspondence and of fuel, maintenance and repair of vehicles provided by the Organization.

Looking at WHO's assistance thus provided over the past nineteen years, it is clear that there has been a trend towards decreasing the government commitments in the plan of operations. While the principle of national counterpart contribution has been maintained, standard requirements have been interpreted liberally in relation to country situations. The question arises as to whether more should be done in this direction.

3. Moves towards Newer Forms of Assistance

In order to help developing countries through their period of greatest difficulty, the Organization has, in recent years, introduced new forms of assistance in special cases.

3.1 The provision of operational staff to work within the national health administration with executive instead of advisory functions was initiated on a sizable scale in 1960, when WHO was called upon to assist in the emergency situation in the Democratic Republic of the Congo. The World Health Assembly and the Executive Board gave particular attention to this form of assistance in relation to the requirements of new Members and newly independent countries. However, except in the above case, where the necessary financial resources were provided by the United Nations and later under a fund-in-trust arrangement, the provision of operational staff has been limited to a few instances only because of the lack of funds.

3.2 Grants-in-aid, to cover part or all of the salaries of staff appointed by the national administration, have been used in a few instances, particularly for key teaching posts in medical schools. Again from special United Nations funds for the Democratic Republic of the Congo, grants-in-aid were provided for subsidies to undergraduate medical students to help them meet their living expenses while studying in their own country.

1 Handbook of Resolutions and Decisions, 9th ed., pp. 3-4.

Whatever approach is chosen, it is of necessity selective and leaves a large part of the needs uncovered. Governments will still need to seek other sources of multilateral and/or bilateral aid. WHO can be instrumental in helping governments to stimulate such aid. Co-ordination at the national level is particularly important to harmonize the assistance received from various sources, in different parts of the health development programme, and to ensure that the limited national resources are utilized with maximum economy and benefit.

4.3 Within this general framework, the following forms of assistance may be considered.

4.3.1 Advisory Personnel

Trends in recent years indicate that countries which have been for some time developing their national staff resources no longer need long-term assignments of international advisory personnel. The time has come for the Organization—and this is, in fact, already done—to introduce more flexibility in the duration of such assignments, for example by making increasing use of intermittent patterns of assistance, alternating long-term and short-term assignments according to the evolving needs of the assisted country.

When, on the other hand, there is no national counterpart staff available, the assignment of WHO advisory personnel should be allowed to fulfill partly executive, as well as advisory and educational responsibilities, it being understood that the training of the national counterpart will receive the highest priority.

In the follow-up of projects formerly assisted on a long-term basis, the assignment, at intervals, of short-term consultants may be of considerable help to national health administrations at a minimum expense.

Such adjustments in the pattern of assignments of advisory personnel are of definite advantage from the technical and administrative management viewpoints, but they may also result in savings which can be used otherwise, e.g. for additional equipment and supplies.

Furthermore, experience has shown that unsatisfactory results obtained in some WHO-assisted projects were often due to the lack of proper administrative management and logistic support at national, intermediate and local levels. It may be useful for the Organization and for the government concerned to provide, as appropriate, for the assignment of advisory personnel to assist national health administrations also in these aspects of the programme.

4.3.2 Operational Personnel

It may be desirable to extend the practice of providing operational personnel more widely than in the past to countries with an acute shortage of qualified professional staff. Here again, it might be worthwhile considering operational assignments in the administrative field within the national health administration.

The obvious hurdle in the expansion of this form of assistance is financial. As it has to operate within the limits of its budget, WHO cannot allow itself to disrupt the overall balance of its programme to the detriment of its primary responsibilities as a technical organization.

Whatever operational assistance would be provided would, of necessity, be limited in scope. It would also be limited in time, on a sliding scale downwards over a specific number of years.
Any operational assistance should not be restricted to executive duties, but should also include, to the largest possible extent, an education and training element.

4.3.3 Fellowships

In support of government efforts to train more health staff, especially at the middle level, it might be worthwhile, as an extension of the present programme policy of the Organization on fellowships, to consider allowing for training within the fellow's own country in special, well-defined circumstances. This was advocated by an advisory group which met in November 1967 to evaluate the WHO programme for education and training. It considered that, in appropriate circumstances, local awards were to be encouraged not only in conformity with the adaptation principle, but also to avoid the dangers of "brain-drain" inherent in some fellowships for study abroad. The cost to WHO would be comparatively low, and the disruption caused by absence of staff from their posts for prolonged periods would be lessened.

4.3.4 Other Forms of Assistance to Educational Activities

Apart from the revolving fund for the purchase of teaching equipment, the use of which could be extended, possible new types of WHO assistance could include, for example, the development of manuals and textbooks adapted to local conditions and/or in the language of the country. Fruitful results have already been obtained in that regard, for instance through an inter-country project in the Region of the Americas; it seems that this type of assistance could be more extensively used.

Another approach would consist in using well-developed institutions in a given country (medical schools or laboratories or health centres) as "centres of excellence" on which training activities for the country as a whole could be based. This has been done already with promising results. The granting of fellowships within the country would be of particular usefulness in that regard.

4.3.5 Equipment and Supplies

4.3.5.1 The present policy of the Organization allows equipment and supplies to be given in relation to a specific project provided that the project is technically sound and that WHO and the government concerned jointly supervise the use of the equipment and supplies. With these two provisos, it might be desirable in certain cases to increase the amount of supplies and equipment allocated to a project. Conditions governing such increased provision should include: prior agreement on the use of the equipment and supplies; assurance that an adequate system of storing exists or is being established and will be properly maintained; in the case of specialized technical equipment, the assurance of adequate maintenance and repair services; periodic reporting by the government on the use made of the supplies and equipment; checking, with the help of the appropriate technicians, of the use, maintenance, adequate storekeeping, inventory, etc., of the supplies and equipment provided, in full co-operation between the government and WHO.

4.3.5.2 The Board may wish to recommend a wider provision by the Organization of equipment and supplies, over and above the present allocations for specific projects in special circumstances.

Here again the question is to avoid disrupting the balance of the programme, which could easily result from an increased allocation of equipment and supplies within limited budgetary resources.

In this connexion, account should be taken of the fact that other agencies—either multilateral, such as UNICEF, or bilateral—are in a position, much more than WHO, to meet government requirements in terms of equipment and supplies. The fullest possible use should be made of these sources of assistance, which have proved invaluable to the developing countries.

As far as WHO is concerned, any further move in that direction should, to begin with at least, concentrate on carefully selected types of projects, with appropriately detailed plans of organization, staffing and supplies. Such "special projects" might, in particular, be envisaged for critical areas, such as the development of health manpower.

4.3.5.3 In connexion with requests for larger quantities of supplies and equipment, it may be mentioned that maximum benefit is not always derived at the present time from those already provided: rapid deterioration occurs in some cases because of lack of maintenance and repair facilities, and insufficient care in handling delicate apparatuses. Further, lack of spare parts may cause essential equipment to be useless and hamper the work with which it is connected. It might, therefore, be considered whether WHO should set up, or assist countries to set up, efficient centres for maintenance and repair of specialized equipment. A few projects of this kind are already in existence, but systematic assistance, perhaps on an inter-country basis when small countries are involved, could help to prevent wastage of this type. Extension of such activities might include the development of "model" centres, perhaps to serve several countries, WHO teams of technicians visiting countries at regular intervals to assist in repairs and ensure adequate maintenance, and specialized centres for repair of more delicate pieces of equipment such as microscopes or X-ray apparatuses.

Emphasis should be laid, in all such activities: (a) on the inter-country or regional approach which would allow for the best practical results to be obtained with maximum economy; (b) on the need for including, to the largest possible extent, a training element with a view to developing in all the countries concerned national staff conversant with the problems of management and logistics, and storing, maintenance and repair of equipment and supplies in health programmes.

5. In brief, the trends reviewed in this report indicate that, in an effort to alleviate the burden of governments, the Organization has progressively endeavoured to adapt its assistance to the needs of developing countries which do not possess the necessary matching resources.

Commitments of governments in plans of operations that may have had a hampering effect on project implementation have been liberally interpreted. New types of assistance have been introduced. Further possibilities have been envisaged.

It is hoped that the suggestions outlined above will provide the Board with a constructive basis for discussion and may open the way to a still better impact of WHO technical assistance while safeguarding the basic technical character of the Organization as envisaged in its Constitution.
Annex 12

FOURTEENTH REPORT OF THE COMMITTEE ON INTERNATIONAL QUARANTINE

VOLUME 1: FUNCTIONING OF THE INTERNATIONAL SANITARY REGULATIONS

FOR THE PERIOD 1 JULY 1964 - 30 JUNE 1967

[WHO/67.146]

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Composition of the Committee

The Committee on International Quarantine held its fourteenth meeting in the WHO building, Geneva, from 28 November to 6 December 1967.

Members
Dr S. Al-Wahbi, Director of International Health,
  Ministry of Health, Baghdad, Iraq (Chairman)
Dr J. C. Azurin, Director, Bureau of Quarantine,
  Manila, Philippines
Professor P. N. Burgasov, Deputy Minister of Health
  of the USSR, Moscow, USSR
Dr M. S. Chadha, former Director-General of Health
  Services, New Delhi, India
Professor J. Dehaussy, Dean, Faculty of Law, University
  of Dijon, France
Dr C. L. González, Technical Adviser, Ministry of
  Health and Welfare, Caracas, Venezuela (Rapporteur)
Dr M. S. Haque, former Director-General of Health
  and Joint Secretary, Ministry of Health, Labour and
  Social Welfare, Islamabad, Pakistan

Dr I. S. Kadama, Permanent Secretary; Chief Medical
  Officer, Ministry of Health, Entebbe, Uganda
Dr J. Lembrez, Director of Sanitary Control at Sea
  and Air Frontiers, Marseilles, France (Vice-Chairman)
Dr K. D. Quarterman, Deputy Chief, Malaria
  Eradication Program, National Communicable
  Disease Center, Savannah, Ga., United States of
  America
Professor A. B. Semple, Medical Officer of Health,
  City and Port of Liverpool, United Kingdom of
  Great Britain and Northern Ireland
Dr D. J. Sencer, Director, National Communicable
  Disease Center, Atlanta, Ga., United States of
  America

Representatives of other Organizations
Mr F.-X. Byrne, International Civil Aviation Organiza-
  tion
Mr R. W. Bonhoff and Dr H. Gartmann, Interna-
  tional Air Transport Association

1 See resolutions WHA21.51 and WHA21.52.
Secretariat

Dr P. M. Kaul, Assistant Director-General (Secretary), assisted by Dr F. de Tavel, International Quarantine, Division of Communicable Diseases, and Mr C.-H. Vignes, Legal Office
Dr A. M.-M. Payne, Assistant Director-General
Mr C. H. Atkins, Director, Division of Environmental Health
Dr B. Cvjetanovic, Chief Medical Officer, Bacterial Diseases
Dr R. Pal, Vector Biology and Control
Dr K. Raška, Director, Division of Communicable Diseases
Dr A. C. Saenz, Virus Diseases
Dr G. Sambasivan, Director, Division of Malaria Eradication
Mr J. W. Wright, Chief, Vector Biology and Control

The Committee met on the morning of 28 November 1967. Dr M. G. Candau, Director-General, opened the meeting and welcomed the members and the representatives of other organizations. He pointed out that the major item on the agenda of the Committee was the comprehensive review of the International Sanitary Regulations for the first time in fifteen years to see what effective measures were necessary to prevent the spread of disease in the light of the growing volume and speed of international traffic, and to make suitable recommendations. Other important items for consideration were the periodic review of the working of the International Sanitary Regulations, and the disinsection of aircraft, on which item the Committee would be required to take a decision in regard to dichlorvos (DDVP) disinsection.

Dr S. Al-Wahbi was unanimously elected Chairman, and Dr J. Lembrez Vice-Chairman. Dr C. L. González was elected Rapporteur.

The draft agenda was approved.

The report on the special review of the International Sanitary Regulations is recorded in Volume II of the report of the Committee on International Quarantine.

The Committee considered the report of the Director-General on the functioning of the Regulations during the period from 1 July 1964 to 30 June 1967. This report is reproduced below, the various sections being followed, where appropriate, by the comments and recommendations of the Committee (in italics).

INTRODUCTION

1. This report on the functioning of the International Sanitary Regulations and their effects on international traffic is prepared in accordance with the provisions of Article 13, paragraph 2, of the Regulations. It covers three years: the periods from 1 July 1964 to 30 June 1965, from 1 July 1965 to 30 June 1966, and from 1 July 1966 to 30 June 1967.

2. Previous reports cover the periods beginning with the time of entry-into-force of the Regulations (1 October 1952).

3. This report follows the same general lines as its predecessors and considers the application of the Regulations from two aspects: as seen by the Organization in its administrative role of applying the Regulations and as reported by Member States in accordance with Article 62 of the Constitution of the Organization and Article 13, paragraph 1, of the Regulations. For ease of reference the two aspects are consolidated and presented in the numerical order of the articles of the Regulations.

4. By reason either of their importance or of the procedure leading to their study, other questions have necessitated the preparation of special documents.

5. The thirteenth report of the Committee on International Quarantine was adopted by the Eighteenth World Health Assembly on 12 May 1965 (resolution WHA18.4). It was published in Official Records No. 143; an off-print of the report is available. The proceedings of the Assembly relating to international quarantine were published in Official Records No. 144.

GENERAL ASPECTS

Position of States and Territories under the International Sanitary Regulations

6. Information showing the position of States and territories under the Regulations, as of 1 January 1965, as of 1 January 1966, and as of 1 January 1967 was included in Weekly Epidemiological Record No. 1 of 8 January 1965, No. 1 of 7 January 1966, and No. 1 of 6 January 1967 respectively. During the period under review, the reservation to Article 17 of the Regulations, which had been made on behalf of Sarawak, was

1 Not reproduced in this volume.
2 Off. Rec. Wid Hth Org., 56, 3; 64, 1; 72, 3; 79, 493; 87, 397; 95, 471; 102, 35; 110, 31; 118, 35; 127, 27; 135, 29; 143, 41.
3 Comments were also received from the International Air Transport Association.
withdrawn; Ceylon, India and Pakistan withdrew their reservation to Appendix 3 (International Certificate of Vaccination or Revaccination against Yellow Fever); the Federal Republic of Germany became bound by the Additional Regulations of 1956, 1960, 1963 and 1965; the Portuguese overseas provinces became bound by the Additional Regulations of 1955 (yellow fever clauses).

Concerning the position of Damão (Daman), Diu and Goa under the Regulations, extracts of the correspondence exchanged with the health administration of India are reproduced below:

1. Letter from the health administration of India, dated 4 March 1967

"I am directed to say that as Goa, Damão and Diu are now an integral part of India and are being administered as such, any reservation made by India automatically applies to these territories. It would be appreciated that the footnotes in question are misleading and reservations made by India do in fact apply to these territories and any individual or vessel entering or arriving in these territories would be subject to these reservations.

I am therefore to request that necessary steps may kindly be taken to delete footnotes 'c' and 'a' referred to in para. 1 above."

2. Reply from the Director-General, dated 2 May 1967

"...It will be well known to you that the interpretation of the International Sanitary Regulations is a matter for the World Health Assembly, but in my view it would not be unreasonable to take the position that, upon the annexation of Damão (Daman), Diu and Goa by India, these territories fell to be administered for the purpose of the International Sanitary Regulations under the particular regime applicable to India. There would not, in effect, seem to be any particular reasons for justifying the application of a separate regime to the territories since this could not be based upon a local situation which could provide health or geographical grounds for such a distinction. For these reasons, I believe that the position indicated in your letter of 4 March 1967 could be accepted, namely that the reservations made by India apply to the territories in question.

The revised position of Damão (Daman), Diu and Goa under the International Sanitary Regulations will be shown henceforward in this organization's publications, and this exchange of correspondence will be reported in due course to the Committee on International Quarantine scheduled to meet in late November 1967."

States and Territories not bound by the International Sanitary Regulations

7. Australia, Burma, Chile and Singapore, although not party to the Regulations, apply their provisions in nearly all respects.

THE INTERNATIONAL SANITARY REGULATIONS

PART II. NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

8. No notifications as provided for by the Regulations (Articles 3 to 6 and Article 8) have been received from:

(a) China (mainland) (since March 1951);
(b) North Korea (since 1956);
(c) North Viet-Nam (since 1955).

9. Union of Soviet Socialist Republics. (1965) The Government considers that the issue of a revised edition of the Epidemiological Cable Code (CODEPID) and of its Map Supplement would be desirable, in view of the many amendments which have been made to the publications.¹

The Committee considers that in view of its recommendation to abandon the concept of "local areas" no change should be made to the CODEPID at this stage.

¹ The CODEPID (A Code) was amended in 1963 and is under review to add new phrases as they become necessary. The CODEPID Geographical Index (B Code) was revised in 1961 and amended in 1963; a new revision came into use on 1 December 1966. The CODEPID Map Supplement is being amended as regards States which regularly report quarantinable diseases and where major changes have occurred in administrative areas. Revised maps are published in the Weekly Epidemiological Record (see section 19).

Article 3

10. Bermuda. (1967) The Government draws attention to the fact that immediate notification of quarantinable diseases in places where international traffic occurs is of the greatest importance to its territory.

11. Iraq. (1965, 1966) The Government reports that information on local areas becoming infected is sometimes received too late for measures against arrivals from these local areas to be taken efficaciously.

12. Ivory Coast. (1965) The Government mentions that difficulties are encountered by the health administration in view of some delay in transmission of notifications from the interior of the country and from land frontier posts.²

Article 6

13. France. (1966) The Government reports that Ceylon and India have agreed to remove French
Somaliland 1 from the list of countries that they consider as infected with yellow fever.2

**Article 8 3**

14. Several countries express their concern as to the number of travellers who arrive without the required vaccination certificates or with invalid certificates. It seems that there has been little improvement in recent years. The following figures have been reported:

<table>
<thead>
<tr>
<th>Country and year</th>
<th>Arriving travellers not vaccinated or presenting invalid certificates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smallpox</td>
</tr>
<tr>
<td>Australia a</td>
<td></td>
</tr>
<tr>
<td>1964-65</td>
<td>2,004</td>
</tr>
<tr>
<td>1965-66</td>
<td>3,157 b</td>
</tr>
<tr>
<td>1966-67</td>
<td>2,803 c</td>
</tr>
<tr>
<td>Christmas Island a</td>
<td></td>
</tr>
<tr>
<td>1966-67</td>
<td>3</td>
</tr>
<tr>
<td>Papua and New Guinea a</td>
<td></td>
</tr>
<tr>
<td>1966-67</td>
<td>—</td>
</tr>
<tr>
<td>United States of America</td>
<td></td>
</tr>
<tr>
<td>1965-66</td>
<td>833,679</td>
</tr>
</tbody>
</table>

a Not bound by the Regulations.

b Including 43 who refused vaccination and were detained in quarantine.

c Including 73 who refused vaccination and were detained in quarantine.

d Including 25 subjected to quarantine.

15. **Pakistan.** (1966) The Government reports that infants under one year of age arriving from an area considered as infected by the Government of Pakistan are often not in possession of the required yellow fever vaccination certificate.4

16. **Philippines.** (1966) The Government reports that the Mexican Consulate in Manila required a yellow fever vaccination certificate before issuing a visa for Mexico, whether or not travellers intended to pass through an infected area.5

17. **Union of Soviet Socialist Republics.** (1967) In view of the fact that travellers still arrive without the required vaccination certificates, instructions have been issued to Soviet diplomatic representatives not to issue visas for the USSR to foreign citizens who are not in possession of vaccination certificates or certificates of contra-indication to vaccination. In the same way, Soviet citizens are not allowed to go abroad without having had the vaccinations required by the countries they intend to visit.

The Committee was informed that ships' crews often had invalid or expired vaccination certificates causing difficulties. The Committee recommends that seamen be required to possess valid vaccination certificates before signing on.

**Article 11**

18. The *Weekly Epidemiological Record*, in the section “Epidemiological Notes”, published the annual summary including maps of the reported occurrence of cholera,6 plague,7 smallpox,8 and yellow fever ⁹ during 1963, 1964 and 1965. (Annual summaries were not prepared for 1966.)

Information on imported cases and outbreaks of quarantinable and other communicable diseases in the following countries was also published in that section:

- **Cholera**: in Afghanistan, Bahrain, Brunei, Burma, Cambodia, Ceylon, China (Taiwan), Hong Kong, India, Indonesia, Iran, Iraq, Japan, Malaysia, Nepal, Pakistan, Republic of Korea, Republic of Viet-Nam, Thailand, and Union of Soviet Socialist Republics;

- **Plague**: in Bolivia, Democratic Republic of the Congo, India, South Africa, United Republic of Tanzania, and United States of America;

- **Smallpox**: in Angola, Argentina, Bolivia, Botswana,9 Brazil, Burma, Burundi, Cameroon, Chad, Colombia, Czechoslovakia, Democratic Republic of the Congo, Federal Republic of Germany, French Somaliland,1 India, Indonesia, Ivory Coast, Kuwait, Malaysia, Niger, Nigeria, Paraguay, Peru, South Africa, Southern Rhodesia, Sudan, Togo, Trucial Oman, United Kingdom of Great Britain and Northern Ireland, and United States of America;

- **Yellow fever**: in Argentina, Bolivia, Brazil, Peru, Portuguese Guinea and Senegal;

- **Typhus**: in Algeria and Mexico;

- **Dengue fever**: in United States of America;

- **Haemorrhagic fever**: in Thailand;

- **Malaria**: in United States of America.

The section “Epidemiological Notes” continued to include summaries of reports on influenza outbreaks. Summaries of epidemiological data as well as labora-

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1 French Territory of the Afars and the Issas as from 3 July 1967.
3 See also sections 29, 32 and 93.
4 A note drawing attention to the information published in *Vaccination Certificate Requirements for International Travel* as regards exemption from requirements on account of age was published in *Weekly Epidemiological Record* No. 2 of 13 January 1967.
5 The Organization took up this matter with the health administration of the country concerned.
10 Formerly Bechuanaland.

Information on the status of malaria eradication was published in Weekly Epidemiological Record, 1964, No. 41; 1965, Nos. 18 and 34; 1966, Nos. 13 and 41; and 1967, Nos. 7 and 30. No. 7 contained a list of the ports and airports free from risk of malaria transmission. Weekly Epidemiological Record, 1964, No. 32; 1965, No. 22; and 1966, No. 32 contained information on mosquito vectors (Aedes aegypti at international airports).

19. Separate publications were:

(i) Yellow-fever Vaccinating Centres for International Travel: Situation as on 18 November 1966;

(ii) Airports designated in application of the International Sanitary Regulations: Situation as on 1 September 1967; this publication shows for the first time the airports which are considered as free from the risk of malaria transmission;

(iii) Vaccination Certificate Requirements for International Travel: Situation as on 18 December 1964, 10 December 1965 and 16 December 1966;

(iv) Ports designated in application of the International Sanitary Regulations: Situation as on 10 July 1964.

Amendments to these publications appeared as usual in the Weekly Epidemiological Record. In addition, lists of amendments to Vaccination Certificate Requirements for International Travel were issued for those addressees (mainly travel agencies) who do not receive the Weekly Epidemiological Record.

A revised Geographical Index of the Epidemiological Cable Code (CODEPID) came into use on 1 December 1966. It includes, for countries in Africa, Asia, Central America, South America and Oceania (except Australia and New Zealand), the names of the administrative sub-divisions of the countries, and of the major towns, ports and airports. Many health administrations have submitted a list of their “local areas” designated under the Regulations, and, as far as possible, these have been included in the Geographical Index.

The CODEPID Map Supplement was issued in 1954. Since then, numerous geographical changes have occurred which necessitate the publication of revised maps for certain countries. Revised maps were therefore prepared for the following countries, and published in the Weekly Epidemiological Record: Burundi, Democratic Republic of the Congo, Guinea (Yomou Region), Ivory Coast, Kenya, Mali, United Republic of Tanzania, West Malaysia, Zambia.

A third annotated edition of the International Sanitary Regulations, containing the amended text as in force at 1 January 1966, was issued at the beginning of 1966.

Article 13

20. In accordance with Article 13, paragraph 1, of the Regulations and Article 62 of the Constitution, the following States and territories (163 for the period 1964-65, 158 for the period 1965-66, and 127 for the period 1966-67) have submitted information concerning the occurrence of cases of quarantinable diseases due to or carried by international traffic, and/or on the functioning of the Regulations and difficulties encountered in their application:

<table>
<thead>
<tr>
<th>State or territory</th>
<th>Annual reports received for the period 1 July - 30 June</th>
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<tbody>
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<td>Afghanistan</td>
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<td>American Samoa</td>
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<td>Antigua</td>
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<td>Bahamas</td>
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<td>Botswana</td>
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<tr>
<td>Brazil</td>
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<tr>
<td>British Honduras</td>
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<tr>
<td>British Solomon Islands Protectorate</td>
<td>x x -</td>
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<tr>
<td>British Virgin Islands</td>
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<td>Canada</td>
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<tr>
<td>Canal Zone</td>
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<td>Cape Verde Islands</td>
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<td>Cayman Islands</td>
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<td>Chile</td>
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1 Formerly Bechuanaland.
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<th>State or territory</th>
<th>Annual reports received for the period 1 July - 30 June 1964-65</th>
<th>Annual reports received for the period 1 July - 30 June 1965-66</th>
<th>Annual reports received for the period 1 July - 30 June 1966-67</th>
<th>State or territory</th>
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<td>Thailand</td>
</tr>
</tbody>
</table>

1 Southern Yemen as from 30 November 1967.
2 Formerly French Somaliland.
3 Formerly British Guiana.
4 Formerly Basutoland.
Article 14

21. Iraq. (1965) The Government reports its decision to build five new quarantine stations (Basra-Al Zubair, Kerbela, Rutba, Khanaqin, Tel-Kotchek-Mosul) to facilitate the implementation of the Regulations. At the new Baghdad airport, which is under construction, premises have been allocated for medical services, sanitary supervision and other activities connected with the Regulations.


"The organization of the national service remains unchanged and is suffering from lack of specialized personnel and means of transport. However, in order to cope with the maritime and river traffic, which has become very intense, two control sub-offices were recently set up by Ministerial Order of 6 June 1966: one at Cap St-Jacques (Vũng-Tàu Municipality) and one at Tân-Châu in Châu-Dóc Province bordering on Cambodia. These two sub-offices are awaiting the final approval of central headquarters before they actually commence to function."

23. United States of America. (1966) The Government states that analysis of water samples for potability on arriving conveyances has increased, and that the number of samples indicating pollution has also increased.

Article 15

24. Nigeria. (1965) The Government reports that efforts are made to provide facilities for the application of quarantine measures at Lagos seaport.

Part III. Sanitary Organization

Article 19

25. Burma.1 (1965, 1966, 1967) The Government mentions that no airport in Burma can be designated as a "sanitary airport" under the Regulations. At Rangoon airport facilities have been provided as far as possible for the application of sanitary measures, including the removal of infected persons and suspects, disinfection and dissection, and rodent and mosquito control. Steps will be taken gradually, according to the development of international traffic, to implement other measures provided for in the Regulations.

Article 20

26. France. (1965) The Government reports that, in French Guiana, the necessary measures were taken to maintain the ports2 and the perimeter of Cayenne airport free from Aedes aegypti in its larval and adult stages.

27. United States of America. (1966) The Government submits the following comments:

"The Aedes aegypti control programme at international airports and docks in the yellow-fever receptive area of southern United States, Puerto Rico, and the Virgin Islands is being continued. The United States Aedes aegypti eradication programme, recently instituted, is also continuing. It is expected that the Division of Foreign Quarantine's emphasis will be directed principally toward surveillance as the eradication programme progresses. Nearly 2000 mosquitos, including Aedes aegypti, Haemagogus, and other important disease vectors, were recovered from arriving aircraft in the reporting year. The substantial increase in mosquito recoveries over the preceding year was reported principally from one station where the number of flights increased markedly due to repairs being made on a nearby foreign airport. There was no evidence that imported vectors had escaped and become established, an indication that dissection measures were satisfactory."

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1 Country not bound by the Regulations.
2 The port of Cayenne, which had been excluded from the yellow-fever endemic zone, has again been considered as part of this zone since the end of March 1964, the Aedes aegypti index having risen above one per cent.
Article 22

28. **Ivory Coast.** (1965) The Government reports that difficulties are still encountered in the application of sanitary measures to land traffic.

The Committee paid special attention to the value of arrangements between health administrations in contiguous countries in order to facilitate the implementation of the Regulations and to prevent the spread of diseases through land traffic.

PART IV. SANITARY MEASURES AND PROCEDURE

Chapter I. General Provisions

Article 24

29. **Panama.** (1966, 1967) The following comments have been received from the Government *(translation from the Spanish)*:

"Occasionally, certain diplomats take advantage of their diplomatic immunity and refuse to submit vaccination certificates for inspection. Such cases are not very numerous and occur only very rarely.

"I should like to take this opportunity of bringing to your notice the fact that the Department of Public Health has repeatedly pointed out this anomaly to the administration of the Tocumén International Airport and has laid special emphasis on the recommendations of the Committee on International Quarantine. Notes to the same effect have been sent to the appropriate authorities of the Ministry of Foreign Affairs with the aim of finding a satisfactory solution for this situation."

*The Committee reaffirms its previous interpretation* \(^1\) that travellers with diplomatic status are not exempted from international vaccination requirements. *It recommends that all international travellers be made aware of the value of preventive measures and vaccination for their own protection and that of the countries visited.*

Article 25

30. **United States of America.** \(^2\) (1966) The Government reports as follows:

"The Public Health Service Communicable Disease Center, with co-operation of the Division of Foreign Quarantine, tested a prototype DDVP vapour method for aircraft disinsection under normal flight conditions. This disinsection method is effective and appears suitable as a replacement for the current practice of disinsecting by use of a manually operated aerosol bomb. Additional testing is being considered in order that the DDVP system may be assured broader acceptance in international traffic."

Article 27

31. **Philippines.** (1966, 1967) The Government mentions that it is difficult to submit arriving travellers to surveillance, particularly those destined for areas other than Manila, who do not comply with the requirement to report to the nearest health officer.

Chapter II. Sanitary Measures on Departure

Article 30 \(^3\)

32. **Hong Kong** (1966), **Lebanon** (1965) and **Philippines** (1966). The Governments report that a number of passengers arrive from cholera-infected areas without vaccination certificates or with certificates which are no longer valid. Fifty-six such passengers arrived in Manila from 1 July 1965 to 30 June 1966, and the Government of the Philippines states that the measures to be taken in such cases could be avoided if airlines would ascertain, before booking, that travellers are in possession of the necessary certificates. The Government of the Philippines further reports that a number of passengers from areas free from cholera arrive without vaccination certificates. They stay for a few days only in the Philippines where they ask for a cholera vaccination before pursuing their journey. Airline operators refuse however to accommodate them for outgoing flights before their certificates become valid.

*The Committee calls the attention of health administrations to the need for maintaining regular contacts with shipping firms, aircraft operators and travel agencies so that they are kept informed through appropriate means of the current vaccination requirements of all countries. International travellers should comply prior*

\(^1\) *Off. Rec. Wld Hlth Org.*, 143, 49, section 34.

\(^2\) See also section 120.

\(^3\) See sections 14 and 93.
to departure with the vaccination requirements of all countries they intend to visit during their journey.

The Committee recalls the provisions of Article 8, paragraph 2, that any change in vaccination requirements should be notified immediately and whenever possible in advance of any such change.

Chapter IV. Sanitary Measures on Arrival

33. United States of America. The Government reports as follows:

(1965) "A health alert notice card was adopted, for issuance to arriving travellers when there is minimal possibility of exposure to communicable disease — primarily one of the quarantinable diseases. The notice advises the persons to consult a physician or health department promptly, and present the notice, if symptoms of illness such as chills, fever, rash, or diarrhoea develop within two weeks after arrival in the United States of America. If the physician or health officer finds evidence of communicable disease, he is asked to notify the quarantine station at the port of arrival as well as local or state health authorities, so that necessary control measures can be taken. The notice replaces a 'surveillance notice', in which use of the term 'surveillance' was questionable in the light of Article 27 of the Regulations, since routine follow-up on the person and his location was not provided for. The new notice is simpler, and expedites quarantine clearance procedures."

(1966) "Even though the number of travellers inspected this year (122,957,937) increased by 4.4 per cent. over the previous year, there was no importation of a quarantinable disease into the United States. Seventy international travellers, however, were detained in isolation for a differential diagnosis, principally for smallpox and cholera. Also during the year 1585 persons were given surveillance orders, placing them under surveillance of the local health officer. Another 192,959 persons were given health alert notices which instructed them to report promptly to a physician or health officer upon symptoms of illness."

(1967) "The latest official summary which is for the first half of fiscal year 1967 shows a total of 68,721,565 persons inspected compared to 65,658,063 persons during a comparable period in 1966. Although the majority of arrivals were by land travel (Canada and Mexico) the greatest percentage increase (17.9 per cent.) was noted in the total number of persons arriving by air which rose from 2,783,964 to 3,283,398 for the six-month period. Also, aircraft cleared through quarantine increased by 16.4 per cent. There were 344,092 health alert notices and 1,243 surveillance orders issued, an increase of 136.9 and 62.3 per cent. respectively over the year. There were ten detentions for suspicion of smallpox or cholera during the six-month period."

Article 37

34. Several governments report the difficulties encountered by their health authorities in ascertaining whether travellers coming from a country of which any parts are infected have been in an infected local area during the incubation period of the disease. Some of the comments received in this connexion are given below and under sections 96 and 97.

35. Denmark. (1966) The Government reports as follows:

"As you will know we have—with some few exceptions—permanent requirements of valid smallpox vaccination from countries outside Europe, the United States of America and Canada, so we refer to small infected local areas inside the excepted areas.

"With the heavy international traffic, especially of tourists, by air, by boat, ferries and cars, we find it in practice impossible to ascertain if people happen to have been in an infected local area during the last fortnight. Often these infected local areas are rather narrowly defined and many travellers do not, if they are not natives of the area, know if they have been in such an area or not, simply because they do not know the local geography. As there are no simple workable means of checking the information they may give, it is our opinion that the heavy load of work and inescapable delay on all places of entry, airports, ports and frontiers would be out of proportion to the reliable and valuable information we might extract from the travellers as to their whereabouts, itinerary, stay, etc. They might tell anything they liked, especially if they get the feeling they might have trouble when not in possession of a valid smallpox vaccination certificate.

"Taking into consideration the general pressure for facilitation in travel we do not consider it worth while to try to ferret out some few persons who might have had the possibility of smallpox infection in visiting a smallpox infected local area, e.g., in the United Kingdom, if the situation does not appear to be especially serious. We prefer to give advice to travellers, Scandinavians and others, to have valid smallpox vaccination whenever there is any risk of smallpox infection, for their own sake as well as for the protection of their relatives and their countrymen.

"As you were informed earlier, this approach to the problem worked well when we had the smallpox outbreak in Stockholm [1963]. When checking we
found that all passengers arriving directly from Stockholm by air carried valid smallpox certificates in spite of the fact that we did not institute quarantine measures in Stockholm with strict requirements of vaccination certificate, but only advised people coming from and going to the Stockholm area to have valid vaccination.

"It is our point of view that reasonable advice is well received and followed by practically all people in our country and, we presume, by most Europeans..."

Chapter V. Measures concerning the International Transport of Goods, Baggage and Mail

Article 48

36. Israel. (1966) The Government states that, thanks to the intervention of WHO, most countries which required the disinfection of post parcels from Israel, containing used clothes, have agreed to withdraw this requirement.¹

43. Tunisia. (1966) The Government reports that some minor difficulties were encountered. They will be solved after completion of a reorganization which will include the training of a team specialized in deratting operations.

44. United States of America. The Government reports as follows:

(1965) "A continued threat to public health was posed by rats on ships arriving from plague areas and from other parts of the world. Out of 9921 ships inspected for rat infestation, 670 were found infested. This was a slight improvement over last year, when 716 out of 9079 were found infested. Continued efforts are being made to encourage ratproofing on ships and sanitation in seaport areas. Shipping companies showed continued interest in the sanitation certification programme for foreign flag vessels. An additional vessel was awarded a certificate, bringing the total to four; several more are expected to qualify soon. In this programme the Public Health Service provides technical advice and assistance in educating shipping company personnel in the values of good sanitation in vessel operation and construction."

(1966) "The threat of plague from infected areas in other parts of the world continues to pose a threat to the public health. Rodent infestations on ships showed

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

Chapter I. Plague

37. Ecuador. (1966) The Government reports that some cases of plague were observed in Chimborazo Province, where an active focus of infection is being controlled.

38. Republic of Viet-Nam. (1966) The Government reports that 9255 cases of plague, of which 2473 were confirmed cases, occurred during the year 1965-1966. There were 124 deaths (45 from confirmed cases).

39. United States of America. (1966) The Government reports as follows:

"Ten cases of human plague occurred in rural areas of California, New Mexico and Utah... Epidemiological investigations for rodent plague are continuing in three states... All local health officers in the State of California have been alerted concerning the procedures and regulations involved during a plague epizootic."

Articles 51 and 52

40. Burma.² (1965, 1966, 1967) The Government reports that vessels were fumigated by burning sulfur; rats collected dead were negative for Pasteurella pestis. All rats caught on ships in the port of Rangoon were also free from P. pestis.

41. France. (1965) The Government confirms its previous comments concerning the more and more frequent issue of Deratting Exemption Certificates following the use of anticoagulants.³

42. Haiti. (1965) The Government submits the following comments (translation from the French):

"Vessels carrying various types of merchandise to other ports and having only a few tons for unloading

¹ See Off. Rec. Wld Hlth Org., 143, 50, section 42.
² Country not bound by the Regulations.

¹ No port has been designated by the health administration of this country for the issue of Deratting Exemption Certificates. See Off. Rec. Wld Hlth Org., 118, 46, section 65.
a moderate increase. The number of ships infested with rats was 714, as compared with 670 for the previous year. Rodents noted on aircraft arriving from plague areas were of particular concern. Continued efforts are being made to reduce this problem through ratproof construction and improved sanitation practices on ships and aircraft."

(1967) "Rat infestation was found in sealed containerized cargo received from Viet-Nam where plague is widespread. The infestation was first discovered when the metal containers (Conexes, approximately 6' x 8' x 10' in size) were opened after clearing quarantine. Quarantine personnel were instructed to open and inspect all Conexes for rat and flea infestation. In Viet-Nam, the measures recommended by the Armed Forces Pest Control for rodent control were expanded and intensified. These included the elimination of debris, rat harbours, and rodent food sources in and around cargo packing areas and extensive use of poison bait. Cargo containers prepared for shipment to the United States are now treated with diazinon dust (two per cent.) and anticoagulant bait is placed in each container prior to its being closed and/or sealed. In ports through which military cargo passes to the United States, extensive rodent surveillance and control programmes have been established to prevent the accidental introduction of plague-infected rats and fleas into these areas.

"In comparison to the past year, most of the quarantine stations reported less rat infestation in shipping arriving in the United States. However, New York reported forty-six infested vessels for the year as compared with twenty-six such vessels the previous year. The Baltimore Quarantine Station found 116 ships infested with rats, forty-four of which had five or more rats. Twelve of these ships had exemption certificates and more than twenty rats were found on board each ship.

"A late report of an imported case of plague from Viet-Nam was received on 7 November 1966. This case was a veteran living in Dallas, Texas, who had returned on 9 August from Viet-Nam where he had been exposed to rats during a work detail to tear down old buildings which were infested with rats. He became ill on 15 August; on 29 August he was admitted to the Veterans Administration Hospital in Dallas, where a diagnosis of acute suppurative lymphadenitis was made. When his condition did not improve, he was seen by a consultant who suspected bubonic plague. Laboratory findings by fluorescent antibody techniques against plague were positive on 23 September. The patient was placed on streptomycin and tetracyclines which resulted in immediate clinical improvement.

"Four cases of bubonic plague were reported in the States of Arizona and New Mexico. They occurred in rural areas and were not significant in international traffic. All of the patients recovered. Field investigations for sylvatic plague are continuing in the two States and in the State of California".

Chapter II. Cholera

45. As a result of the cholera outbreaks, particularly in Iran, Iraq, and Afghanistan, in late 1965 and 1966, measures in excess of the provisions of the Regulations were taken by a number of countries.

46. Aden and Federation of South Arabia. (1967) The Government reports that during the cholera epidemic in Iraq in 1966 a committee was formed in Aden State with the task of initiating preventive measures against the introduction of cholera into the country.

47. Bahrain. (1966) The Government reports that one case of cholera El Tor of unknown origin was observed in August 1965 in Sitra Island. The patient, who had not been out of Bahrain for the previous eight years, had no known contact with anyone arriving from an infected area. She recovered in hospital where she gave birth to a live premature female baby while in isolation. No carrier was discovered among the patient's contacts. All necessary measures were taken to prevent the spread of the disease and over 95 per cent. of the population were vaccinated. Cholera had not been reported in Bahrain since 1926.

(1967) The Government mentions that Iran and Iraq still require a vaccination certificate from all passengers arriving from Bahrain on board ships which start their voyage at Bombay.


49. Burma. (1965, 1966, 1967) The Government mentions that 46,538 anticholera vaccinations were performed at the port of Rangoon. This figure includes officials working in the port and the population living on boats and found unprotected against the disease. At Rangoon airport 1,471 vaccinations were carried out. These figures do not include arriving travellers.

50. China (Taiwan). (1967) The Government reports one imported case of cholera in a passenger

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1 Southern Yemen as from 30 November 1967.
2 13 July 1967.
3 Country not bound by the Regulations.
from Viet-Nam. Quarantine measures were immediately taken.¹

51. **Iraq.** (1965, 1966) The Government reports along the following lines: The constant spreading of cholera El Tor from east to west proves the inefficacy of the measures laid down in the Regulations, which should be amended according to new scientific knowledge. Iraq has many holy places which are visited each year by thousands of pilgrims from cholera endemic countries; it is therefore greatly exposed to the importation of the disease. The revised provisions should give more authority to countries for their protection. During the outbreak of cholera El Tor in August and September 1966, Iraq experienced the seriousness and burden of excessive measures with no scientific basis; they caused a lot of problems, including economic losses, and should be replaced by better co-operation and scientific research.²

52. **Japan.** (1965) The Government reports as follows:

"...we experienced detection of two cholera El Tor cases. One was the non-imported case which is the first one ever reported in our country since 1955, and the other was the case imported through air traffic.¹ Fortunately, with the prompt and adequate control measures which we took, we could manage to prevent any further occurrence of cases and to minimize the possible damages. Yet, the fact that we had detected both non-imported and imported cases of cholera El Tor aroused active arguments and discussion over the quarantine measures exercised under the current Regulations and systems.

"As you know, because of our geographical and economic situation, being closely connected with those neighbouring countries where cholera is mostly endemic, we are exposing ourselves to the danger of cholera invasion at every moment; and that is why we always are so strict in taking all possible measures to prevent importation of quarantinable diseases by international traffic. Not to mention the measures taken on arrival of ships and aircraft by our quarantine authorities, our preventive measures include: health education for all personnel on board the ships or aircraft leaving for cholera infected areas to be cautious of possible infection, and other administrative measures required for port sanitation, such as the examination for water contamination in the port and inland water areas, examination of drinking-water supplied by water-tank boat or car in the port areas, survey and extermination of insects, laboratory examination and extermination of rats, disinfection of public latrines, cleaning of the land area, wastes and refuse disposal in the port areas, etc., which have been performed under a close co-operation with other health agencies responsible for communicable disease control.

"However, the remarkable development in recent years in the means of transportation, especially in aerial transportation, has come to prove, as we have repeatedly proposed, the necessity of revising the Regulations. Also, through a number of experiences in some other countries in the world, the current provisions of the International Sanitary Regulations have proved to be not efficient enough to ensure successful prevention of spread of cholera, since they only deal with patients with definite symptoms.

"In order to eliminate such blind spots and to ensure more efficient cholera control measures in the face of rapidly developing international traffic, we believe that it would be necessary to consider carefully the following points and do something about them, as we reported last year:³

1. Over-confidence in the effectiveness of cholera vaccination.
2. Lack of precautions for detecting mild cases without definite symptoms which are difficult to be identified.
3. Disregard of the role of carriers who show no symptoms in the transmission of cholera.

"In this connexion, a series of joint studies on cholera have been carried out by WHO, Philippines and Japan, with successful outcome, which may serve as evidence for the propriety of our proposal. Therefore we consider it urgently essential that WHO would review the above-mentioned points at an earliest date and deal with them adequately so that the transmission of cholera may be prevented.”

53. **Japan.** (1967) The Government reports as follows:

"Having such circumstances in which we have to deal with many of the incoming ships and planes which originated in the cholera infected local areas, a prudent policy is being adopted to ensure prevention of importation and spread of cholera by means of handing out the health card to those arrivals from the cholera

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¹ See Appendix (p. 75).
² The Government of Iraq further states that the epidemic of cholera El Tor will be commented on in its report for the period 1966-1967. As this report had not been received by the end of October, the notifications of Iraq at the time of the outbreak are summarized as follows: First notification of the presence of cholera El Tor infection on 19 August 1966; declaration of freedom from infection on 15 October 1966. Number of cases reported: 277 (with 20 deaths). Provinces affected: Baghdad (excluding the city and the airport), Diyala, Kirkuk and Sulaimaniya.
infected local area by the quarantine officer at the time of their arrival, to aim for early discovery of case and treatment of case in time by advising a person to consult a physician if he finds any sign of abnormality in his health condition. However, the need for solving many problems such as evaluation of the effectiveness of cholera vaccination under the Regulations, consideration for the mild cholera case and measures for the carriers, is very keenly felt in order to ensure more satisfactory results in controlling disease.

"We feel, in the above connexion, that WHO should take a more definite attitude on the prevailing problems, since further study should be made to cope with such situation in which the more perfect quarantine measures may be applied with minimum interference with the world traffic which has been so highly and rapidly developed, such as mass international transportation by jumbo jet for persons, and container system for cargo."

54. Malaysia. (1966, 1967) The Government mentions that fourteen cases of cholera El Tor, including one death, occurred in Sarawak between 29 September and 14 October 1965. The outbreak, which followed the epidemic in Brunei, was confined to the Fifth Division; most cases were observed in the frontier area with Brunei.

One case of cholera El Tor of unknown origin was observed in Kuala Lumpur in December 1965.

The Government further reports that measures in excess of the Regulations have been repeatedly applied by a neighbouring country; it intends therefore to examine with this country the possibility of concluding an arrangement under Article 104 of the Regulations.

55. Republic of Korea. (1965) The Government reports that eleven cases of cholera, including one death, occurred in the country.

56. Republic of Viet-Nam. (1966) The Government reports that 2732 cases of cholera (140 deaths) were observed, of which 343 (twenty-nine deaths) were confirmed cases. A total of 19,077 certificates of vaccination against cholera were issued.

57. United States of America. (1965, 1966) The Government mentions that a case of laboratory-acquired cholera occurred in June 1965—the first case in the United States of America in fifty-four years. One further case of laboratory-acquired cholera was reported in a man who had been working with cultures of Ogawa strain. Both patients recovered.

The Government reports further as follows:

"The spread of cholera in countries of Asia in recent years points up the need for more definite scientific information on the role which various imported foodstuffs can play in spreading the infection. There is also the need for more research to determine the effect of immunization on the carrier state. It is recommended that WHO promptly take any feasible action with the aim of having research conducted to provide this information."

Article 69

58. China (Taiwan). (1965, 1966, 1967) The Government states that in view of the high risk of transmission of cholera by carrier, and in order to keep Taiwan, which is permanently surrounded by cholera infected areas, free from infection, stool specimens are collected from sea passengers and crew arriving from infected areas; this measure is taken with the consent of the individual.¹

Chapter III. Yellow Fever

59. Argentina. (1967) The Government reports that one non-imported clinical case of jungle yellow fever was observed in Misiones Province.

60. Paraguay. (1965) The Government reports that epidemiological and entomological surveys were undertaken in February 1965, immediately after the reporting of alleged cases of yellow fever in Bella Vista (locality adjacent to Brazil) and the notification received from WHO, Geneva, of one case observed in Mato Grosso (Brazil). In agreement with the health authority of Bella Vista (Brazil), a vaccination campaign was carried out simultaneously in the two contiguous territories. No cases of yellow fever were reported nor was Aedes aegypti found in Paraguay.

61. Trinidad and Tobago. (1967) The Government reports as follows:

"Trinidad and Tobago has virtually eliminated the yellow-fever carrier; however unremitting reintroductions are being experienced through the unprotected water supplies of small marine carriers. So far our vigilance programme has been able to root out locality breeding as it occurs. Soon legislation will be enacted to deal with these carriers."

Article 70 (unamended)

62. In April 1965, the Government of Ethiopia submitted a request for the exclusion of the highlands

¹ From July 1963 to the end of June 1967, 88,038 rectal swabs were taken, and one case and 19 carriers of cholera vibrio detected.
(above an altitude of 2000 metres) from the yellow-fever endemic zone. This region is non-receptive for yellow fever owing to the absence of vectors above that altitude.

The request of the Government of Ethiopia was thoroughly studied by various technical units before the Organization decided to concur with the exclusion of an area of twenty kilometres in radius from the centre of Addis Ababa. The countries particularly concerned were informed of this decision by letter dated 12 September 1966, and an appropriate note was published in the Weekly Epidemiological Record.

Chapter IV. Smallpox

63. Afghanistan. (1967) Fifty-nine cases of smallpox (one death) were reported by the Government.

64. Angola. (1965) The Government reports that one case of smallpox was imported from the Democratic Republic of the Congo.

65. Argentina. (1966) The Government reports that three cases of variola minor were observed on 6 May 1966 at the Bolivian frontier. They were family members of workers entering Bolivia under contract to work in the sugar-cane harvest. The patients were repatriated after diagnosis of the disease. (1967) Twenty-nine cases of variola minor were reported in five provinces.

66. Botswana.1 (1965) The Government reports that 152 cases of smallpox (thirty-four deaths) were observed between September and November 1964, in the Maitengwe area bordering Southern Rhodesia.

67. Burma.2 (1965, 1966, 1967) The Government states that 109,911 vaccinations against smallpox were performed at the port of Rangoon and 1736 at the airport. These figures do not include arriving travellers.

68. Canada. (1966) The following comments have been received from the Government:

"Two suspected cases of smallpox entered Canada. The suspects—a mother and two-year-old child—arrived on 29 November 1965 by air. Both had undergone revaccination against smallpox on 20 November and were in possession of valid International Certificates of Vaccination against Smallpox. They were placed under surveillance by reason of having been present in a smallpox infected local area in Pakistan fourteen days preceding their arrival.

"When seen for surveillance purposes on 3 December both were found to have scattered unilocular pustular lesions. The diagnosis was considered to be eczema vaccinatum but the possibility of variola could not be excluded on clinical grounds alone. Direct examination of scrapings taken from the lesions demonstrated intracytoplasmic inclusion bodies compatible with either variola or vaccinia virus.

"The patients, together with the husband who had preceded them to Canada and with whom they had resided following arrival, were placed in isolation. All contacts who could be identified were vaccinated and placed under strict surveillance. Destination addresses of fellow passengers aboard the flight on which they arrived in Canada were also obtained.

"Subsequent laboratory investigation of material cultured from the lesions of both patients demonstrated the virus to be vaccinia and not variola.

"This incident demonstrated certain difficulties arising from application of the International Sanitary Regulations inasmuch as considerable difficulty was encountered in obtaining promptly a comprehensive list of destination addresses of fellow passengers who, had the diagnosis proven to be variola, would have been subject to appropriate action as first-line contacts."

69. Ceylon. (1965) The Government reports that on 3 April 1965 one case of smallpox was discovered among the crew of M.S. Boleslaw Bierut on arrival from India.3

70. Congo (Brazzaville). (1965) The Government reports that 162 cases of smallpox were observed. Two foci (at Gamboma and Mossaka) near the River Congo might suggest that the infection had spread along the river.

71. Czechoslovakia. (1967) One imported case of smallpox in a person returning from India on 5 March 1967 was reported by the Government. The patient recovered.3


(1) "The diseased, a forty-nine-year-old foreman, had been staying in East Africa, and had lived at that time in a hospital at Ifakara (Tanzania), where also smallpox patients were accommodated. He fell ill on 24 October 1965 at Kulmbach and was

1 Formerly Bechuanaland.
2 Country not bound by the Regulations.
3 See Appendix (p. 75).
taken to the isolation ward of the District Hospital. For the sixth and last time he had been vaccinated on 7 July 1965 (nodosity reaction). After detection of the disease, 27 355 persons were vaccinated at Kulmbach and in the vicinity. Accommodation of the smallpox patient did not involve any difficulties. The clinical development of the disease was not serious. The diagnosis was established by the Bayerische Landesimpfanstalt (Bavarian State Vaccination Centre) in Munich. When, after abatement of the danger of smallpox, Kulmbach was intended to be declared a non-infected area, differing opinions existed as to the date this might be done.1

(2) "On 21 February 1967, a party of travellers, after having terminated their trip to India, landed at Zurich on a chartered Globair machine. A woman, fifty-eight years of age, Mrs S., continued her journey the same day by train from Zurich to Regensburg. On 9 March she contracted pustules, which soon resulted in the diagnosis of suspected smallpox. The diagnosis could be confirmed on 10 March in the evening.

"The party of travellers included forty-two Germans and five Frenchmen. At first, it was not clear whether all members of the party or only some of them had caught the infection more or less in the same place as Mrs S. Due to excellent diary notes of a fellow traveller, there could come into question as the date of infection only 18 February, on which, during the train journey from the national sanctuaries of India to New Delhi, Mrs S. had left the special coach reserved for the party of travellers and had only been able to catch again the suddenly leaving train by squeezing herself into an over-crowded compartment for indigenes, where she had to stay for two and a half hours in closest contact with the native people.

"Mrs S. had last been inoculated against smallpox in 1966, the result having been only an equivocal reaction. She travelled to Egypt in 1966. The same unsafe protection by vaccination was inadequate for the exposure to the high stress of the journey to India. "Synchronous infections could already be excluded on 9 March. The main attention had to be focused on the persons who had frequented the toy shop of Mrs S. These persons were vaccinated and isolated. In the city of Regensburg an extensive vaccination campaign was carried out on a voluntary basis. Further epidemiological particulars were not observed."

(3) "On 23 March 1967 a dermatologist, forty-eight years of age, returned to Hanover from India where he had stayed with a group of physicians since 2 March in order to study leprosy and smallpox. For his flight from India to Frankfurt he used an Air-India machine and, after having waited for two and a half hours, he continued his journey to Hanover by a Lufthansa machine. On the evening of his arrival he noted two small blisters on his upper lip which clinically appeared as smallpox efflorescences. The diagnosis of smallpox was made on 25 March by means of electronic microscopy and by bacterial culture. Since the traveller had to be regarded as infectious already during the flight, the health authorities of the countries of destination of the co-travellers (France, Switzerland, Denmark and Hungary) were immediately informed of this case. In the Federal Republic of Germany all co-travellers had already been traced within two hours. Due to the Easter holiday the ascertainment of the travellers took somewhat longer.

"Comprehensive isolation measures largely contributed to the prevention of a possible spread of the disease by co-travellers of the firstly infected physician. The physician himself had been vaccinated against smallpox in November 1966 and in February 1967 with the result of inconsiderable reaction."

73. French Somaliland2. (1966). The following communication was received concerning an outbreak of smallpox observed during the first quarter of 1966 (translation from the French):

"The virus seems to have been introduced from Ethiopia by land.

(a) Cases observed
First case: 27 January 1966; last case: 16 February 1966; total cases: 52.

(b) Fatal cases
Six deaths in Dikhil district (cercle); total mortality: 11.5 per cent.

(c) Origin of epidemic
It seems to be Ethiopian as proved by: the detection of the patient who came from Ethiopia and died in Dikhil after having infected the district (retrospective diagnosis—case not included in the fifty-two); the detection of three cases introduced from Ethiopia during the epidemic.

(d) Biological confirmation
Specimens from eleven of the fifty-two cases were sent to the Institut Pasteur, Paris. From ten of these smallpox virus was isolated by culturing.

1 The Organization took up this matter with the health administration of the country concerned.

2 French Territory of the Afars and the Issas as from 3 July 1967.
(e) Measures taken

Smallpox vaccination and revaccination were made compulsory throughout French Somaliland by Order No. 109 of 28 January 1966. In all 115,000 vaccinations were carried out.

The local area of Dikhil was declared infected in Order No. 116 (bis) of 29 January 1966, which laid down the following measures: notification and isolation of cases; concurrent and terminal disinfection of infected articles and premises; prohibition of gatherings and traffic restrictions until revaccination deemed adequate.

The local area of Dikhil was declared free from infection in Order No. 398 of 17 March 1966, i.e., twenty-eight days after the detection and isolation of the last case.

No other measures were taken, apart from strengthening of the sanitary controls on land. In the port and airport of Djibouti the health authorities continued to request an international smallpox vaccination certificate on arrival and moreover they made sure during the epidemic that travellers submitted the certificate on departure (Article 30).

74. Ghana. (1965) The Government reports that ten cases of smallpox were observed in various districts. None of these cases were carried by international traffic.

(1966) Two cases of smallpox imported by land from the Western Region of Nigeria (Ejigbo, Oyo Province) were reported. The patients, two children aged three-and-a-half and five-and-a-half, arrived at Kpandu, Volta Region, on 26 April 1966. One of them died on 2 May. No information is available concerning their vaccination status.

75. Guatemala. (1965) The Government reports that a clinical case of smallpox was observed on 17 October 1964 on board a ship calling at Puerto Matias de Galvez. The case was immediately notified and the necessary measures taken. (The ship left in quarantine for Houston, Texas (United States of America) and was released from quarantine when laboratory examinations did not confirm the diagnosis of smallpox.)

76. Ivory Coast. (1965) The Government reports that eleven non-imported cases of smallpox, including four deaths, were observed; eight of these cases occurred in Bouake.

77. Malaysia. (1967) The Government reports that five confirmed cases of smallpox occurred in Sarawak. The index case was a young child living within two miles of the Indonesian (Kalimantan) frontier. The other cases were all contacts of this boy. Sarawak had been free from smallpox for many years, probably since the early 1930's.

78. Niger. (1966) The Government reports that, in spite of the vaccination programme carried out by the Organisation médicale mobile nigérienne et d'éducation sanitaire, 944 cases of smallpox (sixty-four deaths) were recorded. This raises the problem of co-ordination of this programme with those of neighbouring countries.

79. Seychelles. (1967) The Government reports as follows:

"One confirmed case of smallpox was diagnosed on the S.S. KARANJA after calling at Seychelles on its way to Mombasa from Bombay and Karachi in April 1967. The diagnosis was made the day the ship arrived in the port of Mombasa. All passengers landing in the Seychelles and all visitors to the ship were vaccinated against smallpox. As a result no radio pratique is now granted to any ship arriving from Bombay and Karachi and all landing and transit passengers are required to produce valid smallpox certificates and, in case of doubt, to show a vaccination mark."

80. Southern Rhodesia. (1965) The Government states that fifty cases were reported as being carried by international traffic (twenty-one from Malawi, twenty-one from Mozambique and eight from Zambia).

81. Sudan. (1965) The Government gives the following details on an outbreak of smallpox in Darfur Province: The infection was imported by two Hausa coming from Chad. Fifty-six cases (five deaths) were observed in Abu Surrug, and three cases (one death) in Nyala Town. First imported case: female aged forty, exact date of entry unknown. She was on her way from El Geneina to El Fasher when she was found with a rash on 10 April 1965. She was isolated on the same day. Second imported case: man aged forty-four. He was accompanied by the first case. On 10 April he was found with a rash and isolated. Neither case had ever been vaccinated.

82. United Kingdom of Great Britain and Northern Ireland. (1966) The Government reports as follows on the importations of variola minor in 1966:

"Four outbreaks of variola minor in England and Wales were reported during the period April to July. No connexion was established between any of these outbreaks and in each instance the origin was undetermined."

"The first and largest of these outbreaks came to notice on 29 April with the admission to a smallpox
hospital of a girl resident in Walsall, Staffordshire. Retrospective inquiries revealed the occurrence of a series of illnesses, consistent with the diagnosis of variola minor, linked to one case of onset 18 February in Birmingham. Further cases continued to occur among known contacts in the West Midlands until the end of May. The total was forty-seven, of which thirty-one were confirmed by isolation of virus and six were diagnosed retrospectively.

"The second outbreak came to notice on 11 June in Pontypool, Monmouthshire. In retrospect it was recognized that a child, who is said to have had a rash, of onset 11 May, thought at the time to have been chickenpox, had been suffering from variola minor. Virus was subsequently isolated from this child. There was a total of eight cases among household or school contacts, of which seven were confirmed by isolation of virus and one diagnosed retrospectively on clinical grounds. The date of onset of the last two cases was 8 June.

"The third outbreak, which came to notice on 10 July, involved three members of one household in Solihull, near Birmingham. Variola virus was isolated from two of them and a retrospective clinical diagnosis, supported by serological findings, was made in the third. The dates of onset of illness were 30 June, 24 June and 10 June respectively.

"The fourth outbreak came to notice on 16 July in Salford, Lancashire. There was a total of thirteen cases, of onsets ranging from the end of May to the middle of July, of which seven were confirmed by virus isolation and six diagnosed retrospectively on clinical grounds, with supporting evidence in four of these six cases from serological investigations.

"The accompanying table summarizes these four outbreaks:

<table>
<thead>
<tr>
<th>Outbreak</th>
<th>Dates of onset</th>
<th>Ages of patients (years)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Midlands</td>
<td>18.2.66-31.5.66</td>
<td>0-5 10-20+</td>
<td></td>
</tr>
<tr>
<td>Pontypool</td>
<td>29.5.66-11.6.66</td>
<td>0-5 10-20+</td>
<td></td>
</tr>
<tr>
<td>Solihull</td>
<td>10.6.66-30.6.66</td>
<td>0-5 10-20+</td>
<td></td>
</tr>
<tr>
<td>Salford</td>
<td>29.5.66-9.7.66</td>
<td>0-5 10-20+</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>18.2.66-9.7.66</td>
<td>0-5 10-20+</td>
<td>71</td>
</tr>
</tbody>
</table>

"In nearly all cases the illness was mild and often difficult to diagnose clinically although some of the cases were typical in appearance. Without virological investigation it is certain that a considerable number of cases would not have been recognized. In the West Midlands outbreak electron microscopy proved valuable as a screening procedure. The advantages claimed for this method over the gel diffusion test were that it was more rapid, was more sensitive when only small amounts of material from lesions were available and, in some cases, enabled a positive diagnosis of chickenpox to be made without delay.

"Control of the outbreaks was on the usual lines by vaccination and surveillance of known or probable contacts. There was reluctance on the part of medical officers of health to use methisazone prophylactically, in part due to the mildness of the disease. All doctors in England and Wales were advised to report atypical cases of chickenpox to their medical officers of health. Many such cases have been investigated in various parts of the country during the past few months but no other focus of variola minor has so far come to light.

"The most recent previous outbreak of variola minor in England and Wales was in 1952, when 135 cases occurred, mainly in Rochdale and South-East Lancashire."

83. **United States of America.** The Government reports as follows:

(1965) "Nine days after entering the United States a Ghanaian lady developed an illness which had the appearance of clinical chickenpox but was compatible with vaccinia modified smallpox. On the basis of first laboratory findings it was reported, on 24 May 1965, to WHO as a case of smallpox. Later extensive laboratory investigations resulted in the decision (after 1 July) that the illness was not compatible with smallpox and had been an attack of chickenpox."

(1966) The Government states that a study was initiated on the costs of a smallpox epidemic in a metropolitan area in an attempt to identify cost factors resulting from an imported case and a subsequent epidemic.

(1967) "The twelve passengers who were on the plane with the case of smallpox imported into Hanover, Germany, during March 1967, were followed up; eight of the passengers were destined for areas outside of continental United States. All were reported in good health."

84. **Zambia.** The Government reports as follows:

(1965) "There were no proved cases of quarantinable disease but several people in Northern Province who suffered from smallpox gave home addresses in Mbeya District, Tanzania. It will be appreciated that Zambia has very long frontiers with the Democratic Republic of the Congo and with Tanzania, and, because of this, it is not possible to ensure that all persons entering
the country do so at recognized entry points. There are good reasons to suspect that many cases come into Zambia from areas with a high smallpox incidence but there is no definite proof of this.”

The Government further states that 1241 cases of smallpox, with 108 deaths, were recorded as follows: 936 from July to December 1964, and 305 from January to June 1965.

(1967) One case due to international traffic was reported in September 1966 in a thirteen-year-old boy who came from Sakania, Democratic Republic of the Congo, and developed a rash four days after arrival in Ndola. No secondary cases were observed.

Article 83

85. St Helena. (1965) The Government mentions that, in May 1965, the crew of a fishing vessel was confined to the ship until confirmation of freedom from contact with smallpox could be obtained. The majority of the crew were not in possession of vaccination certificates.

Chapter V. Typhus


88. Ecuador. (1966) The Government states that typhus is still endemic in the Andean Region in spite of the eradication campaign carried out in this area.


Chapter VI. Relapsing Fever

90. French Somaliland.1 (1966) The Organization has been informed that one confirmed case of relapsing fever was observed in August 1965; it had presumably been imported from Ethiopia (area of Diredawa, Harar Province) by land traffic.

The Committee, having considered Part V, points out the desirability for health administrations to be kept informed, so that local health authorities can be advised of the research laboratories working with agents of disease subject to the Regulations.

PART VI. SANITARY DOCUMENTS

Article 96

91. Haiti. (1965) The Government reports that masters of arriving ships sometimes do not produce the required Maritime Declaration of Health and allege that they do not possess the form laid down in Appendix 5 of the Regulations.

Article 97

92. United States of America. (1965) The following comments have been received:

“ Airlines were asked to use a special trial procedure for radio reports as to indications of illness on aircraft bound for the United States. The quarantine officer at the port of arrival was to receive a message, ‘PHS Negative’ or ‘PHS Positive’, signifying that observation by a crew member had revealed indications of illness to be absent or present, with particular attention to chills, fever, rash, or diarrhoea. Experience so far with the procedure indicates that problems still exist with regard to adequate reporting of illness on arriving aircraft. Proper reporting can expedite quarantine clearance by alerting quarantine inspectors to the need for a physician. Also, adequate advance information as to illness on board can help in efforts to ensure that any necessary preventive or control measures are applied to persons and to the aircraft.”

Article 98 2

93. Several countries mention that travellers continue to submit vaccination certificates which are not valid in international traffic (not fully or correctly completed, with entries which are illegible, signed by nurses, or not issued on the international form). Fraudulent certificates also continue to be discovered.

(At Tokyo Airport, for example, out of 2218 passengers who arrived in a period of nine days, 799 were in possession of vaccination certificates which were not valid in international traffic: 6 with entries in a language other than English or French; 50 with a photograph to use as identity card; 41 not conforming...

1 French Territory of the Afars and the Issas as from 3 July 1967.
2 See sections 14, 29, 104, 107, 108 and 111.
with the international form; 132 without the approved stamp; 570 with entries for dates not conforming with the Regulations.)

94. Philippines. (1967) The Government mentions in its report that certificates of contra-indication to vaccination issued by practitioners are not accepted if they are not endorsed by the health authority concerned.

Article 99

95. Philippines. (1967) The Government reports as follows:

"We interpret Article 99 of the Regulations to be applicable only to active members of the armed forces and not their dependants. Vaccination certificates issued by the armed forces to army dependants are not acceptable to us."

The Committee considers that vaccination certificates issued by the medical services of the armed forces to dependants of active members of those forces are valid in international traffic, provided that the vaccination is recorded in accordance with the provisions of the Regulations and on an internationally approved form.

Article 100

96. Bulgaria. (1965) The Government is of the opinion that the requirement of a short questionnaire, such as those already in use in some countries, would be of great practical value in ascertaining whether an arriving person has been in an infected area, and asks whether this would be compatible with Article 100 of the Regulations. The International Air Transport Association might collaborate and obtain the completion of such a questionnaire during the flight in order to expedite formalities on arrival.¹

97. Singapore. ² (1965) On the question of detection of passengers arriving from yellow-fever endemic zones, the Government submits the following comments:

"The only way appears to be either to make passengers fill in forms declaring where they have been in each of the past six (or nine) days as is done in India, or to search their passports, which would cause a delay in the clearance of passengers. There is a general dislike (and resistance) to the use of more forms, and I would be grateful for any suggestions of a more acceptable alternative. As airports in both India and Pakistan no longer screen transit passengers, this problem has arisen."

Considering the rapid increase of international traffic and the introduction of large capacity aircraft, the Committee recommends that the Organization should stimulate studies on an experimental basis by health administrations of health clearance procedures which would permit rapid identification of those persons deserving, epidemiologically, special attention.

PART VII. SANITARY CHARGES

Article 101

98. Several complaints have been received by the Organization concerning sanitary dues in excess of the Regulations which continue to be charged in a number of countries.

Netherlands. (1967) The letter from the Royal Dutch Shipowners’ Association, reproduced below, was quoted in the report of the Government:

"As it has been the case for several years, we must again bring to your attention that in many countries, contrary to the relative provisions in the International Sanitary Regulations, it still occurs that sanitary dues, under different names, have to be paid for the normal routine procedure in order to obtain free pratique. Without laying claim to being complete, it appears from the data received from the members of the Royal Dutch Shipowners’ Association that the following countries violated the Regulations in this way in the period from 1 July 1966 to 30 June 1967:

Costa Rica (Limón), Dominican Republic (Santo Domingo), Ecuador (Guayaquil and Maní), Egypt (Alexandria), Greece (Piraeus), Honduras (Ampala), Italy (all ports with the exception of Livorno), Lebanon (Beirut), Libya (Tripoli), Nicaragua (Corinto and San Juan del Sur), Portugal (Lisbon), Spain (all ports), Syria (Lattakia), Tunisia (Tunis), Turkey (İskenderun, Istanbul, İzmir).

"We would like to observe that this list does not include those countries in which charges are made exclusively for overtime work performed by sanitary personnel.

"In some cases, considerable amounts are involved. This may be illustrated by the information received from one of the shipowning companies, that in the period under review they had to pay a total amount of £1102 (approximately $354 in US currency) for twenty-five calls at the port of Beirut (Lebanon)."

² Country not bound by the Regulations.
PART VIII. VARIOUS PROVISIONS

Article 102

99. Philippines. (1967) The Government reports that live insects are still found on arriving aircraft and that very few operators use the "blocks away" procedure.

100. Haiti. (1965) The Government reports again that private aircraft are often without the equipment necessary for disinsecting on arrival and departure. It suggests the dissemination by the Organization of the requirements laid down in the Regulations, through the intermediary of naval college, the press, aeronautical clubs and amateur boating clubs, so as to limit as far as possible the spread of potential vectors of diseases.

101. United States of America. The Government reports as follows:

(1965) "The mosquito surveillance programme in international traffic areas took on added significance with an epidemic of mosquito-borne encephalitis in Texas. This epidemic focused attention on some household mosquitoes of the genus Culex which were implicated as vectors. Such instances place these common nuisance mosquitoes alongside those capable of transmitting yellow fever, dengue, and malaria.

"Inspection of aircraft arriving from foreign countries yielded over 1100 mosquitoes, including some that are important in disease transmission. Pre-arrival disinsection measures applied by airlines, sometimes supplemented by United States Public Health Service control measures, appeared to have prevented escape and establishment of any imported species.

"Disinsection of aircraft and ships from the Caribbean area for preventing importation of dengue was discontinued on 1 July 1965, because of the small number of dengue cases being reported in that area in recent months.

"In calendar year 1964 there was a significant increase in reported cases of malaria in the United States, with 171 confirmed and presumptive cases. All but three were imported, the most common areas of acquisition being the West African countries, Korea and South Viet-Nam. Evidence of infection by chloroquine-resistant P. falciparum was present in four cases. Fifty-two cases were in military personnel and thirty-five in merchant seamen. Three cases were fatal; one of these, in a merchant seaman, was diagnosed when autopsy was performed."

(1966) "Malaria has continued to increase in the United States, especially among servicemen returning from Viet-Nam. One hundred and six cases were reported in the United States during 1965, all of which were imported with the exception of two civilian cases... Fifty-five of the cases were civilians, of whom ten were Peace Corps members and two were merchant seamen. The continued need to educate travellers in antimalarial prophylaxis is apparent. Under consideration is the desirability of presenting a special malaria health notice to travellers from malarious areas requesting that they report to their physician in event of illness."

(1967) "As of 24 June 1967, 963 malaria cases had been reported in the United States, marking a sharp increase over those of the previous year. The majority of the cases occurred in servicemen returning from Viet-Nam. There was an increase in Plasmodium vivax cases. Physicians have been alerted to report all suspect malaria cases for epidemiological investigation."

Article 104

102. Union of Soviet Socialist Republics. (1965) The Government submits the following comments (translation from the Russian):

"It is desirable that the Committee on International Quarantine should invite all countries, when they inform the Organization about quarantinable diseases, to notify other countries connected with them by rail, road, water or air transport. If in such countries quarantinable diseases are constantly being recorded, then they should inform other countries only of cases observed in ports, airports, railway stations and similar places hitherto free of infection."

103. Zambia. (1965) The Government mentions that close liaison is maintained with neighbouring territories. Copies of the weekly bulletins of quarantinable diseases are sent to these countries, which in turn furnish similar information to the health administration of Zambia.

Appendices 2, 3 and 4

104. One country (the United Republic of Tanzania) having asked whether duplicate back-dated vaccination certificates might be issued, i.e., by an office which had records of the previous vaccination performed, the following opinion was given by the Secretariat:

"...the issue of duplicate back-dated vaccination certificates as concerns cholera and yellow fever... could lead to abuses and it is doubtful whether such duplicate certificates would have any legal value.

"It should be borne in mind that the vaccination certificate constitutes the sole proof of vaccination without reference to any other document or register. Vaccination certificates are therefore quite different in nature from other certificates such as, for example, birth certificates attesting an event which is entered in another document, i.e., the Register of Births in the Registrar's Office. Here the birth is legally established by the entry in the Register of Births which, because of its importance and its official character, is the object of particular measures in order to ensure its safe-keeping and protect it against alterations, destruction or loss. Furthermore, since a birth certificate is nothing more than a certified true copy of an entry made in the Register, it is always possible to obtain new issues of this document for so long as the Register itself exists.

"The legal value of duplicate vaccination certificates would be similar to that of birth certificates if vaccinations were entered in official vaccination registers, in which case valid duplicate certificates or certified true copies of the entry could be made. However, since such registers are not required by the Regulations, it is our opinion that duplicate vaccination certificates would not be acceptable."


106. United States of America. (1965) The Government reports as follows:

"Action was taken in port areas to have smallpox vaccination obtained from quarantine officers or, preferably, from other public or private sources, by persons who may have close contact with international traffic, including hospital personnel. Action is also taken in port areas to have cholera and yellow fever vaccinations obtained by persons having frequent contact with international traffic, when there is a special hazard of infection. These vaccinations afford a secondary defence against spread of infection if a case of one of these diseases should pass undetected through the first line of defence—quarantine inspection of arriving international traffic."

107. Philippines. (1965, 1966, 1967) The Government mentions that a number of passengers continue to submit certificates, particularly cholera vaccination certificates, which do not bear the approved stamp.

108. United States of America. (1965) The Government reports that the lack of the approved stamp on the certificates continues to cause delay for a substantial number of persons during quarantine clearance. The measures imposed in the absence of the stamp depend on the possibility of exposure to infection.

Appendix 3

109. United States of America. (1966) The following comments have been received:

"Following yellow fever vaccination, a three-year-old girl died of encephalitis. A study was conducted which verified that there is very little risk in giving yellow fever vaccine."

Appendix 4

110. The three years' validity period of the International Certificate of Vaccination against Smallpox is not always universally accepted. Several complaints were received in this respect. Three countries (Belgium, Burundi and the Netherlands) report difficulties experienced with health authorities (in the Democratic Republic of the Congo, and Indonesia) which, at the time of outbreaks, required from arrivals a certificate dated not more than one year previously.1

111. Australia.2 (1967) The Government reports as follows:

"...difficulties have been experienced with the new International Certificate of Vaccination against Smallpox which was introduced from 1 January 1967. It has been found that in numerous instances details of the origin and batch number of the smallpox vaccine used have not been entered on these certificates. This applies particularly to certificates issued in countries outside Australia. No action has been taken at quarantine clearances to date in regard to these certificates which do not have the origin and batch number recorded. Maximum publicity has been given to this requirement in Australia to members of the medical profession."

1 On inquiry, the countries concerned informed the Organization that this question had been taken up with their health authorities and the irregularity corrected.

2 Country not bound by the Regulations.
112. Union of Soviet Socialist Republics. (1965) The Government proposes that a note on the following lines be inserted in Appendix 4, in view of the fact that smallpox might be imported by a traveller who had been vaccinated shortly before arrival, while already incubating the disease: “If a traveller has been in an infected local area within the fourteen days preceding arrival the validity of his certificate shall begin fourteen days after vaccination or revaccination.”

113. United States of America. (1965) The Government reports that wide distribution was given to the portion of the twelfth report of the Committee on International Quarantine concerning use of potent vaccines and proper procedures so that smallpox vaccination will result in an adequate immunity to smallpox. In connexion with the theme of World Health Day, “Smallpox - constant alert”, the President of the United States issued a statement urging that a high level of immunity against smallpox be maintained among citizens, international travellers and those who serve them, and people of all nations.

Appendix 6

114. Philippines. (1967) The Government reports as follows:

“Most of the arriving aircraft submit Aircraft General Declaration forms which are prepared on the ground by the aircraft operator at the port of origin or at the previous port of call. Such declarations are incomplete, inaccurate and do not present the actual conditions occurring on board during flight. The health part of the Declaration is not accomplished (this is required from all aircraft arrivals) or if there is an entry in the disinsection performed, the stereotyped phrase, ‘Aerosol spray fifteen minutes after take-off and fifteen minutes before landing’ is written on the Declaration. Such types of Declarations are returned to the purser of the aircraft for corrections.”

OTHER MATTERS

Contra-indication to Vaccination during Pregnancy

115. Democratic Republic of the Congo. (1965) The Government reports that some women from European countries refused to be vaccinated against smallpox, arguing that this vaccination is contra-indicated during pregnancy. The health administration would appreciate being informed of the conclusions of studies made as regards contra-indication to vaccination during pregnancy, and suggests that articles in certain WHO publications, such as World Health, inform the public of these conclusions.

The Committee recommends that the Organization should study, in consultation with the appropriate expert bodies, the question of any potential risk and of contra-indication to vaccination during pregnancy.

Training Courses for Quarantine Personnel

116. Republic of Viet-Nam. (1966) The Government is of the opinion that the organization by WHO of periodic training courses for quarantine personnel would be desirable in order to assist Member States to improve and standardize their quarantine services for a better working of the Regulations.

The Committee wishes to emphasize the need for the development by the Organization of training courses for quarantine personnel, as an important measure to have well trained staff available at international ports and airports, and to promote uniformity of procedures applicable to international traffic.

The Committee notes that the Organization has already granted fellowships and organized training courses, and that it convened, in 1967, a regional seminar on international quarantine in Manila.

Disinfection

117. The Organization had received requests from two health administrations for advice on disinfection methods and procedures for international transport, particularly air transport. It had also received a specific request from the International Air Transport Association to the effect that WHO develop some recommendations for standards for disinfection procedures, which would be applicable in different situations in relation to international traffic and transport.

The present Regulations provide for disinfection on suitable occasions, but do not lay down any specific methods or practices.

The Committee recognizes that there is at the present time a wide range of techniques of disinfection used for passenger and cargo traffic. It has not so far been possible, therefore, for the Organization to make any specific recommendations. The Committee recommends that the Organization undertake appropriate studies to develop such methods and procedures.
Container Traffic

118. The Committee recognizes that in the future container traffic will be a major potential problem in the international transmission of disease agents and vectors. The Committee further recognizes that health administrations do not have sufficient knowledge of the technology of the industry, and even less of the methodology of control of potential public health problems arising from the use of containers. The Committee therefore recommends that the Organization undertake studies to determine the best methods for control procedures.

Transportation of Monkeys

119. The Committee's attention was called to the recent outbreak of disease with haemorrhagic manifestations, which occurred in laboratory workers handling tissues of monkeys, or having contact with their blood, in two laboratories in the Federal Republic of Germany in August 1967. The monkeys in this outbreak originated in tropical Africa.¹

The Committee feels that the international transport of monkeys has certain dangers for human infection. The Committee therefore considers that this subject should be studied by the relevant expert bodies of the Organization in order to obtain suitable advice, both as to the risk involved and what minimum requirements might be desirable for handling such transportation, and that this study should be undertaken in co-operation with other international organizations concerned.

Disinsection of Aircraft: Dichlorvos (DDVP)²

120. The Committee was informed that the Organization has had the problem of aircraft disinsection under study for several years.³ The Expert Committee on Insecticides in 1960 pointed out the ineffectiveness of in-the-air disinsection with aerosols and reaffirmed its previous recommendation that in-the-air disinsection of aircraft with aerosols should not be recognized as complying with the requirements of the International Sanitary Regulations.⁴ At the same time, the Committee recommended the "blocks away" disinsection procedure. This involves the disinsection of the passenger cabin and all other accessible interior spaces of the aircraft, except the flight-deck, by a single-use aerosol dispenser ⁵ after the doors have been shut following embarkation and before take-off. All parts of the aircraft accessible only from the outside and in which insects might find harbourage are disinfected as near as possible to the time the aircraft leaves the apron. The main disadvantage of this system is that it is not automatic and is open to human error.

The United States Public Health Service, in collaboration with the Organization, has developed an automatic method for the disinsection of aircraft. This is based on the fact that vapours of the insecticide dichlorvos are lethal to mosquitoes exposed for thirty minutes to concentrations of the insecticide in the range of 0.15-0.25 µg per litre of air.

A mechanical system ⁶ has been designed to produce and maintain this concentration in cabins and compartments of aircraft in flight. It is simple and safe and is fully independent of other aircraft operational components.

In principle, an air compressor forces ambient cabin air through a cartridge charged with 2 grams of dichlorvos. The air partially saturated with dichlorvos vapour flows through a distribution tubing to outlets in selected locations in cabins, cockpits and baggage compartments. The vapours diffuse readily into enclosed spaces. Disinsection may be performed any time the aircraft is closed; on the ground, while taxiing or in flight. A cartridge is attached to the unit and a crew member activates a switch. The disinsection stops automatically after thirty minutes of operation. It is impossible to increase the vapour concentration materially above 0.20-0.25 µg per litre of air, either accidentally or intentionally. The amount of dichlorvos vapourized and distributed depends solely on the volume and temperature of air passing through the cartridge. These parameters are fixed by design.

The automatic dichlorvos aircraft disinsection method has been tested on regular scheduled flights with passengers between the United States of America and Latin America, Europe and Nigeria with satisfactory biological results. Tests in scheduled flights were made in a Pan American Airways Boeing 720 (N784PA between North, Central and South America during 1964-65 and a Lufthansa Boeing 707-330 (D-ABUB) between Frankfurt and Lagos in 1966.

During the last few years, extensive studies have been carried out on the toxicity of dichlorvos. The Expert Committee on Insecticides reviewed this information in 1966⁷ and has concluded that the normal exposure of passengers and the repeated exposure of aircrews under regular operational procedures to concentrations of dichlorvos in the range

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² Dichlorvos = 2,2-dichlorovinyl dimethyl phosphate.
⁶ The dichlorvos aircraft disinsection system developed by the National Communicable Disease Center, US Public Health Service, Atlanta, Ga., United States of America.
of 0.15-0.25 µg per litre of air for thirty minutes at a time would not subject them to any health hazards".

The Expert Committee therefore recommended "the routine use of the automatic dichlorvos dispenser as the preferred method for the disinsection of aircraft in international quarantine practices".

Based on the recommendations of the Expert Committee on Insecticides and the Committee on International Quarantine, the Director-General of WHO addressed a letter dated 23 August 1967 to all the Member States requesting their acceptance of this procedure. Thirty-eight countries have so far replied. Thirty have indicated that they would accept aircraft disinsection by the dichlorvos method. Canada and seven countries in Europe accept the procedure but they do not normally require aircraft disinsection.

Specifications and installation directions for the dichlorvos system are in preparation and will be ready for distribution to the Member States and airlines early in 1968.

The dichlorvos method provides a satisfactory solution to the problem of aircraft disinsection in flight; it is effective and automatic and reduces the human element to a minimum. The number of the dichlorvos cartridge may be entered in the health part of the Aircraft General Declaration for inspection by the health authorities. The used cartridge can also be produced for inspection if necessary. A colour change indicates that the cartridge has been used.

It is suggested that the aircraft manufacturer or those installing the system should be required to certify that the system has been properly installed. Full details of the unit and its operation should be included in the appropriate manual concerning aircraft maintenance, inspection and certification of the aircraft by the government agencies concerned.

The Committee considers that the importance of efficient aircraft disinsection to prevent dissemination of mosquito vectors of diseases cannot be overemphasized. It considered the many years of careful research and development which had gone into the development of the dichlorvos disinsection system and the recommendations of the Expert Committee on Insecticides, both the eleventh and sixteenth reports, relating to biological and toxicological investigations. In recognition of the less than complete biological effectiveness of aerosol disinsection procedures and the increasing undesirable delays that will inevitably result from the use of aerosols to disinsect the large aircraft currently being produced for international traffic, the Committee is unanimous in endorsing the use of the dichlorvos disinsection system as the preferred method for disinsecting aircraft in the future, and urges that it be put into practice at the earliest possible date.

The Committee therefore recommends that vapour disinsection by the dichlorvos disinsection system and disinsection on the ground be considered the only aircraft disinsection procedures recommended by the Organization for use after 31 December 1969.

The Committee recognizes that a reasonable transitional period would be required for equipping aircraft with the dichlorvos disinsection system, during which it will be necessary to continue aircraft disinsection with approved aerosol methods. The Committee also recognizes that there will be a continuing need for suitable aerosol procedures for disinsecting private and small commercial aircraft, in which it may not be practicable to install the dichlorvos disinsection system. For these reasons, the Committee urges that research be continued on the development of new and improved aerosol formulations for such aircraft disinsection.

The Committee agrees with the opinion of the Expert Committee on Insecticides that available knowledge indicates that no health hazard would be expected from the continuous use of the dichlorvos disinsection system as recommended by the Organization; it urges that health authorities and research institutions keep this matter under surveillance for any possible unforeseen injurious effects which may unexpectedly arise from continuous long-term exposure. The Committee notes that other uses of dichlorvos for pest control purposes in homes may be expected to expose large human populations to vapours of dichlorvos on a more continuous basis for a long period of time, which would perhaps reveal indications of the possibility of any unexpected injurious effects from long-term exposure to this insecticide before the lesser exposure of aircraft crews would be apt to result in injury to them.

The Committee agrees that all aircraft utilizing vapour disinsection shall be fitted with a dichlorvos disinsection system in accordance with specifications provided by the Organization. The dichlorvos cartridge shall be of single-use type and meet WHO specifications. The cartridges shall be serially numbered and the serial number entered on the Aircraft General Declaration. The empty cartridge, together with the entries on the Aircraft General Declaration, shall serve as evidence of disinsection. The procedure may be carried out at some convenient time between take-off and landing.

In connexion with the development of this method the Committee records with appreciation the assistance given by the International Air Transport Association and some airline operators.

---

### CASES OF QUARANTINABLE DISEASES IMPORTED BY SHIP AND AIRCRAFT from 1 July 1964 to 30 June 1967

#### 1. CHOLERA

<table>
<thead>
<tr>
<th>Ship or aircraft</th>
<th>Date of arrival</th>
<th>Port of arrival</th>
<th>From</th>
<th>Number of cases and probable source of infection</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aircraft</strong></td>
<td><strong>1964</strong></td>
<td><strong>Tokyo</strong></td>
<td>Nairobi</td>
<td>1 confirmed case</td>
<td>Japanese passenger aged 28; case reported on 11 October in Shimoda (Kamo County, Shizuoka Prefecture); diagnosis confirmed on 18 October.</td>
</tr>
<tr>
<td><strong>Aircraft</strong></td>
<td><strong>1967</strong></td>
<td><strong>Taipei</strong></td>
<td>Saigon</td>
<td>1 confirmed case</td>
<td>Onset of disease 12 March; confirmed by laboratory 13 March.</td>
</tr>
</tbody>
</table>

#### 2. SMALLPOX

<table>
<thead>
<tr>
<th>Ship or aircraft</th>
<th>Date of arrival</th>
<th>Port of arrival</th>
<th>From</th>
<th>Number of cases and probable source of infection</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boleslaw</strong></td>
<td><strong>1965</strong></td>
<td><strong>Colombo</strong></td>
<td>Allepey</td>
<td>1 case — Bombay</td>
<td>First treated in a private nursing home; was transferred to Infectious Diseases Hospital, Angoda, on 7 April when diagnosed as smallpox. Discharged on 25 April.</td>
</tr>
<tr>
<td><strong>Berut</strong></td>
<td><strong>1967</strong></td>
<td><strong>Chalna (Pakistan)</strong></td>
<td>Calcutta</td>
<td>2 cases</td>
<td>Crew members.</td>
</tr>
<tr>
<td><strong>Aircraft</strong></td>
<td><strong>1966</strong></td>
<td><strong>Rome (Italy)</strong></td>
<td>Allepey</td>
<td>1 case — Cochin</td>
<td></td>
</tr>
<tr>
<td><strong>Aircraft</strong></td>
<td><strong>1967</strong></td>
<td><strong>Zurich (Switzerland)</strong></td>
<td>Allepey</td>
<td>1 confirmed case</td>
<td>58-year-old woman member of a tourist group. Onset of disease 2 March; first eruptions 7 March; haemorrhagic pustules 9 March; diagnosis confirmed by electron microscope on 10 March. Had been vaccinated in her youth; latest vaccination in 1966 without success.</td>
</tr>
<tr>
<td><strong>Aircraft</strong></td>
<td><strong>1966</strong></td>
<td><strong>Zurich (Switzerland)</strong></td>
<td>Allepey</td>
<td>1 confirmed case</td>
<td>Crew member. Onset of illness 7 March; isolated 11 March; had been repeatedly vaccinated but last vaccination in 1965 was unsuccessful.</td>
</tr>
<tr>
<td><strong>Aircraft</strong></td>
<td><strong>1967</strong></td>
<td><strong>Frankfurt (Germany)</strong></td>
<td>Allepey</td>
<td>1 confirmed case</td>
<td>Dermatologist aged 48. Had been in India to study smallpox and leprosy; diagnosis of smallpox on 25 March by electron microscope; confirmed by egg culture 27 March; had been vaccinated without success in November 1966 and February 1967.</td>
</tr>
<tr>
<td><strong>Karanja</strong></td>
<td><strong>27 April</strong></td>
<td><strong>Mombasa</strong></td>
<td>Bombay</td>
<td>1 case — Karachi, Seychelles</td>
<td>Child in transit to Beira. Case diagnosed as smallpox on 27 April; hospitalized on same day.</td>
</tr>
</tbody>
</table>
Annex 13

SUMMARY OF BUDGET ESTIMATES FOR THE FINANCIAL YEAR
1 JANUARY - 31 DECEMBER 1969

As approved by the Twenty-first World Health Assembly

PART 1: ORGANIZATIONAL MEETINGS

<table>
<thead>
<tr>
<th>Section</th>
<th>Chapter</th>
<th>Description</th>
<th>1969</th>
<th>Estimated obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1</td>
<td>00</td>
<td>Personal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>01</td>
<td>Salaries and wages (temporary staff)</td>
<td></td>
<td>77,060</td>
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<tr>
<td></td>
<td>02</td>
<td>Short-term consultants' fees</td>
<td></td>
<td>900</td>
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<td></td>
<td></td>
<td>Total - Chapter 00</td>
<td></td>
<td>77,960</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Travel and Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>Duty travel</td>
<td></td>
<td>12,500</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>Travel of short-term consultants</td>
<td></td>
<td>1,200</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>Travel of delegates</td>
<td></td>
<td>120,200</td>
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<td>26</td>
<td>Travel of temporary staff</td>
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<td>Total - Chapter 20</td>
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<td>149,400</td>
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<tr>
<td></td>
<td>30</td>
<td>Space and Equipment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>Rental and maintenance of premises</td>
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<td>10,210</td>
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<tr>
<td></td>
<td>32</td>
<td>Rental and maintenance of equipment</td>
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<td>Total - Chapter 30</td>
<td></td>
<td>12,850</td>
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<tr>
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<td>40</td>
<td>Other Services</td>
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<td></td>
<td>43</td>
<td>Other contractual services</td>
<td></td>
<td>400</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>Freight and other transportation charges</td>
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<td>3,500</td>
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<td></td>
<td></td>
<td>Total - Chapter 40</td>
<td></td>
<td>3,900</td>
</tr>
<tr>
<td></td>
<td>50</td>
<td>Supplies and Materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>51</td>
<td>Printing</td>
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<td>190,250</td>
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<td>52</td>
<td>Visual materials</td>
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<td>53</td>
<td>Supplies</td>
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<td>Total - Chapter 50</td>
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<td>198,330</td>
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<td></td>
<td>60</td>
<td>Fixed Charges and Claims</td>
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</tr>
<tr>
<td></td>
<td>62</td>
<td>Insurance</td>
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<td>60</td>
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<td></td>
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<tr>
<td></td>
<td>80</td>
<td>Acquisition of Capital Assets</td>
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<tr>
<td></td>
<td>82</td>
<td>Equipment</td>
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<td></td>
<td>Total - Chapter 80</td>
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<td>9,000</td>
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<td>451,500</td>
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<table>
<thead>
<tr>
<th>Section 2: Executive Board and its Committees</th>
<th>1969</th>
<th>Estimated obligations US $</th>
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</thead>
<tbody>
<tr>
<td>Chapter 00 Personal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01 Salaries and wages (temporary staff)</td>
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<td>72,805</td>
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<td></td>
<td>Total - Chapter 00</td>
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<table>
<thead>
<tr>
<th>Section 3: Regional Committees</th>
<th>1969</th>
<th>Estimated obligations US $</th>
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</thead>
<tbody>
<tr>
<td>Chapter 00 Personal Services</td>
<td>01</td>
<td>Salaries and wages (temporary staff)</td>
</tr>
<tr>
<td></td>
<td>Total - Chapter 00</td>
<td>28,460</td>
</tr>
</tbody>
</table>

1 See resolution WHA21.18.
### Annexe 13

#### Chapter 20: Travel and Transportation

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1969 Estimated Obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Duty travel</td>
<td>48 500</td>
</tr>
<tr>
<td>26</td>
<td>Travel of temporary staff</td>
<td>22 480</td>
</tr>
<tr>
<td><strong>Total — Chapter 20</strong></td>
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<td><strong>70 980</strong></td>
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</table>

#### Chapter 30: Space and Equipment Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1969 Estimated Obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Rental and maintenance of equipment</td>
<td>320</td>
</tr>
<tr>
<td><strong>Total — Chapter 30</strong></td>
<td></td>
<td><strong>320</strong></td>
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</tbody>
</table>

#### Chapter 40: Other Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1969 Estimated Obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Communications</td>
<td>1 600</td>
</tr>
<tr>
<td>43</td>
<td>Other contractual services</td>
<td>11 000</td>
</tr>
<tr>
<td>44</td>
<td>Freight and other transportation charges</td>
<td>5 410</td>
</tr>
<tr>
<td><strong>Total — Chapter 40</strong></td>
<td></td>
<td><strong>18 010</strong></td>
</tr>
</tbody>
</table>

#### Chapter 50: Supplies and Materials

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1969 Estimated Obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>Supplies</td>
<td>10 530</td>
</tr>
<tr>
<td><strong>Total — Chapter 50</strong></td>
<td></td>
<td><strong>10 530</strong></td>
</tr>
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</table>

#### Total — Section 3

- **786 100**

### Part II: Operating Programme

#### Section 4: Programme Activities

##### Chapter 00: Personal Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1969 Estimated Obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Salaries and wages</td>
<td>24 391 935</td>
</tr>
<tr>
<td><strong>Less: Staff assessment</strong></td>
<td></td>
<td>5 448 000</td>
</tr>
<tr>
<td><strong>Net salaries and wages</strong></td>
<td></td>
<td>18 943 935</td>
</tr>
<tr>
<td>02</td>
<td>Short-term consultants' fees</td>
<td>1 660 500</td>
</tr>
<tr>
<td><strong>Total — Chapter 00</strong></td>
<td></td>
<td><strong>20 604 435</strong></td>
</tr>
</tbody>
</table>

##### Chapter 10: Personal Allowances

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1969 Estimated Obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Terminal payments</td>
<td>956 442</td>
</tr>
<tr>
<td>12</td>
<td>Pension fund</td>
<td>3 319 992</td>
</tr>
<tr>
<td>13</td>
<td>Staff insurance</td>
<td>236 109</td>
</tr>
<tr>
<td>14</td>
<td>Representation allowance</td>
<td>10 400</td>
</tr>
<tr>
<td>15</td>
<td>Other allowances</td>
<td>4 305 047</td>
</tr>
<tr>
<td><strong>Total — Chapter 10</strong></td>
<td></td>
<td><strong>8 827 990</strong></td>
</tr>
</tbody>
</table>

##### Chapter 20: Travel and Transportation

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1969 Estimated Obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Duty travel</td>
<td>1 459 742</td>
</tr>
<tr>
<td>22</td>
<td>Travel of short-term consultants</td>
<td>1 660 500</td>
</tr>
<tr>
<td>23</td>
<td>Travel on initial recruitment and repatriation</td>
<td>225 615</td>
</tr>
<tr>
<td>24</td>
<td>Travel on home leave</td>
<td>979 081</td>
</tr>
<tr>
<td>25</td>
<td>Travel of temporary advisers</td>
<td>302 045</td>
</tr>
<tr>
<td>26</td>
<td>Travel of temporary staff</td>
<td>54 930</td>
</tr>
<tr>
<td>27</td>
<td>Transportation of personal effects</td>
<td>65 789</td>
</tr>
<tr>
<td>28</td>
<td>Installation per diem</td>
<td>106 075</td>
</tr>
<tr>
<td><strong>Total — Chapter 20</strong></td>
<td></td>
<td><strong>4 853 777</strong></td>
</tr>
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</table>

### Section 5: Regional Offices

##### Chapter 00: Personal Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>1969 Estimated Obligations US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Salaries and wages</td>
<td>3 625 996</td>
</tr>
<tr>
<td><strong>Less: Staff assessment</strong></td>
<td></td>
<td>660 000</td>
</tr>
<tr>
<td><strong>Net salaries and wages</strong></td>
<td></td>
<td>2 965 996</td>
</tr>
<tr>
<td><strong>Total — Chapter 00</strong></td>
<td></td>
<td><strong>2 965 996</strong></td>
</tr>
</tbody>
</table>
## TWENTY-FIRST WORLD HEALTH ASSEMBLY, PART I

### Chapter 10 Personal Allowances

<table>
<thead>
<tr>
<th>Item</th>
<th>1969 Estimated Obligations (US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Terminal payments: 141,980</td>
</tr>
<tr>
<td>12</td>
<td>Pension fund: 486,017</td>
</tr>
<tr>
<td>13</td>
<td>Staff insurance: 35,527</td>
</tr>
<tr>
<td>14</td>
<td>Representation allowance: 15,600</td>
</tr>
<tr>
<td>15</td>
<td>Other allowances: 480,206</td>
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<td>Total</td>
<td>Chapter 10: 1,159,330</td>
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### Chapter 20 Travel and Transportation

<table>
<thead>
<tr>
<th>Item</th>
<th>1969 Estimated Obligations (US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Duty travel: 109,310</td>
</tr>
<tr>
<td>23</td>
<td>Travel on initial recruitment and repatriation: 10,890</td>
</tr>
<tr>
<td>24</td>
<td>Travel on home leave: 130,210</td>
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<tr>
<td>27</td>
<td>Transportation of personal effects: 4,160</td>
</tr>
<tr>
<td>28</td>
<td>Installation per diem: 5,530</td>
</tr>
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<td>Chapter 20: 260,100</td>
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</table>

### Chapter 30 Space and Equipment Services

<table>
<thead>
<tr>
<th>Item</th>
<th>1969 Estimated Obligations (US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>Rental and maintenance of premises: 182,742</td>
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<td>32</td>
<td>Rental and maintenance of equipment: 40,074</td>
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### Chapter 40 Other Services

<table>
<thead>
<tr>
<th>Item</th>
<th>1969 Estimated Obligations (US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Communications: 189,598</td>
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<tr>
<td>42</td>
<td>Hospitality: 9,000</td>
</tr>
<tr>
<td>43</td>
<td>Other contractual services: 89,446</td>
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<td>44</td>
<td>Freight and other transportation charges: 32,118</td>
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<td>Total</td>
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</table>

### Chapter 50 Supplies and Materials

<table>
<thead>
<tr>
<th>Item</th>
<th>1969 Estimated Obligations (US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>Printing: 4,976</td>
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<tr>
<td>52</td>
<td>Visual materials: 64,300</td>
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<tr>
<td>53</td>
<td>Supplies: 115,450</td>
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### Chapter 60 Fixed Charges and Claims

<table>
<thead>
<tr>
<th>Item</th>
<th>1969 Estimated Obligations (US $)</th>
</tr>
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<tr>
<td>62</td>
<td>Insurance: 14,975</td>
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<tr>
<td>Total</td>
<td>Chapter 60: 14,975</td>
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### Chapter 80 Acquisition of Capital Assets

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>81</td>
<td>Library books: 9,740</td>
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### PART III: ADMINISTRATIVE SERVICES

#### Section 7: Administrative Services

<table>
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<th>Item</th>
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<tr>
<td>01</td>
<td>Salaries and wages: 2,789,045</td>
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<tr>
<td>Less: Staff assessment: 566,000</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Chapter 00: 2,223,045</td>
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### Chapter 10 Personal Allowances

<table>
<thead>
<tr>
<th>Item</th>
<th>1969 Estimated Obligations (US $)</th>
</tr>
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<tbody>
<tr>
<td>11</td>
<td>Terminal payments: 111,238</td>
</tr>
<tr>
<td>12</td>
<td>Pension fund: 397,713</td>
</tr>
<tr>
<td>13</td>
<td>Staff insurance: 27,129</td>
</tr>
<tr>
<td>14</td>
<td>Representation allowance: 15,600</td>
</tr>
<tr>
<td>15</td>
<td>Other allowances: 306,485</td>
</tr>
<tr>
<td>Total</td>
<td>Chapter 10: 858,165</td>
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</table>

### Chapter 20 Travel and Transportation

<table>
<thead>
<tr>
<th>Item</th>
<th>1969 Estimated Obligations (US $)</th>
</tr>
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<tbody>
<tr>
<td>21</td>
<td>Duty travel: 79,300</td>
</tr>
<tr>
<td>22</td>
<td>Travel of short-term consultants: 9,000</td>
</tr>
<tr>
<td>23</td>
<td>Travel on initial recruitment and repatriation: 10,319</td>
</tr>
<tr>
<td>24</td>
<td>Travel on home leave: 79,822</td>
</tr>
<tr>
<td>27</td>
<td>Transportation of personal effects: 10,431</td>
</tr>
<tr>
<td>28</td>
<td>Installation per diem: 5,036</td>
</tr>
<tr>
<td>Total</td>
<td>Chapter 20: 193,908</td>
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</table>

### Chapter 30 Space and Equipment Services

<table>
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</thead>
<tbody>
<tr>
<td>31</td>
<td>Rental and maintenance of premises: 128,840</td>
</tr>
<tr>
<td>32</td>
<td>Rental and maintenance of equipment: 23,522</td>
</tr>
<tr>
<td>Total</td>
<td>Chapter 30: 152,362</td>
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</tbody>
</table>

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**Note:** The above table represents a detailed financial summary of various expenses under different sections as outlined in the document. Each section includes detailed items and their corresponding estimated obligations for the year 1969.
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<th>Other Services</th>
<th>1969 Estimated obligations US$</th>
</tr>
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<tbody>
<tr>
<td>41</td>
<td>Communications</td>
<td>92 060</td>
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<td>42</td>
<td>Hospitality</td>
<td>4 000</td>
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<tr>
<td>43</td>
<td>Other contractual services</td>
<td>71 865</td>
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<tr>
<td>44</td>
<td>Freight and other transportation charges</td>
<td>20 102</td>
</tr>
<tr>
<td></td>
<td>Total — Chapter 40</td>
<td>188 027</td>
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</table>

<table>
<thead>
<tr>
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<th>Supplies and Materials</th>
<th>1969 Estimated obligations US$</th>
</tr>
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<tbody>
<tr>
<td>51</td>
<td>Printing</td>
<td>740</td>
</tr>
<tr>
<td>52</td>
<td>Visual materials</td>
<td>80 000</td>
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<tr>
<td>53</td>
<td>Supplies</td>
<td>64 982</td>
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<td></td>
<td>Total — Chapter 50</td>
<td>145 722</td>
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<table>
<thead>
<tr>
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<th>Fixed Charges and Claims</th>
<th>1969 Estimated obligations US$</th>
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<tr>
<td>62</td>
<td>Insurance</td>
<td>6 396</td>
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<td></td>
<td>Total — Chapter 60</td>
<td>6 396</td>
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<table>
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<tr>
<th>Chapter 80</th>
<th>Acquisition of Capital Assets</th>
<th>1969 Estimated obligations US$</th>
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<tr>
<td>82</td>
<td>Equipment</td>
<td>17 982</td>
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<td></td>
<td>Total — Chapter 80</td>
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<td>01</td>
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PART VI: RESERVE

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<th>Section 11: Undistributed Reserve</th>
<th>3 940 970</th>
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| Total — Section 11               | 3 940 970 |
| Total — Part VI                  | 3 940 970 |
| Total — All Parts                | 3 940 970 |

PART IV: OTHER PURPOSES

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<td>83</td>
<td>Land and buildings</td>
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<td></td>
<td>Total — Section 8</td>
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<table>
<thead>
<tr>
<th>Section 9: Revolving Fund for Teaching and Laboratory Equipment</th>
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<td>Total — Section 9</td>
<td>100 000</td>
</tr>
<tr>
<td>Total — Part IV</td>
<td>678 400</td>
</tr>
<tr>
<td>Sub-total — Parts I, II, III and IV</td>
<td>60 747 800</td>
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Less:

Reimbursement from the Technical Assistance component of the United Nations Development Programme | 1 231 670 |

Less: Casual Income

Assessments on new Members from previous years | 51 345 |
Available by transfer from the cash portion of the Assembly Suspense Account | 551 455 |
Total — Casual Income | 602 800 |

Total — Deductions | 1 834 470 |
Total — Assessments on Members | 69 528 300 |
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