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

- ACABQ — Advisory Committee on Administrative and Budgetary Questions
- ACAST — Advisory Committee on the Application of Science and Technology to Development
- ACC — Administrative Committee on Coordination
- 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 of the United Nations
- IAEA — International Atomic Energy Agency
- IARC — International Agency for Research on Cancer
- IBRD — International Bank for Reconstruction and Development
- ICAO — International Civil Aviation Organization
- ILO — International Labour Organisation (Office)
- IMCO — Inter-Governmental Maritime Consultative Organization
- ITU — International Telecommunication Union
- OAU — Organization of African Unity
- PAHO — Pan American Health Organization
- PASB — Pan American Sanitary Bureau
- UNCTAD — United Nations Conference on Trade and Development
- UNDP — United Nations Development Programme
- UNESCO — United Nations Educational, Scientific and Cultural Organization
- UNFPA — United Nations Fund for Population Activities
- UNICEF — United Nations Children’s Fund
- UNITAR — United Nations Institute for Training and Research
- UNIDO — United Nations Industrial Development Organization
- UNRWA — United Nations Relief and Works Agency for Palestine Refugees in the Near East
- UNSCEAR — United Nations Scientific Committee on the Effects of Atomic Radiation
- WHO — World Health Organization
- 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-fifth World Health Assembly, held at the Palais des Nations, Geneva, from 9 to 26 May 1972, was convened in accordance with resolution EB48.R13 of the Executive Board (forty-eighth session).

The proceedings of the Twenty-fifth 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. 202.
In this volume the resolutions appear in the order in which they were adopted. To facilitate use of the volume along with the eleventh edition of the *Handbook of Resolutions and Decisions*, which contains most of the resolutions adopted up to and at the Twenty-third World Health Assembly and the forty-sixth session of the Executive Board, they have been grouped by title in the table of contents under the subject headings of the *Handbook*; a reference to the relevant section of the *Handbook* also appears beneath each resolution. The resolution symbol applicable to each session and the *Official Records* volume in which the resolutions were originally published are shown below.

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1 The resolution symbols in italics were not used in the original *Official Records* volumes but were added later for convenience of reference in using the *Handbook*. 

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RESOLUTIONS AND DECISIONS

WHA25.1  Representation of China in the World Health Organization

The Twenty-fifth World Health Assembly,

Recalling the United Nations General Assembly resolution 2758 (XXVI) of 25 October 1971 by which it decided to restore all its rights to the People's Republic of China and to recognize the representatives of its Government as the only legitimate representatives of China to the United Nations and to expel forthwith the representatives of Chiang Kai-Shek from the place which they unlawfully occupied at the United Nations and in all organizations related to it;

Noting that the Executive Board, in its resolution EB49.R37, has recommended to the World Health Assembly that it recognize the Government of the People's Republic of China as the only Government having the right to represent China in the World Health Organization,

DECIDES to restore all its rights to the People's Republic of China and to recognize the representatives of its Government as the only legitimate representatives of China to the World Health Organization, and to expel forthwith the representatives of Chiang Kai-Shek from the place which they unlawfully occupy at the World Health Organization.

Handb. Res., 11th ed., 6.2.1.1  Third plenary meeting, 10 May 1972


The Twenty-fifth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1971 and the report of the External Auditor for the same financial period, as contained in Official Records No. 200;

Having considered the report¹ of the Ad Hoc Committee of the Executive Board on its examination of these reports;

Noting with satisfaction that the report of the External Auditor contains more detailed information than before concerning the actual situation in regard to the financing and the implementation of a number of projects; and

Recalling resolution WHA24.5,

1. ACCEPTS the Director-General's financial report and the report of the External Auditor for the financial year 1971; and

2. INVITES the External Auditor to submit, in so far as possible, more extensive information on the methods of financing of projects and on their financial implementation.

(Committee B, first report)

¹ See Annex 1.
WHA25.3 Merger of the Technical Assistance and Special Fund components of the United Nations Development Programme (budgetary consequences)

The Twenty-fifth World Health Assembly,

Having considered the proposals of the Director-General and the recommendations of the Executive Board,

DECIDES that as from 1972 the activities previously financed from income received in the Special Account for Servicing Costs from the United Nations Development Programme be incorporated into the regular budget and that income received or expected to be received in that account be used as required towards financing the regular budget.


Ninth plenary meeting, 17 May 1972 (Committee B, first report)

WHA25.4 Status of collection of annual contributions and of advances to the Working Capital Fund

The Twenty-fifth World Health Assembly

1. NOTES the status, as at 31 March 1972, 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 1972; 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., 11th ed., 7.1.2.4

Ninth plenary meeting, 17 May 1972 (Committee B, first report)

WHA25.5 Supplementary budget estimates for 1972: Requirements resulting from international monetary developments and merger of the Technical Assistance and Special Fund components of the United Nations Development Programme

The Twenty-fifth World Health Assembly,

Having considered the proposals of the Director-General and the recommendations of the Executive Board concerning the supplementary estimates for 1972 resulting from the merger of the Technical Assistance and Special Fund components of the United Nations Development Programme into a single programme, and from the increased costs required to implement the revised 1972 programme as a consequence of international monetary developments; and

Considering that it is desirable to avoid making additional assessments on Members for the year 1972 to finance these supplementary estimates,

1. APPROVES the supplementary estimates for 1972;

2. AUTHORIZES a transfer of seven-twelfths of the 1972 total contribution of China amounting to US $3,032,890 (US $1,769,186) from Part VI: Reserve (Appropriation Section 14—Undistributed Reserve) to various appropriation sections under Parts I, II, III and IV of the Appropriation Resolution for 1972, as set forth in paragraph 3 below, and the use of casual income in an amount of US $1,263,704 to cover the balance; and

3. DECIDES accordingly to amend the Appropriation Resolution for the financial year 1972 (WHA24.42) as follows:

   (i) increase and decrease the relevant appropriation sections by the following amounts:

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<td></td>
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<td>US $</td>
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<td>PART I: ORGANIZATIONAL MEETINGS</td>
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<td>1. World Health Assembly</td>
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<td>2. Executive Board and its committees</td>
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<td></td>
<td><strong>Total — Part I</strong></td>
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<td>5. Environmental health</td>
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<td>655,451</td>
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<td>6. Public health services</td>
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<td>7. Health protection and promotion</td>
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<td>8. Education and training</td>
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<td>9. Other activities</td>
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<td>PART VI: RESERVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Undistributed reserve</td>
<td></td>
<td>(1,769,186)</td>
</tr>
<tr>
<td></td>
<td><strong>Total — Part VI</strong></td>
<td><strong>(1,769,186)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL — ALL PARTS</strong></td>
<td></td>
<td><strong>2,517,604</strong></td>
</tr>
</tbody>
</table>
(ii) delete from subparagraph (i) of paragraph D of resolution WHA24.42 the words "the Technical Assistance component of" and increase the amount shown in that subparagraph by US $978 400; increase the amount shown in subparagraph (ii) of paragraph D of resolution WHA24.42 by US $1 263 704; and, further, increase the total amount of assessments against Members by US $275 500.

4. requests the Director-General to consult with China on programmes of assistance amounting to US $587 890 included in Appropriation Section 9 above.


Ninth plenary meeting, 17 May 1972
(Committee B, second report)

WHA25.6 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution: Dominican Republic

The Twenty-fifth World Health Assembly,

Having considered the proposal of the Government of the Dominican Republic for settlement of its arrears of contributions to the Organization and the recommendation of the Executive Board thereon,

DECIDES to accept the settlement of its arrears proposed by the Government of the Dominican Republic to the effect that its 1971 contribution be liquidated and that its consolidated arrears of contributions for the period 1965-1970 be paid in four equal instalments in the years 1972-1975, subject to the provisions of Financial Regulation 5.5 and notwithstanding the provisions of Financial Regulation 5.6.

Handb. Res., 11th ed., 7.1.2.4

Ninth plenary meeting, 17 May 1972
(Committee B, second report)

WHA25.7 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution

The Twenty-fifth World Health Assembly,

Having considered the report of the Ad Hoc Committee of the Executive Board on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;¹

Having noted with regret and concern that Bolivia, the Dominican Republic, El Salvador and Paraguay are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

Recognizing the efforts made by Bolivia, El Salvador and Paraguay to liquidate their arrears;

Noting that the Dominican Republic has made no payment to the Organization in respect of its assessed contributions since 1966 and that, as a result, the Dominican Republic is in arrears for the balance of its 1965 contribution and for the full contributions for the years 1966 to 1971;

Noting, however, that the Dominican Republic has proposed a plan for the settlement of its arrears to the effect that its 1971 contribution be liquidated and that its consolidated arrears of contributions for the period 1965-1970 be paid in four equal instalments in the years 1972-1975, subject to the provisions of Financial Regulation 5.5 and notwithstanding the provisions of Financial Regulation 5.6 and that an assurance has been given to start implementing before the end of 1972 its proposal for settlement of its arrears,

1. DECIDES not to suspend the voting privileges of Bolivia, the Dominican Republic, El Salvador and Paraguay at the Twenty-fifth World Health Assembly;

¹ See Annex 3.
2. **URGES** Bolivia, the Dominican Republic, El Salvador and Paraguay to regularize their position so that the Executive Board at its fifty-first session and the Twenty-sixth World Health Assembly will not have to examine this question again; and

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

Handb. Res., 11th ed., 7.1.2.4

*Ninth plenary meeting, 17 May 1972 (Committee B, second report)*

**WHA25.8  Assessment for 1971 and 1972 of Bahrain, Fiji, and Oman**

The Twenty-fifth World Health Assembly,

Noting that Bahrain, an Associate Member since 8 May 1968, and Fiji became Members of the Organization by depositing with the Secretary-General of the United Nations formal instruments of acceptance of the WHO Constitution on 2 November 1971 and 1 January 1972 respectively;

Recalling that the Twenty-fourth World Health Assembly, in resolution WHA24.34, decided that Oman shall be assessed for the years 1971 and 1972 at a rate to be fixed by the Twenty-fifth World Health Assembly;

Recalling that the Twenty-fourth World Health Assembly, in resolution WHA24.12, confirmed that the latest available United Nations scale of assessment shall be used as a basis of determining the WHO scale of assessment;

Recalling further that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES

(1) that Bahrain, Fiji and Oman shall be assessed as follows:

<table>
<thead>
<tr>
<th></th>
<th>1971</th>
<th>1972</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahrain</td>
<td>0.04%</td>
<td>0.04%</td>
</tr>
<tr>
<td>Fiji</td>
<td></td>
<td>0.04%</td>
</tr>
<tr>
<td>Oman</td>
<td>0.04%</td>
<td>0.04%</td>
</tr>
</tbody>
</table>

(2) that Bahrain, which became a full Member of the World Health Organization on 2 November 1971, shall contribute for the period 1 January to 1 November 1971 in respect of associate membership at the rate of eight-ninths of 0.02% and, for the period 2 November to 31 December 1971, at the rate of one-ninth of 0.04%.

Handb. Res., 11th ed., 7.1.2.2

*Ninth plenary meeting, 17 May 1972 (Committee B, second report)*

**WHA25.9  Assessment for 1972 and 1973 of the United Arab Emirates**

The Twenty-fifth World Health Assembly,

Noting that the United Arab Emirates, a Member of the United Nations, became a Member of the Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 30 March 1972;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,
TWENTY-FIFTH WORLD HEALTH ASSEMBLY, PART I

DECIDES:
(1) that the United Arab Emirates shall be assessed for the years 1972 and 1973 at a rate to be fixed by the Twenty-sixth World Health Assembly;
(2) that the United Arab Emirates shall be assessed at the provisional rate of 0.04% for these two years, to be adjusted to the definitive assessment rate when established by the Twenty-sixth World Health Assembly, and further
(3) that the contribution for 1972 shall be reduced to one-third of 0.04%.

Handb. Res., 11th ed., 7.1.2.2

Ninth plenary meeting, 17 May 1972 (Committee B, second report)

WHA25.10 Scale of assessment for 1973

The Twenty-fifth World Health Assembly

1. DECIDES that the scale of assessment for 1973 shall, subject to the provisions of paragraph 2 below, 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>Greece</td>
<td>0.26</td>
</tr>
<tr>
<td>Albania</td>
<td>0.04</td>
<td>Guatemala</td>
<td>0.05</td>
</tr>
<tr>
<td>Algeria</td>
<td>0.08</td>
<td>Guinea</td>
<td>0.04</td>
</tr>
<tr>
<td>Argentina</td>
<td>0.77</td>
<td>Guyana</td>
<td>0.04</td>
</tr>
<tr>
<td>Australia</td>
<td>1.32</td>
<td>Haiti</td>
<td>0.04</td>
</tr>
<tr>
<td>Austria</td>
<td>0.50</td>
<td>Honduras</td>
<td>0.04</td>
</tr>
<tr>
<td>Bahrain</td>
<td>0.04</td>
<td>Hungary</td>
<td>0.43</td>
</tr>
<tr>
<td>Barbados</td>
<td>0.04</td>
<td>Iceland</td>
<td>0.04</td>
</tr>
<tr>
<td>Belgium</td>
<td>0.95</td>
<td>Indonesia</td>
<td>0.25</td>
</tr>
<tr>
<td>Bolivia</td>
<td>0.04</td>
<td>Iran</td>
<td>0.20</td>
</tr>
<tr>
<td>Brazil</td>
<td>0.72</td>
<td>Iraq</td>
<td>0.06</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>0.16</td>
<td>Ireland</td>
<td>0.13</td>
</tr>
<tr>
<td>Burundi</td>
<td>0.04</td>
<td>Israel</td>
<td>0.18</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>0.45</td>
<td>Italy</td>
<td>3.19</td>
</tr>
<tr>
<td>Cameroon</td>
<td>0.04</td>
<td>Ivory Coast</td>
<td>0.04</td>
</tr>
<tr>
<td>Canada</td>
<td>2.77</td>
<td>Jamaica</td>
<td>0.04</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>0.04</td>
<td>Japan</td>
<td>4.87</td>
</tr>
<tr>
<td>Ceylon</td>
<td>0.05</td>
<td>Jordan</td>
<td>0.04</td>
</tr>
<tr>
<td>Chad</td>
<td>0.04</td>
<td>Kenya</td>
<td>0.04</td>
</tr>
<tr>
<td>Chile</td>
<td>0.18</td>
<td>Khmer Republic</td>
<td>0.04</td>
</tr>
<tr>
<td>China</td>
<td>3.60</td>
<td>Kuwait</td>
<td>0.07</td>
</tr>
<tr>
<td>Colombia</td>
<td>0.17</td>
<td>Laos</td>
<td>0.04</td>
</tr>
<tr>
<td>Congo</td>
<td>0.04</td>
<td>Lebanon</td>
<td>0.05</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>0.04</td>
<td>Lesotho</td>
<td>0.04</td>
</tr>
<tr>
<td>Cuba</td>
<td>0.14</td>
<td>Liberia</td>
<td>0.04</td>
</tr>
<tr>
<td>Cyprus</td>
<td>0.04</td>
<td>Libyan Arab Republic</td>
<td>0.06</td>
</tr>
<tr>
<td>Czechoslovakia</td>
<td>0.81</td>
<td>Luxembourg</td>
<td>0.05</td>
</tr>
<tr>
<td>Dahomey</td>
<td>0.04</td>
<td>Madagascar</td>
<td>0.04</td>
</tr>
<tr>
<td>Denmark</td>
<td>0.56</td>
<td>Malawi</td>
<td>0.04</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>0.04</td>
<td>Malaysia</td>
<td>0.09</td>
</tr>
<tr>
<td>Ecuador</td>
<td>0.04</td>
<td>Maldives</td>
<td>0.04</td>
</tr>
<tr>
<td>Egypt</td>
<td>0.16</td>
<td>Mali</td>
<td>0.04</td>
</tr>
<tr>
<td>El Salvador</td>
<td>0.04</td>
<td>Malta</td>
<td>0.04</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>0.04</td>
<td>Mauritania</td>
<td>0.04</td>
</tr>
<tr>
<td>Federal Republic of Germany</td>
<td>6.13</td>
<td>Mauritius</td>
<td>0.04</td>
</tr>
<tr>
<td>Fiji</td>
<td>0.04</td>
<td>Mexico</td>
<td>0.79</td>
</tr>
<tr>
<td>Finland</td>
<td>0.40</td>
<td>Monaco</td>
<td>0.04</td>
</tr>
<tr>
<td>France</td>
<td>0.41</td>
<td>Mongolia</td>
<td>0.04</td>
</tr>
<tr>
<td>Gabon</td>
<td>0.04</td>
<td>Morocco</td>
<td>0.08</td>
</tr>
<tr>
<td>Gambia</td>
<td>0.04</td>
<td>Nepal</td>
<td>0.04</td>
</tr>
<tr>
<td>Ghana</td>
<td>0.06</td>
<td>Netherlands</td>
<td>1.06</td>
</tr>
</tbody>
</table>
2. REQUESTS the Director-General, in the event that assessments would be fixed provisionally or definitively by the current World Health Assembly for any new Members, to adjust the scale as set forth in paragraph 1 above in accordance with the provisions of resolutions WHA8.5 and WHA24.12.

Handb. Res., 11th ed., 7.1.2.1

WHA25.11 Annual Report of the Director-General for 1971

The Twenty-fifth World Health Assembly,

Having reviewed the report of the Director-General on the work of the World Health Organization during 1971,¹

1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1971, in accordance with the established policies of the Organization; and

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


WHA25.12 Election of Members entitled to designate a person to serve on the Executive Board

The Twenty-fifth World Health Assembly,

Having considered the nominations of the General Committee,²

ELECTS the following as Members entitled to designate a person to serve on the Executive Board: Afghanistan, Colombia, Hungary, Indonesia, New Zealand, Niger, United Kingdom of Great Britain and Northern Ireland, and Zaire.

Handb. Res., 11th ed., 4.2.1

WHA25.13  Review of the Working Capital Fund

The Twenty-fifth World Health Assembly,

Having considered the recommendations of the Executive Board on the amount of the Working Capital Fund for 1973,

1. DECIDES that Part I of the Working Capital Fund, composed of advances assessed on Members, shall for the year 1973 remain established in the amount of US $5 000 000, to which shall be added the assessments on any Members joining the Organization after 30 April 1965;

2. DECIDES that Part II of the Working Capital Fund shall for the year 1973 remain established at US $6 000 000;

3. REQUESTS the Director-General to continue his efforts to secure payment of Members' annual contributions at an earlier date, in order to preclude the necessity of increasing the amount of the Working Capital Fund; and

4. REQUESTS the Executive Board to review the Working Capital Fund at its first session in 1973 and to submit a report to the Health Assembly.

Handb. Res., 11th ed., 7.1.3.2

Tenth plenary meeting, 19 May 1972
(Committee B, third report)

WHA25.14  Amendments to the Financial Regulations: Standardization of the financial regulations governing external audit

The Twenty-fifth World Health Assembly,

Considering it desirable that the financial regulations of the World Health Organization relating to external audit should conform to those of the United Nations and the other organizations of the United Nations system, except for such divergences as are necessary to meet the Organization's constitutional provisions,

ADOPTS the amendments to Article XII of the Financial Regulations of the World Health Organization as proposed by the Director-General and recommended by the Executive Board.¹


Tenth plenary meeting, 19 May 1972
(Committee B, third report)

WHA25.15  Amendments to the Financial Regulations: Profits and losses on exchange²

The Twenty-fifth World Health Assembly,

Having considered the report of the Executive Board at its forty-ninth session,

DECIDES to amend the Financial Regulations by adding to Article VI a new Regulation 6.8, reading:

"6.8 Profits and losses on exchange shall be credited and debited to miscellaneous income."


Tenth plenary meeting, 19 May 1972
(Committee B, third report)

¹ See Annex 4.
² See Annex 5.
WHA25.16  Appointment of the External Auditor

The Twenty-fifth World Health Assembly

1. RESOLVES that the appointment of Mr Lars Breie as External Auditor of the accounts of the World Health Organization be extended to include the financial year 1973, and that he make his audits in accordance with the principles incorporated in Article XII of the Financial Regulations, with the provision that, should the necessity arise, he may designate a representative to act in his absence; and

2. EXPRESSES its gratitude to Mr Breie for the excellent quality of the work which he has performed for the Organization.

Handb. Res., 11th ed., 7.1.10.1  
Tenth plenary meeting, 19 May 1972  
(Committee B, third report)

WHA25.17  Research in the organization of community health services

The Twenty-fifth World Health Assembly,

Having considered the report of the Director-General on research in the organization of community health services;

Recalling resolutions WHA17.20, WHA20.53, WHA21.49, EB39.R35 and WHA23.61 and expressing its conviction that there is a need to elaborate a proper strategy of research development in the organization of community health services, taking into consideration the objectives indicated in resolution WHA23.49;

Believing that the World Health Organization should play a leading role in the coordination of international research on the organization of community health services;

Recognizing that research on the organization of community health services is needed by all countries and in particular by developing countries and is of high priority,

1. CONGRATULATES the Director-General for his report and notes the report;

2. RECOMMENDS that the World Health Organization make the necessary arrangements for the results of research on the organization of community health services, after being evaluated by the World Health Organization, to be circulated to countries so that they can use them as appropriate to their local conditions;

3. REQUESTS the Director-General:

   (1) to submit to a future World Health Assembly a comprehensive long-term WHO research programme on systems of health care organization at local and country-wide levels; and

   (2) in the meantime, to give technical assistance to any governments wishing to undertake for themselves investigations on the organization of their own health services.

Handb. Res., 11th ed., 1.2.1  
Tenth plenary meeting, 19 May 1972  
(Committee A, first report)

WHA25.18  Effective working budget and budget level for 1973

The Twenty-fifth World Health Assembly

DECIDES that:

(1) the effective working budget for 1973 shall be US $93 174 400;

1 See Annex 6.
(2) the budget level shall be established in an amount equal to the effective working budget as provided in paragraph (1) above, plus staff assessment and the assessments represented by the Undistributed Reserve; and

(3) the budget for 1973 shall be financed by assessments on Members after deducting:
   (i) the amount of US $2 233 000 available by reimbursement from the United Nations Development Programme;
   (ii) the amount of US $1 000 000 available as casual income for 1973.

Handb. Res., 11th ed., 2.1
Tenth plenary meeting, 19 May 1972
(Committee A, second report)

WHA25.19 Application for membership by the German Democratic Republic

The Twenty-fifth World Health Assembly

DECIDES to defer consideration of the participation of the German Democratic Republic until the Twenty-sixth World Health Assembly.

Eleventh plenary meeting, 19 May 1972

WHA25.20 Admission of a new Member: Bangladesh

The Twenty-fifth World Health Assembly,

Recognizing the valuable role that the World Health Organization can play in meeting the urgent humanitarian needs of the people of Bangladesh,

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

Eleventh plenary meeting, 19 May 1972

WHA25.21 Admission of a new Associate Member: Papua New Guinea

The Twenty-fifth World Health Assembly

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

Eleventh plenary meeting, 19 May 1972

WHA25.22 Assignment of Bangladesh to the South-East Asia Region

The Twenty-fifth World Health Assembly,

Having considered the request from the Government of Bangladesh for the inclusion of that country in the South-East Asia Region,

RESOLVES that Bangladesh shall form part of the South-East Asia Region.

Handb. Res., 11th ed., 5.1.3.1
Twelfth plenary meeting, 23 May 1972
WHA25.23  **Form of presentation of the programme and budget estimates**

The Twenty-fifth World Health Assembly,

Having considered the report\(^1\) of the Director-General and resolution EB49.R31, adopted by the Executive Board at its forty-ninth session, on the form of presentation of the programme and budget estimates;

Recalling the views expressed on this subject at previous sessions of the Health Assembly and the Executive Board;

Recalling also the recommendations and comments made on budget presentation and programme budgeting by the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies, the Advisory Committee on Administrative and Budgetary Questions, and other bodies in the United Nations system,

1. **EXPRESSIONS** its appreciation of the report of the Director-General;

2. **APPROVES** the principles of the form of presentation of the programme and budget estimates as outlined in that report; and

3. **REQUESTS** the Director-General to introduce a new form of presentation along the lines proposed, beginning with his proposed programme and budget estimates for 1975, taking into account the views expressed during the Twenty-fifth World Health Assembly's discussion of this subject.

Handb. Res., 11th ed., 2.3

Twelfth plenary meeting, 23 May 1972
(Committee B, fourth report)

WHA25.24  **Feasibility of introducing a biennial programme and budget\(^2\)**

The Twenty-fifth World Health Assembly,

Considering the desirability of long-term planning;

Recalling the decision of the Twenty-second World Health Assembly\(^3\) that the World Health Organization should adopt in principle a system of biennial programming;

Aware of the need for a study of the implications and possible methods of implementation of biennial budgeting;

Noting that a constitutional amendment would be necessary for the introduction of biennial budgeting and that six months' notice thereof to governments would be needed prior to consideration by the World Health Assembly;

Aware that a constitutional amendment abolishing any reference to a particular budgetary period would permit biennial budgeting but without commitment thereto,

1. **AGREES** in principle to amend the Constitution to delete any references to a particular budgetary period;

2. **REQUESTS** the Executive Board to examine the implications and possible methods of implementation of biennial budgeting and report thereon to the Twenty-sixth World Health Assembly;

3. **REQUESTS** the Director-General to communicate the proposed amendments as in operative paragraph 1 above to governments with the necessary six months' notice prior to the Twenty-sixth World Health Assembly.

Handb. Res., 11th ed., 2.3

Twelfth plenary meeting, 23 May 1972
(Committee B, fourth report)

\(^1\) See Annex 7.

\(^2\) See Annex 8.

\(^3\) Resolution WHA22.53.
WHA25.25 Amendments to the Statute of the International Agency for Research on Cancer ¹

The Twenty-fifth World Health Assembly,

Considering the amendments to Article VI.3 of the Statute of the International Agency for Research on Cancer, adopted by the Governing Council at its ninth session;

Considering the provisions of Article X of the Statute of the Agency,

accepts the following amendments to the Statute of the Agency:

Article VI — The Scientific Council

1. ...

2. ...

3. Each member of the Scientific Council shall serve for a term of four years.

   However, at the first appointment of members following the coming into force of the amendment to this Statute increasing the term of office of the members of the Scientific Council from three to four years the following arrangements shall apply:

   (a) Three new members shall be appointed for four years.

   (b) Three of the four members whose term would otherwise have expired after two years shall be selected by lot to serve for three years, the remaining member continuing to serve for two years.

   (c) Two of the four members whose term would otherwise have expired after one year shall be selected by lot to serve for two years, the remaining two members continuing to serve for one year.

   (d) One new member shall be appointed for one year.

   Any member leaving the Scientific Council, other than a member appointed by way of replacement for a period of two years or less, can be reappointed only after at least one year has elapsed.

   Should any vacancies otherwise occur for the three, two or one year terms of office, additional selections by lot or new appointments shall be made, as appropriate.

4. ...

Twelfth plenary meeting, 23 May 1972  
(Committee B, fourth report)

WHA25.26 Organizational study by the Executive Board on medical literature services to Members

The Twenty-fifth World Health Assembly,

Having examined the report of the Executive Board on its organizational study “Medical literature services to Members”;

Noting that the study was carried out on the basis of the replies by Member States to a questionnaire,

¹ At its ninth session, held in Lyon, France, from 18 to 20 October 1971, the Governing Council of the International Agency for Research on Cancer in its resolution GC/9/R13 adopted amendments to paragraph 3 of Article VI of the Statute of the Agency, relating to the length of membership of members of the Scientific Council. These amendments were adopted on a recommendation made by the Scientific Council at its seventh session held in Lyon from 7 to 9 June 1971. The Scientific Council had felt that, in view of the increasing scope of the programme of the Agency, a term of four years would make more efficient use of the time and expertise of the Council members than did the term of three years previously provided for.
RESOLUTIONS AND DECISIONS

1. EXPRESSES its belief that the World Health Organization should assume a leading role in the development, coordination, and improvement of biomedical communications, particularly in those fields of major concern to national health services and to international cooperation in the field of health;

2. REQUESTS the Director-General to examine the conclusions that emerged from the study and from the discussions of the Board at its forty-ninth session with particular attention to the following:
   
   (1) the need to give more prominence in the publications programme to the social and behavioural sciences and to the economic aspects of health;
   
   (2) ways and means of improving both the free distribution and the sales of WHO scientific and technical publications;
   
   (3) the need for a feasibility study on whether the Organization should prepare and publish medical textbooks;
   
   (4) the importance of an improvement in medical library services for the effective use of published biomedical information, and particularly the development of regional medical libraries;
   
   (5) the necessity for a study by an international group of experts of the role of WHO in relation to modern problems of biomedical communications; and

3. REQUESTS the Director-General to report thereon to a later session of the Executive Board and a subsequent World Health Assembly.

Handb. Res., 11th ed., 7.4

Twelfth plenary meeting, 23 May 1972
(Committee B, fifth report)

WHA25.27 Annual report of the United Nations Joint Staff Pension Board for 1970

The Twenty-fifth World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the annual report for the year 1970 and as reported by the Director-General.

Handb. Res., 11th ed., 7.2.7.1

Twelfth plenary meeting, 23 May 1972
(Committee B, fifth report)

WHA25.28 Appointment of representatives to the WHO Staff Pension Committee

The Twenty-fifth World Health Assembly

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

Handb. Res., 11th ed., 7.2.7.2

Twelfth plenary meeting, 23 May 1972
(Committee B, fifth report)
WHA25.29  Award of the Dr A. T. Shousha Foundation Medal and Prize

The Twenty-fifth 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 1972;
3. AWARDS the Medal and Prize to Dr Ahmed El Halawani; and
4. PAYS TRIBUTE to Dr Ahmed El Halawani for his most significant contribution to public health in the geographical area in which Dr A. T. Shousha served the World Health Organization.

Handb. Res., 11th ed., 9.1.3.2  Twelfth plenary meeting, 23 May 1972

WHA25.30  Provisional assignment of Papua New Guinea to the Western Pacific Region

The Twenty-fifth World Health Assembly,

Having considered the request made on behalf of Papua New Guinea for the provisional inclusion of that territory in the Western Pacific Region,

DECIDES that Papua New Guinea shall provisionally form part of the Western Pacific Region.

Handb. Res., 11th ed., 5.1.3.2  Thirteenth plenary meeting, 24 May 1972

WHA25.31  Coordination with the United Nations system: General matters

The Twenty-fifth World Health Assembly,

Having considered the report of the Director-General on coordination with other organizations of the United Nations system: General matters,

Noting the action taken by the Executive Board at its forty-ninth session,

1. NOTES with satisfaction the report and the steps taken by the Director-General to continue his cooperation with the other organizations of the United Nations system on the relevant decisions of the Economic and Social Council and the General Assembly;
2. SUPPORTS the action taken by the Director-General pursuant to resolution WHA24.52 to ensure cooperation and coordination with the United Nations Development Programme in country programming;
3. EMPHASIZES the importance of the role of WHO in assisting national health authorities in identifying the health aspects within country programmes and calls attention to the part to be played by the WHO Representatives;
4. STRESSES again the importance of ensuring adequate health planning by national health administrations and of establishing a continuing dialogue with the organs responsible for overall national socio-economic development planning and decision making;

1 See Annex 9.
2 Resolution EB49.R44.
5. WELCOMES the action taken by the Director-General: (a) to collaborate with other members of the United Nations system in the implementation of the International Development Strategy for the Second United Nations Development Decade, in pursuance of resolution WHA24.49 and the relevant resolutions of the United Nations General Assembly; (b) to cooperate through the Administrative Committee on Coordination and the Economic and Social Council in arrangements for the first biennial review of the progress during the Decade; and (c) to develop and refine targets and indicators required for evaluation in the field of health in the mid-term appraisal of the Decade.

Handb. Res., 11th ed., 8.1.1; 8.1.2  
Thirteenth plenary meeting, 24 May 1972  
(Committee B, sixth report)

WHA25.32 Coordination with the United Nations system: Implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples

The Twenty-fifth World Health Assembly,

Having considered the report of the Director-General on the implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples;¹

Noting that the Executive Board ² concurred in the Director-General's recommendations in his report to the Board and requested him to pursue his consultations;

Having been informed of the steps taken by the Director-General in response to the Board's request,

TAKES NOTE of the report and the additional information thereon provided to the Health Assembly.

Handb. Res., 11th ed., 8.1.1; 1.1.5  
Thirteenth plenary meeting, 24 May 1972  
(Committee B, sixth report)

WHA25.33 Method of work of the World Health Assembly

The Twenty-fifth World Health Assembly,

Recalling resolutions WHA20.2, WHA20.3, WHA23.1, WHA24.3, and WHA24.4;

Having considered the report ³ of the Director-General on the method of work of the World Health Assembly;

Considering that the feasibility of improving the efficiency of the method of work of the World Health Assembly is under continuing study by the Director-General,

1. EXPRESSES the hope that delegations will increasingly adhere to the arrangements for the conduct of the general discussions in plenary meetings on the reports of the Executive Board and the Annual Report of the Director-General as set forth in operative paragraph 1 of resolution WHA20.2;

2. REITERATES the appeal made to speakers to limit the length of their interventions in main committees;

3. NOTES with satisfaction the changes so far introduced by the Director-General to improve and rationalize the documentation of the Health Assembly; and

4. REQUESTS the Director-General to continue studying measures for further rationalizing and improving the efficiency of the proceedings of the World Health Assembly and to report on the subject to the Executive Board as appropriate.

Thirteenth plenary meeting, 24 May 1972  
(Committee B, sixth report)

¹ See Annex 11.
² Resolution EB49.R45.
³ See Annex 12.
WHA25.34 Continuation of the Joint Inspection Unit

The Twenty-fifth World Health Assembly,

Recalling Part II of resolution WHA20.22, by which it was decided that the World Health Organization should participate in the Joint Inspection Unit, and resolution WHA24.53, extending the Organization's participation on the existing experimental basis for a further period of two years beyond 31 December 1971;

Mindful that the United Nations General Assembly in paragraph 3 of resolution 2735 A (XXV) decided to review the question of the Joint Inspection Unit at its twenty-seventh session taking into account, inter alia, the views of the governing bodies of the specialized agencies concerned; and

Having considered the report by the Director-General and the views expressed by the Executive Board 1 on the subject,

1. EXPRESSES its appreciation of the work done by the Joint Inspection Unit;
2. BELIEVES that, in the light of experience gained, changes should be introduced in the terms of reference of the Joint Inspection Unit in order to place greater emphasis on the advice that the Unit could provide with a view to achieving better rationalization, improved management and greater uniformity in the work of the United Nations system;
3. FURTHER BELIEVES that changes are also desirable in regard to the internal arrangements of the Joint Inspection Unit;
4. CONSIDERS that with amended terms of reference the Joint Inspection Unit should again be continued on an experimental basis; and
5. REQUESTS the Director-General to transmit this resolution to the United Nations in compliance with resolution 2735 A (XXV) of the General Assembly.


Thirteenth plenary meeting, 24 May 1972 (Committee B, sixth report)

WHA25.35 Community water supply

The Twenty-fifth World Health Assembly,

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

Noting that the report provides new information on the status of community water supplies and the progress achieved in 90 developing countries;

Conscious that the problem of community water supplies is inextricably linked with the problem of waste-water disposal;

Recognizing the need to accelerate the rate of progress in view of the continuing high prevalence of waterborne diseases,

1. ENDORSES the revised global targets proposed by the Director-General for community water supplies in the developing countries to be attained in the Second United Nations Development Decade;
2. DRAWS ATTENTION to the special needs of the rural sector;

1 Resolution EB49.R40.
3. **RECOMMENDS** that Member States:

   (1) adopt specific national targets for the Second United Nations Development Decade for both urban and rural water supplies;

   (2) institute the systematic collection of information relating to community water supplies;

   (3) establish the appropriate policies and infrastructure and allocate the financial and manpower resources necessary to achieve these targets;

   (4) take such steps as would lead to increased allocation of resources to rural water supplies;

   (5) provide for the effective surveillance of drinking-water quality by competent health authorities and for their association with the other tasks in this field, including planning, set out in resolution WHA21.36;

   (6) give priority to the collection and disposal of waste water, in satisfactory hygienic conditions, whenever community water supply programmes are instituted;

4. **REQUESTS** the Director-General to continue to accord high priority to technical assistance to Member States in achieving the targets proposed for the Second United Nations Development Decade, and to:

   (1) prepare guidelines, manuals and codes of practice on the planning, design and management of community water supply and sanitation services, with emphasis on the public health aspects and particular attention to rural areas;

   (2) intensify the research and development efforts of the Organization in the light of the needs and possibilities of developing countries;

   (3) continue cooperation with other international and bilateral bodies, including UNICEF, UNDP, IBRD and the regional development banks, with a view to increasing assistance to national community water supply and waste-water disposal programmes, particularly in the areas of greatest need, and helping governments to make effective use of such assistance;

   (4) give consideration to the related problem of waste-water disposal;

   (5) keep the progress made under periodic review; and

   (6) furnish the World Health Assembly with a mid-decade progress report covering both community water supply and waste-water disposal.

**WHA25.36 Twenty-fifth anniversary of the World Health Organization**

The Twenty-fifth World Health Assembly,

Noting that in 1973 twenty-five years will have elapsed since the foundation of the World Health Organization;

Convinced that the celebration of the twenty-fifth anniversary provides an opportunity for making the objectives and work of the Organization better known;

Appreciating the suggestions of the Director-General to mark that anniversary in such a way as not to entail additional expenditure for WHO,

1. **DECIDES** that the twenty-fifth anniversary be commemorated as outlined by the Director-General;
2. EXPRESSES the desire that the United Nations, the other specialized agencies, and the intergovernmental and non-governmental organizations in official relations with WHO will contribute to the marking of the anniversary;

3. EXPRESSES the hope that Members will celebrate the event in their own countries; and

4. REQUESTS the Director-General to present detailed proposals to the Executive Board at its fiftieth session.


Thirteenth plenary meeting, 24 May 1972
(Committee B, sixth report)

WHA25.37  Future requirements for headquarters accommodation

The Twenty-fifth World Health Assembly,

Noting the reports of the Ad Hoc Committee of the Executive Board on Headquarters Accommodation and of the Director-General;

Noting with satisfaction that the Organization has acquired the necessary additional land for the construction of the addition to the headquarters accommodation;

Noting the preliminary estimates of the volume and cost of construction involved, taking into account the staffing projections that have been made for the period up to 1982; and

Recognizing that more precise estimates cannot be made available to the Assembly until an architectural study has been carried out,

1. APPROVES the recommendations of the Ad Hoc Committee of the Executive Board regarding the manner of choosing an architect to prepare the required preliminary study and more complete estimates of the volume and cost of the building;

2. AUTHORIZES the Director-General to enter into a contract with the architect thus chosen, such a contract being limited, pending any further decision by the Assembly, to the preparation of preliminary plans and estimates;

3. REQUESTS the Director-General to submit the resulting plans and estimates to the Ad Hoc Committee of the Executive Board for examination and comment;

4. REQUESTS the Director-General to explore with the Fondation des Immeubles pour les Organisations internationales (FIPOI) the possibilities of obtaining a low-interest loan to cover a substantial portion of the cost of construction;

5. REQUESTS the Director-General and the Executive Board, or its Ad Hoc Committee as appropriate, to present to the Twenty-sixth World Health Assembly a full report on the architectural, financial and other aspects of the proposed building project so as to enable that Assembly to take a final decision regarding the authorization of the construction;

6. REQUESTS the Executive Board to institute a study in regard to the optimum future headquarters staff level in relation to the level of programme activity and the possible further regionalization of staff and programme activity, and to report to the Twenty-sixth World Health Assembly.

Handb. Res., 11th ed., 7.3.2.2

Thirteenth plenary meeting, 24 May 1972
(Committee B, seventh report)

1 See Annex 13.
WHA25.38  Appropriation to the Real Estate Fund

The Twenty-fifth World Health Assembly,

Noting the report ¹ of the Director-General on the status of projects authorized for financing from the Real Estate Fund and on the immediate requirements of the Fund for the twelve-month period beginning 1 June 1972, at present estimated at approximately US $580 600; and

Noting and accepting the recommendation of the Executive Board that additional credits be built up in the Real Estate Fund from casual income in order to meet a substantial part of the ultimate cost of construction of the permanent addition to headquarters accommodation,

APPROPRIATES to the Real Estate Fund, from casual income, the sum of US $1 460 435.

Thirteenth plenary meeting, 24 May 1972  
(Committee B, seventh report)

WHA25.39  New zone office building in Brasilia

The Twenty-fifth World Health Assembly,

Noting the proposal of the Director-General ¹ that the Organization contribute US $100 000 towards the cost of the new zone office building in Brasilia,

AUTHORIZES this expenditure, to be financed from the Real Estate Fund in accordance with resolution WHA23.14.

Hand. Res., 11th ed., 5.2.2; 7.1.6.3  
Thirteenth plenary meeting, 24 May 1972  
(Committee B, seventh report)

WHA25.40  Extension of the Regional Office building for the Eastern Mediterranean Region

The Twenty-fifth World Health Assembly,

Noting the proposal of the Director-General ¹ for the construction of a small addition to the accommodation of the Regional Office for the Eastern Mediterranean at an estimated cost of US $33 000,

AUTHORIZES this construction, to be financed from the Real Estate Fund in accordance with resolution WHA23.14.

Handb Res., 11th ed., 5.2.5; 7.1.6.3  
Thirteenth plenary meeting, 24 May 1972  
(Committee B, seventh report)

WHA25.41  Award of the Léon Bernard Foundation Medal and Prize ²

The Twenty-fifth World Health Assembly

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

2. ENDorses the unanimous proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1972;

¹ See Annex 14.
² See Annex 10.
3. **AWARDS** the Medal and Prize to Sir George Godber; and
4. **PAYS TRIBUTE** to Sir George Godber for his outstanding services in public health and social medicine.

**Handb. Res., 11th ed., 9.1.2.2**

*Thirteenth plenary meeting, 24 May 1972*

**WHA25.42 Training of national health personnel**

The Twenty-fifth World Health Assembly,

Having considered the progress report by the Director-General on training of national health personnel;

Recalling resolutions WHA21.35, WHA22.42, WHA22.51 and WHA24.59;

Considering that the complexity and magnitude of the problem of international migration of national health personnel calls for a comprehensive study to determine its causes and to find appropriate solutions;

Considering the need for long-term planning of the training of national health personnel;

Considering that in countries where the need exists priority should be given to the training of health auxiliaries required to provide nationwide coverage of basic health services,

1. **NOTES** with satisfaction the Director-General’s report on training of national health personnel;
2. **NOTES** the definition of a physician given by the Executive Board in its resolution EB49.R13;
3. **REQUESTS** the Director-General:
   (1) to continue and intensify the preparation and implementation of a detailed study on international migration of health personnel, if necessary seeking additional resources to finance that study outside the regular budget;
   (2) to submit concrete proposals for the future activities of the World Health Organization in the field of training of health personnel for a number of years, taking into account the measures which are being implemented or planned at the national, regional, interregional and international levels; and
   (3) to invite and assist Member States to intensify their efforts to promote the training and utilization of health auxiliaries as far as their present facilities permit, with a view to improving the efficacy of the health services and extending the health coverage of the population.

**Handb. Res., 11th ed., 1.4.4; 1.4.5**

*Fourteenth plenary meeting, 25 May 1972*

*(Committee A, third report)*

**WHA25.43 Water quality in international water resources**

The Twenty-fifth World Health Assembly,

Having considered the report of the Director-General on the adverse effects on health of the increasing pollution of water resources;

Considering the conclusions of the European Regional Conference on the Accidental Pollution of Inland Waters, as well as the conclusions and recommendations of meetings organized by the World Health Organization in this field;
Aware that the pollution of rivers and other water resources that traverse or constitute national boundaries represents a problem of great concern to public health authorities and one that cannot be satisfactorily solved without international cooperation,

1. EMPHASIZES the importance of ensuring the protection of water resources against pollution;

2. STRESSES the need for the health authorities of Member States to take appropriate action to monitor water quality, with special reference to water resources utilized as sources of drinking supplies; and

3. REQUESTS the Director-General:

   (1) to explore ways and means of promoting agreement on uniform methods for measuring and monitoring water quality in surface and ground water resources and facilitating the exchange and comparison of water quality data;

   (2) to provide when requested technical assistance to Member States for pilot projects on the surveillance of water quality in order to provide a basis for public health action;

   (3) to collaborate with governments of Member States and appropriate international bodies in developing a system of surveillance of water quality and other measures that would enable the competent authorities to deal effectively with international water pollution problems, with particular emphasis on the public health aspects.


Fourteenth plenary meeting, 25 May 1972
(Committee A, third report)

WHA25.44 Cardiovascular diseases

The Twenty-fifth World Health Assembly,

Recalling resolution WHA19.38, which requested the Director-General to study the modalities for further expansion of the programme of the Organization in cardiovascular diseases;

Appreciating the efforts of the Organization in seeking effective ways of controlling cardiovascular diseases, and in particular, pursuant to resolution EB43.R33, in giving a special place to problems of prevention and, with a view to identifying causal factors in these diseases, to epidemiological research;

Stressing the worldwide importance of cardiovascular diseases as causes of mortality, especially of ischaemic heart disease, hypertension, cerebral stroke and rheumatic heart disease;

Conscious of the growing public awareness of the significance of cardiovascular diseases; but

Bearing in mind the financial constraints preventing the Organization from expanding its activities;

Recalling the long-term programme already developed within WHO and especially within the European Region,

1. REQUESTS the Director-General to continue and intensify research activities directed towards the prevention of cardiovascular diseases; and

2. INVITES the Director-General to seek ways of encouraging voluntary contributions for the promotion of research in the prevention of cardiovascular diseases and their complications.


Fourteenth plenary meeting, 25 May 1972
(Committee A, third report)
WHA25.45 Smallpox eradication

The Twenty-fifth World Health Assembly,

Having considered the Director-General's report on the smallpox eradication programme;

Appreciating the significant progress made to date in programmes throughout the world, and congratulating those countries which have succeeded in eradicating the disease;

Noting with concern, however, that endemic smallpox still exists in parts of Africa and Asia and that smallpox has recently reappeared in several countries which were free from the disease,

1. REQUESTS all Member States to continue to give priority attention to the eradication of smallpox, to intensify their efforts to interrupt transmission of the disease in the remaining endemic areas as soon as possible, and to prevent smallpox from re-establishing itself in countries from which it has been eliminated;

2. URGES all governments concerned:
   (a) to report immediately to the Organization, as already required, all cases of smallpox, and in particular to use the most rapid means in respect of any case which occurs in a non-endemic area;
   (b) to establish or strengthen national surveillance systems with a view to the identification of sources of infection, the rapid containment of outbreaks, and the elimination of endemic foci;

3. REQUESTS the Director-General to arrange to transmit promptly to all Member States whom it may concern information provided under paragraph 2 (a);

4. RECOMMENDS further that countries normally free of smallpox, where cases occur or are suspected, inform WHO fully of their epidemiological investigations and give such opportunity of WHO participation as would best facilitate international coordination of the measures taken;

5. REQUESTS the Director-General:
   (a) to provide assessment teams on request to countries which have recently interrupted smallpox transmission;
   (b) to continue to extend every possible assistance to countries to facilitate progress in the programme, including the development, to the extent possible, of audiovisual materials such as illustrated books and films;

6. THANKS those countries that are generously contributing vaccine to the programme, either under bilateral agreements or through the WHO Voluntary Fund for Health Promotion;

7. RECOMMENDS the intensification of research on all aspects of the problem, including the laboratory diagnosis of smallpox, the treatment of smallpox cases, immunizing mechanisms in pox virus infections and the effects of simultaneous application of several different antigens; and

8. REQUESTS the Director-General to report to the Twenty-sixth World Health Assembly on the progress of the eradication programme.
WHA25.46  Appropriation resolution for the financial year 1973

The Twenty-fifth World Health Assembly

RESOLVES to appropriate for the financial year 1973 an amount of US $108 374 190 as follows:

A. Appropriation Purpose of Appropriation Amount
   
   **PART I: ORGANIZATIONAL MEETINGS**

   1. World Health Assembly .................................................. 610 800
   2. Executive Board and its committees ................................... 332 430
   3. Regional Committees .................................................. 137 700

   **Total — Part I** 1 080 930

   **PART II: OPERATING PROGRAMME**

   4. Communicable diseases ............................................... 17 954 502
   5. Environmental health ............................................. 7 545 186
   6. Public health services ............................................... 20 950 107
   7. Health protection and promotion .................................. 6 320 082
   8. Education and training ........................................... 9 771 044
   9. Other activities .................................................. 14 867 452
   10. Regional offices ................................................... 7 936 928

   **Total — Part II** 85 345 301

   **PART III: ADMINISTRATIVE SERVICES**

   11. Administrative services ........................................... 6 182 869

   **Total — Part III** 6 182 869

   **PART IV: OTHER PURPOSES**

   12. Headquarters building: Repayment of loans ..................... 565 300

   **Total — Part IV** 565 300

   **Effective Working Budget (Parts I, II, III and IV)** 93 174 400

   **PART V: STAFF ASSESSMENT**

   13. Transfer to Tax Equalization Fund ................................ 12 760 950

   **Total — Part V** 12 760 950

   **PART VI: RESERVE**

   14. Undistributed Reserve ............................................... 2 438 840

   **Total — Part VI** 2 438 840

   **TOTAL — ALL PARTS** 108 374 190
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 1973, 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 1973 to Parts I, II, III, IV and V.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between the sections in Part II (Operating Programme) up to an amount not exceeding 10% of the amount appropriated for the appropriation section from which the transfer is made. Any such transfers required in excess of 10% may be made in accordance with the provisions of Financial Regulation 4.5. All transfers between sections shall be reported to the Executive Board at its next session.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following:

(i) reimbursement from the United Nations Development Programme in the amount of US $2,233,000
(ii) miscellaneous income in the amount of US $1,000,000

Total US $3,233,000

thus resulting in assessments against Members of US $105,141,190. 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.

Handb. Res., 11th ed., 2.1

Fourteenth plenary meeting, 25 May 1972
(Committee A, third report)

WHA25.47 Standardization of diagnostic materials

The Twenty-fifth World Health Assembly,

Recognizing the importance of the role of WHO in the standardization of chemical and biological substances;

Recognizing also the work of the Organization on reference preparations for laboratory reagents and on research studies relating to the development and improvement of laboratory methods;

Conscious of the concern about the increasing need for standardized reagents for laboratory diagnostic methods in all countries;

Aware that satisfactory diagnostic materials are essential in preventing errors in laboratory test results and for evaluating and interpreting such results;

Noting the rapid proliferation of chemical and biological diagnostic materials and the fact that there are few generally accepted standards or specifications for them,

REQUESTS the Director-General to study the means of extending the work of WHO in the development of standards for chemical and biological diagnostic materials and related aspects of laboratory methods and the coordination of research in this field, and to report thereon to a future Health Assembly, including an estimate of the costs of such activity.


Fourteenth plenary meeting, 25 May 1972
(Committee A, fourth report)
WHA25.48  Research in epidemiology and communications science

The Twenty-fifth World Health Assembly,

Considering the importance of research in epidemiology and communications science,

REQUESTS the Director-General to report to the Twenty-sixth World Health Assembly on the Organization’s research activities concerning epidemiology and communications science, and on the medium and long-term programmes envisaged in that field.

Fourteenth plenary meeting, 25 May 1972  
(Committee A, fourth report)

WHA25.49  Voluntary Fund for Health Promotion

The Twenty-fifth World Health Assembly,

Having considered the programmes planned to be financed in 1973 from the Voluntary Fund for Health Promotion, as shown in Annex 5 to Official Records No. 196,

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 1973-1977 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 1973 to the extent to which funds become available.

Handb. Res., 11th ed., 2.1  
Fourteenth plenary meeting, 25 May 1972  
(Committee A, fourth report)

WHA25.50  Use of Arabic as an official language of the World Health Assembly

The Twenty-fifth World Health Assembly,

Recalling resolution EB49.R46 by which the Executive Board decided to include in the agenda of the Twenty-fifth World Health Assembly an item entitled “Use of Arabic as an official language of the World Health Assembly”;

Considering the importance of the Arabic language;

In view of the increasing number of Member States which use this language; and

Bearing in mind the contribution of the Arabic language to human civilization and its influence on the progress of medicine and science,

1. DECIDES that Arabic shall be used as an official language of the World Health Assembly;

2. DECIDES, further, that Rule 84 of the Rules of Procedure of the World Health Assembly shall be amended to read:

   Rule 84

   Arabic, Chinese, English, French, Russian and Spanish shall be the official languages, and English and French the working languages, of the Health Assembly.

Handb. Res., 11th ed., 4.1.5; 4.1.4

Fourth plenary meeting, 25 May 1972
(Committee B, eighth report)

WHA25.51 Assessment for 1972 and 1973 of Qatar

The Twenty-fifth World Health Assembly,

Noting that Qatar, having been an Associate Member since 5 March 1964, became a Member of the Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 11 May 1972;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES

(1) that Qatar shall be assessed for the years 1972 and 1973 at a rate to be fixed by the Twenty-sixth World Health Assembly;

(2) that Qatar shall be assessed at the provisional rate of 0.04% for these two years, to be adjusted to the definitive assessment rate when established by the Twenty-sixth World Health Assembly; and further

(3) that Qatar, which became a full Member of the World Health Organization on 11 May 1972, shall contribute for the period 1 January to 10 May 1972 in respect of associate membership at the rate of two-thirds of 0.02% and, for the period 11 May 1972 to 31 December 1972, at the rate of one-third of 0.04%.

Handb. Res., 11th ed., 7.1.2.2

Fourth plenary meeting, 25 May 1972
(Committee B, eighth report)

WHA25.52 Assessment of Bangladesh

The Twenty-fifth World Health Assembly,

Noting the admission of Bangladesh to membership in the Organization on 19 May 1972;

Recalling that the Twenty-second World Health Assembly in resolution WHA22.6 decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES

(1) that Bangladesh shall be assessed for the year 1972 and future years at a rate to be fixed by the World Health Assembly as and when the theoretical probable percentage rate of assessment has been established by the United Nations Committee on Contributions;
(2) that Bangladesh shall be assessed at the provisional rate of 0.04% for 1972 and future years, to be adjusted to the definitive assessment rate when established by the World Health Assembly; and further
(3) that the assessment for 1972 shall be reduced to one-third of 0.04%.

Handb. Res., 11th ed., 7.1.2.2

Fourteenth plenary meeting, 25 May 1972
(Committee B, eighth report)

WHA25.53 Assessment of Papua New Guinea

The Twenty-fifth World Health Assembly,

Noting the admission of Papua New Guinea to associate membership in the Organization on 19 May 1972, subject to notice being given of acceptance of associate membership on behalf of Papua New Guinea in accordance with Rules 115 and 116 of the Rules of Procedure of the Health Assembly;

Recalling that the Thirteenth World Health Assembly in resolution WHA13.16 confirmed that the assessment of Associate Members shall be 0.02%; and

Recalling further that the Twenty-second World Health Assembly in resolution WHA22.6 decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission,

DECIDES that the assessment of Papua New Guinea for 1972 shall be reduced to one-third of 0.02%.

Handb. Res., 11th ed., 7.1.2.3

Fourteenth plenary meeting, 25 May 1972
(Committee B, eighth report)

WHA25.54 Health assistance to refugees and displaced persons in the Middle East

The Twenty-fifth World Health Assembly,

Bearing in mind that the health of all peoples is fundamental to the attainment of peace and security;

Conscious of the fundamental right of all human beings to physical and mental health, without distinction of race, religion, political belief, economic or social conditions;

Having considered the report of the Director General and the annual report of the Director of Health of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA);

Disturbed by the fact that Israel not only continues to refuse to allow the refugees and displaced persons to return to their homes but continues to displace by force thousands of persons from their homes and shelters;

Noting that these acts have included the demolition of a large number of UNRWA shelters, causing further suffering to the refugees, and aggravating the financial crisis of UNRWA;

Gravely concerned about the consequences of such acts on the physical and mental health of the refugees, displaced persons and the inhabitants of the occupied territories;

Recalling resolutions WHA21.38, WHA22.43, WHA23.52, WHA24.32, WHA24.33,

1. REAFFIRMS that the protection of the life and physical and mental health of the refugees and displaced persons requires that they immediately be afforded to return to their homes, in accordance with the relevant resolutions of the United Nations;
2. DEPLORES Israel’s repeated acts of expulsions of human beings and destructions of their homes and shelters, which directly affect their physical and mental health, and constitute grave violations of the Fourth Geneva Convention of 12 August 1949;

3. DECIDES that, meanwhile, emergency assistance to the maximum extent possible be given to the refugees and the displaced persons in the Middle East;

4. REQUESTS the Director-General of the World Health Organization to:
   (a) intensify and expand to the largest extent possible the Organization’s programme of health assistance to the refugees and displaced persons in the Middle East;
   (b) prepare a comprehensive report on the conditions of physical and mental health of the population of the occupied territories to be submitted to the Twenty-sixth World Health Assembly;
   (c) take all measures in his power to safeguard health conditions of the populations of the occupied territories, and to report to the Twenty-sixth World Health Assembly on the steps taken in this regard;
   (d) bring this resolution to the attention of all governmental and non-governmental organizations concerned, including international medical organizations;

5. EXPRESSES its appreciation to the Director-General of the World Health Organization, the Director of Health of UNRWA, to the specialized agencies and other organizations that provide assistance to the refugees, displaced persons and the inhabitants of the occupied territories in the Middle East.

WHA25.55   Prévention de la cécité

The Twenty-fifth World Health Assembly,

Recalling resolution WHA22.29 on the prevention of blindness adopted by the Twenty-second World Health Assembly;

Having considered the report of the Director-General on the prevention of blindness;

Being aware of the complexity of the problem and of the relatively limited information available on blindness and its causes throughout the world; and

Noting with interest the activities already undertaken by WHO in this field as well as the provision made for a study group on the prevention of blindness to be convened in 1972,

1. NOTES the report of the Director-General with appreciation;

2. REQUESTS the Director-General:
   (1) to endeavour to obtain additional data on visual impairment and blindness and their prevention with special emphasis on the situation in developing countries, keeping in mind the need for a generally accepted definition of blindness and visual impairment;
   (2) to promote further studies on the most efficient and economical means of preventing blindness, such studies to be carried out on an interdisciplinary basis in collaboration with other organizations active in this field;
   (3) to assist Member States in educational programmes related to blindness and visual impairment, including those for the development of ophthalmological departments in medical schools;
   (4) to intensify technical assistance to national programmes for the prevention of visual impairment and blindness, particularly in programmes against trachoma, onchocerciasis and xerophthalmia.
Supplement to the Fourth Report on the World Health Situation

The Twenty-fifth World Health Assembly,

Having noted the Supplement to the Fourth Report on the World Health Situation, including the review of the special topic “Organization of Hospital Services”, which has been prepared by the Director-General in pursuance of resolution WHA23.24, part III,

1. THANKS the Director-General;

2. THANKS Members States and Associate Members for their assistance in providing material for this Supplement;

3.REQUESTS Member States and Associate Members to submit before 31 August 1972 any amendments they wish to include in this Supplement before it is finalized; and

4.RECALLS the decision of the Twenty-third World Health Assembly to request the Director-General to prepare for the Twenty-seventh World Health Assembly the fifth report on the world health situation.

Development of the medical use of ionizing radiation

The Twenty-fifth World Health Assembly,

Having considered the report of the Director-General;

Recalling resolutions WHA19.39 and WHA24.31 which emphasize the role of national health authorities, and of WHO at the international level, in the field of the medical uses of ionizing radiation, including protection from radiation hazards;

Noting the need for medical radiological services to be improved as an integral part of national health services, particularly in the context of basic health services;

Recognizing that the optimal use of ionizing radiation in medicine in many countries is hampered by the shortage of trained manpower,

1.INVITES Member States to cooperate and participate in research on the effects of ionizing radiation with a view to improving medical practice and to protecting the population against the adverse effects of ionizing radiation;

2.RECOMMENDS that Member States:

(1) give attention to promoting radiation medicine:

   (a) by developing, as part of their national health services and in the light of their priority needs, facilities for radiodiagnosis, radiotherapy and nuclear medicine;

   (b) by developing adequate undergraduate and postgraduate training of physicians in radiological methods, introducing, where necessary, formal training for medical physicists and emphasizing the training of radiological technicians;

(2) establish and review periodically priorities in the programme of radiation medicine at the local and national levels;

(3) consider the establishment of legislation and surveillance services to ensure the most appropriate use of ionizing radiation and radioisotopes in medicine and for other purposes;
3. **REQUESTS the Director-General:**

   (1) to continue technical assistance, where necessary, to governments of Member States in the development of radiation medicine, including:
   
   (a) assistance and advice for the planning of radiation medicine, including appropriate radiation protection, within the national health programmes; and
   
   (b) the development of plans and curricula for the training of students and personnel in radiation medicine and radiation protection, as well as support for training centres;

   (2) to promote the establishment of reference centres for dosimetry applied to the various forms of radiation medicine, including radiation protection;

   (3) to continue in cooperation with UNSCEAR, IAEA and other international organizations, as appropriate, to evaluate the world situation as regards the medical use of ionizing radiation and the effects of radiation exposure on populations; and

   (4) to report to a future session of the World Health Assembly on the results of his evaluation.

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WHA25.58 **Problems of the human environment**

The Twenty-fifth World Health Assembly,

Having considered the report of the Director-General;

Recalling resolutions WHA23.60, WHA24.47 and EB49.R10;

Reiterating the emphasis on the needs listed in paragraph 1 of resolution WHA24.47;

Noting the participation of WHO in the preparation for the United Nations Conference on the Human Environment to be held in Stockholm in June 1972;

Stressing the permanent need for the World Health Organization and governments of Member States to secure appropriate means for the protection of human health against adverse effects from environmental influences;

Emphasizing that the studies and actions to be undertaken or continued need adequate financial and technical support,

1. **THANKS** the Director-General for his report and the actions already undertaken;

2. **URGES** governments of Member States:

   (a) to recognize the great importance of environmental factors and their particular relation to health, and

   (b) to collaborate with WHO in coordinated health programmes in this field;

3. **REQUESTS** the Director-General:

   (a) to continue the activities enumerated in paragraph 1 of resolution WHA24.47 in the interests of all countries whether they possess well established health services or have yet to develop them;
(b) to take account of the outcome of the United Nations Conference on the Human Environment in Stockholm, as it relates to the constitutional competence and responsibilities of WHO and adapt and reinforce as appropriate the Organization's long-term programme in the field of environmental health, among other things, with a view to enabling the Organization to carry out its work using funds not only from the regular budget but also from any international environmental funds that may be established, as well as from voluntary contributions; and

(c) to report to the Twenty-sixth World Health Assembly on the various aspects set forth in the sub-paragraphs (a) and (b) above.

WHA25.59 Problems of the human environment: Food hygiene

The Twenty-fifth World Health Assembly,

Noting the work of the Organization on the various aspects of food hygiene;

Considering the growing accumulation of harmful agents in the environment, including food;

Conscious of the need to protect human health against such agents and in particular to protect the consumer against exposure to adverse effects from food contaminants;

Noting further that international trade poses specific problems with respect to food contamination and its effects;

Recognizing the need for a comprehensive evaluation of the hazards related to unwholesome food and the need for internationally agreed standards of food hygiene,

1. RECOMMENDS that Member States:

   (1) collaborate with WHO in the evaluation and setting up of standards for food hygiene; and

   (2) make use, when drafting legislation, of such criteria as are elaborated by WHO;

2. REQUESTS the Director-General:

   (1) to promote research on the effects on human health of modern food technology, and especially of the effect of residues, additives and food contaminants;

   (2) to promote international agreement on criteria and acceptability levels for biological, physical and chemical contaminants in food;

   (3) to intensify the participation of WHO in the Joint FAO/WHO Codex Alimentarius Commission with a view to protecting the health of consumers;

   (4) to prepare, in close collaboration with the Codex Alimentarius Commission, guidelines and codes of practice for the hygienic production, processing, storage and handling of food;

   (5) to develop coordinated efforts in this field, taking into account the multiplicity of aspects involved;

   (6) to report to a future Health Assembly on the action taken in these matters.
WHO's role in the development and coordination of biomedical research

The Twenty-fifth World Health Assembly,

Noting, that in the course of the rapidly accelerating general scientific and technical progress science is being transformed into a major productive force of society, and that there is every ground to anticipate in the future major discoveries in the fields of biology and medicine, which may have important social and economic consequences;

Reaffirming its conviction that the achievements of biology and medicine should be utilized only for the benefit of mankind, and constitute a basis for the effective planning of health systems and services in the development of measures aimed at the attainment by all peoples of the highest possible level of health;

Noting the existence of a considerable gap between the achievements of research in the biomedical sciences and their practical application in services for the promotion of health in most countries;

Recognizing the need for more complete and economic utilization of the resources and manpower allotted by countries for the purposes of biomedical research through the most rapid possible general dissemination and application of the results of scientific progress;

Considering also the creation of conditions for the application of the results of biomedical research to the development of health services to be a major task of all governments and international organizations;

Recalling, among others, resolutions WHA7.52, WHA11.35, WHA12.17, WHA13.64, WHA15.52 and WHA17.36, stressing the importance of biomedical research for the solution of practical health problems for the economically developed and the developing countries alike;

Stressing that the Fifth General Programme of Work \(^1\) envisages a strengthening of WHO's role in stimulating and coordinating biomedical research, and securing its application to health services development;

Recognizing that the further success of WHO activities is to a considerable extent dependent on gains in biomedical research and the practical application of its results generally on behalf of the health of peoples of all countries,

1. **CONSIDERS** it necessary to intensify WHO activities in the field of biomedical research, particularly in regard to the development of its long-term programmes;

2. **CONSIDERS** further the major objectives of WHO in the field of biomedical research to be:

   (i) the identification of those fields of biology and medical sciences in which there is the greatest prospect of advance and the promotion of their development;

   (ii) the development and elaboration *inter alia* of (a) opportunities and methods for international cooperation in the biomedical sciences; (b) standardization of research techniques, when feasible; (c) standardization of nomenclature and terminology, in order to ensure the comparability of results;

   (iii) coordination of the efforts of research institutions in countries which show a readiness to provide the necessary facilities and manpower for collaborative work on priority problems;

   (iv) collection and transmission to the Member States of information and the results of experience regarding the most rational ways of making practical use in health programmes of scientific advances;

   (v) assisting countries to obtain access to training in research methods for suitable medical and other scientists, especially for young ones, who wish to work in biomedical research and to participate in the evaluation of this research and its results;

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3. **REQUESTS** the Director-General to prepare proposals for the development of long-term WHO activities in biomedical research within the framework of the programmes being carried out by the Organization, with special reference to international coordination and within the limits of the available resources; and to report on the matter to the fifty-first session of the Executive Board and the Twenty-sixth World Health Assembly.

Fifteenth plenary meeting, 26 May 1972  
(Committee A, fifth report)

**WHA25.61**  
**Quality, safety and efficacy of drugs**

The Twenty-fifth World Health Assembly,

Having examined the report of the Director-General on the quality, safety and efficacy of drugs;

Mindful of the importance of developing a comprehensive approach to ensuring drug quality, safety and efficacy, monitoring adverse reactions, and developing and disseminating accurate information about drugs;

Convinced of the need to assist national health authorities to meet their responsibilities in relation to drug quality, safety and efficacy,

1. **NOTES** with appreciation the activities that have been undertaken in accordance with resolution WHA24.56;

2. **RECOMMENDS** that governments, if they deem it necessary, take suitable measures for giving the public appropriate information about the use, hazards and limitations of drugs;

3. **REQUESTS** the Director-General to report to the fifty-first session of the Executive Board and the Twenty-sixth World Health Assembly:
   (a) on the feasibility of an international information system providing data on the scientific basis and the conditions of registration of individual drugs;
   (b) on practicable minimum requirements and on other efforts to develop a comprehensive approach to ensuring the quality, safety and efficacy of drugs, including the feasibility of implementing Article 21 (d) and (e) of the WHO Constitution; and
   (e) on the cost of any action foreseen;

4. **URGES** all countries participating in the monitoring scheme to ensure that reports of adverse reactions after validation are forwarded regularly and with the minimum delay to the Organization; and

5. **REQUESTS** the Director-General to undertake a study of the most feasible means of indicating by a uniform system of marking the limits of shelf life of pharmaceutical products under the conditions of their storage, as well as the date of manufacture and batch number, and the maintenance of records which facilitate tracing of distribution, and to report thereon to a future World Health Assembly.

Handb. Res., 11th ed., 1.9.1.1; 1.9.3  
Fifteenth plenary meeting, 26 May 1972  
(Committee A, fifth report)

**WHA25.62**  
**Drug dependence**

The Twenty-fifth World Health Assembly,

Recognizing that the abuse of dependence-producing drugs continues to be a worldwide problem involving serious adverse effects on health;

Stressing the need for the coordinated efforts of international, regional, national and local organizations and authorities and of individuals in seeking solutions to the problem;
Considering that the World Health Organization has an obligation to provide medical leadership, guidance and technical assistance in the field of drug dependence with respect to education, prevention, treatment and rehabilitation, and research;

Reaffirming resolutions WHA23.42 and WHA24.57;

Commending the Director-General on the measures so far taken to implement the expanded programme in this field approved by the Twenty-fourth World Health Assembly; and

Welcoming the financial assistance for this purpose furnished by the United Nations Fund for Drug Abuse Control,

1. URGES Member States to initiate and/or increase their efforts to promote programmes of education, epidemiological studies, prevention, treatment and rehabilitation, and research; and

2. REQUESTS the Director-General to explore ways and means of increasing financial support to enable him to implement, as speedily as possible, an expanded programme in the field of drug dependence.

(Committee A, fifth report)

WHA25.63 Occupational health programmes

The Twenty-fifth World Health Assembly,

Considering the report of the Director-General on the occupational health programme and the discussions which took place at the regional committees on this subject in 1971;

Noting that workers are affected by the health problems of the community as well as those of their occupation;

Recognizing the importance of comprehensive occupational health programmes within the framework of national health services, and the increasing need for such programmes as developing countries become more industrialized;

Aware of the need of both developed and developing countries to promote programmes of preventive occupational health;

Noting particularly the inadequacy of occupational health services in many parts of the world,

1. RECOMMENDS that Member States give appropriate attention to occupational health programmes, in particular:

   (1) the study of the health problems of the working population in industry, agriculture, mining and other trades;

   (2) the development of occupational health as an integral part of national health programmes, especially in the development of basic health services;

   (3) the provision of an adequate infrastructure in the national health services, especially in developing countries, to enable them to undertake their responsibilities in occupational health with sufficient trained personnel;

   (4) the strengthening of coordination among all the agencies, national and private, and trade unions involved in the health problems of the working population;

2. REQUESTS the Director-General:

   (1) to continue to provide technical assistance to Member States in the development of national occupational health programmes and in the training of the personnel required at the national and local levels, including the provision of occupational health courses for public health administrators and planners;
(2) to develop guidelines in occupational health practice, in relation particularly to the organization of health services for small industries and new industrial enterprises and for vulnerable groups of workers and the provision of preventive services at work-places;

(3) to implement the occupational health programme of the Organization in order to meet the increasing needs of developing and developed countries and report to a future World Health Assembly;

(4) to promote research in the different fields of occupational health;

(5) to continue to collaborate with other intergovernmental agencies, particularly ILO, as well as non-governmental organizations, with the aim of coordinating the programme and increasing assistance to governments in this field, within the finances available.

WHA25.64 Reports of the Executive Board on its forty-eighth and forty-ninth sessions

The Twenty-fifth World Health Assembly

1. NOTES the reports of the Executive Board on its forty-eighth ¹ and forty-ninth ² sessions;

2. COMMENDS the Board on the work it has performed; and

3. REQUESTS the President of the Twenty-fifth World Health Assembly to convey the thanks of the Assembly to those members of the Executive Board who will be completing their terms of office immediately after the closure of the current session of the Health Assembly.

PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

The Twenty-fifth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following twelve Members: Afghanistan, Argentina, Austria, Ceylon, Ghana, Italy, Mexico, Morocco, New Zealand, Poland, Yemen, and Zaire.

First plenary meeting, 9 May 1972

(ii) Composition of the Committee on Nominations

The Twenty-fifth World Health Assembly appointed a Committee on Nominations consisting of delegates of the following twenty-four Members: Barbados, Bulgaria, Burma, Chile, Cyprus, Denmark, El Salvador, France, Gambia, India, Iraq, Japan, Kuwait, Mauritania, Monaco, Netherlands, Niger, Paraguay, People's Democratic Republic of Yemen, Singapore, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Zambia.

First plenary meeting, 9 May 1972

(iii) Verification of credentials

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

Members:

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

Sixth, ninth and twelfth plenary meetings, 11, 17 and 23 May 1972

1 Credentials provisionally accepted.
(iv) Election of officers of the Twenty-fifth World Health Assembly

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

President: Dr B. D. B. Layton (Canada);
Vice-Presidents: Dr D. P. Kennedy (New Zealand), Mrs Kamal Shah (Nepal), Mr A.-D. Magale (Central African Republic), Dr M. Aldea (Romania), Professor M. Saada (Syrian Arab Republic).

Second plenary meeting, 9 May 1972

(v) Election of officers of the main committees

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

COMMITTEE A: Chairman, Dr Marianne A. Silva (Nigeria);
COMMITTEE B: Chairman, Dr P. Dolgor (Mongolia).

Second plenary meeting, 9 May 1972

The main committees subsequently elected the following officers:

COMMITTEE A: Vice-Chairman, Dr F. R. Hassan (Egypt); Rapporteur, Dr E. Boéri (Monaco);
COMMITTEE B: Vice-Chairman, Dr B. Zoller (Federal Republic of Germany); Rapporteur, Dr J. S. Boxall (Australia).

(vi) Establishment of the General Committee

The Twenty-fifth 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: Czechoslovakia, Egypt, El Salvador, France, Jamaica, Laos, Madagascar, Saudi Arabia, Sierra Leone, Tunisia, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, and the United States of America.

Second plenary meeting, 9 May 1972

(vii) Adoption of the agenda

The Twenty-fifth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its forty-ninth session with the addition of two items, the deletion of two items, and reallocation of certain items between the main committees.

Third, twelfth and thirteenth plenary meetings, 10, 23 and 24 May 1972

(viii) Selection of the country in which the Twenty-sixth World Health Assembly will be held

The Twenty-fifth World Health Assembly, in accordance with the provisions of Article 14 of the Constitution, decided that the Twenty-sixth World Health Assembly shall be held in Switzerland.

Fifteenth plenary meeting, 26 May 1972
ANNEXES
Annex 1

FINANCIAL REPORT ON THE ACCOUNTS OF WHO FOR 1971
AND REPORT OF THE EXTERNAL AUDITOR

FIRST REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. At its forty-ninth session, the Executive Board, in resolution EB49.R50 established an Ad Hoc Committee consisting of Professor E. Aujaleu, Dr S. Bédaya-Ngaro and Dr S. P. Ehrlich, Jr, to consider the Financial Report on the accounts of the Organization for 1971 and the report of the External Auditor, and in accordance with Financial Regulation 12.4, to submit to the Twenty-fifth World Health Assembly, on behalf of the Board, such comments as it deemed necessary.

2. The Committee met on 8 May 1972. Dr S. P. Ehrlich, Jr, was elected Chairman.


4. The Committee was pleased to note that the 1971 Financial Report, in English, French and Spanish, had been distributed to Member States in good time, namely on 29 March 1972.

5. The Committee noted that during 1971 the Organization obligated US $75,195,942, or 99.97% of the effective working budget, leaving a budget surplus of only US $19,058. The total assessment on Members for 1971 was US $70,961,376, of which US $67,268,223 had been collected. This amount, together with other income of US $4,253,624, made a total budgetary income of US $71,521,847. The resulting cash deficit for 1971 was therefore US $3,674,095, which was covered by an advance from the Working Capital Fund pending receipt of contributions. At 30 April 1972 US $1,708,538 of the amount of contributions outstanding had been received and credited to the Working Capital Fund. The balance of the cash deficit, amounting to US $1,965,557, is expected to be covered by collection of 1971 arrears of contributions in 1972.

6. In examining the report of the External Auditor the Committee recalled that the Twenty-fourth World Health Assembly in resolution WHA24.5 had requested the External Auditor “to make more detailed comments on the Financial Report in so far as he considers it necessary”. The Committee, while noting the External Auditor’s comments in paragraphs 13.1 and 13.5 of his report, considered, however, that some of his comments were mainly factual, and therefore questioned whether these comments had fully met the intent expressed in the above-mentioned resolution.

7. Concerning paragraph 13.1 of the External Auditor’s report, the Committee noted that the External Auditor had referred to the possibility of further delegation of authority in the procurement procedures of the Organization for local purchases of supplies and equipment. The Committee noted that in the light of the observations made by the External Auditor, the Director-General had already initiated a review of the procedures concerned and it was his intention to pursue this study in order to arrive at the most appropriate arrangements for achieving the flexibility of operations that the External Auditor had advocated.

8. On further consideration of the External Auditor’s report the Committee noted from paragraph 14.3 that there was a relatively large cash deficit at the end of the year in the International Agency for Research on Cancer. It amounted to US $498,853 and was covered by a withdrawal from the Working Capital Fund as a result of which only US $1147 remained in that Fund as of 31 December 1971. The Committee took special note of this critical financial position of the Agency and wished to draw this situation to the attention of the Member governments directly concerned.

9. The Committee noted from Schedule 4C on page 29 of the Financial Report that the balance of the Terminal Payments Account at 31 December 1971 amounted to US $10,304,101; and that income credited during the year was US $3,436,433, including US $589,935 of interest earned on the Account, and that disbursements in the amount of US $745,107 were made only for repatriation grants. The Committee recalled that the Terminal Payments Account had been established by the Director-General in
accordance with Financial Regulation 6.6 and had been reported to the thirty-fifth session of the Executive Board. At that time the Director-General had reported that it was his intention to build up the Account to a level sufficient to meet the total liability for terminal payments to staff and thereafter to maintain the Account at that level. He would furthermore include in the budget (starting with the proposed programme and budget estimates for 1967) a provision, calculated as a percentage of salaries, to be transferred to the Terminal Payments Account to cover current terminal payments and gradually to build up the Account. At the same time he had indicated that the exact percentage to be applied would have to be calculated on the basis of experience and would be reviewed from time to time. The Committee was informed that in view of the budgetary problems resulting from international monetary developments, and as the funds accumulated in the account had now reached a reasonable level, the Director-General had reduced the growth rate of the account, as indicated in the Explanatory Notes to the Proposed Programme and Budget Estimates for 1973, and in addition was now charging to this account accrued annual leave and repatriation travel and removal, which had previously been financed from budgetary provisions for the current and future years. Based on anticipated income and disbursements, the Terminal Payments Account would thus not reach its required level until 1977, at which time it might be possible to fund expenditures from interest earned on the Account and thus avoid to the maximum extent charges to current budgets thereafter. In view of the long-term and continuous mandate of the Organization the Committee questioned the necessity for building up the account to a level which would meet 100% of the total liability for terminal payments to all the staff.

10. The Committee noted that the balance available in the casual income account as at 31 March 1972 amounted to US $3,724,139, which was US $427,243 more than that reported to the forty-ninth session of the Executive Board in January 1972 due mainly to an increase in the cash portion of the Assembly Suspense Account.

11. Following its examination of the Financial Report on the accounts of the Organization for 1971 and the report of the External Auditor thereon, the Committee decided to recommend to the Twenty-fifth World Health Assembly the adoption of the following resolution:

The Twenty-fifth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1971 and the report of the External Auditor for the same financial period, as contained in Official Records No. 200; and

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


Annex 2

SUPPLEMENTARY BUDGET ESTIMATES FOR 1972

[25/WP/1 — 16 May 1972]

NOTE BY THE DIRECTOR-GENERAL

To assist Committee B in its consideration of item 3.2 on its agenda there is attached a table showing the revised appropriations which would result from the adoption of the draft resolution proposed by the Executive Board as amended by the delegation of the United Kingdom of Great Britain and Northern Ireland. This replaces a similar table appearing as Appendix 3 to Annex 3 in Official Records No. 198 (page 79).

As regards the same draft resolution of the Executive Board as amended by the delegation of Canada, the Committee’s attention is invited to Appendix 2 to Annex 3 of Official Records No. 198 (page 78), which gives similar information concerning the revised appropriations and which remains unchanged.

2 See resolution WHA25.5.
3 For the relevant discussion at the Twenty-fifth World Health Assembly, see Off. Rec. Wld Hlth Org., 1972, No. 202, summary records of Committee B, third and fourth meetings.
## ANNEX 2

### Supplementary estimates resulting from:

- Incorporation of activities previously financed from Special Account for Servicing Costs
- Transfer of part of contribution of China to the effective working budget and use of casual income

<table>
<thead>
<tr>
<th>Appropriation section</th>
<th>Purpose of appropriation</th>
<th>Amounts approved by Twenty-fourth World Health Assembly[^1]</th>
<th>US $</th>
<th>Supplementary estimates</th>
<th>US $</th>
<th>Revised appropriations</th>
<th>US $</th>
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<td></td>
<td>Incorporation of activities previously financed from Special Account for Servicing Costs</td>
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<td>Transfer of part of contribution of China to the effective working budget and use of casual income</td>
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<td><strong>PART I: ORGANIZATIONAL MEETINGS</strong></td>
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<td>7. Health protection and promotion</td>
<td></td>
<td>5 454 562</td>
<td>9 330</td>
<td>149 340</td>
<td>5 613 232</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Education and training</td>
<td></td>
<td>8 666 350</td>
<td>—</td>
<td>322 730</td>
<td>8 989 080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other activities</td>
<td></td>
<td>12 750 412</td>
<td>120 623</td>
<td>1 111 945</td>
<td>13 982 980</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Regional offices</td>
<td></td>
<td>7 148 965</td>
<td>51 678</td>
<td>211 900</td>
<td>7 412 543</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part II</strong></td>
<td></td>
<td>75 087 007</td>
<td>854 255</td>
<td>2 707 260</td>
<td>78 648 522</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PART III: ADMINISTRATIVE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Administrative services</td>
<td></td>
<td>5 452 389</td>
<td>124 145</td>
<td>264 630</td>
<td>5 841 164</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part III</strong></td>
<td></td>
<td>5 452 389</td>
<td>124 145</td>
<td>264 630</td>
<td>5 841 164</td>
<td></td>
<td></td>
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<tr>
<td><strong>PART IV: OTHER PURPOSES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Headquarters building: Repayment of loans</td>
<td></td>
<td>553 600</td>
<td>—</td>
<td>14 500</td>
<td>568 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part IV</strong></td>
<td></td>
<td>553 600</td>
<td>—</td>
<td>14 500</td>
<td>568 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Effective working budget (Parts I, II, III and IV)</strong></td>
<td></td>
<td>82 023 000</td>
<td>978 400</td>
<td>3 032 890</td>
<td>86 034 290</td>
<td></td>
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</tr>
<tr>
<td><strong>PART V: STAFF ASSESSMENT</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Transfer to Tax Equalization Fund</td>
<td></td>
<td>9 900 660</td>
<td>191 500</td>
<td>84 000</td>
<td>10 176 160</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part V</strong></td>
<td></td>
<td>9 900 660</td>
<td>191 500</td>
<td>84 000</td>
<td>10 176 160</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PART VI: RESERVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Undistributed reserve</td>
<td></td>
<td>5 259 260</td>
<td>—</td>
<td>(1 769 186)</td>
<td>3 490 074</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total — Part VI</strong></td>
<td></td>
<td>5 259 260</td>
<td>—</td>
<td>(1 769 186)</td>
<td>3 490 074</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL — ALL PARTS</strong></td>
<td></td>
<td>97 182 920</td>
<td>1 169 900</td>
<td>1 347 704</td>
<td>99 700 524</td>
<td></td>
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</tr>
</tbody>
</table>

[^1]: Resolution WHA24.42, as adjusted by the transfers between appropriation sections.
Annex 3

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

[A25/21 — 10 May 1972]

SECOND REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. At its forty-ninth session, the Executive Board, in resolution EB49.R50, established an Ad Hoc Committee consisting of Professor E. Aujaileu, Dr S. Bédaya-Ngaro and Dr S. P. Ehrlich, Jr. The Committee, in accordance with resolution EB49.R50 was to “consider the subject of Members in arrears of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution”. The Committee is submitting herewith to the Twenty-fifth World Health Assembly its recommendations on behalf of the Board.

2. The Committee met on 8 May 1972. Dr S. P. Ehrlich, Jr, was elected Chairman.

3. The Committee considered the report of the Director-General, attached as an appendix, and took note of the situation concerning Members in arrears to an extent which may invoke Article 7 of the Constitution. It noted that four Members were concerned, of which three, namely Bolivia, El Salvador and Paraguay, had made efforts to pay their arrears as partial payments had been received either in 1971 or 1972.

4. The Committee requested the Director-General to communicate by cable on its behalf with the Governments of Bolivia, El Salvador and Paraguay, requesting these Members to pay their arrears before 15 May 1972 or, if they were unable to do so, to communicate to the Director-General the difficulties preventing payment. However, as the three countries had made partial payments during 1971 or 1972, the Committee recommended that no action be taken to deprive Bolivia, El Salvador or Paraguay of their voting privileges at the Twenty-fifth World Health Assembly.

5. In examining the arrears of contributions of the Government of the Dominican Republic, the Committee recalled that, although this Member had made a proposal for the settlement of its arrears which was considered by the Executive Board at its forty-ninth session, it had made no payment since 1966. The Committee asked the Director-General to send a cable to the Dominican Republic requesting a payment prior to 15 May 1972 and stating that the Ad Hoc Committee was recommending to the Twenty-fifth World Health Assembly that in the absence of payment, the voting privileges of the Dominican Republic be suspended at that Assembly. Accordingly, should no payment be forthcoming, the Committee recommends that the Assembly invoke the provisions of Article 7 of the Constitution and suspend the voting privileges of the Dominican Republic at the Twenty-fifth World Health Assembly.

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 In resolution WHA16.20, the applicable paragraphs 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."

1.3 Resolution WHA15.9, paragraph 3, reads as follows:

"3. DECIDES that the arrangements made by Bolivia for payment of its arrears shall be considered as making it unnecessary to invoke the provisions of paragraph 2 of resolution WHA8.13." 

2. Resolutions adopted by the Executive Board at its forty-ninth session

At its forty-ninth session the Executive Board adopted separate resolutions for each individual Member concerned at that time. The resolutions relating to those Members now concerned are EB49.R16 (Bolivia), EB49.R18 (Dominican Republic), EB49.R20 (El Salvador), and EB49.R21 (Paraguay).

3. Members concerned

As at 2 May 1972, when this document was prepared, four Members were in arrears for amounts which equalled or exceeded their contributions for two full years prior to 1972; the countries concerned and the amounts of their arrears are shown in the table below. It will be seen from this table that Bolivia has not fulfilled the conditions accepted by the World Health Assembly for the settlement of its arrears as set forth in the resolution quoted in paragraph 1.3 above.

**Table: Amounts due in respect of years prior to 1968 and instalments on arrears payable in 1968, 1969, 1970, 1971 and 1972.**

<table>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>228</td>
<td>25 140</td>
<td>27 880</td>
<td>5 315</td>
<td>99 473</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>55 340 b</td>
<td>23 170</td>
<td>25 140</td>
<td>27 880</td>
<td>30 280</td>
<td>161 810</td>
<td></td>
</tr>
<tr>
<td>El Salvador</td>
<td></td>
<td></td>
<td>1 970 c</td>
<td>27 880</td>
<td>30 280</td>
<td>60 130</td>
<td></td>
</tr>
<tr>
<td>Paraguay</td>
<td></td>
<td></td>
<td>25 140</td>
<td>27 880</td>
<td>30 280</td>
<td>83 300</td>
<td></td>
</tr>
</tbody>
</table>

*See resolution WHA15.9.*

**4. Action taken by the Director-General**

4.1 As requested by the Executive Board at its forty-ninth session, the Director-General, in February 1972, communicated the text of resolutions EB49.R16, EB49.R20 and EB49.R21 to the Members concerned, urging them to pay their arrears or, if they were unable to do so before the opening of the Twenty-fifth World Health Assembly, to provide a statement of their intentions of payment for presentation to the Ad Hoc Committee of the Executive Board. In view of the proposal of the Dominican Republic for the settlement of its arrears, which was considered by the Executive Board at its forty-ninth session—i.e., that the 1971 contribution be liquidated and that the consolidated arrears of contributions for the period 1965-1970 be paid in four equal instalments in the years 1972-1975—the Director-General, when transmitting resolution EB49.R18, requested that Member to start implementing its proposal by making payment, prior to the opening of the Twenty-fifth World Health Assembly on 9 May 1972, of its assessed contributions for 1971 and 1972, as well as one-quarter of the consolidated arrears, or to provide a statement of its intentions of payment for consideration by the Ad Hoc Committee.

4.2 A further communication was sent by the Director-General in April 1972 to the Members involved. The Director-General or his representatives have also consulted with or sent personal communications to officials of the Governments concerned in an effort to obtain payment of the arrears.

5. Communications received by the Director-General

5.1 El Salvador

A cable dated 20 April 1972 has been received from the Minister of Public Health and Social Welfare of El Salvador, reading as follows:

"Reference radiogram outstanding contributions El Salvador would inform you that am again approaching Minister Finance so as to settle arrears contributions." [Translation from the Spanish]

5.2 Paraguay

A cable dated 22 April 1972 has been received from the Minister of Public Health and Social Welfare of Paraguay, reading as follows:

"... Minhealth taking steps arrears of contributions 1969 and 1970 amount to be determined next week..." [Translation from the Spanish]
6. Payments received since the closure of the Twenty-fourth World Health Assembly

The following payments, which have been taken into account in the table on page 45, have been received since the closure of the Twenty-fourth World Health Assembly:

<table>
<thead>
<tr>
<th>Member</th>
<th>Date</th>
<th>Amount US$</th>
<th>Representing</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Salvador</td>
<td>1 November 1971</td>
<td>23 170</td>
<td>Part 1969 contribution</td>
</tr>
<tr>
<td>Paraguay</td>
<td>21 March 1972</td>
<td>23 170</td>
<td>1968 contribution</td>
</tr>
</tbody>
</table>

7. Action to be taken by the Ad Hoc Committee

Apart from its consideration of the specific proposal of the Government of the Dominican Republic, the Ad Hoc Committee will wish to decide what recommendations to make on behalf of the Executive Board to the Twenty-fifth World Health Assembly. 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-fifth World Health Assembly.

Annex 4

AMENDMENTS TO THE FINANCIAL REGULATIONS: STANDARDIZATION OF THE FINANCIAL REGULATIONS GOVERNING EXTERNAL AUDIT

REPORT BY THE DIRECTOR-GENERAL

[A25/27 — 30 March 1972]

The Director-General has the honour to submit for the information of the Twenty-fifth World Health Assembly the appended report, which was presented to the Executive Board at its forty-ninth session.

The Executive Board decided in resolution EB49.R28 to recommend that these amendments be approved by the Twenty-fifth World Health Assembly.

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

[EB49/4 — 26 November 1971]

1. The Ad Hoc Committee of Experts to examine the Finances of the United Nations and the Specialized Agencies recommended that the organizations should try as far as possible to reconcile and standardize their financial regulations when making necessary amendments to them, and also that the organizations should amend their financial regulations concerning the duties of External Auditors in order to enable them to make observations on the administration and management of the organizations.

2. At its thirty-third session the Consultative Committee on Administrative Questions, in collaboration with the Panel of External Auditors, agreed a new text of Financial Regulations and “Additional Terms of Reference” relating to external audit representing a standardization of external audit principles throughout the organizations. These proposed standard provisions were approved by the Administrative Committee on Co-ordination at its fifty-third session.

3. The proposed provisions as applied to WHO are set out below, together with the existing Article XII of WHO’s Financial Regulations and the “Principles to govern the Audit Procedures of the World Health Organization,” as well as some explanations concerning the recommended changes.

---

1 See resolution WHA25.14.
<table>
<thead>
<tr>
<th>Proposed provisions for WHO Financial Regulations relating to external audit</th>
<th>Existing WHO Financial Regulations relating to external audit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Article XII — External Audit</strong>&lt;br&gt;12.1 External Auditor(s), each of whom shall be the Auditor-General (or officer holding equivalent title or otherwise qualified) of a Member Government, shall be appointed by the Health Assembly, in the manner decided by the Assembly. Auditor(s) appointed may be removed only by the Assembly.</td>
<td><strong>Article XII — External Audit</strong>&lt;br&gt;12.1 External Auditor(s) each of whom shall be the Auditor-General (or officer holding equivalent title or otherwise qualified) of a Member Government, shall be appointed by the Health Assembly, in the manner decided by the Assembly. Auditor(s) appointed may be removed only by the Assembly.</td>
<td>No change</td>
</tr>
<tr>
<td>12.2 Subject to any special direction of the Health Assembly, each audit which the Auditor(s) is/are required to make shall be conducted in conformity with generally accepted common auditing standards and in accordance with the Additional Terms of Reference set out in the appendix to these regulations.</td>
<td>12.2 Subject to any special direction of the Health Assembly, each audit which the Auditor(s) is/are required to make shall be conducted in accordance with the principles set out in the appendix to these regulations.</td>
<td>ACC and the External Auditors agreed to refer to &quot;generally accepted common auditing standards&quot; in addition to the Additional Terms of Reference.</td>
</tr>
<tr>
<td>12.3 The External Auditor(s) may make observations with respect to the efficiency of the financial procedures, the accounting system, the internal financial controls and, in general, the administration and management of the Organization.</td>
<td>12.3 Nil</td>
<td>ACC in accordance with the wishes of the Ad Hoc Committee of Experts to examine the Finances of the United Nations and the Specialized Agencies as expressed in paragraphs 62 and 67 (a) of its second report (A/6343), agreed to widen the scope of the External Auditor's observations. On the bases of the regular normal audit, the External Auditor may make observations with respect to, inter alia, the administration and management of the Organization. Specific examinations which would include, inter alia, a management audit are dealt with under proposed Regulation 12.5.</td>
</tr>
<tr>
<td>12.4 The External Auditor(s) shall be completely independent and solely responsible for the conduct of the audit.</td>
<td>12.4 Nil</td>
<td>A new regulation proposed by the External Auditors and accepted by ACC.</td>
</tr>
<tr>
<td>12.5 The Health Assembly may request the Auditor(s) to perform certain specific examinations and issue separate reports on the results.</td>
<td>12.5 Nil</td>
<td>ACC agreed to this generally worded regulation for special audits or examinations beyond the scope required under proposed Regulation 12.2.</td>
</tr>
<tr>
<td>12.6 The Director-General shall provide the External Auditor(s) with the facilities he/she/they may require in the performance of the audit.</td>
<td>12.6 Nil</td>
<td>A new regulation proposed by the External Auditors and accepted by ACC.</td>
</tr>
<tr>
<td>12.7 For the purpose of making a local or special examination or for affecting economies of audit cost, the Auditor(s) may engage the services of any national Auditor-General (or equivalent title) or commercial public auditors of known repute or any other person or firm who, in the opinion of the Auditor(s), is technically qualified.</td>
<td>12.7 Whenever it is necessary to make a local or special examination, the Auditor(s) may, subject to the budgetary provision for the audit concerned, arrange for the services of any national Auditor-General (or equivalent title) who is eligible to be appointed or of commercial public auditors of known repute.</td>
<td>A revision agreed upon by the External Auditors and ACC.</td>
</tr>
</tbody>
</table>
### Proposed text (cont.)

12.8 The Auditor(s) shall issue a report on the audit of the financial statements and relevant schedules which shall include such information as he/she deems necessary in regard to financial regulation 12.3 and the Additional Terms of Reference.

12.9 The report(s) shall be transmitted through the Executive Board, together with the audited financial statements, to the Health Assembly not later than 1 May following the end of the financial year to which the accounts relate. The Executive Board shall examine the financial statements and the audit report(s) and shall forward them to the Health Assembly with such comments as it deems necessary.

### Existing text (cont.)

12.4. The Auditor(s) shall submit his/their report to the Health Assembly to be available to the Executive Board not later than 1 May following the end of the financial year to which the accounts relate. The Executive Board shall forward to the Health Assembly its comments, if any, on the audit report. The Auditor(s) shall be present when the audit report is considered by the Assembly.

### Comments

- The new regulation was proposed by the External Auditors and accepted by ACC.

- A revision agreed upon by the External Auditors and ACC.

- External Auditors and ACC agreed to the deletion of the last sentence in the old text inasmuch as the availability of the External Auditor for meeting with the legislative body is self-evident.

- "Additional Terms of Reference" has been preferred inasmuch as these are not principles additional to generally accepted common auditing standards but special audit requirements.

- Additional paragraph (e) has been proposed by the External Auditors, and accepted by ACC, as an essential audit requirement, and paragraph (d) is a revision of Principle No. 3 agreed upon by the External Auditors and ACC.

- A revision proposed by the External Auditors and accepted by ACC.

### Appendix: Additional terms of reference governing the external audit of the World Health Organization

1. The Auditor(s) shall perform such audit of the accounts of the World Health Organization, including all trust funds and special accounts, as he/she deems necessary in order to satisfy himself/themselves:

   - (a) that the financial statements are in accord with the books and records of the Organization;
   - (b) that the financial transactions reflected in the statements have been in accordance with the rules and regulations, budgetary provisions, and other applicable directives;
   - (c) that the securities and moneys on deposit and on hand have been verified by the certificates received direct from the Organization's depositaries or by actual count;
   - (d) that the internal controls, including the internal audit, are adequate in the light of the extent of reliance placed thereon;
   - (e) that procedures satisfactory to the Auditor(s) have been applied to the recording of all assets, liabilities, surpluses and deficits.

2. The Auditor(s) shall be the sole judge as to the acceptance in whole or in part of certifications and representations by the Secretariat and may proceed to such detailed examination and verification as he/she choose(s) of all financial records including those relating to supplies and equipment.

### Appendix: Principles to govern the audit procedures of the World Health Organization

1. The Auditor(s) shall perform such an audit of the accounts of the World Health Organization, including all trust and special accounts as he/she may deem necessary in order to certify:

   - (a) that the financial statements are in accord with the books and records of the Organization;
   - (b) that the financial transactions reflected in the statements have been in accordance with the rules and regulations, budgetary provisions, and other applicable directives;
   - (c) that the securities and moneys on deposit and on hand have been verified by certificates received direct from the Organization's depositaries or by actual count.

   2. Subject to the provisions of the Financial Regulations, the Auditor(s) shall be the sole judge as to the acceptance in whole or in part of certifications by the Secretariat and may proceed to such detailed examination and verification as he/she choose(s) of all financial records including those relating to supplies and equipment.
<table>
<thead>
<tr>
<th>Proposed text (cont.)</th>
<th>Existing text (cont.)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The Auditor(s) and his/her staff shall have free access at all convenient times to all books, records and other documentation which are, in the opinion of the Auditor(s), necessary for the performance of the audit. Information classified as privileged and which the Secretariat agrees is required by the Auditor(s) for the purposes of the audit, and information classified as confidential, shall be made available on application. The Auditor(s) and his/her staff shall respect the privileged and confidential nature of any information so classified which has been made available and shall not make use of it except in direct connexion with the performance of the audit. The Auditor(s) may draw the attention of the Health Assembly to any denial of information classified as privileged which, in his/her opinion, was required for the purpose of the audit.</td>
<td>4. The Auditor(s) and his/her staff shall have free access at all convenient times to all books of account and records which are, in the opinion of the Auditor(s), necessary for the performance of the audit. Information classified as confidential in the records of the Secretariat, and which is required by the Auditor(s) for the purposes of the audit, shall be made available on application to the Assistant Director-General for Administration and Finance. In the event that the Auditor(s) is/are of the opinion that a duty rests on him/them to draw to the attention of the Health Assembly any matter respecting which all or part of the documentation is classified as confidential, direct quotation should be avoided.</td>
<td>A revision agreed upon by ACC and the External Auditors.</td>
</tr>
<tr>
<td>4. The Auditor(s) shall have no power to disallow items in the accounts but shall draw to the attention of the Director-General for appropriate action any transaction concerning which he/she entertain(s) doubt as to legality or propriety. Audit objections, to these or any other transactions, arising during the examination of the accounts shall be immediately communicated to the Director-General.</td>
<td>5. The Auditor(s) shall certify the financial statements in the following terms: The financial statements of the World Health Organization for the financial year ended 31 December ... have been examined in accordance with my/our directions. I/We have obtained all the information and explanations that I/we have required, and I/we certify, as a result of the audit, that, in my/our opinion, the financial statements are correct. adding, should it be necessary: subject to the observations in my/our report.</td>
<td>A revision agreed upon by ACC and the External Auditors.</td>
</tr>
<tr>
<td>5. The Auditor(s) shall express and sign an opinion in the following terms: I/We have examined the following appended financial statements, numbered ... to ... properly identified, and relevant schedules of the World Health Organization for the year ended 31 December ... My/Our examination included a general review of the accounting procedures and such tests of the accounting records and other supporting evidence as I/we considered necessary in the circumstances. As a result of my/our examination I/we am/are of the opinion that the financial statements properly reflect the recorded financial transactions for the year, which transactions were in accordance with the Financial Regulations and legislative authority and present fairly the financial position as at 31 December ... adding, should it be necessary: subject to the observations in my/our foregoing report.</td>
<td>6. The Auditor(s) shall certify the financial statements in the following terms: The financial statements of the World Health Organization for the financial year ended 31 December ... have been examined in accordance with my/our directions. I/We have obtained all the information and explanations that I/we have required, and I/we certify, as a result of the audit, that, in my/our opinion, the financial statements are correct. adding, should it be necessary: subject to the observations in my/our report.</td>
<td>A revision agreed upon by some organizations in ACC and the External Auditors on the basis of the fact that the size, diversity and geographical spread of the operations of the Organization do not make it possible for the External Auditor to perform a complete audit at acceptable cost and thus certify as to correctness. An audit in conformity with generally accepted common auditing standards and the proposed Additional Terms of Reference is considered sufficient from a professional point of view and justifies signing an opinion formulated in the proposed manner which is widely accepted professionally, at an audit cost which is not excessive.</td>
</tr>
<tr>
<td>6. The Auditor(s) shall certify the financial statements in the following terms: The financial statements of the World Health Organization for the financial year ended 31 December ... have been examined in accordance with my/our directions. I/We have obtained all the information and explanations that I/we have required, and I/we certify, as a result of the audit, that, in my/our opinion, the financial statements are correct. adding, should it be necessary: subject to the observations in my/our report.</td>
<td>7. The Auditor(s) shall certify the financial statements in the following terms: The financial statements of the World Health Organization for the financial year ended 31 December ... have been examined in accordance with my/our directions. I/We have obtained all the information and explanations that I/we have required, and I/we certify, as a result of the audit, that, in my/our opinion, the financial statements are correct. adding, should it be necessary: subject to the observations in my/our report.</td>
<td>A revision agreed upon by some organizations in ACC and the External Auditors on the basis of the fact that the size, diversity and geographical spread of the operations of the Organization do not make it possible for the External Auditor to perform a complete audit at acceptable cost and thus certify as to correctness. An audit in conformity with generally accepted common auditing standards and the proposed Additional Terms of Reference is considered sufficient from a professional point of view and justifies signing an opinion formulated in the proposed manner which is widely accepted professionally, at an audit cost which is not excessive.</td>
</tr>
</tbody>
</table>
6. The report of the Auditor(s) on the financial statements should mention:

(a) The type and scope of his/their examination;

(b) Matters affecting the completeness or accuracy of the accounts, including, where appropriate:
   (i) Information necessary to the correct interpretation of the accounts;
   (ii) Any amounts which ought to have been received but which have not been brought to account;
   (iii) Any amounts for which a legal or contingent obligation exists and which have not been recorded or reflected in the financial statements;
   (iv) Expenditures not properly substantiated;
   (v) Whether proper books of accounts have been kept. Where in the presentation of statements there are deviations of material nature from the generally accepted accounting principles applied on a consistent basis, these should be disclosed.

(c) Other matters which should be brought to the notice of the Health Assembly such as:
   (i) Cases of fraud or presumptive fraud;
   (ii) Wasteful or improper expenditure of the Organization’s money or other assets (notwithstanding that the accounting for the transaction may be correct);
   (iii) Expenditure likely to commit the Organization to further outlay on a large scale;
   (iv) Any defect in the general system or detailed regulations governing the control of receipts and disbursements, or of supplies and equipment;
   (v) Expenditure not in accordance with the intention of the Health Assembly, after making allowance for duly authorized transfers within the budget;
   (vi) Expenditure in excess of appropriations as amended by duly authorized transfers within the budget;
   (vii) Expenditure not in conformity with the authority which governs it.

(d) The accuracy or otherwise of the supplies and equipment records as determined by stock-taking and examination of the records.

7. The Auditor(s) shall prepare a report on the accounts certified, in which he/they should mention:

(a) The extent and character of his/their examination or any important changes therein;

(b) Matters affecting the completeness or accuracy of the accounts, such as:

   (i) Information necessary to the correct interpretation of the account;
   (ii) Any amounts which ought to have been received but which have not been brought to account;
   (iii) Expenditures not properly substantiated;

(c) Other matters which should be brought to the notice of the Health Assembly such as:

   (i) Cases of fraud or presumptive fraud;
   (ii) Wasteful or improper expenditure of Organization money or other assets (notwithstanding that the accounting for the transactions may be correct);
   (iii) Expenditure likely to commit the Organization to further outlay on a large scale;
   (iv) Any defect in the general system or detailed regulations governing the control of receipts and expenditure, or of supplies and equipment;
   (v) Expenditure not in accordance with the intention of the Health Assembly, after making allowance for duly authorized transfers within the budget;
   (vi) Expenditure in excess of appropriations as amended by duly authorized transfers within the budget;
   (vii) Expenditure not in conformity with the authority which governs it.

(d) The accuracy or otherwise of the supplies and equipment records as determined by stock-taking and examination of the records.

Paragraph (b), (iii) and (v) are additions proposed by the External Auditors and accepted by ACC. All other changes are editorial.
### Proposed text (cont.)

In addition, the reports may contain reference to:

(e) Transactions accounted for in a previous year, concerning which further information has been obtained, or transactions in a later year concerning which it seems desirable that the Health Assembly should have early knowledge.

7. The Auditor(s) may make such observations with respect to his/their findings resulting from the audit and such comments on the financial report as he/they deem(s) appropriate to the Health Assembly or to the Director-General.

8. Whenever the Auditor’s(s’) scope of audit is restricted, or he/they is/are unable to obtain sufficient evidence, the Auditor(s) shall refer to the matter in his/their report, making clear the reasons for his/their comments and the effect on the financial position and the financial transactions as recorded.

9. In no case shall the Auditor(s) include criticism in his/their report without first affording the Director-General an adequate opportunity of explanation on the matter under observation.

### Existing text (cont.)

In addition, the reports may contain reference to:

(e) Transactions accounted for in a previous year, concerning which further information has been obtained, or transactions in a later year concerning which it seems desirable that the Health Assembly should have early knowledge.

5. The Auditor(s), in addition to certifying the accounts, may make such observations as he/they may deem necessary with respect to the efficiency of the financial procedures, the accounting system, the internal financial controls and, in general, the financial consequences of administrative practices.

6. In no case, however, shall the Auditor(s) include criticism in his/their audit report without first affording the Secretariat an opportunity of explanation to the Auditor(s) of the matter under observation. Audit objections to any items arising during the examination of the accounts shall be immediately communicated to the Assistant Director-General for Administration and Finance.

### Comments

A revision proposed by the External Auditors and accepted by ACC.

An addition proposed by the External Auditors and accepted by ACC.

A revision proposed by the External Auditors and accepted by ACC.

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### Annex 5

**AMENDMENTS TO THE FINANCIAL REGULATIONS: PROFITS AND LOSSES ON EXCHANGE**

**Report by the Director-General**

The Director-General has the honour to submit for the information of the Twenty-fifth World Health Assembly the appended report, which was presented to the Executive Board at its forty-ninth session.

The Executive Board decided in resolution EB49.R29 to recommend that these amendments be approved by the Twenty-fifth World Health Assembly.

1 See resolution WHA25.15.
1. A profit or loss on exchange is the difference between the United Nations accounting rate of exchange and the rate at which the Organization buys a currency on the free market with US dollars. This type of profit or loss is to be distinguished from the budgetary profit or loss which occurs as a result of a change in the United Nations accounting rate of exchange for a currency. An example of a loss on exchange occurred in September 1971 when US dollars were sold to provide Swiss francs for the Organization's expenditures in that currency at the rate of US $1 to Sw.fr. 3.98, at a time when the United Nations accounting rate of exchange was set at US $1 to Sw.fr. 4.08. On the other hand, an example of a budgetary loss occurred in May 1971 when the United Nations accounting rate of exchange as between US dollars and Swiss francs changed from Sw.fr. 4.32 to the US dollar to Sw.fr. 4.08 to the US dollar. This report deals only with profits and losses on exchange, which only arise from the buying and selling of currencies.

2. In dealing with profits on exchange the Organization follows Financial Regulation 7.1, which provides that such profits be credited to the Miscellaneous Income Account. Financial Regulation 7.1 reads:

"All other income, except:
(a) Contributions to the budget;
(b) Direct refunds of expenditures made during the financial year; and
(c) Advances or deposits to funds, shall be classed as miscellaneous income, for credit to the General Fund."

3. On the other hand the Financial Regulations do not provide for the treatment of losses on exchange. Such losses are therefore treated as a charge to budgetary expenditure.

4. The present position, as reflected by the Financial Regulations, is set out in specific terms in the WHO Manual IV.1.300 as follow:

"Headquarters maintains a global ‘profit and loss on exchange’ account. The final balance in this account is cleared as follows:

300.1 if the net result for the year is a loss, it is apportioned over the appropriate sections of the budget;

300.2 if the net result for the year is a gain, it is treated as miscellaneous income."

5. The present practice, as outlined in the WHO Manual and noted in paragraph 4 above, has not created any difficulties in the past. In 15 of the 21 years since 1950 there has been a net profit on exchange which has been credited to miscellaneous income, and in the other six years, when a net loss on exchange has been incurred, the amount thereof has been extremely small. Fixed parities of currencies and relatively minor fluctuations in exchange rates of those currencies mainly utilized by the Organization, which have been the pattern under the international monetary system in force until this year, have resulted in profits and losses on exchange having such a small effect on miscellaneous income and budgetary expenditure that they have constituted but a negligible factor in budgetary and programme planning. However, in the light of the monetary crisis which developed in 1971 and which, as of this date, shows no signs of abating, the floating of several European currencies against the US dollar, and the possibility that any future international monetary arrangement will permit substantially wider fluctuations above and below parities, it is expected that the future profits and losses on exchange will be of much greater magnitude than heretofore.

6. In these circumstances, continuation of the present practice of charging losses on exchange to budgetary expenditure would contribute to budgetary instability and render budgetary and programme planning much more difficult. It would be more practical, and also more logical, to permit the clearing of net losses on exchange in the same manner as net profits on exchange are now cleared, that is, through the Miscellaneous Income Account. While the charge of a net loss on exchange to the Miscellaneous Income Account would reduce the level of casual income available to help finance the programme and budget of a subsequent year, the current programme and budget would no longer be reduced by the amount of the net loss. For example, if the Organization had been authorized to charge losses on exchange to the Miscellaneous Income Account during the period 15 August to 31 October 1971, an amount of US $130,000, representing the net loss on the sales of US dollars for Swiss francs in that period, could have been charged to the Miscellaneous Income Account instead of to budgetary expenditure. Moreover, since the Organization's miscellaneous Income Account benefits from the higher rates of interest obtained from investments in dollars, it would seem only reasonable that exchange losses incurred as a result of the revaluation of a number of currencies in relation to the dollar should be charged to the same Miscellaneous Income Account.
ANNEX 6

AMOUNT OF THE EFFECTIVE WORKING BUDGET AND BUDGET LEVEL FOR 1973 ¹

REPORT BY THE DIRECTOR-GENERAL

1. At its forty-ninth session the Executive Board considered the effective working budget for 1973 proposed by the Director-General and, following its detailed examination of the Director-General’s proposals, adopted resolution EB49.R22.

2. In response to the Board’s request in that resolution the Director-General has again studied the proposals for 1973 with a view to identifying possible reductions in the total expenditure required. As a result of this review, the Director-General is unable to suggest any particular amendments to the proposed programme. Nevertheless, it would be possible to effect certain reductions in the estimated expenditure required for 1973, should this be the wish of the Health Assembly.

3. The only reductions in the estimated expenditures for 1973 which appear possible without seriously impairing or disrupting the implementation of the programme relate to the recruitment for new posts and to the extension of the use of the Russian and Spanish languages. Through the application of a further two months’ delay in the filling of new posts (which means some delay in project delivery) an estimated saving of US $240,650 might be realized. By further postponing in part the introduction of the second phase of the second stage in the planned extension of the use of the Russian and Spanish languages (the total cost of which is US $150,200) an additional saving of US $79,500 in 1973 might be realized. The effect of these possible reductions in the 1973 estimated expenditures by appropriation section is shown in the appendix.

Appendix

REVISED PROGRAMME AND BUDGET ESTIMATES FOR 1973 ²

<table>
<thead>
<tr>
<th>Appropriation section</th>
<th>Purpose of appropriation</th>
<th>Estimated obligations a</th>
<th>Additional budgetary requirements</th>
<th>Subtotal I</th>
<th>Programme increase</th>
<th>Subtotal II</th>
<th>Partial postponement of extension of use of Russian and Spanish languages</th>
<th>Additional 2 months delay for new posts</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Part I: Organizational Meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>1.</td>
<td>World Health Assembly</td>
<td>598,000</td>
<td>33,300</td>
<td>631,300</td>
<td>631,300</td>
<td></td>
<td>(22,500)</td>
<td>610,800</td>
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</tr>
<tr>
<td>2.</td>
<td>Executive Board and its committees</td>
<td>313,930</td>
<td>18,500</td>
<td>332,430</td>
<td>332,430</td>
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<td></td>
<td>332,430</td>
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<tr>
<td>3.</td>
<td>Regional committees</td>
<td>137,700</td>
<td></td>
<td>137,700</td>
<td></td>
<td>137,700</td>
<td></td>
<td></td>
<td>1,040,430</td>
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<tr>
<td></td>
<td>Total — Part I</td>
<td>1,049,630</td>
<td>53,800</td>
<td>1,103,430</td>
<td>1,103,430</td>
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<td></td>
<td></td>
<td>1,108,930</td>
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<tr>
<td></td>
<td>Part II: Operating Programme</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4.</td>
<td>Communicable diseases</td>
<td>17,600,619</td>
<td>395,085</td>
<td>17,995,704</td>
<td>17,995,704</td>
<td></td>
<td>(41,202)</td>
<td>17,954,502</td>
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<tr>
<td>5.</td>
<td>Environmental health</td>
<td>7,609,961</td>
<td>207,315</td>
<td>7,817,276</td>
<td>7,817,276</td>
<td></td>
<td>(63,000)</td>
<td>7,754,276</td>
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<tr>
<td>6.</td>
<td>Public health services</td>
<td>20,504,465</td>
<td>504,160</td>
<td>21,008,625</td>
<td>21,008,625</td>
<td></td>
<td>(58,518)</td>
<td>20,950,107</td>
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<tr>
<td>7.</td>
<td>Health protection and promotion</td>
<td>6,151,914</td>
<td>182,420</td>
<td>6,334,334</td>
<td>6,334,334</td>
<td></td>
<td>(16,252)</td>
<td>6,218,082</td>
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</tr>
<tr>
<td>8.</td>
<td>Education and training</td>
<td>9,428,080</td>
<td>361,320</td>
<td>9,789,400</td>
<td>9,789,400</td>
<td></td>
<td>(18,356)</td>
<td>9,771,044</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Other activities</td>
<td>13,861,449</td>
<td>591,830</td>
<td>14,453,279</td>
<td>14,956,429</td>
<td></td>
<td>(51,325)</td>
<td>14,905,104</td>
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<tr>
<td>10.</td>
<td>Regional offices</td>
<td>7,706,708</td>
<td>235,800</td>
<td>7,942,508</td>
<td>7,942,508</td>
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<td>(5,580)</td>
<td>7,936,928</td>
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<tr>
<td></td>
<td>Total — Part II</td>
<td>82,656,496</td>
<td>2,477,930</td>
<td>85,134,426</td>
<td>85,134,426</td>
<td></td>
<td>(51,325)</td>
<td>84,613,001</td>
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<tr>
<td></td>
<td>Part III: Administrative Services</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>11.</td>
<td>Administrative services</td>
<td>5,890,674</td>
<td>297,870</td>
<td>6,188,544</td>
<td>6,188,544</td>
<td></td>
<td>(5,675)</td>
<td>6,182,869</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Part III</td>
<td>5,890,674</td>
<td>297,870</td>
<td>6,188,544</td>
<td>6,188,544</td>
<td></td>
<td>(5,675)</td>
<td>6,182,869</td>
<td></td>
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<tr>
<td></td>
<td>Part IV: Other Purposes</td>
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<td></td>
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<tr>
<td>12.</td>
<td>Headquarters building: Repayment of loans</td>
<td>550,900</td>
<td>14,400</td>
<td>565,300</td>
<td>565,300</td>
<td></td>
<td>565,300</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Part IV</td>
<td>550,900</td>
<td>14,400</td>
<td>565,300</td>
<td>565,300</td>
<td></td>
<td></td>
<td>565,300</td>
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</tr>
<tr>
<td></td>
<td>Effective working budget</td>
<td>90,147,400</td>
<td>2,844,000</td>
<td>92,991,400</td>
<td>93,494,550</td>
<td></td>
<td>(79,500)</td>
<td>93,744,050</td>
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<tr>
<td></td>
<td>(Parts I, II, III and IV)</td>
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<td></td>
<td>Part V: Staff Assessment</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>13.</td>
<td>Transfer to Tax Equalization Fund</td>
<td>12,670,950</td>
<td>90,000</td>
<td>12,760,950</td>
<td>12,760,950</td>
<td></td>
<td></td>
<td>12,760,950</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total — Part V</td>
<td>12,670,950</td>
<td>90,000</td>
<td>12,760,950</td>
<td>12,760,950</td>
<td></td>
<td></td>
<td>12,760,950</td>
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</tr>
</tbody>
</table>

¹ See resolution WHA25.18.

² Taking into account (1) additional requirements for 1973, (2) programme increase for China, (3) partial postponement of extension of the use of the Russian and Spanish languages, and (4) application of a further two months’ delay in the filling of new posts.

As shown in Official Records No. 196.
Annex 7

FORM OF PRESENTATION OF THE PROGRAMME AND BUDGET ESTIMATES

[A25/24 — 13 April 1972]

REPORT BY THE DIRECTOR-GENERAL

I. INTRODUCTION

1. Since the earliest years of the Organization’s existence, the Executive Board and the World Health Assembly have regularly reviewed the form of presentation of the annual programme and budget estimates and have considered suggestions for its modification. The changes that have been approved from time to time were designed to improve the presentation and contents of the programme and budget estimates with a view to providing an ever clearer picture of the Organization’s activities, together with complete information on the estimated costs.

2. In resolution WHA17.21 the Seventeenth World Health Assembly, after considering the views expressed by the Executive Board at its thirty-third session on the desirability of having programme proposals presented in such a way as to give an overall picture and trend of the work of the Organization wherever possible, requested the Director-General and the Executive Board “to consider the possibility of progressively presenting future programmes and budgets in a functional form and in a way that will permit the total activities in a particular field to be seen comprehensively”. At the time this resolution was adopted, the Director-General indicated to the World Health Assembly that he considered the task to be undertaken by the Executive Board and himself as a long-term task requiring careful study, and that possible major changes in budget presentation should be presented to the Executive Board for consideration, and to the World Health Assembly for approval, before being introduced into the proposed annual programme and budget estimates.\(^1\) In resolution EB37.R29 the Executive Board noted that the Director-General was continuing his study of certain aspects of the form of presentation of the programme and budget estimates, and would report to a future session of the Executive Board the results of the study and any proposals emanating therefrom. The Twenty-first World Health Assembly, having considered a report on the form of presentation of the programme and budget estimates, in resolution WHA21.40 requested the Director-General inter alia 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.

3. In response to the Health Assembly’s request, and as a result of his continuing long-term study of the matter, the Director-General has from time to time submitted proposals for changes, with a view to making the form of presentation of the programme and budget estimates more programme-oriented. Some of these proposals, for example, related to the introduction of a new consolidated summary showing the totality of the integrated international health programme and the funds from international sources required to finance it; of a summary grouping all activities under subject and programme headings; and of “selected programme statements.” These and other modifications in the form of presentation of the programme and budget estimates were approved by the Health Assembly on the Board’s recommendation.\(^2\)

As indicated in the explanatory notes to Official Records No. 196, the proposed programme and budget estimates for 1973 reflect further changes in presentation. Most of these were introduced as a consequence of the Health Assembly’s approval of an increase in the number of appropriation sections under Part II (Operating programme) of the appropriation resolution for 1972 (resolution WHA24.42), as recommended by the Board at its forty-seventh session.\(^3\)

4. At its forty-ninth session the Executive Board had before it a number of proposals for changes in the form of presentation of the programme and budget estimates which, if adopted, would make the latter even more programme-oriented. In developing these proposals the Director-General bore in mind that the form of presentation should conform to the special

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\(^1\) See resolution WHA25.23.


\(^3\) In, for example, resolutions EB34.R16, EB37.R29, WHA19.42, EB41.R42 and WHA21.40.

requirements of the Organization as expressed in earlier resolutions on the subject,¹ and took into account the comments and suggestions made over the years by the Board and the Health Assembly, including certain aspects of resolutions WHA21.49 and WHA22.53 on long-term planning in the field of health and resolution WHA24.58 on the General Programme of Work covering a specific period. Careful consideration was also given to the recommendations and comments made on the subjects of budget presentation and programme budgeting by the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies, the Advisory Committee on Administrative and Budgetary Questions, the Joint Inspection Unit, and other organs of the United Nations system.

5. Having considered the report of the Director-General on the form of presentation of the programme and budget estimates, the Executive Board in resolution EB49.R31 concurred with the general principles and the suggested changes in the form of presentation as outlined in that report, and requested the Director-General to present for approval by the Twenty-fifth World Health Assembly proposals for changes in the form of presentation of the programme and budget estimates along the lines described in his report and taking into account the views expressed during the Board’s discussion on this subject. The modifications in the form of presentation of the programme and budget estimates outlined below, which take into account the comments made on the original proposals by members of the Board, are now submitted to the Health Assembly for approval pursuant to the request contained in resolution EB49.R31.² The most important comment, made by several members of the Board, related to the need for the programme and budget estimates and the medium-term programme of work of the Organization (i.e., the General Programme of Work covering a specific period) to employ a consistent programme classification structure. Accordingly, a thorough study of this question was again made and resulted in the revised programme classification structure proposed in this report, which reflects to the greatest extent possible the priority objectives of the Organization’s programme as indicated in the Fifth General Programme of Work.³

6. The Board also recommended in resolution EB49.3R31 that in the event that the Twenty-fifth World Health Assembly should approve the Director-General’s proposals for changes in the form of presentation of the programme and budget estimates, it request the Director-General to implement these changes as from the programme and budget estimates for 1975.

II. GENERAL APPROACH AND BASIC PRINCIPLES

Current form of presentation

7. While it must be recognized that from many points of view the present programme and budget estimates constitute an extremely useful document prepared with great care and precision and containing an enormous amount of detailed information, it is considered possible to make it more programme-oriented.

8. An analysis of the programme and budget document may give the impression that over the years it has developed a tendency to accumulate detail. As a consequence the document has been burdened with detailed information that might not always be required by the Board or the Health Assembly in order to understand and act on the budget estimates and the major issues posed by them. Masses of detail sometimes seem to obscure the important questions; in other words, they appear to defeat the primary purpose of the presentation. Moreover, the organization of the detailed material, i.e., the order in which it appears in the budget document and its inclusion in numerous appendices and annexes, has tended to confuse persons not expert in matters of WHO. Although some improvements in this respect have been made in connexion with the preparation of the proposed programme and budget estimates for 1973, it would appear possible to make the document still clearer and thus more usable and understandable.

9. Finally, while it is possible to discover from various tables and summaries in the present document how much the Organization is spending at headquarters, in each region and globally under the regular budget and other funds for an individual programme such as, for example, communicable diseases, and even for a subprogramme such as smallpox eradication, it is difficult to obtain an overall picture of the work to be undertaken by the Organization or the objective sought through that work under each programme and subprogramme, whether globally, regionally, or at the country level. For example, the pages relating to

1 Resolutions WHA3.107 and WHA7.36.

2 The Executive Board also requested the Director-General, in resolution EB49.R31, to pursue the examination of the feasibility of introducing a biennial programme and budget and to report thereon to the Twenty-fifth World Health Assembly. The Director-General’s report on this subject is reproduced as Annex 8.

"Operating programme—Headquarters" falling within the classification of communicable diseases or smallpox eradication contain merely a description of the functions and staff of the organizational units at headquarters responsible for the programme or subprogramme; the statement of these functions remains practically unchanged over the years. At the level of regional activities there is no description of what the Organization is attempting to do under a given programme or subprogramme, and the pages relating to WHO's activities at the country level contain merely brief descriptions of individual projects. It is felt that these aspects of WHO's budget presentation, which have sometimes been commented on by Board members and delegates to the Health Assembly, warrant every effort being made to find a more programme-oriented approach to budget preparation and presentation.

General approach

10. The proposed modifications in the form of presentation contained in this report are therefore designed to make the programme and budget document more readable and more informative while at the same time transforming it to the greatest extent possible into a "programme budget" in the real sense of the term. The proposals are also intended to facilitate further progress in the development throughout the Organization of a system of long-term planning and evaluation and in the establishment of tentative forecasts of resources expected to be required.

11. A programme budget is understood to be a budget which focuses upon the work to be undertaken and the objectives sought through that work; it emphasizes the ends to be achieved and translates them into the costs required for their implementation. In this sense a budget is merely a plan of expenditure for a much broader and more comprehensive plan of action. Programme planning and programme budgeting are, therefore, two distinct but interrelated operations, with programme planning constituting the essential first step. Programme planning determines the essence of what is to be done; programme budgeting calculates the cost of doing these things. However, because budgeting involves allocation of a finite and limited amount of funds which are actually available for spending, it affects programme planning. A programme may have to be limited in scope or in density according to the amount of funds allocated to it, and the range of planning for the programme may have to be contracted. Therefore, while programme planning without programme budgeting can be little more than a theoretical exercise, a programme budget without at least some semblance of prior programme planning is hardly conceivable.

12. While programme planning and programme budgeting are vital elements of a planning-programming-budgeting system (PPBS),¹ the proposals contained in this report are not intended to imply or suggest that the establishment of a full-scale PPBS in an organization such as WHO is either possible or advisable. In the first place, the Organization provides technical assistance to over 130 Member States only upon request and in accordance with their own priorities and wishes. Secondly, development planning (including health planning) at the national level is still in its infancy in a large number of countries to which WHO renders assistance. Consequently, it is considered feasible to propose at this stage the integration into the Organization's programming and budgeting procedures of only those elements of a PPBS that could usefully and gradually be adopted by building on existing systems, processes and machinery within WHO and making step-by-step revisions over a period of years. As programme planning and programme budgeting would undoubtedly require a great effort of adaptation throughout the Organization, a gradual approach is considered more likely to succeed in the long run.

Basic principles

13. A budget for an international organization may serve many purposes, but its primary purpose is to present to the legislative organ the programme which that body is being asked to approve and finance for the period covered by the budget. The budget presentation should be designed to serve adequately this primary purpose. It should be focused on the major issues with which the legislative organ is being asked to deal. It should also draw attention to, explain and analyse all the significant implications of each of them and should give enough pertinent information on each major issue to allow the legislative organ to reach a judgement as to the merit of the proposals and as to the need for funds to support them.

14. A corollary is that the legislative organ should be able to see the part of the Organization's activities covered by the budget in relation to all other activities that the Organization is to carry on. Therefore, the budget presentation should be comprehensive in coverage. It should show all programmes, those financed by extrabudgetary funds as well as those included in the regular budget, those being undertaken at head-

¹ PPBS is a system aimed at helping management make better decisions on the allocation of resources among alternative ways to attain an organization's objectives. Its essence is the development and presentation of information as to the full implications, the costs and benefits of the major alternative courses of action relevant to major resource allocation decisions.
quarters as well as those carried out in the regions. However, as has already been pointed out, it should not be burdened with detailed information that the legislative organ does not need in order to understand and act on the budget and the major issues posed by it.

15. In acting on the budget, the legislative organ authorizes and, at the same time, restricts the total amount of funds, allocates the total to the various uses to be financed, and may control in some degree the flexibility the executive head may have in the use of funds to carry out the budgeted programmes. The budget presentation should not interfere with the legislative discretion in this respect. It should therefore be made clearly and easily relatable to the appropriation resolution, even though the form of the budget presentation and the form of the appropriation resolution do not necessarily have to be exactly the same.

16. The budget presentation should provide not only for the preparation of the budget from its first steps, but also for planning, directing, controlling and reporting on the execution of the budget once it is approved. Without such continuity throughout the process, not only is more effort required in changing from one form in formulating a programme to another in executing it, but the effective management of the programme is made more difficult, with the risk of loss in efficiency. However, if the budget presentation is to provide the framework for the execution of the budget it must, of necessity, be related to the organizational structure of the Organization, even though the organizational units need not be identified as such, either in the budget presentation itself or in the appropriation resolution.

17. While an improved presentation of the programme and budget of an organization such as the World Health Organization might, it is hoped, provide a model which the health administrations of certain Member States would wish to adapt to their requirements, the most important function of a programme-oriented budget should be to lead to improved programme delivery through more precise definitions of the ultimate goals of the Organization. Since these goals are in a state of continual evolution, programme delivery systems should be correspondingly dynamic. Full consideration should also be given to the definition of objectives through country programming within the overall policy laid down in the Organization’s general programme of work. On the other hand, the importance of a global approach to certain questions, such as research and environmental health, should not be underrated. Further elaboration of the Fifth General Programme of Work covering a specific period should lead to a more precise identification of the Organization’s objectives in the future and of the most appropriate ways of achieving them. A realistic approach demands proceeding with the formulation of longer-term perspectives and medium-term plans as the Fifth General Programme of Work is elaborated, and with the progressive clarification of programme objectives in the programme classification structure used for the programme and budget estimates.

18. A new programme and budget presentation should facilitate more rational decision-making concerning budgetary allocations and it should display the programme objectives in such a way that the Executive Board and the World Health Assembly would have a clear picture of the options before them. It is considered that the modifications in the form of presentation of the programme and budget estimates proposed in this report would achieve this in a better way than heretofore.

III. PROGRAMME CLASSIFICATION STRUCTURE

Definitions

19. In the context of the proposed programme classification structure described below, which would constitute an important part of the proposed modification in the form of presentation of the programme and budget estimates, the term “programme” has been used to mean an organized aggregate of activities directed towards the attainment of a defined objective of WHO. The objective need not be a technical one relating to the technical, substantive work of the Organization, such as control of communicable diseases; it could also be the servicing and support of technical programmes, and thus a “service and support” programme could encompass such groups of activities as are now performed in the Division of Budget and Finance or in the Division of Administrative Management and Personnel. The objective could also be the holding of major organizational meetings of WHO, such as the World Health Assembly, the Executive Board and the regional committees, or the executive management of the Organization, thus comprising the work performed by the Director-General, the Deputy Director-General, the Assistant Directors-General and the Regional Directors. The term “subprogramme” is used to mean a division or subdivision of a programme. In reference to the organizational unit directly responsible for a subprogramme, the latter becomes a “programme” of that organizational unit. For example, the subpro-
gramme "Bacterial diseases" of the programme "Communicable disease prevention and control" may be referred to as a programme of the unit directly responsible for bacterial diseases.

Objectives

20. A programme classification structure should be designed to serve the following main purposes:

(i) to provide a framework for bringing together comprehensive and coherent summaries of all the programmes of WHO;
(ii) to provide a basis for analysing the budgetary requirements of the various programmes individually and in relation to each other;
(iii) to be used in directing and controlling the execution of the WHO budget;
(iv) to provide the basic structure not only for budget presentation but also for planning, for programming, for reporting purposes and for programme evaluation.

21. Identification of the Organization's objectives and establishment of appropriate categories of activities are not easy tasks. The principal programme objectives for the period 1973-1977 inclusive are described in the Fifth General Programme of Work covering a specific period. However, since the Organization's objectives are in a state of continual evolution, the creation of a permanent programme classification structure based on non-permanent programme objectives should be avoided. The programme classification structure, as well as the organizational structure needed to support it, must be adaptable to change. Moreover, while the programme classification structure should permit the clear identification of a programme manager for each programme, it should not hamper the development of programmes that involve a number of existing organizational units and that would be implemented by interdivisional or interdisciplinary teams. Any programme classification structure proposed for the Organization should be viewed in this context.

22. No programme structure can be perfect in establishing groupings of activities into programmes that are completely independent of each other; inevitably some activities will contribute to more than one programme. There are probably many satisfactory programme structures which could be used for any given organization. The one suggested below, which takes into account the views expressed during the discussion on this subject at the forty-ninth session of the Executive Board, is based, in so far as the technical programmes are concerned, on the Fifth General Programme of Work covering a specific period. Each of the four principal programme objectives of the Fifth General Programme of Work constitutes an appropriation section. Under each appropriation section appear programmes and subprogrammes coinciding with headquarters' divisions and units. The titles of programmes and subprogrammes, however, do not always coincide with those of divisions and units, but express the major programme objective concerned in each case.

Proposed classification structure

23. The programme classification structure now proposed is as follows:

**APPROPRIATION SECTION 1: POLICY ORGANS**

Programme No. 1.1: Organizational meetings
1.1.1 World Health Assembly
1.1.2 Executive Board
1.1.3 Regional committees

**APPROPRIATION SECTION 2: GENERAL MANAGEMENT AND COORDINATION**

Programme No. 2.1: Executive management
2.1.1 Office of the Director-General
2.1.2 Offices of the Assistant Directors-General
2.1.3 Offices of the Regional Directors

Programme No. 2.2: Programme coordination
2.2.1 Programme planning and direction
2.2.2 Programme coordination with other organizations
2.2.3 Cooperative programmes for development

Programme No. 2.3: Science and technology

**APPROPRIATION SECTION 3: STRENGTHENING OF HEALTH SERVICES**

Programme No. 3.1: Organization of health services
3.1.1 Programme planning and direction
3.1.2 Planning, organization and management of individual and community health care
3.1.3 Health laboratory services
3.1.4 Nursing
3.1.5 Public education for health
3.1.6 Legislation for health

Programme No. 3.2: Family health
3.2.1 Programme planning and direction
3.2.2 Maternal and child health
3.2.3 Human reproduction
3.2.4 Nutrition

Programme No. 3.3: Research in epidemiology and communications science

**APPROPRIATION SECTION 4: DEVELOPMENT OF HEALTH MANPOWER**

Programme No. 4.1: Development of health manpower

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APPROPRIATION SECTION 5: DISEASE PREVENTION AND CONTROL

Programme No. 5.1: Communicable disease prevention and control

5.1.1 Programme planning and direction
5.1.2 Epidemiological surveillance of communicable diseases
5.1.3 Malaria eradication
5.1.4 Smallpox eradication
5.1.5 Bacterial diseases
5.1.6 Mycobacterial diseases
5.1.7 Parasitic diseases
5.1.8 Virus diseases
5.1.9 Venereal diseases and treponematoses
5.1.10 Veterinary public health
5.1.11 Vector biology and control

Programme No. 5.2: Noncommunicable disease prevention and control

5.2.1 Programme planning and direction
5.2.2 Cancer
5.2.3 Cardiovascular diseases
5.2.4 Other chronic noncommunicable diseases
5.2.5 Dental health
5.2.6 Mental health
5.2.7 Prevention and control of alcoholism and drug dependence and abuse
5.2.8 Human genetics
5.2.9 Immunology

Programme No. 5.3: Prophylactic and therapeutic substances

5.3.1 Programme planning and direction
5.3.2 Specifications and quality control of pharmaceutical preparations
5.3.3 International standards for biological products
5.3.4 Drug evaluation and monitoring

APPROPRIATION SECTION 6: PROMOTION OF ENVIRONMENTAL HEALTH

Programme No. 6.1: Promotion of environmental health

6.1.1 Programme planning and direction
6.1.2 Provision of basic sanitary measures
6.1.3 Pre-investment planning for basic sanitary services
6.1.4 Control of environmental pollution and hazards
6.1.5 Health of working populations
6.1.6 Biomedical and environmental health aspects of ionizing radiation
6.1.7 Establishment and strengthening of environmental health services and institutions
6.1.8 Food standards programme

APPROPRIATION SECTION 7: HEALTH INFORMATION AND LITERATURE

Programme No. 7.1: Health statistics

7.1.1 Programme planning and direction
7.1.2 Health statistical methodology
7.1.3 Dissemination of statistical information
7.1.4 Development of health statistical services
7.1.5 International classification of diseases

Programme No. 7.2: Health literature services

Programme No. 7.3: WHO publications

Programme No. 7.4: Health information of public

APPROPRIATION SECTION 8: GENERAL SERVICE AND SUPPORT PROGRAMMES

Programme No. 8.1: Administrative management and personnel services

8.1.1 Programme planning and direction
8.1.2 Administrative management
8.1.3 Personnel
8.1.4 Conference and office services
8.1.5 Supply

Programme No. 8.2: Budget and finance services

8.2.1 Programme planning and direction
8.2.2 Budget
8.2.3 Finance and accounts
8.2.4 Data processing

Programme No. 8.3: Internal audit services

Programme No. 8.4: Legal services

Programme No. 8.5: Interpretation services

APPROPRIATION SECTION 9: REGIONAL SERVICE AND SUPPORT PROGRAMME

Programme No. 9.1: Regional service and support programme

9.1.1 Africa
9.1.2 The Americas
9.1.3 South-East Asia
9.1.4 Europe
9.1.5 Eastern Mediterranean
9.1.6 Western Pacific

APPROPRIATION SECTION 10: HEADQUARTERS COMMON SERVICES

Programme No. 10.1: Headquarters common services

APPROPRIATION SECTION 11: HEADQUARTERS BUILDING: REPAYMENT OF LOANS

APPROPRIATION SECTION 12: TRANSFER TO TAX EQUALIZATION FUND

APPROPRIATION SECTION 13: UNDISTRIBUTED RESERVE

24. It will be noted that in the proposed classification structure not every appropriation section covers a separate programme. Appropriation sections have been given titles corresponding to broad programme areas, and programmes have been grouped under appropriation sections in a functional manner.

25. A programme classification structure of the type outlined above, the technical components of which are based on the Fifth General Programme of Work, but which generally correlates with the organizational structure at headquarters, would present few problems if it were to cover only headquarters activities. However, the various activities performed by the regional offices, including the Regional Directors and the regional advisers, the WHO representatives and the WHO staff working on intercountry and country projects, must also be integrated into it. Theoretically, it might be feasible, and perhaps in the long term desirable, to integrate all activities performed in the regions into the same technical programmes and
service and support programmes into which head-
quarters activities have been classified, and thus to
eliminate the need to show a separate programme for
any activities performed in the regions. However,
any programme classification structure must take into
account that the regional offices manage inde-
pendently their components of the total programme,
within the framework of the overall programme
policies contained in the General Programme of Work.
The proposed programme classification structure, in
view of the fact that its technical component is based
on the Fifth General Programme of Work, should be
conducive to the integration of independently managed
regional programmes into the overall programme
objectives that are contained in this Programme of
Work. Bearing these factors in mind, a pragmatic
proposal is being made that would meet both the need
of showing at least all technical activities at the
regional and country levels within the same programmes
as those into which headquarters activities are clas-
sified, and the practical requirement of recognizing
the independent management of the regional offices by
the Regional Directors. This would work as follows:

(a) Country and intercountry projects would be
included, together with headquarters activities and
interregional projects and assistance to research, in
the appropriate subprogrammes of the relevant tech-
nical programmes.

(b) Regional advisers would also be shown within
the appropriate technical programme. However,
wherever a number of regional advisers are advisers
for a whole programme (e.g., Communicable disease
prevention and control) rather than for a specific
subprogramme (e.g., Parasitic diseases) these advisers
would be shown under the subprogramme Pro-
gramme planning and direction\(^*\) of the appropriate
programme.\(^*\)

(c) Regional Directors and their offices would be
shown as a separate subprogramme under pro-
gramme 2.1, Executive management, along with the
Office of the Director-General and the Offices of
the Assistant Directors-General.

(d) The remaining staff of the Regional Offices,
with their activities, as well as the WHO repre-
sentatives, would be shown under the appropriate
regional subprogramme (Africa, The Americas, etc.),
of programme 9.1, Regional service and support
programme, since their functions are primarily to
service and support the technical activities under-
taken by WHO at the regional and country levels.
While the staff and the activities of WHO in the field
would thus be classified under different programmes,
according to their functions, so as to give a more
realistic picture of WHO's worldwide activities under
each programme, it would nevertheless be desirable
to present, in addition, WHO's total effort and expendi-
tures in each region. As indicated in paragraph 46
below, this type of information should, however, be
included in appropriate information annexes; the
estimates of the budget proper should be broken down
only according to the approved programme classifi-
cation scheme.

26. In addition to the observations already made in
the preceding paragraphs on this draft programme
classification structure, the following comments and
explanations may be offered:

(a) While the current form of presentation of
the programme and budget divides the budget into
14 appropriation sections as follows:

<table>
<thead>
<tr>
<th>Appropriation Section</th>
<th>PART I: ORGANIZATIONAL MEETINGS</th>
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<tbody>
<tr>
<td></td>
<td>1. World Health Assembly</td>
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</table>
|                      | 2. Executive Board and its com-
|                      | mittees                         |
|                      | 3. Regional committees          |
|                      | PART II: OPERATING PROGRAMME    |
|                      | 4. Communicable diseases        |
|                      | 5. Environmental health         |
|                      | 6. Public health services       |
|                      | 7. Health protection and promo-
|                      | tion                           |
|                      | 8. Education and training       |
|                      | 9. Other activities             |
|                      | 10. Regional offices            |
|                      | PART III: ADMINISTRATIVE SERVICES|
|                      | 11. Administrative services     |
|                      | PART IV: OTHER PURPOSES         |
|                      | 12. Headquarters building: Repay-
|                      | ment of loans                   |
|                      | Effective working budget (Parts I, II, III and IV) |
|                      | PART V: STAFF ASSESSMENT        |
|                      | 13. Transfer to Tax Equalization Fund |
|                      | PART VI: RESERVE                |
|                      | 14. Undistributed Reserve       |

the proposed new breakdown has 13 appropriation
sections as follows:

<table>
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<tr>
<th>Appropriation Section</th>
<th>PART I: ORGANIZATIONAL MEETINGS</th>
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<tbody>
<tr>
<td></td>
<td>1. Policy organs</td>
</tr>
</tbody>
</table>
|                      | 2. General management and coordi-
|                      | nation                         |
|                      | 3. Strengthening of health serv-
|                      | ices                         |
|                      | 4. Development of health man-
|                      | power                       |
|                      | 5. Disease prevention and control|
|                      | 6. Promotion of environmental health |
|                      | 7. Health information and liter-
|                      | ature                        |

\(^*\) The subprogramme Programme planning and direction,
which appears in nearly all programmes which coincide
with the activities of a division, also includes the budgetary provisions
for the Office of the Director (personnel, duty travel, consultants,
grants, other costs) of the division concerned.

\(^*\) Since the programme of Development of health manpower
is not divided into subprogrammes, appropriate regional
advisers would be shown directly under this programme.
(b) It will be noted that, whereas the current form of presentation of the programme and budget divides the budget into six parts, the proposed new breakdown has no parts. The proposal to eliminate parts would create a minor conflict with the existing Financial Regulation 3.3, but this conflict could easily be resolved by a correspondingly minor amendment to the Regulations.

(c) Appropriation Section 1: Policy organs, of the proposed new programme structure, covering one programme with the title “Organizational Meetings”, is identical with Part I: Organizational meetings, of the current budget presentation. However, while Part I in the current presentation has three appropriation sections (World Health Assembly, Executive Board and its committees, and Regional committees), these have now been consolidated, as stated, into one section.

(d) Appropriation Section 2: General management and coordination, of the proposed programme classification structure is a new concept. It includes those budgetary provisions which cannot appropriately be classified under either the technical components of the programme or service and support activities, such as budgetary provision for:

(i) the Director-General, the Deputy Director-General, the Assistant Directors-General, the Regional Directors and their offices, which are covered by one new programme entitled “Executive management”;

(ii) the activities of the Division of Coordination and liaison offices with international organizations (Liaison with the United Nations, New York; Office of the WHO medical adviser to UNICEF, New York; Liaison with the International Atomic Energy Agency, Vienna; Liaison with the Economic Commission for Africa, Addis Ababa; United Nations Relief and Works Agency for Palestine Refugees in the Near East, Beirut), which are covered by the programme entitled “Programme coordination”;

(e) The technical component of the proposed classification structure includes a total of five appropriation sections — 3, 4, 5, 6 and 7. The budgetary provisions covered by Appropriation Section 10: Regional offices, of Part II of the current presentation have been distributed among different appropriation sections and programmes, as explained in paragraph 25 above.

(f) It will be noted that not all programmes have been divided into subprogrammes, e.g., Development of health manpower. The programme statement for this programme, however, will follow closely the detailed programme objectives related to the development of health manpower contained in the Fifth General Programme of Work, namely, health manpower planning; multiprofessional education for medical, nursing, sanitary engineering and other health professions; training of auxiliary health personnel; education in public health; training for research; and educational methodology and technology. It will also contain a statement on the development of WHO’s manpower.

(g) Under Appropriation Section 7: Health information and literature, the programme entitled “Health literature services” includes library and documentation services. The programme entitled “WHO publications” includes all WHO publications whether of a technical nature or otherwise. However, a complex situation exists in relation to the budgetary identification of a number of WHO publications. For example, provision for the cost of printing relevant Official Records is included in the estimates for the World Health Assembly and the Executive Board. Also, provision is made for the issue of publications in Russian under a contractual agreement. This matter will be further studied.

(h) Although the activities of the Division of Public Information have traditionally been classified under Administrative services, it would seem that, in view of the text of Article 2 (r) of the Constitution of WHO (“In order to achieve its objective, the functions of the Organization shall be: . . . (r) to assist in developing an informed public opinion among all peoples on matters of health;”), these activities should be regarded as technical ones. They have therefore been grouped as a separate programme entitled “Health information of public” under Appropriation Section 7: Health information and literature, of the proposed new breakdown.
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(i) Appropriation Section 8: General service and support programmes, of the proposed programme classification structure, is, like Appropriation Section 2, a new concept. It includes those budgetary provisions which cannot appropriately be classified under either Appropriation Section 2: General management and coordination, or the technical Appropriation Sections 3, 4, 5, 6 and 7. These comprise the activities classified in the current budget presentation as Administrative services (with the exception of Public information—see subparagraph (h) above), in addition to Interpretation services.

(j) Appropriation Section 9: Regional service and support programme, consisting of one programme of the same title, contains the budgetary provisions for regional offices, excluding the offices of the Regional Directors, as well as the regional advisers.

(k) The headquarters common services, which have been grouped for the first time as a separate programme rather than having their cost allocated among various other programmes, are covered by a new appropriation section entitled, like the single programme under it, “Headquarters common services”.

(l) The objective of the service and support programmes mentioned in subparagraphs (i), (j) and (k) above is to “service and support” adequately the technical activities undertaken both at headquarters and in the regions in furtherance of the main technical objectives of the World Health Organization.

(m) It will be noted that the proposed classification structure does not contain an appropriation section or programme entitled “Administrative services”. The activities now considered as administrative services have been included in several programmes, established along organizational lines, under the appropriation section entitled “General service and support programmes”. It is considered that the present juxtaposition of the operating programme, which includes much that cannot be considered technical, and the administrative services, which exclude many activities servicing and supporting the technical activities, is not a true one. A comparison between amounts allocated to the newly-defined technical component of the programme (Appropriation Sections 3, 4, 5, 6 and 7) and services and support programmes (Appropriation Sections 8, 9 and 10), of which the present administrative services are merely a part, would be much more realistic and revealing.

(n) It considered that the cost of the interpretation services, consisting of 10 interpreters and one technician, should not, as at present, be prorated over the various meetings serviced by the staff concerned, but that the activities of these staff members should, instead, be presented, with the cost estimates relating thereto, as a separate programme under the appropriation section entitled “General service and support programmes”. There are certain advantages in having these costs clearly identified, particularly if and when proposals are made for the use of additional languages at meetings. However, should a given meeting require interpretation services over and above those which could be provided by the staff of the interpretation services of WHO, the estimated costs of such services should be budgeted for the meeting concerned as contractual services.

(o) The programme entitled “Regional service and support programme” covers, as has been pointed out in subparagraph (j) above, the activities of the regional offices, with the exclusion of those of the Regional Directors and the regional advisers.

(p) The cost of the headquarters common services is at present apportioned between the operating programme and the administrative services. It is felt that since (i) the objective of the headquarters common services is to service and support all the activities undertaken at headquarters and (ii) the activities of the headquarters common services are in fact, planned, directed and controlled as if they constituted a unified programme, the headquarters common services should be presented in the budget as a separate programme under a special appropriation section entitled “Headquarters common services”, as mentioned in subparagraph (k) above.

Regional budgets

27. The programme classification structure of the regional budgets must be the same as that of the Organization’s budget (although with any adaptations that may be required), not only to permit easy comparisons between the regional budgets themselves and the estimates for headquarters activities, but also to facilitate the preparation of the programme and budget estimates for the Organization as a whole.

Flexibility in budget execution

28. The appropriation resolution for the financial year 1972 for the first time authorized the Director-General, notwithstanding the provisions of Financial
Regulation 4.5,¹ to make transfers between sections of Part II (Operating programme) up to an amount not exceeding 10% of the amount appropriated for the appropriation section from which the transfer is made. While the Director-General would have to continue to have sufficient flexibility under the proposed programme classification structure to make transfers between appropriation sections in order to obtain the most effective use of the total resources appropriated, it is difficult to predict, at this stage, in view of the lack of experience in operating under the proposed breakdown of the budget, what the needs would be in terms of transfers between the proposed appropriation sections. The Director-General therefore suggests that an experimental approach to this matter would be advisable and that the appropriation resolution for the first year in which the proposed programme and budget presentation would become effective should be so drafted as to authorize him to make transfers between all appropriation sections. Adjustments to this authority could then be made in the appropriation resolutions for later years in order to provide the Director-General with the measure of flexibility considered necessary in the light of actual experience acquired.

IV. BUDGET PRESENTATION AND PREPARATION

29. While a sound programme classification structure is a prerequisite for a programme budget, the achievement of the latter also depends on the type of information which is given in the budget document with regard to each programme and the manner in which it is presented, i.e., on budget presentation. As has been indicated, the budget should not be burdened with detailed information that the Board and the Health Assembly do not need in order to understand and act on the budget estimates and the major issues posed by them. In view of the value of brevity in budget presentation, it would be preferable to include in the part of the budget requiring legislative action only the information which can be regarded as essential and to include any necessary detailed explanations in appropriate annexes. To be consistent with the principle that the budget presentation should be comprehensive, the budget should, however, continue to show all programmes financed by extrabudgetary funds as well as those included in the regular budget.

Plan of presentation

30. The proposed form of presentation of the programme and budget estimates includes an introduction, three budget summaries and a programme analysis for each programme. The various parts of the presentation are described in more detail in the following paragraphs. The budget document would of course contain, as heretofore, a letter of submittal and authority, a table of contents, a programme index, explanatory notes, a table showing the scales of assessment, and a proposed appropriation resolution for the financial year in question. Since these parts would be presented more or less in the usual form, with the exception of the appropriation resolution (which has already been discussed in this report), no comments appear to be necessary with respect to them. Moreover, while the objective of brevity and simplicity in budget presentation has been kept in mind, it is nevertheless recognized that it would undoubtedly be necessary and desirable to include as information annexes in the budget document certain of the current tables and summaries to which the Board and the Health Assembly have become accustomed, such as, for example, “Main items accounting for the increase in the proposed programme and budget estimates”, “New posts at headquarters and regional offices”, “Estimated total staff, with percentages by major functions”, “Internationally and locally recruited staff”, etc.

The Introduction

31. The Introduction might be considered the most important single feature of the programme budget. It should present an overview, by the Director-General, of the Organization’s budget in the perspective of WHO’s mission, policies and programme objectives, both immediate and longer term. It is especially important that the Introduction relate the budget to the Organization’s General Programme of Work covering a specific period and, if possible, long-term financial indicators.

32. The broad objectives which the Organization intends to achieve would be set forth in as specific terms as possible. Progress toward those objectives with current programmes would be assessed and

¹ Financial Regulation 4.5 reads as follows:

“The Director-General is authorized with the prior concurrence of the Executive Board or of any committee to which it may delegate appropriate authority, to transfer credits between sections. When the Executive Board or any committee to which it may have delegated appropriate authority is not in session, the Director-General is authorized, with the prior written concurrence of the majority of the members of the Board or such committee, to transfer credits between sections. The Director-General shall report such transfers to the Executive Board at its next session.”
expected progress under the budget proposals indicated. The total size of the estimates for the budget year, and the means of financing them, would be discussed. In this connexion reference would also be made to the use of extrabudgetary funds.

33. The Introduction would also relate the various individual programmes to the Organization's central objectives and give the basis for the conclusion that the particular combination and relative levels of programmes proposed, rather than some other combination, would produce the most progress towards those objectives with the least cost. If possible, the Introduction should also give a broad view of programmes proposed in the budget in relation to the programmes of other organizations which give subsidiary support to the proposed programmes. In turn, it should refer to any significant effects which WHO's programmes are expected to have on the programmes of other organizations by giving the latter subsidiary support. Finally, and perhaps most importantly, the Introduction would set forth specifically the major policy and programme areas involved in the budget proposals. It should explain them clearly, discuss their financial implications and set forth the reasons for reaching the conclusions which the budget reflects.

34. What has been outlined above should not be taken to mean that the Introduction would be an elaborate and detailed document in itself. On the contrary, the Introduction should avoid detail and focus on the important matters in the budget which the Director-General wishes to place before the Executive Board and the World Health Assembly. It would, of course, draw on the budget summaries and analyses for substance, but it should leave their detail to them.

The budget summaries

35. An overall summary of the complete WHO programme is proposed, entitled "Integrated international health programme: Estimated obligations and sources of financing". It would cover all programmes, extrabudgetary as well as regular budget. This summary would also show the proposed financing of the complete WHO programme, including the amounts of funds expected to come from all sources. It is not unlike the summary included in the current budget (see Official Records No. 196, page 39), which it would replace. The total amounts shown under Estimated obligations would have to equal the total amounts shown under Sources of financing. For this reason the amounts indicated as coming from the Voluntary Fund for Health Promotion would include only those funds that are in fact available for expenditure during the financial year in question, which would also be the case in the other budget summaries.

36. A further table, entitled "Summary by programme and source of funds", would show the obligations for each programme and its subprogrammes, the amounts for the regular budget and for extrabudgetary funds being shown separately. This summary would be the key one in the presentation of WHO's budgetary proposals. It would give a comprehensive view of WHO's programmes and the subprogrammes which make them up. The amounts of resources going into the various programmes would be disclosed and provide some basis for judgment as to the relative balance among the programmes and as to the changes in emphasis being proposed in the budget. It would also be the summary to which the programme analyses discussed below would be keyed.

37. Finally, a "Summary by programme and organizational level", would separate the obligations for each programme as between those for headquarters activities, those for regional activities (country, inter-country) and those for interregional activities. Like the preceding summary, this one would also show both extrabudgetary and regular budget funds.

The programme analyses

38. The budget would include for each programme and subprogramme identified in the Summary by programme and source of funds (see paragraph 36 above) a programme analysis consisting of an analytical statement (programme statement or subprogramme statement, as the case may be) and two schedules: Schedule A, showing the estimated obligations, and Schedule B, the breakdown by types of activity (see paragraph 44 below). The presentation of each programme would thus be in the following order:

(i) Programme statement
(ii) Schedule A for the programme as a whole
(iii) Schedule B for the programme as a whole
(iv) Subprogramme statement for the first subprogramme
(v) Schedule A for the first subprogramme
(vi) Schedule B for the first subprogramme

The presentation for each subsequent subprogramme within the same programme would follow the order indicated in (iv) to (vi) above.

39. The analytical programme statements are at the very heart of a programme budget presentation. In
essence, each programme statement should do for its programme what the Introduction does for WHO's programmes as a whole. These statements and the Introduction, taken together, would provide a view of WHO's programme and budget estimates which could be invaluable in assessing the merits of the proposals which they contain.

40. The programme statement would first take up the programme as a whole, including both regular budget and extrabudgetary funds and headquarters as well as field activities. It would:

(1) set forth, in as succinct and as specific terms as possible, the objectives which the programme is intended to achieve and, if possible, the time schedule for their achievement. It should be possible to be more specific about objectives here, at the programme level, than in defining the broad objectives of the Organization as a whole in the Introduction. The objectives would again be related to those stated in the General Programme of Work covering a specific period. An effort would be made to express each objective in quantifiable terms, but this might not be possible in many cases;

(2) assess the progress being made toward the programme objectives with the combination of subprogrammes and the levels of resources being currently used, and relate this progress to that in years recently past;

(3) explain the anticipated effect of the budget proposals on the current rate of progress and on the time schedule for reaching the objectives, taking into account the estimated availability of funds from all sources;

(4) explain how the proposals for the various subprogrammes are related under a cohesive plan to further the objectives of the programme and why the particular set of proposals are judged to be the best combination for this purpose;

(5) discuss the relationship between the proposals anticipated to be financed from the regular budget and those to be financed from extrabudgetary sources.

41. The programme statements of those programmes —particularly technical programmes— which consist of activities to be undertaken both at headquarters and in the various regions would refer to the particular objectives, progress and resources of the programme at headquarters as well as in each region, as applicable. While the programme statement of such a programme would be prepared at headquarters, it would in fact consist of a consolidation of (i) a statement submitted by the director of division or other official responsible for the headquarters activities of the programme, and (ii) the programme statements to be found for the same programme in the regional programme and budget estimates.

42. Because of the importance of the programme statement, its essentials have been outlined in rather specific terms. The description of its contents would be particularly applicable to the programme under Appropriation Sections 3 to 7 of the proposed budget; the programme statements of most of the programmes under the other appropriation sections would probably have to resemble somewhat more closely the functional statements included in the current budget presentation.

43. The preparation of programme statements as outlined in the preceding paragraphs would certainly present some difficulties which it might not be possible to overcome completely in the first few years. Certain traditions in preparing and reviewing budgets would have to be replaced by new ways of looking at programmes, their objectives and cost estimates before programme statements would meet satisfactorily the specifications outlined above. But this should not be a reason for discouragement. As long as the programme statements focus upon the work to be undertaken and the objectives sought through that work, as long as they emphasize the ends to be achieved and translate them into the costs required for their implementation, the approach will be the right one. While the initial product might be less than perfect, improvements would no doubt be made and the goal reached gradually as the staff at headquarters and in the regions adapt themselves to, and become educated in the ways of, programme planning and programme budgeting.

44. As stated in paragraph 38, the programme statement for a programme would be followed by Schedules A and B for the programme as a whole. Schedule A, entitled “Estimated obligations”, would show the number of posts and estimated obligations for the programme as a whole, and would identify the posts and amounts of such obligations from the regular budget and extrabudgetary sources. It would also identify the number of posts and amounts of obligations with regard to headquarters, each region, and inter-regional and other programme activities. For programmes under Appropriation Sections 3 to 7, Schedule B, entitled “Types of activities: All sources”, would show the estimated obligations under all sources of funds by types of activities such as planning, management and evaluation; assistance to research; education and training; meetings; surveys, data collection and processing; strengthening of services. For the programmes under the other appropriation sections, Schedule B would show the breakdown of obligations by certain objects of expenditure.
45. Each subprogramme would have a subprogramme statement, again followed by two schedules, A and B. The subprogramme statement would give the subprogramme the same kind of analysis as the programme received in the programme statement, but with increased specificity. The subprogramme statement would attempt to establish a definite relationship between programme progress and resources required and, if possible, demonstrate that the budget proposals afford the most favourable relationship between programme progress and cost. In any event, it would emphasize the amounts of obligations and what these are expected to produce in programme terms. The amounts and reasons for any changed requirements for financial resources not attributable to changes in programme content or size (e.g., cost increases) would also be disclosed. Further, it would identify the amounts of, and changes in, the main objects of expenditure required for the given subprogramme. What has been stated in paragraphs 41 to 43 above about the preparation of programme statements would, of course, also be applicable to the preparation of subprogramme statements. Schedules A and B for a given subprogramme would provide exactly the same information for each subprogramme as is given in the comparable schedules for the programme as a whole.

Regional activities

46. As has been pointed out in paragraph 25 above, while the staff and activities of WHO in the regions would be presented according to their functions under different programmes (including Programme 9.1: Regional service and support programme, consisting of the regional offices without the Regional Directors and regional advisers), there is no doubt that in addition it would be desirable to present, in appropriate information annexes in the budget document, WHO's total effort and expenditure in the regions and in each region separately. This could be done by summaries of the type contained in the current budget presentation, such as the tables entitled, "Regional offices and field activities; Summary" (Official Records No. 196, pages 50-52), and "Summaries of services and assistance to governments" (pages 141-145). With respect to each region, tables of the type found in Official Records No. 196, pages 147-152 (entitled "Africa: Regional Office"; "Summary of field activities"; "Regional advisers"; and "WHO representatives") would continue to be presented. Moreover, the tables relating to a particular region could be preceded by a regional programme statement, which would ideally be the same as the Regional Director's introduction to his regional budget proposals prepared with respect to the activities in the countries of the region along the same lines as those of the Director-General's Introduction to the Organization's programme and budget estimates. The reader of the budget document would thus obtain not only an overview of the Organization's programmes and budget in the Introduction and of the work undertaken under each programme in the individual programme statements but also a general picture of the Organization's objectives and work in each region.

47. The question might be raised as to whether, in the light of the proposed new programme budget presentation and the other information (regional programme statements and summaries relating to regional activities) referred to above, it would be necessary to continue to include in the programme and budget document the main part of the current Annex 3, "Regional activities", namely, the voluminous descriptions of individual projects in each country and the individual country schedules. It might be considered that such detailed information is not essential for the Board and the Health Assembly in order to understand and act on the budget and the major issues raised by it. On the other hand, as country activities represent the very backbone of the Organization's total programmes, it might not be advisable to omit entirely such information from the budget document. It is therefore suggested that the detailed descriptions of projects and individual country schedules (which are already included in the individual regional programme and budget documents reviewed by the regional committees) be replaced by country programme statements. Such country programme statements, prepared by the Regional Directors and the WHO representatives, would set forth, in as succinct and as specific terms as possible, the main health problems in the country, the relation of WHO's objectives and projects to the national health plan, the approximate time schedule for the achievement of the objectives of the WHO-assisted programmes in the country, and the progress already made towards these objectives. In other words, the country programme statement should attempt to do for WHO's programme in a given country what the Introduction does for WHO's programme as a whole, what the programme statement does for each individual worldwide programme and what the regional programme statement does for WHO's activities as a whole in the region. An effort would be made to relate all these programme statements to each other and to the General Programme of Work covering a specific period, in order to give as clear a picture as possible of the role and objective of any given WHO-assisted activity in any given part of the world within the framework of WHO's overall objectives and total activities. The country pro-
gramme statements would end up with a tabulation of the individual projects with costs for the three years concerned.

General Programme of Work covering a specific period

48. The General Programme of Work covering a specific period is the medium-term programme of work of the Organization, as approved by the Board and the Health Assembly, within the framework of which the annual programme and budget estimates, i.e., the short-term programmes of work, are prepared. It would thus be the main point of reference for all narrative programme statements in the budget, such as the Introduction, the programme statements, the regional programme statements and the country programme statements, all of which should normally be consistent with the statements of objectives and means to achieve them contained in the General Programme of Work. In fact, by reading these narrative programme statements in an annual document and comparing them with the General Programme of Work, it should be possible to determine the progress made so far and expected to be made in the budget year in question in reaching the objectives and accomplishing the work outlined in the medium-term programme. The medium-term programme for the period 1973-1977 inclusive consists of the Fifth General Programme of Work. The detailed programme objectives outlined under the principal programme objectives of the Fifth General Programme of Work would thus constitute the focal points for programme statements to be included in the proposed programme and budget estimates during this period. An example of these detailed programme objectives in relation to the principal programme objective “Development of health manpower” has been given in paragraph 26 (f) above.

Budget preparation

49. The introduction of a system of programme budgeting would require considerable efforts of adaptation throughout the Organization. It would involve, among other things, changes in work methods and in the degree of participation by certain staff members in the programme and budgeting exercises.

50. One step already taken to improve further the process of planning and developing the programme and budget estimates was the establishment last year of a Headquarters Programme Committee consisting of the Assistant Directors-General and a small secretariat. Under a system of programme budgeting as outlined in this report, this Committee, which acts in an advisory capacity to the Director-General, would undoubtedly have to have its functions enlarged to encompass, for example, the preparation of a draft General Programme of Work (to be ultimately considered by the Board and the Health Assembly); the preparation of draft general programme directives to be taken into account in the preparation of the programme and budget proposals; and the review and consolidation of programme proposals and programme statements for submission to the Director-General.

51. Throughout the Organization “programme managers” would also have a larger responsibility and function in budget preparation than heretofore. By “programme managers” are meant not only directors of divisions or chiefs of units responsible for the management of an entire programme within the new programme classification structure, but also Regional Directors, directors of divisions and chiefs of units at headquarters responsible for the management of a part of a programme (i.e., in the sense that the Director of the Division of Family Health is responsible for the management of the headquarters part of the programme “Family health” and the Regional Directors are each responsible for the management of another part of the same programme). Programme managers would prepare not only programme proposals (i.e., proposals for new posts, consultants, contractual services, grants, etc.) as heretofore, but also programme statements (if they are responsible for an entire programme) or parts of programme statements to be consolidated by the Headquarters Programme Committee.

V. CONCLUSION

52. As mentioned in the introduction to this report, the Director-General’s proposals to transform the presentation of the programme and budget estimates into a true programme budget format were originally made to the Executive Board at its forty-ninth session in the light of earlier suggestions and discussions in the Board and the Health Assembly and in other organs of the United Nations system of organizations. They were subsequently revised to their present form, as contained in this report, following further intensive study of the subject matter and in order to take account of the views expressed by members of the Board. While the proposals are intended to reflect the general philosophy and principles on which changes in presentation of the programme and budget should be based, they should not be considered immutable.
Instead, some of their details should be regarded as mere illustrations of proposed changes which are subject to further development and refinement by the Director-General in the light of the Assembly's views and suggestions, as well as of the anticipated need to resolve a number of problems which can be expected to arise during the first detailed implementation of the scheme. It should therefore be understood that if the Assembly should approve the general proposals contained in this report, the proposed programme and budget estimates for the financial year 1975 would be prepared, not necessarily in every detail as described above, but along the lines of the form of presentation of the programme and budget outlined in this report.

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### Annex 8

#### FEASIBILITY OF INTRODUCING A BIENNIAL PROGRAMME AND BUDGET


**REPORT BY THE DIRECTOR-GENERAL**

In resolution EB49.R31 on the form of presentation of the programme and budget estimates, the Executive Board, *inter alia*, requested the Director-General, "to pursue the examination of the feasibility of introducing a biennial programme and budget and report thereon to the Twenty-fifth World Health Assembly".

The following is an attempt to analyse the issues that would arise from the introduction of biennial budgeting, in the light of the existing relevant provisions of the WHO Constitution, and to suggest possible means for achieving that end.

The arrangements for the preparation and submission of the WHO budget are contained in two constitutional articles: Article 55, which requires the Director-General to prepare and submit to the Executive Board the annual budget estimates of the Organization, which in turn are to be submitted by the Board to the World Health Assembly; and Article 34, which requires the Director-General to prepare and submit annually to the Board the financial statements and budget estimates of the Organization.

The original proposals for the WHO Constitution drawn up by the Technical Preparatory Committee in 1946 contained the substance of these two articles, except that there was no express requirement that the Director-General should prepare and submit the budget estimates annually. This requirement was inserted in the course of the International Health Conference, initially through the inclusion in Article 34 of the words "each year," subsequently revised to "annually".

These provisions were discussed in committees and drafting groups of the Technical Preparatory Committee and of the International Health Conference, but there exists no record as to any interpretations placed on them at the time. They were indicated as being similar in substance to the budgetary arrangements in FAO and in UNESCO, but it has to be noted that these two organizations subsequently amended their constitutions to provide for biennial sessions of their legislative bodies and for biennial budgeting.

Since the entry into force of the WHO Constitution, the budget estimates have been submitted annually for successive annual periods, these arrangements being reflected in the current Financial Regulations.

Should the Health Assembly wish to vary the present arrangements applicable to the consideration of the budget estimates in order to provide, in one form or another, a single budgetary period of two years, instead of one year as at present, then the following considerations arise.

The implications of the provisions of Articles 34 and 55 of the Constitution, taken together, are that annual budget estimates are to be submitted to the Executive Board and in turn to the Health Assembly annually. The Constitution and the Financial Regulations place the initiative for budget presentation and for revisions thereto in the hands of the Director-General. Consequently, after the budget estimates have been approved by the Assembly, they can only be varied by the application of the same procedure (submission of supplementary estimates—Financial Regulation 3.10).

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1 See resolution WHA25.24.
3 ECOSOC document E/H/AF/W32.
The Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies has recommended that specialized agencies having an annual budget cycle should adopt a biennial cycle. In considering this recommendation at its forty-first session, the Executive Board noted that it would be dealt with by the Twenty-first World Health Assembly in considering proposed amendments to the WHO Constitution, which would have made possible biennial sessions of the Health Assembly and biennial budgeting (resolution EB41.R40).

In the event, the Health Assembly did not amend the Constitution in the sense indicated, so that the recommendation of the Ad Hoc Committee was not implemented in this way.

As mentioned above, under the existing constitutional provisions and the procedures laid down in the Financial Regulations, the preparation of the budget estimates is the responsibility of the Director-General. After the Executive Board has considered the Director-General’s estimates, these are then reviewed and approved by the Health Assembly, in accordance with the provisions of Article 56 of the Constitution. The frequency of the submission of the budget estimates is determined by the constitutional articles referred to above, namely Articles 34 and 55.

The exercise of the Health Assembly’s authority under Article 56 with respect to the approval of the budget estimates, abstraction being made of the consideration of the operating programme, is through (a) the decision on the amount of the effective working budget and budget level and (b) the allocation of the amounts so voted to appropriation parts and sections under the annual appropriation resolution.

Under a system of biennial budgeting, subject to whatever detailed arrangements were to be adopted for adaptations of the programme during the biennium, the decisions referred to under (a) and (b) above would be decided on a single occasion by the Health Assembly for the two-year period; accordingly, there would be a single effective working budget and appropriation resolution for the whole two-year period and these would not normally be revised during the biennium unless either a supplementary budget were to be submitted, or amendments to the appropriation resolution proposed.

While the securing of the Organization’s finances for a period greater than one year would satisfy the mandatory provisions of Article 56, the arrangements for the frequency of budgetary submission contained in Articles 34 and 55 nevertheless vest in WHO’s Members a right to consider the estimates annually.

It is a general principle of constitutional law that, in the case of written constitutional provisions, an act amending such provisions must comply with any special rules laid down for that purpose, so that in any review of the legality of such act one may look to the means by which it has been carried out.

For the WHO Constitution, any change in its provisions is subjected to the procedure laid down in Article 73. This Article provides as follows:

"Texts of proposed amendments to this Constitution shall be communicated by the Director-General to Members at least six months in advance of their consideration by the Health Assembly. Amendments shall come into force for all Members when adopted by a two-thirds vote of the Health Assembly and accepted by two-thirds of the Members in accordance with their respective constitutional processes."

As the right to an annual review of the budget estimates is constitutional and not merely procedural, the Assembly could not, by simple resolution, provide for new arrangements for budgeting which would cover a two-year rather than a one-year period, or remove the possibility of a review in the second part of the two-year period. Such a limitation of the constitutional prerogative of the Health Assembly would require the amendment of the Constitution in accordance with the provisions to that end contained in Article 73 and the corresponding Rules 117 and 118 of the Rules of Procedure.

The actual techniques to be used in order to provide for biennial budgets through constitutional amendment would remain to be considered. Broadly speaking the options available would be either to:

(a) provide expressly for biennial budgets; or
(b) remove any reference in the Constitution to a particular budgetary period, thus leaving it to the Assembly to determine, through the Financial Regulations, what this period should be.

Option (b) would leave more flexibility in the future, should experience dictate that a period other than a biennial period would be suitable and avoid the need for future amendments to the constitutional articles involved.

Under Article 73 of the Constitution, the texts of proposed amendments to the Constitution have to be communicated by the Director-General to Members at least six months in advance of their consideration by the Health Assembly. Therefore, should the Health Assembly consider that it would be desirable to proceed with arrangements for biennial budgeting,
the earliest date at which the necessary amendments could be adopted would be the Twenty-sixth World Health Assembly in 1973.

Assuming that that session of the Health Assembly were to be held in May 1973, the text of the necessary amendments would have to be communicated to Members by the beginning of November 1972. Such amendments could be prepared by the Director-General on the basis of such general guidance as he would receive on their substance from the Health Assembly.

Such arrangements would deal with the constitutional aspects of a change in budgetary procedures; it remains to consider the question of the measures that it would be appropriate to consider to ensure a smooth transition from annual to biennial budgeting.

Constitutional amendments, after adoption by the Health Assembly, require to be accepted by two-thirds of the Members in accordance with their respective constitutional processes, in order to enter into force. Due to the differing requirements of Members in this respect, and the burdens placed upon their legislative programmes, it is not possible to predict with any degree of precision when the amendments would enter into force.

The greater part of the financing of the activities of the Organization being secured through its budget, it would be desirable to avoid uncertainty as to the date of the introduction of new arrangements, as well as to permit advance planning. Account also needs to be taken of the desirability of the synchronization of a biennial budgetary period in WHO with the budgetary periods of other agencies. This would imply the advance determination of a date upon which the change to biennial procedures would commence and for transitional measures, should it happen that the constitutional amendments had not entered into force by that date.

Anticipating that the amendments to the Constitution were to be adopted by the Twenty-sixth World Health Assembly in 1973 and accepted by Members in accordance with their constitutional processes within two years, the first biennial budget could be presented to the Twenty-eighth World Health Assembly in 1975 (that is to say, a budget for the period 1976-1977).

Should, however, these amendments not have entered into force by the date of the Twenty-eighth World Health Assembly, it might be considered that, in the light of the decision of the earlier Health Assembly in having adopted the amendments, it would not be unreasonable that the Members, by consensus, agree during the interim period to relinquish their constitutional right of an annual review of the budget estimates, the financing of the Organization being assured on a biennial basis.

Such arrangements would remain in effect on a consensual basis pending the entry into force of the amendments. Thus, in each second year of the biennial budget cycle, Member States would not normally insist on an annual review of the budgetary ceiling or of the distribution of the amounts voted by the Assembly among parts of the appropriation resolution.

For this purpose, account may be taken of the consideration that if the rights of the legislative body may not be limited by its own decisions or that it cannot detract from its continuing sovereignty, this is not necessarily so in the case of procedural arrangements, which may effectively limit the manner of the exercise of constitutional prerogatives. This is illustrated by the provisions of the Rules of Procedure of the Health Assembly establishing time limits—for example, Rules 11 and 12 on new activities and supplementary agenda items, Rule 96 on review of the apportionment of the contribution among Members and Associate Members, and Rule 120 on the suspension of the Rules of Procedure.

Accordingly, if biennial budgeting were to be put into effect as a transitional procedure pending the entry into force of new constitutional provisions, then it would be appropriate for the Health Assembly to provide procedural constraints with respect to any request for a subsequent review in the second year of any two-year budgetary period of the budgetary ceiling or budgetary apportionment. This could be achieved, for example, through the inclusion of a requirement in the Rules of Procedure of both the Executive Board and of the World Health Assembly that any request for such a review be subject to the giving of adequate notice, and such other procedural conditions as might appear to be appropriate, for example, an explanation as to the reasons for which the review was being sought.

Such procedural arrangements would be facilitated if the Executive Board and the World Health Assembly were in any event as a matter of routine to exercise some limited review in each second year of the biennial budget, without necessarily going so far as to vary the budget ceiling adopted in the first year of the budget cycle.

To give effect therefore to arrangements along these lines, the Health Assembly, in the course of this and its subsequent sessions, would have to take the following steps:

(a) Having decided as a matter of principle that a system of biennial budgeting be introduced, indicate the broad lines of the constitutional amendments to be introduced (1972).

(b) Adopt the consequent amendments to the Constitution, which could be prepared by the Director-General (1973).
(c) Determine the timetable for the introduction of biennial budgeting procedures (1973).

(d) Determine the necessary transitional provisions to give effect to (c), in the event that the dates indicated thereunder were to precede the entry into force of the amendments to the Constitution (1973).

Such transitional arrangements could refer to the constitutional right of Members to request a full budgetary review in the second year of the two-year period, but express the desire that this right should be exercised sparingly and only if special circumstances were to warrant such a review during the transitional period.

(e) Amend the Financial Regulations to reflect the decisions taken under (a) (1974).

(f) Introduce into the Rules of Procedure of the Executive Board and of the Health Assembly the appropriate procedural provisions and constraints to govern the biennial budgetary consideration and review (1974).

Annex 9

REPORT OF THE DR A. T. SHOUSHA FOUNDATION COMMITTEE 1

[A25/4 — 23 March 1972]

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

The Dr A. T. Shousha Foundation Committee met on 25 January 1972 under the chairmanship of Mr Y. Wolde-Gerima. The financial situation of the Fund was presented by the Director-General of the World Health Organization as Administrator of the Dr A. T. Shousha Foundation, as follows:

<table>
<thead>
<tr>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1 January 1971</td>
</tr>
<tr>
<td>Receipts</td>
</tr>
<tr>
<td>Interest received in 1971</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Disbursements</td>
</tr>
<tr>
<td>1971 award to Dr C. M. H. Mofidi (Sw.fr. 1000)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Less:</td>
</tr>
<tr>
<td>Foundation capital</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Accumulated surplus as at 31 December 1971 (or Sw.fr. 20,574.35)</td>
</tr>
</tbody>
</table>

The Committee noted that the financial situation was able to cover the award of the Prize in 1972. The Committee recommended that the amount of $4000 be transferred from accumulated interest to the Foundation's capital.

1 See resolution WHA25.29.
Annex 10

REPORT OF THE LÉON BERNARD FOUNDATION COMMITTEE

FINANCIAL REPORT ON THE LÉON BERNARD FOUNDATION FUND

The Léon Bernard Foundation Committee met on 21 January 1972 under the chairmanship of Dr A. Bena-douda, and noted the following financial situation of the Fund, presented by the Director-General of the World Health Organization as Administrator of the Léon Bernard Foundation:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance on 1 January 1971</td>
<td>18 990.65</td>
</tr>
<tr>
<td>Receipts</td>
<td></td>
</tr>
<tr>
<td>Interest credited in 1971</td>
<td>1 030.25</td>
</tr>
<tr>
<td></td>
<td>20 020.90</td>
</tr>
<tr>
<td>Disbursements</td>
<td></td>
</tr>
<tr>
<td>1971 award to Professor E. Aujaleu</td>
<td>1 000.00</td>
</tr>
<tr>
<td></td>
<td>19 020.90</td>
</tr>
<tr>
<td>Less:</td>
<td></td>
</tr>
<tr>
<td>Foundation capital</td>
<td>17 000.00</td>
</tr>
<tr>
<td>Accumulated surplus as at 31 December 1971</td>
<td>2 020.90</td>
</tr>
</tbody>
</table>

The Committee noted further that the financial situation was able to cover the award of the Prize in 1972.

Annex 11

COORDINATION WITH OTHER ORGANIZATIONS OF THE UNITED NATIONS SYSTEM: IMPLEMENTATION OF THE DECLARATION ON THE GRANTING OF INDEPENDENCE TO COLONIAL COUNTRIES AND PEOPLES

REPORT BY THE DIRECTOR-GENERAL

This document reported the steps taken by the Director-General pursuant to the request of the World Health Assembly in operative paragraph 3 of resolution WHA24.51, entitled “Coordination with the United Nations, the specialized agencies and the International Atomic Energy Agency: Declaration on the Granting of Independence to Colonial Countries and Peoples”. 

1 See resolution WHA25.41.
2 See resolution WHA25.32.
The Executive Board, having considered the report, adopted resolution EB49.R45.

The Director-General will report further to the Health Assembly on the action he has taken pursuant to the provisions of this resolution.

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

[EB49/20 Add. 1 — 3 January 1972]

1. Resolutions of the United Nations General Assembly

1.1 The resolution adopted by the Twenty-fourth World Health Assembly took note of resolution 2704 (XXV) adopted in 1970 by the United Nations General Assembly concerning the implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples by the specialized agencies and other organizations of the United Nations system as well as the relevant provisions of resolutions 2621, 2678, 2706, 2707 and 2708 of the twenty-fifth session of the United Nations General Assembly. The World Health Assembly took note further of the request in paragraphs 5 and 6 of resolution 2704 (XXV) and recalled resolutions WHA16.43, WHA17.50, WHA18.40, WHA18.48, WHA19.31, WHA20.38 and WHA21.34. The resolution further recalled the relationship agreement concluded between the World Health Organization and the Organization of African Unity in pursuance of resolution WHA22.16.

1.2 The Executive Board had before it at its forty-seventh session the full text of resolution 2704 (XXV) as well as of General Assembly resolutions 2621 (XXV) and 2708 (XXV), together with relevant excerpts of the operative paragraphs of the other resolutions referred to by the Twenty-fourth World Health Assembly in its resolution WHA24.51.

1.3 The Executive Board was also informed at its forty-seventh session of the report submitted to the twenty-fifth session of the United Nations General Assembly by the Secretary-General of the United Nations, in which the Secretary-General stated that "with respect to the question of assistance to national liberation movements through OAU, there was the consideration that action by the executive heads depended on policy decisions and specific authorization by member States acting through the governing bodies or deliberative organs concerned ''. The United Nations document A/8143.

1.4 In accordance with the agreement between the United Nations and the Organization, all resolutions adopted by the General Assembly, the Economic and Social Council, the Security Council, and the Trusteeship Council have been brought to the attention of the Executive Board and the World Health Assembly, and the United Nations has regularly been informed of all actions taken by the Organization in response thereto. In 1971 the Organization provided the Secretary-General with a full statement of the steps hitherto undertaken by the Organization with respect to resolutions dealing with the question of implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples and related matters. This statement, together with those of other specialized agencies, was circulated to the twenty-sixth session of the General Assembly as documents A/8314 and addenda.

2. Action taken in pursuance of resolution WHA24.51

2.1 In addition to the general aspects of the preambular paragraphs of the resolution referred to above, the resolution noted with satisfaction "the effective cooperation which has been established between the World Health Organization and the United Nations High Commissioner for Refugees and the United Nations itself on questions concerning refugees from southern African countries or territories ". Since the Twenty-fourth World Health Assembly this cooperation has been continued along well-established lines and all requests from the office of the United Nations High Commissioner for Refugees have been met.

2.2 Operative paragraph 2 of the same resolution noted with satisfaction the cooperation of the Director-General with the Secretary-General in the provision of information in the comprehensive report referred to above. In the interval since the closure of the Twenty-fourth World Health Assembly additional consideration has been given to this question by the United Nations General Assembly at its twenty-sixth session and the relevant resolutions adopted at that session are being brought to the attention of the Executive Board at its present session in another document.
2.3 Operative paragraph 3 of resolution WHA24.51 requested the Director-General "to study further, in consultation as appropriate with the Organization of African Unity, under the relationship agreement and to the extent he deems advisable, the contribution the World Health Organization might make in fulfilment of the humanitarian aims as set out in operative paragraphs 5 and 6 of General Assembly resolution 2704 (XXV) referred to above,\(^1\) as well as the relevant provisions of other resolutions, and to present to the Executive Board at its forty-ninth session proposals with respect to appropriate activities of the Organization in response to requests of the United Nations General Assembly ".

2.4 After consultation with the Administrative Secretary-General of the Organization of African Unity, the Director-General sent a special representative to Addis Ababa to consult with the Organization of African Unity on the contribution the World Health Organization might make in the health field in fulfilment of the humanitarian aims as set out in the aforementioned paragraphs of General Assembly resolution 2704 (XXV).

The Organization of African Unity arranged for the Director-General's representative to meet the concerned government officials of the United Republic of Tanzania and of Zambia, two Member States of WHO which, as host governments, provide certain health services to national liberation movements recognized by the Organization of African Unity.

Arrangements were also made for the Director-General's representative to meet, under the auspices of the Organization of African Unity, representatives of certain national liberation movements who provided him with general information on their health activities and on their immediate needs in the health field.

\(^1\) Operative paragraphs 5 and 6 of General Assembly resolution 2704 (XXV) read as follows:

"Reiterates its urgent appeal to the specialized agencies and the other organizations within the United Nations system to render all possible moral and material assistance to the peoples struggling for their liberation from colonial rule and, in particular, to work out, with the active cooperation of the Organization of African Unity and, through it, of the national liberation movements, concrete programmes for assisting the peoples of Southern Rhodesia, Namibia and the Territories under Portuguese administration, including in particular the populations in the liberated areas of those Territories;

Recommend that, taking into consideration the suggestions contained in the report of the Secretary-General, the specialized agencies and the other organizations within the United Nations system, including in particular the United Nations Development Programme and the International Bank for Reconstruction and Development, should take measures, within their respective spheres of competence, to increase the scope of their assistance to refugees from the colonial Territories, including assistance to the Governments concerned in the preparation and execution of projects beneficial to these refugees, and to introduce the greatest possible measure of flexibility in the relevant procedures."

3. Health activities and requirements for populations helped by national liberation movements

3.1 The work of national liberation movements is coordinated by the Liberation Committee in Dar es Salaam, which is an official organ of the Organization of African Unity. The various activities of national liberation movements, including activities of their health organizations, are supported financially from a special fund established by the Organization of African Unity in 1963. Several governments and voluntary organizations make donations to support the health services provided to the populations assisted by the national liberation movements recognized by the Organization of African Unity.

3.2 Health services to the populations involved in host countries are provided through existing health facilities. These health facilities suffer from a lack of the equipment and supplies required for the provision of minimum medical care and rehabilitation services. They also suffer from a marked shortage of medical and allied and auxiliary health personnel.

The general hospital in Dar es Salaam is a typical example of the existing conditions of these health facilities. The hospital's normal capacity is 1200 beds, but it has to accommodate on the average 2000 inpatients. The hospital caters for patients from the local population as well as for patients from the populations assisted by the national liberation movements based in Dar es Salaam. The outpatient departments of the hospital are overloaded and understaffed. Similar conditions prevail in other hospitals, health centres and dispensaries in other areas involved in the United Republic of Tanzania and in Zambia. Similar conditions are reported to exist in other host countries.

3.3 The training of health personnel from the national liberation movements recognized by the Organization of African Unity is provided in existing training institutions in host countries. This is done with the limited national resources which are barely sufficient to cope with the existing national needs in the field of education and training of all categories of health personnel.

3.4 On 5 November 1971 the Administrative Secretary-General of the Organization of African Unity endorsed and transmitted to the Director-General requests from recognized national liberation movements.

These requests are summarized as follows:

(a) assistance to education and training of health personnel, particularly at the middle and auxiliary levels;
(b) supplies and equipment for the initiation and extension of programmes for the prevention of communicable diseases and medical care and rehabilitation facilities;
(c) international personnel to assist in teaching and rehabilitation services;
(d) support for the development of health services where no health centres or dispensaries exist;
(e) fellowships for medical and allied personnel to receive medical training, preferably in existing medical institutions in African countries; and
(f) participation of health personnel in training courses, seminars and other technical meetings organized or sponsored by the World Health Organization.

4. Position of the host governments

4.1 The host governments are putting their national health facilities at the disposal of the national liberation movements despite the congestion and the shortages from which these services suffer.

4.2 The same applies to the training of health workers which is carried out in existing national training institutions in host countries. In view of their limited facilities there is an acute need for strengthening and expanding them so that they could cope with the additional load of training of health personnel from the national liberation movements recognized by the Organization of African Unity.

4.3 The responsible government officials in the United Republic of Tanzania and in Zambia stated that existing health facilities in their countries would be made available for the implementation of whatever activities are approved by the governing bodies of the World Health Organization to assist the health organizations of the national liberation movements recognized by the Organization of African Unity.

4.4 The government officials also expressed their respective governments' readiness to endorse, when necessary, requests by the Organization of African Unity on behalf of recognized national liberation movements.

4.5 The government officials stressed that, in their opinion, any activities to support the health services for populations assisted by the national liberation movements should be provided over and above the World Health Organization's programmes for the host countries. These activities would therefore require additional financial resources.

They indicated that their respective governments would be willing to support and participate actively in any health projects which would be implemented by the World Health Organization under financial assistance from the United Nations Development Programme or any other appropriate source. However, they insisted that the costs of any such projects should neither be taken from the assistance provided for the countries concerned under the regular budget of the World Health Organization nor be included in the normal indicative planning figures for the host government's country programming.

5. Recommendations

5.1 In resolution WHA24.51 the Director-General was requested to present to the Executive Board at its forty-ninth session "proposals with respect to appropriate activities of the Organization in response to requests of the United Nations General Assembly". After examining the requests for assistance in the field of health transmitted to him by the Organization of African Unity, the Director-General considers that it might be appropriate, in fulfilment of humanitarian aims, for the Organization to provide support for the education and training of health workers on the basis of requests from those Member States which are host governments to one or more national liberation movements. In making this recommendation the Director-General shares the view of such host governments that assistance for such education and training activities should not affect the ceiling of assistance provided to the host governments for their own national programmes and populations.

5.2 In the context of the general recommendation, assistance provided in the health field could include:

(a) arrangements for the training of health workers, particularly middle level and auxiliary health personnel, including the strengthening of existing training institutions in host countries;
(b) the provision of personnel for teaching and rehabilitation services;
(c) the provision of fellowships;
(d) teaching seminars;
(e) the provision of such supplies as may be required for the implementation of the preceding proposals; and
(f) the provision of supplies and equipment for the prevention of communicable diseases.

5.3 The Director-General wishes to inform the Executive Board that both FAO and UNESCO have sent missions to the Organization of African Unity and are in the process of working out, in collaboration
with UNDP, programmes of assistance in their respective fields of competence.

5.4 Should the Executive Board recommend action along the lines of the proposals in paragraphs 5.1 and 5.2 above, it would be the Director-General's intention to work out with the Organization of African Unity and the host governments concerned programmes of health assistance to the populations involved. Coordination with FAO, UNESCO and other agencies and with UNICEF would be sought as appropriate in connexion with the planning for and the implementation of these programmes.

5.5 The implementation of the programme outlined in paragraph 5.1 above would obviously have for the regular budget implications which would have to be considered by the Board and Assembly. The Director-General will be prepared to supply them with tentative figures depending on the decision taken regarding the size of the assistance recommended. Extrabudgetary sources of financing might also be sought.

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**Annex 12**

**METHOD OF WORK OF THE WORLD HEALTH ASSEMBLY**

[A25/33 Add. 2 — 6 April 1972]

**REPORT BY THE DIRECTOR-GENERAL**

1. Introduction

At its forty-ninth session, the Executive Board completed the consideration of the report of the Joint Inspection Unit on a rationalization of the proceedings and documentation of the World Health Assembly, which had also been studied at its forty-seventh and forty-eighth sessions, and adopted resolution EB49.R12 in which, *inter alia*, the Board: endorsed “the action already taken by the Director-General to implement within his authority some of the recommendations”; requested “the Director-General to implement those other recommendations which the studies undertaken by him had shown to be feasible, and to consider other measures which might contribute to the improvement of the method of work of the World Health Assembly, taking into account the views expressed by the members of the Board”; and noted “that as a result of a special study the Director-General will introduce further measures aiming at the rationalization of documentation”.

It was, furthermore, understood that the Director-General would study those points raised and suggestions made during the discussion to which the attention of the Health Assembly should be especially called. In the opinion of the Director-General the following subjects require the Assembly's consideration.

2. Duration of the World Health Assembly

A possible programme for a Health Assembly lasting two weeks was outlined by a member of the Board.

Broadly, the programme envisaged starting the Health Assembly on a Monday morning and concluding the general discussion on Wednesday, with night meetings on Tuesday and Wednesday if necessary. If the general discussion was not completed by then, further night sessions should be held subsequently. The main committees would begin their work on the first Thursday morning and the budget should be approved by Monday night of the second week. The main committees should aim at completing all the items assigned to them by the night of Thursday of the second week. The Technical Discussions, if retained, would be held on Friday and Saturday of the second week, and if time did not permit the presentation to the Health Assembly of the report on the Technical Discussions, it should be presented to the Executive Board. Any outstanding resolutions could be adopted in a short plenary meeting held during an interruption of the Technical Discussions.

Another member considered this suggestion worthy of analysis; others felt that in view of the importance of the Health Assembly and the complexity of the items on its agenda, and in view of the fact that the Organization now had 132 Member States, a duration of three weeks was reasonable.

The Director-General expressed the opinion that the possibility of shortening the time of the Health Assembly could be studied if and when a biennial budget cycle was introduced in the Organization. In such a case, it might be possible to hold alternately a three-week Assembly in the year when the programme and budget was adopted and a two-week Assembly the following year.

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1 See resolution WHA25.33.
3. General discussion

Some members of the Executive Board expressed their interest in establishing a close relation between the statements made during the general discussion and the reports of the Executive Board and of the Director-General on the work of the Organization, as well as in the possible shortening of the general discussion. Other speakers reiterated the importance of allowing heads of delegations the opportunity to refer to any topics in their general statements which they might consider pertinent.

In considering the possible shortening of the general discussion, it should be recalled that in 1967 the Twentieth World Health Assembly in resolution WHA20.2 approved arrangements under which “delegates wishing to do so may submit prepared statements, preferably of not more than twenty typewritten pages, double-spaced, for inclusion in extenso in the verbatim records of the plenary meetings”. The table below shows the extent to which these arrangements have been made use of since their introduction.

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<td>Total number of statements in the general discussion</td>
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<td>81</td>
<td>91</td>
<td>92</td>
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<tr>
<td>Number of statements submitted for inclusion in extenso in verbatim records, accompanied by shortened oral statement</td>
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<td>5</td>
<td>4</td>
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<td>Number of statements submitted for inclusion in extenso in verbatim records, with no oral statement</td>
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Among other measures taken to complete the general discussion as early as possible, mention should also be made of the arrangements at the Twenty-fourth World Health Assembly to hold an evening plenary meeting as early as the second day of the Assembly.

4. Technical discussions

Independently of the specific suggestion regarding the Technical Discussions mentioned above in connexion with the proposal for a two-week Health Assembly, a member considered that the Technical Discussions should be postponed until the end of the Health Assembly. However, the World Health Assembly in resolutions WHA23.1 and WHA24.4 reiterated “that Technical Discussions shall continue to be held at the end of the first week of the Assembly and that neither main committee shall meet during that time, nor during plenary meetings of the Health Assembly”.

5. Time limit for statements in the main committees

As a further measure to expedite the work of the Health Assembly, some members supported in principle the recommendation of the Joint Inspection Unit to limit the length of statements in the main committees, but there was a consensus that no formal rule should be introduced for that purpose. Instead, the chairmen of the committees should exercise their discretion to encourage speakers to comply with paragraph 3 of resolution WHA23.1, in which the Health Assembly reiterated the appeal made by the Executive Board to speakers to limit the length of their interventions.

6. Selection of the country or region in which the World Health Assembly will be held

The study of this matter showed that it was not necessary to adopt a formal resolution every year on the selection of the country or region in which the next annual session of the World Health Assembly would be held. The constitutional provisions would be complied with if a statement were made by the President in a plenary meeting that, in the absence of any invitation by a Member State, the subsequent session would be held in Switzerland, such a statement being endorsed by the Health Assembly.

7. Information on progress of work

A suggestion was made that a system should be devised whereby delegates present at one main committee could be kept informed of the items discussed in the other committee. The purpose of this measure would be to enable delegates to participate in the discussion of items of particular interest to them.

8. Documentation

Finally, the Director-General wishes to bring to the knowledge of the Health Assembly that as a result of the study he has made on the whole question of documentation, certain changes are being introduced at the current Health Assembly in the numbering and listing of documents and in the use of different colours for language identification. The Director-General intends gradually to introduce other changes. As in the past, it will be for the Health Assembly to test in practice the usefulness of such new measures.
Annex 13

FUTURE REQUIREMENTS FOR HEADQUARTERS ACCOMMODATION

In accordance with resolution EB49.R33, the Director-General has the honour to transmit to the World Health Assembly the attached reports of the Ad Hoc Committee of the Executive Board on Headquarters Accommodation.

1. REPORT ON THE FIRST SESSION OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD ON HEADQUARTERS ACCOMMODATION

1. The Ad Hoc Committee on Headquarters Accommodation, set up pursuant to resolution EB49.R33, held its first session on Thursday, 27 January 1972.

2. The following were present: Professor E. Aujaleu and Professor H. Flamm. Professor R. Vannugli was unable to attend.

3. After electing Professor E. Aujaleu as Chairman, the Ad Hoc Committee went on to adopt the agenda for the session, which comprised items corresponding to paragraphs 5(1), 5(2) and 5(3) of resolution EB49.R33.

4. Prospective long-term needs of headquarters for additional accommodation

4.1 In operative paragraph 5(1) of that resolution, the Executive Board requested the Ad Hoc Committee to “examine in detail the prospective long-term needs of the headquarters for additional accommodation, taking account of programme developments which are to be expected in the foreseeable future and taking account of the discussion in the Board”. The Ad Hoc Committee took cognizance of the information given to it both verbally and in a working paper, supplementary to the data supplied to the Executive Board at its forty-ninth session.

4.2 In accordance with the request of the Executive Board at its thirty-ninth session (resolution EB39.R52), the Director-General presented to the Twentieth World Health Assembly a report on the immediate, intermediate and the long-term needs of the Organization at headquarters for additional office accommodation. Under the heading of long-term needs, the Director-General presented a graph showing the growth of headquarters staff from 1949 to 1967, together with a projection to 1977. The projection was a straight-line extrapolation of the average growth in headquarters staff from 1949 to 1967, i.e., at a rate of approximately 36 posts per annum. The projection indicated an expected staffing level of about 1400 in the year 1977, the precise figure resulting from the mathematical extrapolation being 1430. This projection was limited to a 10-year period because the Director-General felt that the rapidity with which the world political and economic situation was evolving made any longer projection unrealistic.

4.3 In relation to this projection, the Twentieth World Health Assembly included in its resolution WHA20.23 a request to the Director-General to “continue studying there requirements in the fullest possible detail, taking into account the various comments and suggestions made in the course of the discussion, particularly with regard to the prospective increase in the number of staff”. The record of the discussion on this point in the Assembly appears in Official Records No. 161, pages 482-492. The Ad Hoc Committee noted that, while during the discussion there appeared to have been reservations regarding the extent of the growth in headquarters staffing reflected by the projection, no one had made any suggestions concerning the period to be covered by the projection.

4.4 In preparing for the current consideration by the Board of the future requirements for headquarters accommodation, the Director-General has made a forward projection for a new 10-year period, 1972 to 1982. As the baseline for this new projection, the Director-General has extended the extrapolation of 1967 as regards headquarters posts financed by the regular budget, which was the basis of the 1967 projection. The new projection thus assumes a steady rate of growth of such posts, again of approximately 36 per annum, or a total of 360 for the new 10-year period.

1 See resolution WHA25.37.
4.5 The experience of the last four years has demonstrated, however, that such a projection, solely on the basis of headquarters posts financed by the regular budget, understates the situation, because in the last four years the additional space requirements have increasingly been in relation to staff financed otherwise. Increasingly, there are interregional staff whose base is Geneva and who must therefore be provided with office space at headquarters and staff financed from extrabudgetary sources such as the International Bank for Reconstruction and Development, the United Nations Fund for Drug Abuse Control, the United Nations Fund for Population Activities, the Ford Foundation, etc. In addition, the Organization has, since 1967, undertaken to provide space to the Federation of the World Health Foundations, the Council for International Organizations of Medical Sciences and from time to time, on a temporary basis, to other entities, such as the International Agency for Research on Cancer. Such additional personnel at the present time amounts to some 78 persons. Projected at the same rate of growth as that for posts in the headquarters budget (which is probably an understatement), the requirements by 1982 would be for 103 such persons.

4.6 The estimated staffing level of 1700 by the year 1982 thus assumes a growth in staff financed from the headquarters regular budget of some 360 persons and a growth in staff financed from other sources of about 25 persons.

4.7 No account has been taken of the International Computing Centre (ICC), either in the figures for present staffing or in the projections for 1982, and further, in all calculations deduction has been made of the Data Processing staff of WHO who were transferred to the ICC. The ICC has thus been totally excluded from the computations on the assumption that possibly it is only a temporary occupant of WHO premises.

4.8 The figures for total staff growth to the present time reflect the staff additions resulting from the extended use of the Russian and Spanish languages. The estimation of future staff growth by extrapolation of the total staffing experience since 1949 therefore presumes a proportionate growth in the language services, but no specific assumptions have been made in the projection as regards any particular language.

4.9 In the light of these explanations the Ad Hoc Committee agreed that, although it was very difficult to determine parameters making it possible to calculate the rate of growth of headquarters staff with some degree of certainty, the basis employed by the Director-General to establish a projection covering the 10-year period 1972-1982 could be regarded as reasonable.

4.10 However, the Committee felt that the question arose as to whether, at some time in the future, the rate of growth of the Organization would not slow down and finally level off; the Committee wondered whether it was possible to forecast when that moment would arrive. In reply to the questions of the Committee, the Director-General stated that it was very difficult to say when a plateau would be reached. Of course, a large increase in the staff of the Organization merely to carry on its present activities need not be envisaged. However, the problem of the international organizations was that they were continually confronted by decisions of governments to add new fields. Thus, during the present year, as the Director-General had mentioned to the Executive Board, there had been a considerable increase in the staff for pre-investment water supply and sewage projects, projects financed not from the regular budget but by the International Bank and by UNDP. In the same way, the interest aroused by research on human reproduction had resulted in voluntary contributions of the order of 4 to 5 million dollars a year. Of course, the larger part of that money was not spent at headquarters but nevertheless headquarters required a minimum of staff to deal with such projects. Other prospects would also be opened up in the near future, for example, with regard to the environment. Apart from the normal upward trend of the regular budget it was impossible to forecast what the repercussions would be on the staffing of the Organization or to predict just when the increase in staff observed during the past years would slow down and reach a stable level. The Director-General felt that, accompanying the probable increase in activities, a change in the methods of work of the Organization might be expected in that in the years to come there might be greater decentralization, so that certain activities which had hitherto been the responsibility of headquarters might be increasingly transferred to the regions.

4.11 While recognizing that during recent years the increase in headquarters staff had quite closely followed the forecasts submitted in May 1967 to the Twentieth World Health Assembly, the Committee was nevertheless anxious to have available, as far as possible, estimates which would not be mere projections but would result from a detailed study of the present activities of the Organization and their foreseeable development in the course of the next few years. The Committee therefore asked the Director-General to undertake such a study in depth and to present the results at the next session of the Committee, to be held before the Twenty-fifth World Health Assembly.
4.12 Whatever the results of that new study, the Committee wondered whether it was reasonable to provide for a building which would in all likelihood be completely filled in 1982 and yet not completed before 1976 or 1977. The Organization would then find itself in the same position as in 1967, when a year after taking over its new building it had been obliged to construct a first temporary annex. Consequently, the Committee felt that it was in the interests of the Organization to draw up plans which would not be too strictly limited to forecasts of the increase in staff during the next decade, and that it would be wise to ensure a reserve for subsequent growth. That reserve might, moreover, take the form of partly finished and unfurnished premises.

5. Estimate of the volume and cost of the building

5.1 As requested by the Executive Board in operative paragraph 5 (2) of resolution EB49.R33, the Ad Hoc Committee has undertaken to review and, so far as possible " refine", the estimate of the prospective cost of the additional accommodation. In reply to questions raised by the Committee the representative of the Director-General explained how and on what basis the volume and cost of the building had been estimated. On the basis of the standards usually applied, with very minor variations, by the international organizations as well as the private sector, the present headquarters building was constructed to take about 1000 staff members, as well as the various services corresponding to that number of staff. But when the Organization took over the new building the number of staff to be accommodated exceeded 1000 so that it was already necessary in 1967 to build a temporary annex on ground lent to the Organization by the Canton of Geneva. That annex had made it possible to absorb the expansion of headquarters during five years. However, it was now full and the Director-General had had to reduce office accommodation standards to the extreme limit, both in the main building and in the annex, and the resultant overcrowding had not been without repercussions on the working efficiency of the various headquarters units. A saturation point had now been reached where it was practically impossible to concentrate the staff still more in the existing accommodation. The Twenty-fourth Health Assembly had recognized this by authorizing the construction of a second temporary building, this time on land belonging to WHO. The new annex was now being built and it should be possible to occupy it in October 1972.

5.2 Although of solid construction, the two temporary buildings clearly cannot remain where they are for many years. This is particularly true of the first one, which is built on land belonging to the Canton of Geneva and which must be demolished sooner or later to make way for a road providing an outlet for that area on to the Route de Ferney. When, after the construction of a new permanent building, the staff occupying the temporary buildings have been reaccommodated and the offices in the main building have returned to a normal occupation density, i.e., a population of about 1000 persons, any staff over and above that figure will have to be accommodated in the new building. Assuming, therefore, that the total staff for which working and services premises must reasonably be provided will be about 1700 persons, then the new building should be constructed to take 700 persons.

5.3 The office space necessary for that number can readily be calculated using the usual standards, already employed in the construction of the main building. As regards the associated general services, their floor area and volume have had to be examined more thoroughly in each case so as to allow not only for future needs proportional to the increase in staff but also for the degree to which the general services have developed since the present building has been occupied. It would not be realistic to think that, since the population of the new building will be 700 whereas the main building was planned for 1000, it is sufficient to calculate the total volume of the additional building as 70% of the existing one, for the problem varies according to the particular service considered. For example, the new building should not have the prestige status of the present one, and this should allow the area and volume of the entrance and reception halls to be considerably decreased. On the other hand, certain general services are already cramped in the present building so that provision must be made for more space for them in the new building than might appear from a simple calculation based on relative proportions. This applies, for example, to the stores and the premises for the communications and records services responsible for the mail and the archives. Finally, in some cases, of which the restaurant is an example, it will be necessary completely to restructure the whole service and possibly move it to another site, either in the present building or in the new one.

5.4 After the Committee had studied the various elements of the building programme as at present envisaged it noted that the total floor area estimated as necessary to take about 700 staff members as well as associated general services came to 40 250 m² including 9450 m² for an underground garage with 300 parking places. A calculation made in accordance with the standards of the Swiss Society of Engineers and Architects (SIA) shows that this floor area corre-
sponds to a volume of 150,000 m³, of which 121,000 m³ would be for the building proper and its links with the existing building and 29,000 m³ for the underground garage.

5.5 Taking the final cost of constructing the headquarters building in 1966 as a basis—namely, Sw.fr. 314.90/m³ for the building and Sw.fr. 108.50/m³ for the underground garage—the cost of the new permanent addition could be estimated at about Sw.fr. 43 million. However, building costs in Switzerland increased considerably between October 1966 and October 1971, as shown by the Zurich Index of Building Costs—the only official index that can be used in this instance—which shows an increase of about 34% during that period, or an average of 6.8% per annum. If the Zurich index were simply applied to the total of Sw.fr. 43 million calculated above, a total of about Sw.fr. 57,600,000 would be obtained. However, in order to allow for the fact that the permanent addition to the headquarters accommodation would have fewer prestige features, the Committee estimated that it was reasonable to reduce that figure to Sw.fr. 55 million, on the basis of a cost per m³ of Sw.fr. 400 for the building and Sw.fr. 145 for the underground garage. The Committee also remarked that although that estimate could be regarded as reasonable in relation to building costs at the end of 1971 it was to be expected that the index of building costs would continue to rise so that the final cost of the building would doubtless be considerably higher.

5.6 The Committee also mentioned, in considering that point, that although these estimates appeared reasonable for a building intended to take 700 staff members, on the one hand the figure of 700 was itself liable to revision in the light of the study which the Director-General was to make in order to report to the Committee, and on the other hand it would clearly be in the best interests of the Organization not to restrict building plans to forecasts of the growth of the Organization during the next decade but, on the contrary, to build somewhat larger than was strictly necessary so as to ensure a margin for subsequent growth. In that connexion the Committee was anxious to know what the maximum volume would be of the building that could be constructed on the ground recently acquired. The representative of the Director-General said that it was difficult to reply to such a question, since the answer was governed largely by the form and proportions that would be chosen for the building. Moreover, not only the land area had to be taken into consideration, but also the permissible height and the depth to which excavations could be made without the cost per cubic metre becoming prohibitive. Once the surface area and the height limit were known only trial borings could indicate how many floors could be constructed below ground level. The Committee expressed the view that if the capacity of the site, as regards both surface area and height, were not sufficient, then all reasonable possibilities of building below ground level should be exploited, particularly so that a garage, which would indispensable, could be located there.

5.7 At that point the Committee had to recognize that it could not proceed further in the present session with the mission entrusted to it under operative paragraph 5(2) of resolution EB49.R33, since the real volume of the project would be known only when the architect had submitted plans embodying the programme prepared by the Organization. Similarly, the cost could be calculated only when the architect had prepared estimates corresponding to his concept of the proposed building, as well as to the building costs situation at the time when the project was submitted.

6. Procedure and criteria for the selection of an architect

6.1 It was, moreover, in order to have basic data of the kind at its disposal that the Executive Board requested the Ad Hoc Committee “to examine proposals to be presented by the Director-General as to the procedure to be followed in choosing an architect for the preparation of plans and estimates for the additional building” (resolution EB49.R33). While noting that no mandate could be given to an architect before the World Health Assembly had authorized this to be done and approved the selection procedure, the Ad Hoc Committee felt that it would be of value to establish the details of a draft procedure as soon as possible and that the Director-General should, without delay and without committing the Organization, commence preparations with a view to making that selection. After having taken cognizance of the draft submitted to it by the Director-General and the additional explanations given, the Ad Hoc Committee paid attention more particularly to the following points.

6.2 First, the Ad Hoc Committee considered whether it would be desirable to have an open competition between architects, for example, in the form of an international contest such as the one that had led to the selection of Mr Jean Tschumi’s plans for the headquarters building; or whether, on the contrary, it would be preferable to have a more restricted competition, taking the form of the selection of an architect from a short list of names of architects shown by a preliminary inquiry to have the qualifications, experience and facilities necessary to carry out a project of this nature and importance. On the basis of experi-
ence with the first building and considering also that the structure envisaged should, although separate from the present building of which it would be annex, harmonize with it and remain simple both in general aspect and in interior fittings, the Ad Hoc Committee came to the conclusion that it was preferable to select the architect from a short list compiled by the application of clearly defined criteria. The Committee then examined the criteria suggested to it by the Director-General and approved them.

6.3 The Committee then agreed that in order to compile a list of architects complying with these requirements the Director-General should obtain authoritative advice, in particular by consulting professional schools, such as the Zurich Institute of Technology which has a worldwide reputation, or professional associations, such as the Swiss Society of Engineers and Architects (SIA), or the Federation of Swiss Architects (FAS), whose representatives are frequently called upon to give their advice and participate in contests for the selection of architectural projects.

6.4 Finally, the Committee felt that the choice of the architect should be made by a joint committee representing the constitutional organs of the Organization and including members of the profession. The Committee also considered that it would be desirable for a representative of the authorities of the host country to participate in making the selection. Bearing those considerations in mind the Ad Hoc Committee deemed it advisable that the selection of the architect responsible for preparing the plans and estimates be entrusted to a selection committee comprising five members—namely, the Chairman of the Ad Hoc Committee on Headquarters Accommodation; the Director-General; the delegate of the “Fondation des Immeubles pour les Organisations internationales” (FIPOI), a body representing the Swiss Federal and Genevese cantonal authorities (that delegate is himself a professional architect); and two members of the profession (architects, engineers or other experts).

6.5 In concluding its study, the Committee decided to recommend to the Assembly that the architect to be entrusted with the project should be selected from a short list by a selection committee of five members set up by the Executive Board and whose composition would be as given under 6.4 above.

6.6 Having thus established the procedure it would suggest to the Twenty-fifth World Health Assembly for adoption in order to select an architect, the Ad Hoc Committee recommended that the Director-General should not wait until the World Health Assembly had expressed its opinion regarding that procedure before commencing consultations with a view to drawing up the short list for submission to the selection committee, if the Health Assembly should so decide.

7. Other business

The Committee decided that its next session would be held on Monday, 8 May 1972.

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2. REPORT ON THE SECOND SESSION OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD ON HEADQUARTERS ACCOMMODATION

1. The Ad Hoc Committee on Headquarters Accommodation, set up pursuant to resolution EB49.R33, held its second meeting in Geneva on Monday, 8 May 1972.

2. The following were present: Professor E. Aujaleu and Professor H. Flamm. Professor R. Vannugli was unable to attend for reasons of health.

3. The Ad Hoc Committee adopted the agenda of the meeting.

4. Future projections of staffing at headquarters

4.1 As requested by the Executive Board in resolution EB49.R33, the Ad Hoc Committee had at its first meeting considered the forward projection of staffing at headquarters that had formed the basis for the Director-General's initial estimates concerning the volume of additional accommodation necessary at headquarters. On that occasion the Ad Hoc Committee had asked the Director-General to reconsider that projection, which had been based on an overall estimate of the rate of increase of headquarters staff. The Committee had suggested that it would be useful to have estimates which were not mere projections but were based on a detailed examination of the present activities of the Organization and their foreseeable development in coming years, for one might expect that some of those activities would develop at a very different rate from others.

4.2 The secretariat accordingly submitted to the Ad Hoc Committee during its second session a fresh projection in which the trend in the growth of headquarters staff has been reviewed unit by unit and division by division. To show this development functions were regrouped under major programme headings following in general outline the plan adopted for the
new presentation proposed for the budget, and to this was added a projection of the administrative and common services. This presentation took as its starting point the actual development of headquarters activities from 1954 to 1972 and revealed a great variety in the growth rates of the various elements in the programme. Taking into consideration all the elements at his disposal for making an assessment, the Director-General had made forecasts regarding the development of the different parts of the programme during the next 10 years. This new study showed that the sum of the projections by programme elements produced a total somewhat smaller than that on which the Director-General had based his presentation to the Executive Board in 1972 as to the size of the building required. Thus, on the basis of the new projection it is estimated that the total number of posts financed by the regular headquarters budget will be about 1500 in 1982. If to that figure are added some 150 posts financed by funds other than the regular budget, then the total for 1982 is about 1650 posts, or 50 less than had previously been envisaged.

4.3 In considering this question during its first session, the Ad Hoc Committee had wondered whether it was reasonable to make provision for a building which in all likelihood would be completely filled in 1982 although it would not be finished before 1976 or 1977. The Committee had felt that it was in the interests of the Organization not to limit itself too strictly to the forecasts of the increase in staff over the next 10 years. The Director-General had then agreed to try to make a projection going as far ahead as 1987. During this meeting, the secretariat had therefore submitted to the Ad Hoc Committee a second projection, showing the anticipated overall increase in staff up to 1987. The Ad Hoc Committee realized that such an overall projection over so long a period could hardly show anything more than an order of magnitude. Such an estimate could not be so firmly founded as one limited to 1982 and based on a detailed examination of the development of the Organization's activities. The Committee noted in fact that the total increase in 1987 as forecast by the second projection corresponded to a higher annual rate than the one resulting from the detailed analysis of the projection up to 1982. That did not seem compatible with the slowing down observed in recent years and reflected in the 1982 projection. The Committee was of the opinion that the growth rate of the projection up to 1982 should be used as basis for estimating the additional accommodation required. On that basis, the number of staff in 1987 might be of the order of 1850 posts, including 200 financed from extrabudgetary sources.

4.4 In conclusion, the Committee was of the opinion that, in order to determine the volume of the additional accommodation which headquarters will need in the foreseeable future, the detailed projection until 1982 provided a reasonably reliable basis of calculation. The Committee felt that in preparing the plans for the building, allowance should be made for an increase in staff beyond that date but that it was very difficult to forecast with any degree of precision what the rate of such increase would be beyond 1982.

5. Consideration of building possibilities on the newly acquired ground

5.1 During its session on 27 January 1972, the Ad Hoc Committee had been anxious to know what would be the maximum volume of the building that could be constructed on the recently acquired ground. It also expressed the view that if the capacity of the site, as regards both surface area and height, were not sufficient, then all reasonable possibilities of building below ground level should be exploited, particularly so that a garage, which would be indispensable, could be located there.

5.2 Since January, test borings have been carried out which show that the subsoil should not present any special problems as regards excavation and foundations. It may reasonably be considered that the soil can be excavated to a depth adequate for the construction of two or even three basement floors, if necessary, and at a reasonable cost.

5.3 The Ad Hoc Committee noted with satisfaction the results of a study made to determine the maximum volume of the building that could be constructed on the site, taking into account local town planning regulations. According to that study, the site in question will be more than adequate for constructing the accommodation which the Organization will require in the course of the next 10 or even 15 years, in the form of modular offices with a floor space of about 20 m² each, of the same type as those it has occupied since 1966. Naturally the results of the study must still be checked by the architect who will be entrusted with the task of preparing the plans and estimates for submission to the Twenty-sixth World Health Assembly.

5.4 The Ad Hoc Committee also took cognizance of an inquiry made by the secretariat regarding a modern approach towards office layout in the form of large open areas with a floor space of the order of 600 to 800 m² each, and whose occupants are not necessarily separated by partitions or screens. That formula, know by the name of "office landscapes" or "open plan" would have as one advantage a
better utilization of the land and would thus make it possible, on the same site area, to house a greater number of staff than with the conventional type of office. While recognizing the value which such investigations might have, the Ad Hoc Committee was not convinced that such a formula could be used for all headquarters units. Nevertheless, the Ad Hoc Committee noted that the secretariat would continue its inquiries along these lines.

5.5 It also noted that the secretariat, in conjunction with the architect, would try to devise a building plan such as to make several successive extensions possible; this would enable the building programme to be adapted to foreseeable increases in staff in a reasonably distant future.

5.6 In reply to a question put by a member of the Committee, the representative of the Director-General said that the present headquarters building had no atomic bomb shelter and that the provision of such a shelter was not envisaged in the construction of the new building.

6. Programme of work for the period 1 June 1972 to 31 May 1973

6.1 As authorized by the Ad Hoc Committee, the Director-General has undertaken consultations for the appointment of the professional members of the selection committee which will be responsible for choosing the architect. The following architects, all of high professional standing in Switzerland, have agreed to accept appointment:

Full members:
Mr André Rivoire, architect in Geneva; former President of the Swiss Society of Engineers and Architects; delegate of the International Union of Architects to WHO;
Mr Charles-Edouard Geisendorf, architect; Dean of the Architecture Department, Federal Institute of Technology, Zurich; former delegate of the International Union of Architects to WHO.

Alternate:
Mr Hans Hubacher, architect in Zurich; former President of the Federation of Swiss Architects.

6.2 In addition the Director-General has undertaken consultations with a view to drawing up a list of candidates for submission to the selection committee. If the Assembly approves the procedure recommended by the Ad Hoc Committee, the selection committee would meet immediately after the close of the fiftieth session of the Executive Board to select the architect who will be given the responsibility of drawing up the plans and estimates for the building. The Ad Hoc Committee noted that the Director-General proposed to write to the architects whose names will be on the list to be submitted to the selection committee to determine whether they would be prepared to accept appointment if they were selected, and to ask them for further information on the work they have accomplished and the facilities at their disposal. The Ad Hoc Committee considered that there was nothing to prevent this letter being sent to the architects even before the Assembly took a decision on the selection procedure, provided that it was stated clearly that the inquiries were being made subject to the approval of the Assembly.

6.3 Immediately the choice of the selection committee was known, i.e., early in June 1972, the Director-General would contact this architect with a view to the preparation and signature of his contract, the terms of which would be in accordance with the standards of the Swiss Society of Engineers and Architects. The Ad Hoc Committee therefore found that probably no considerable delay would occur before the architect commenced his studies.

6.4 In that case, the main outline of the draft project should be sufficiently advanced by autumn 1972 for the Ad Hoc Committee to make a useful study of it during a session, the date of which would be proposed by the Director-General, probably in November. That meeting would enable the Committee to make an initial study of the project with a view to the report it would have to submit to the Executive Board in 1973.

6.5 Before the end of 1972 the Director-General would have to provide the "Fondation des Immeubles pour les Organisations internationales" (FIPOI) with fairly precise details of the project and its estimated cost so that the Council of FIPOI could consider the matter at its meeting in spring 1973 and submit it in turn to the Federal Council and Parliament with a view to the possible granting of a loan to cover a part of the construction costs.

6.6 In this way the Ad Hoc Committee could meet before the Twenty-sixth World Health Assembly to consider the plans and estimates submitted to it by the architect and prepare its recommendations for the World Health Assembly concerning both the building project and its financing.
Annex 14

REAL ESTATE FUND ¹

REPORT BY THE DIRECTOR-GENERAL

1. The Director-General presented to the Executive Board at its forty-ninth session a report on the status of projects being financed from the Real Estate Fund and the estimated requirements for the Fund for the period 1 June 1972 to 31 May 1973 (see Appendix).

2. As requested by the Board in its resolution EB49. R34, the Director-General submits the following account of developments since the forty-ninth session of the Executive Board.

Period 1 June 1970 to 31 May 1971

3. As regards the Regional Office for Africa, there has unfortunately been a further substantial change in the estimated cost of the extension of the Regional Office building. Bids for the work have been taken and the lowest of these, when converted to US dollars at the latest revised exchange rate, amounts to approximately US $750,000, i.e., a little more than US $200,000 in excess of the dollar figure given to the Executive Board in January 1972. An analysis shows that the figure of US $750,000 is, in fact, not unreasonable in relation to the cost of the extension of the building completed in 1967 when account is taken of increases in construction costs in Brazzaville comparable to those which have occurred in Europe over the same period. It is therefore clear that the difference between the bid price and the previously reported estimates is the consequence of a serious underestimation by the architect at earlier stages of the planning. The Regional Director has examined possible economies in the construction programme, but does not foresee the likelihood of anything significant. The extension of the office is essential to the development of the programme in the Region and there seems no alternative, therefore, to incorporation of the revised figure in the total of immediate needs of the Real Estate Fund.

4. Also as a result of the further changes in the rate of exchange between the CFA franc and the US dollar since January 1972, it is necessary to revise upwards by US $7000 the value of the cost of construction of the staff housing in Brazzaville.

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Period 1 June 1971 to 31 May 1972

5. As will be noted from the Appendix, the original estimate of the cost of the temporary extension of the Regional Office building for South-East Asia of US $110,000 reported to the Twenty-fourth World Health Assembly had to be revised to US $113,300 to take account of the change in the exchange rate between the rupee and the US dollar. It has been necessary to increase the figure by a further US $6000 in order to make a limited provision for parking space, partly to replace that which will be lost through the construction of the addition to the building and partly to cover additional needs.

Period 1 June 1972 to 31 May 1973

6. The situation as regards headquarters accommodation remains the same as reported to the Board.

7. In the case of the Regional Office for the Eastern Mediterranean architectural plans have now been drawn for the construction of the additional offices on the roof of the building. These plans indicate that it will be possible to create 12 offices as compared with the 8 originally envisaged. As the extra cost of building these 4 additional offices will be minimal if undertaken now and since this would provide a small reserve of space for the future, the Director-General would propose to enlarge this project to that extent, the cost estimate being revised from the original figure of US $30,000 to US $33,000. The Government of the Arab Republic of Egypt has agreed to extend the Organization’s lease on the building for a further 15 years up to 1993 at the present symbolic rent of 10 piastres per annum.

8. As regards the Zone Office building to be constructed in Brasilia, the Director-General has written to the Government of Brazil, as requested by the Executive Board, inviting that Government to share in the cost of the building. As of the date of this document there has been no reply.

¹ See resolutions WHA25.38, WHA25.39 and WHA25.40.
Summary

9. As a result of the developments indicated above, the statement of the immediate requirements of the Real Estate Fund for supplementary credits as presented to the Executive Board in January (see paragraph 9 of the Appendix) is revised as follows:

(i) Supplementary credits required for projects authorized by the Twenty-third World Health Assembly in relation to the period 1 June 1970 to 31 May 1971

   US $360,040

(ii) Supplementary credits required for projects authorized by the Twenty-fourth World Health Assembly for the period 1 June 1971 to 31 May 1972

   US $219,752

(iii) For projects to be undertaken in the period 1 June 1972 to 31 May 1973

   US $260,800

   US $840,592

Deducting from this revised total the interest earnings on the Real Estate Fund of US $260,000, one arrives at a revised net total for immediate needs of approximately US $880,600.

10. The Director-General would urge the Assembly to consider the recommendation made by the Executive Board in the third operative paragraph of its resolution EB49.R34 to the effect that the Assembly begin to appropriate to the Real Estate Fund additional sums of casual income in order to build up credits for the ultimate construction of the permanent addition to the headquarters building.

Appendix

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

[EB49/21 Rev.1 — 17 January 1972]

1. The Director-General presents in this document a brief report to the Board on the status of the Real Estate Fund as regards the appropriations made by the Health Assembly for specific projects and as regards the anticipated needs for the 12-month period beginning 1 June 1972.

Period 1 June 1970 to 31 May 1971

2. The Board will recall that the Twenty-third World Health Assembly appropriated the sum of US $3 million to the Real Estate Fund in relation to the anticipated needs for the 12-month period 1 June 1970 to 31 May 1971. The four items in relation to which this appropriation was made were:

   (i) the settlement of the litigation with the Compagnie française d'Entreprise;

   (ii) the acquisition of land at headquarters;

   (iii) the construction of additional housing for the staff in Brazzaville; and

   (iv) an extension to the Regional Office in Brazzaville.

As reported to the Twenty-fourth World Health Assembly,1 the item with regard to the litigation with the Compagnie française d'Entreprise has been liquidated at a figure of US $655,140. The plot of land for the construction of the addition to the headquarters building has now been acquired at a cost of US $1,001,400.2 The cost in dollars of the construction of additional housing for the staff in Brazzaville is significantly higher than originally anticipated because of continuing price increases and as a consequence of the recent change in the exchange rate between the CFA franc and the US dollar; the presently estimated cost of the construction, which is nearing completion, is US $946,500. As regards the extension of the Regional Office building, the construction work has not yet started because of the need to make certain changes in the plans. In view of the further evolution in construction prices in Brazzaville, it will probably be necessary to re-examine the plans to see if certain economies can be made. For the moment, and in view of the general financial situation, the Director-General suggests that an estimate be held at the US $505,000 indicated to the Twenty-third World Health Assembly, adjusted for the recent change in the exchange rate between the CFA franc and the US dollar, i.e., US $535,000.

3. Thus, the presently estimated cost of the four projects authorized by the Twenty-third World Health Assembly is US $3,138,040, in respect of which the appropriation of the Twenty-third World Health Assembly was US $3,000,000. The additional requirements in respect of these four projects therefore total US $138,040.

Period 1 June 1971 to 31 May 1972

4. As indicated to the Twenty-fourth World Health Assembly,3 the needs for the 12-month period 1 June 1971 to 31 May 1972 were:

   (i) US $600,000 for the construction of the additional temporary building at headquarters;

   (ii) US $50,000 for the cost of surveys and studies related to the preparation of plans for the permanent addition of the headquarters building;

   (iii) US $110,000 for the extension of the Regional Office building for South-East Asia; and

   (iv) US $15,000 for the acquisition of a small additional plot of land at Brazzaville for future housing of the staff.

Against these total requirements of US $775 000, the Assembly appropriated US $631 000 of casual income.

5. Construction of the additional temporary building at headquarters is proceeding in accordance with the amount of the original cost estimates in Swiss francs, corresponding (at an exchange rate of 4.32 francs to the dollar) to US $600 000, but the latter figure, because of the revaluation of the Swiss franc in relation to the dollar, must now be adjusted to approximately US $668 000. Since the figure for the cost of surveys and studies for the permanent addition to the headquarters accommodation was only an approximation, no revision of the figure is suggested as a consequence of the change in exchange rates. As a consequence of the recent developments in exchange rates, the cost of the extension of the Regional Office building for South-East Asia is now estimated at US $113 300.

6. From the above it will be seen that for the current 12-month period the total requirements are now estimated at US $844 752, against an appropriation of US $631 000, thus leaving a shortfall of approximately US $213 752.

**Period 1 June 1972 to 31 May 1973**

7. For the forthcoming 12-month period beginning 1 June 1972 there are the following needs.

7.1 It is necessary to make provision in the next 12-month period for a further amount of US $127 800 with respect to the planning of the new permanent addition to the headquarters building.1

7.2 The Regional Director for the Eastern Mediterranean Region has reported that the development of the programme in that Region will require the construction of some additional offices on the top of the Regional Office building in Alexandria, at an estimated cost of US $30 000. Members of the Board will recall that, while the Organization does not own the building, it has long-term occupancy virtually rent-free and that all important alterations to the building in the last 20 years have been financed by the Organization.

7.3 The Regional Director for the Americas, pursuant to a resolution approved by the sixty-seventh meeting of the Executive Committee of the Pan American Health Organization (reproduced below), has requested that the World Health Organization assist with the financing of the construction of a new office building for Zone V at Brasilia. In consequence of the movement of governmental functions from Rio de Janeiro to Brasilia it is necessary to envisage the transfer of the office for Zone V and the construction of a new building in Brasilia. The architect, who designed the PAHO/WHO building in Washington, has drawn plans for the new building which would include not only the necessary office space but also facilities for meetings, seminars and other training activities. The estimated cost of the building is US $370 000, of which approximately US $70 000 would be financed by the sale of the present building in Rio de Janeiro and an undetermined portion would, it is hoped, be covered by a contribution from the Government of Brazil, in addition to the contribution of the land which the Government has already made. The Regional Director is suggesting that WHO might share in the residual amount of financing required. In view of the other pressing demands on the Real Estate Fund, the Director-General would suggest to the Board that it may wish to consider recommending to the Assembly that it approve perhaps US $100 000 as WHO's contribution to this building.

8. Thus, the total new requirements for the 12-month period beginning 1 June 1972 are US $257 800.

**Summary**

9. From the above it will be seen that the total immediate requirements of the Real Estate Fund are:

(i) for the period 1 June 1970–31 May 1971: US $138 040
(ii) for the period 1 June 1971–31 May 1972: US $213 752
(iii) for the period 1 June 1972–31 May 1973: US $257 800

Total: US $609 592

Against these requirements there have been interest earnings on the Real Estate Fund to date in the amount of US $260 000. It will be seen therefore that the net immediate requirements of the Real Estate Fund are approximately US $350 000. The Board will no doubt wish to recommend to the Assembly that these credits to the Real Estate Fund be provided, as in previous years, by appropriation of available casual income.

10. The Board will also no doubt wish to build up resources in the Real Estate Fund to meet, so far as possible, the cost of constructing the envisaged permanent addition to headquarters in the interest of keeping to the minimum the consequences for assessments on Members in future years. With this in mind, the Board will wish to consider recommending to the Assembly the appropriation to the Real Estate Fund of any additional sums which may be available as casual income after providing for the amounts, as may be required, to help finance the 1973 budget and the supplementary estimates for 1972.

**Resolution I approved on 8 October 1971 by the Sixty-seventh Meeting of the Executive Committee of the Pan American Health Organization**

**BUILDINGS AND INSTALLATIONS, BRAZIL**

**The Executive Committee,**

Having studied the report on buildings and installations (Document CE67/2);

Recognizing the need for the Organization to relocate the Office for Zone V in Brasilia upon the transfer of the international staff from Rio de Janeiro to Brasilia; and

Noting with appreciation the generous donation of the Government of Brazil of a building site,

RESOLVES:

1. To express its appreciation to the Government of Brazil for its generous donation of a site for the Zone V Office in Brasilia.

2. To approve the construction plan in its totality, including facilities for seminars and conferences, for the building of the Zone V Office, as outlined in Document CE67/2.

3. To request the Director to consult with the Government of Brazil with respect to determining the possibility of obtaining supplementary funds to facilitate this construction.

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4. To request the Director to consult with the Director-General of WHO with the objective of obtaining financial support from the WHO Real Estate Fund.

5. To authorize the Director to attempt to obtain funds from non-governmental sources for the same purpose.

6. To agree in principle to utilizing a loan to finance the balance of construction costs, if any, which cannot be obtained from other sources, and request the Director to seek specific authorization from the Executive Committee, if necessary, by whatever means he deems appropriate, when the amount required is determined.
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