

**OFFICIAL RECORDS
OF THE
WORLD HEALTH ORGANIZATION**

No. 87



**ELEVENTH
WORLD HEALTH ASSEMBLY**

MINNEAPOLIS, 28 MAY — 13 JUNE 1958

RESOLUTIONS AND DECISIONS

PLENARY MEETINGS

Verbatim Records

COMMITTEES

Minutes and Reports

ANNEXES

WORLD HEALTH ORGANIZATION

PALAIS DES NATIONS

GENEVA

December 1958

ABBREVIATIONS

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

ACC	— Administrative Committee on Co-ordination
CIOMS	— Council for International Organizations of Medical Sciences
ECAFE	— Economic Commission for Asia and the Far East
ECE	— Economic Commission for Europe
ECLA	— Economic Commission for Latin America
FAO	— Food and Agriculture Organization
IAEA	— International Atomic Energy Agency
ICAO	— International Civil Aviation Organization
ICITO	— Interim Commission of the International Trade Organization
ILO	— International Labour Organisation (Office)
ITU	— International Telecommunication Union
OIHP	— Office International d'Hygiène Publique
PASB	— Pan American Sanitary Bureau
PASO	— Pan American Sanitary Organization
TAB	— Technical Assistance Board
TAC	— Technical Assistance Committee
UNESCO	— United Nations Educational, Scientific and Cultural Organization
UNICEF	— United Nations Children's Fund
UNKRA	— United Nations Korean Reconstruction Agency
UNRWA	— United Nations Relief and Works Agency for Palestine Refugees
UNTAA	— United Nations Technical Assistance Administration
WFUNA	— World Federation of United Nations Associations
WMO	— World Meteorological Organization

The Eleventh World Health Assembly, held in Minneapolis, Minnesota, United States of America, from 28 May to 13 June 1958, was convened in accordance with resolution WHA10.51 of the Tenth World Health Assembly and resolution EB21.R63 of the Executive Board (twenty-first session).

EXPLANATORY NOTE

In this volume the resolutions are reproduced in the serial order in which they were adopted. However in order to facilitate the use of the volume in conjunction with the *Handbook of Resolutions and Decisions*, they have been grouped by title in the table of contents under the subject-headings of the *Handbook*. There has also been added, beneath each resolution, a reference to the section of the *Handbook* containing previous resolutions on the same subject. The fourth edition of the *Handbook*—which is indexed both by subject and by resolution symbol—contains most of the resolutions adopted up to and including the Tenth World Health Assembly and the twentieth session of the Executive Board.

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

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

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MEMBERSHIP OF THE HEALTH ASSEMBLY

MEMBERSHIP OF THE HEALTH ASSEMBLY

LIST OF DELEGATES AND OTHER PARTICIPANTS

DELEGATIONS OF MEMBER STATES

AFGHANISTAN

Delegates:

Dr A. R. HAKIMI, Director-General of Health Services, Ministry of Public Health (*Chief Delegate*)

Dr M. A. FAQUIRI, Director of Health Services, Ministry of Public Health

Dr M. KIVITS, Assistant to the Inspector-General of Health, Ministry of Colonies

Mr I. GENNOTTE, First Secretary, Belgian Embassy, Washington, D.C.

Adviser:

Dr G. NEUJEAN, Honorary Medical Inspector of Laboratories, Belgian Congo

ALBANIA

Delegate:

Mr K. ANDONI, Second Secretary, Permanent Mission of Albania to the United Nations

BOLIVIA

Delegates:

Dr J. M. ARAMAYO, Minister of Hygiene and Public Health (*Chief Delegate*)

Dr J. ALVAREZ-ZAMORA, Director, Medical Division, Inter-American Co-operative Public Health Service

ARGENTINA

Delegate:

Dr M. A. ALLARIA, Technical Adviser for International Health and Social Relations, Ministry of Public Health and Welfare

BRAZIL

Delegates:

Dr H. M. PENIDO, Superintendent, Special Service of Public Health (*Chief Delegate*)

Dr H. NOVAES, Chief, Secretariat of the Minister of Health

Adviser:

Mr O. DE SOUZA-BANDEIRA, Consul of Brazil in Baltimore

AUSTRALIA

Delegates:

Dr A. J. METCALFE, Director-General of Health (*Chief Delegate*)

Mr T. PYMAN, Counsellor, Australian Embassy, Washington, D.C.

Dr C. R. WIBURD, Commonwealth Director of Health for New South Wales

AUSTRIA

Delegates:

Professor L. H. BREITENECKER, Director-General of Public Health, Federal Ministry of Social Affairs (*Chief Delegate*)

Mr K. C. F. STROBL, Assistant Director-General of Public Health, Federal Ministry of Social Affairs

BULGARIA

Delegates:

Professor A. PUKHLEV, President, Scientific Medical Council; Professor of Internal Medicine, Higher Institute of Medicine, Sofia (*Chief Delegate*)

Dr K. G. GARGOV, Professor of Health Organization and History of Medicine, Post-graduate Medical Training Institute, Sofia

Mr B. GRINBERG, Second Secretary of Legation, Permanent Mission of Bulgaria to the United Nations

BELGIUM

Delegates:

Dr J. F. GOOSSENS, Secretary-General, Ministry of Health (*Chief Delegate*)

BURMA*Delegates:*

Mr THEIN-PE, Deputy Secretary, Ministry of Health (*Chief Delegate*)
 Dr MAUNG-U, Deputy Director of Health Services
 Dr BA NYAN, Chief Health Officer, Shan State Government

CAMBODIA*Delegates:*

Dr SONN MAM, Director, Psychiatric Hospital, Takhmau (*Chief Delegate*)
 Mr PRUOCH VANN, Assistant Director, Health Service

CANADA*Delegates:*

Dr G. D. W. CAMERON, Deputy Minister of National Health, Department of National Health and Welfare (*Chief Delegate*)
 Dr B. D. B. LAYTON,¹ Principal Medical Officer, International Health Section, Department of National Health and Welfare
 Dr A. D. KELLY, General Secretary, Canadian Medical Association

Alternates:

Dr J. GILBERT, President, Canadian Public Health Association
 Dr R. D. DEFRIES, Member of the Dominion Council of Health
 Mr R. G. MONK, International Programs and Contributions Section, Department of Finance

Adviser:

Mr T. J. GILES, International Health Section, Department of National Health and Welfare

CEYLON*Delegate:*

The Hon. Mrs Vimala WIJewardene, Minister of Health

Alternate:

Dr D. L. J. KAHAWITA, Director of Health Services

CHILE*Delegates:*

Dr G. VALENZUELA, Director General, National Health Service (*Chief Delegate*)
 Mr O. ALLENDE, Permanent Mission of Chile to the United Nations

CHINA*Delegates:*

Dr Jui Heng LIU, President, Chinese National Red Cross (*Chief Delegate*)
 Dr Ching WU, Director, National Health Administration, Ministry of Interior
 Dr Chun Hui YEN, Commissioner, Provincial Health Administration, Taiwan Provincial Government

Alternate:

Mr Tsun Ling TSUI, Counsellor, Chinese Embassy, Washington, D.C.

COSTA RICA*Delegate:*

Dr O. VARGAS-MÉNDEZ, Director-General of Health

CUBA*Delegates:*

Professor F. HURTADO, Ambassador for International Health Affairs (*Chief Delegate*)
 Dr E. SALADRIGAS, Director-General of Health

CZECHOSLOVAKIA*Delegates:*

Dr Z. ŠTICH, Deputy Minister of Health (*Chief Delegate*)
 Dr B. DOUBEK, Chief, Secretariat of the Minister of Health

Advisers:

Mr M. VEJVODA, First Secretary, Permanent Mission of Czechoslovakia to the United Nations
 Mr J. STRNAD, Ministry of Foreign Affairs

DENMARK*Delegates:*

Dr J. FRANSEN, Director-General, National Health Service (*Chief Delegate*)
 Dr O. ANDERSEN, Professor at the University of Copenhagen (*Deputy Chief Delegate*)
 Mr J. H. ZEUTHEN, Permanent Under-Secretary, Ministry of the Interior

Advisers:

Dr J. J. PINDBORG, Associate Professor, Royal Dental College, Copenhagen
 Miss A. WAGNER, Director, School of Nursing

¹ Acting Chief Delegate from 30 May to 8 June

DOMINICAN REPUBLIC*Delegate:*

Dr S. INCHÁUSTEGUI, Under-Secretary of State for Health

ECUADOR*Delegates:*

Dr G. CORDERO CRESPO, Minister of Health
(*Chief Delegate*)

Dr D. A. RAMÍREZ, Director-General of Health

EL SALVADOR*Delegates:*

Dr M. E. PONCE, Under-Secretary of State for Health (*Chief Delegate*)

Dr A. R. AGUILAR, Director-General of Health

ETHIOPIA*Delegates:*

Mr Y. TSEGHÉ, Adviser, Ministry of Public Health
(*Chief Delegate*)

Mr T. METEKU, Second Secretary, Ethiopian Embassy, Washington, D.C.

FEDERAL REPUBLIC OF GERMANY*Delegates:*

Dr J. STRALAU, Chief, Health Department, Federal Ministry of the Interior (*Chief Delegate*)

Dr A. HABERNOLL, Ministerial Counsellor, Federal Ministry of the Interior

Dr Maria F. DAELEN, Chief, International Health Section, Federal Ministry of the Interior

Advisers:

Professor E. G. NAUCK, Director, Institute of Tropical Medicine, Hamburg

Dr T. RIPPLINGER, Director, Public Health Service of Saarland

FEDERATION OF MALAYA*Delegates:*

Dr I. bin Dato Abdul RAHMAN, Ambassador to the United States of America and Permanent Representative of the Federation of Malaya to the United Nations (*Chief Delegate*)

Dr M. DIN, Deputy Director of Medical Services

FINLAND*Delegate:*

Professor N. N. PESONEN, Director-General, State Medical Board

Adviser:

Mr I. O. PASTINEN, Secretary of Embassy, Permanent Mission of Finland to the United Nations

FRANCE*Delegate:*

Dr E. J. Y. AUJALEU, Director-General of Health

Alternates:

Dr L. E. BERNARD, Chief, Office of External Relations, Ministry of Health

Mr B. TOUSSAINT, Conseiller des Affaires étrangères; Chief, Social Affairs Section, Directorate for the United Nations, Ministry of Foreign Affairs

Adviser:

Médecin-Colonel P. M. BERNARD, Chief, Technical Bureau, Health Service, Ministry for Overseas Territories

GHANA*Delegates:*

Dr E. AKWEI, Chief Medical Officer, Ministry of Health (*Chief Delegate*)

Dr J. St G. WARMANN, Principal Medical Officer, Ministry of Health

Mr H. van Hien SEKVI, Third Secretary, Embassy of Ghana, Washington, D.C.

GREECE*Delegate:*

Dr B. VITSAXIS, Counsellor, Permanent Delegation of Greece to the United Nations

Adviser:

Miss A. MESSOLORA, President, Hellenic National Graduate Nurses' Association

GUATEMALA*Delegate:*

Dr M. LÓPEZ HERRARTE, Minister of Health and Welfare

Alternate:

Mr H. OLIVERO, Adviser, Ministry of Health and Welfare

HAITI*Delegates:*

Dr C. BOULOS, Deputy Director-General, Ministry of Health (*Chief Delegate*)

Dr P. BONHOMME, Ministry of Health

Alternate :

Mr H. VAVAL, Ministry of Health

HASHEMITE KINGDOM OF JORDAN*Delegate :*

Dr A. NABULSI, Director, Central Laboratory;
Chief, International Medicine Section, Ministry
of Health

HONDURAS*Delegate :*

Dr C. A. JAVIER, Under-Secretary of State for
Health

Adviser :

Mr F. J. BLANCO, Ministry of Health and Welfare

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¹ Until 30 May

² Chief Delegate from 30 May

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Dr Eugene P. CAMPBELL, Chief, Public Health
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International Union of Local Authorities

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International Union against Tuberculosis

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International Union against the Venereal Diseases and the Treponematoses

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Dr P. W. YOST, American National Red Cross

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World Federation of United Nations Associations

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Dr TRAN-VY (Viet Nam)

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Dr M. G. CANDAU, Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States : Burma, Cuba, Denmark, Federal Republic of Germany, Laos, Liberia, Libya, Luxembourg, New Zealand, Peru, Tunisia, and Venezuela.

Chairman : Mr F. SÁNCHEZ MORENO (Peru)

Rapporteur : Mr J. H. ZEUTHEN (Denmark)

Secretary : Mr A. ZARB, Chief, Legal Office

Committee on Nominations

The Committee on Nominations was composed of delegates of the following Member States : Ceylon, Chile, Ecuador, El Salvador, France, India, Iran, Japan, Panama, Philippines, Poland, Sudan, Switzerland, Union of South Africa, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America.

Chairman : Dr H. van Zile HYDE (United States of America)

Rapporteur : Dr A. BISSOT, jr (Panama)

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

General Committee

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following Member States : Chile, Ecuador, France, Ghana, India, Japan, Mexico, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland.

Chairman : Dr Leroy E. BURNEY (United States of America)

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

MAIN COMMITTEES

Under Rule 34 of the Rules of Procedure of the Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

Programme and Budget

Chairman : Professor N. N. PESONEN (Finland)

Vice-Chairman : Dr O. BERLOGEA (Romania)

Rapporteur : Dr M. IBRAHIM (Iraq)

Secretaries: Dr P. M. KAUL, Assistant Director-General, Department of Advisory Services; Dr W. Aeg. TIMMERMAN, Assistant Director-General, Department of Central Technical Services

Sub-Committee on International Quarantine

Chairman: Dr O. VARGAS-MÉNDEZ (Costa Rica)

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

Rapporteur: Dr A. EL-HALAWANI (United Arab Republic)

Secretary: Dr W. Aeg. TIMMERMAN, Assistant Director-General, Department of Central Technical Services

Administration, Finance and Legal Matters

Chairman: Mr S. KHANACHET (Saudi Arabia)

Vice-Chairman: Dr J. F. GOOSSENS (Belgium)

Rapporteur: Dr F. MELLBYE (Norway)

Secretary: Mr M. P. SIEGEL, Assistant Director-General, Department of Administration and Finance

Legal Sub-Committee

Chairman: Mr S. CAMPICHE (Switzerland)

Vice-Chairman and Rapporteur: Dr C. El-Dine EL WAKIL (United Arab Republic)

Secretary: Mr A. ZARB, Chief, Legal Office

PART I

RESOLUTIONS AND DECISIONS

RESOLUTIONS AND DECISIONS

WHA11.1 Establishment of Main Committees

The Eleventh World Health Assembly

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

Handb. Res., 4th ed., 4.1.7

First plenary meeting, 28 May 1958

WHA11.2 Terms of Reference of the Main Committees

The Eleventh World Health Assembly

DECIDES that :

- (1) The terms of reference of the Committee on Programme and Budget will be to :
 - (a) review the Annual Report of the Director-General;
 - (b) consider whether the annual programme follows the general programme of work for 1957-1960;
 - (c) recommend the budgetary ceiling for 1959, after examination of the main features of the programme;
 - (d) review and recommend the programme for 1959;
 - (e) recommend the completed Appropriation Resolution for 1959 after inserting the amounts relating to Part II, for the operating programme, in the text of the resolution, including the amounts for Part I, Organizational Meetings, Part III, Administrative Services, and Part IV, Other Purposes, as recommended by the Committee on Administration, Finance and Legal Matters; and
 - (f) study such other items as are referred to it by the Health Assembly;
- (2) The terms of reference of the Committee on Administration, Finance and Legal Matters will be to :
 - (a) review the financial position of the Organization, including :
 - (i) the Financial Report and the Report of the External Auditor for the financial year 1957,
 - (ii) the status of contributions, and advances to the Working Capital Fund,
 - (iii) the status of the Assembly Suspense Account, Publications Revolving Fund, and any other funds which have a bearing on the financial position of the Organization;
 - (b) recommend the scale of assessment for 1959;
 - (c) recommend the Working Capital Fund Resolution for 1959, including the amount in which it shall be established;
 - (d) review the parts of the budget for 1959 dealing with organizational meetings, administrative services and other purposes, and report thereon to the Committee on Programme and Budget;
 - (e) consider the text of the Appropriation Resolution and report thereon to the Committee on Programme and Budget; and
 - (f) study such other items as are referred to it by the Health Assembly;

(3) When item (c) under paragraph (1) is being considered in the Committee on Programme and Budget, there shall not be a meeting of the Committee on Administration, Finance and Legal Matters, and when item (d) under paragraph (2) is being considered in the Committee on Administration, Finance and Legal Matters, there shall not be a meeting of the Committee on Programme and Budget; and, finally, that

(4) Item (c) under paragraph (1) shall not be considered by the Committee on Programme and Budget until the Committee on Administration, Finance and Legal Matters has completed the work on items (a) (iii) and (b) of paragraph (2).

Handb. Res., 4th ed., 4.1.7

Third plenary meeting, 29 May 1958

WHA11.3 Award of the Léon Bernard Foundation Medal and Prize

The Eleventh World Health Assembly

1. NOTES the reports of the Léon Bernard Foundation Committee; ¹
2. ENDORSES the unanimous proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1958;
3. AWARDS the Medal and Prize to Dr Thomas Parran; and
4. PAYS TRIBUTE to Dr Parran for his outstanding contribution and practical achievements in the field of social medicine.

Handb. Res., 4th ed., 9.1.2.2

Fourth plenary meeting, 30 May 1958

WHA11.4 Election of a Member State to Fill a Vacancy on the Executive Board resulting from the Establishment of the United Arab Republic

The Eleventh World Health Assembly,

Considering that a seat on the Executive Board has become vacant as a result of the establishment of the United Arab Republic;

Considering that the United Arab Republic has been accorded the assumption of the term of two years remaining for Egypt; and

Considering that the Member State to be elected to designate a person to serve on the Board will, therefore, replace Syria for the remaining year of its term,

ELECTS Tunisia as the Member entitled to designate a person to serve on the Executive Board for a one-year term in replacement of Syria.

Handb. Res., 4th ed., 4.2.1

Fifth plenary meeting, 3 June 1958

WHA11.5 Reimbursement of the Executive Board Special Fund

The Eleventh World Health Assembly,

Having noted the actions taken by the Executive Board at its twenty-first session and by correspondence to provide emergency assistance from the Executive Board Special Fund to the Government of Ceylon in an amount not exceeding US \$20 000 and to the Government of Pakistan in an amount of approximately US \$30 000;

Having considered the reports of the Director-General; ²

¹ See Annex 2.

² See Annex 3.

Considering that the amounts used from the Executive Board Special Fund have to be replaced to bring the Fund to the amount of US \$100 000 as established by resolution WHA7.24 of the Seventh World Health Assembly; and

Noting that there is a sufficient cash balance available in the Assembly Suspense Account to replace the amounts used from the Special Fund,

AUTHORIZES the Director-General to transfer the amount necessary to reimburse the Executive Board Special Fund from the cash balance of the Assembly Suspense Account, taking into account any reimbursement of these costs received from the Government of Ceylon, thereby bringing the credit in the Fund to its established amount of US \$100 000.

Handb. Res., 4th ed., 7.1.5

Fifth plenary meeting, 3 June 1958 (section 1 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA11.6 Status of the Publications Revolving Fund

The Eleventh World Health Assembly,

Having considered the recommendation of the Executive Board relating to the withdrawal of funds not needed in the Publications Revolving Fund,

AUTHORIZES the transfer of \$89 000 from the Publications Revolving Fund to miscellaneous income.

Handb. Res., 4th ed., 7.1.6

Fifth plenary meeting, 3 June 1958 (section 2 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA11.7 Assessment of Ghana

The Eleventh World Health Assembly,

Having considered resolution WHA10.9, adopted by the Tenth World Health Assembly, and in particular paragraph (2) of the operative part of the resolution; and

Having noted that the assessment of Ghana in the United Nations scale of assessment for 1958 is 0.07 per cent., which corresponds to 8 units in the WHO scale of assessment,

DECIDES that the 1958 assessment of Ghana be firmly established at 8 units.

Handb. Res., 4th ed., 7.1.2.2

Fifth plenary meeting, 3 June 1958 (section 3 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA11.8 Assessment of the Federation of Malaya

The Eleventh World Health Assembly

1. WELCOMES the Federation of Malaya as a Member of the World Health Organization; and

Noting that the 1958 assessment of the Federation of Malaya has been established by the United Nations at 0.22 per cent., which corresponds to 26 units in the WHO scale of assessment,

2. DECIDES that, beginning in 1958, the assessment of the Federation of Malaya be established at 26 units.

Handb. Res., 4th ed., 7.1.2.2

Fifth plenary meeting, 3 June 1958 (section 4 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA11.9 Financial Report of WHO for 1957 and Report of the External Auditor

The Eleventh World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1957 and the Report of the External Auditor for the same financial period, as contained in *Official Records* No. 85; and

Having considered the report of the ad hoc committee of the Executive Board ¹ on its examination of these reports,

ACCEPTS the Director-General's Financial Report and the Report of the External Auditor for the financial year 1957.

Handb. Res., 4th ed., 7.1.10.3

Fifth plenary meeting, 3 June 1958 (section 6 of the first report of the Committee on Administration, Finance and Legal Matters)

WHA11.10 Renewal of the Contract of the Director-General

The Eleventh World Health Assembly,

Considering the decision of the Tenth World Health Assembly concerning the renewal of the contract of the Director-General, as reflected in resolution WHA10.31;

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

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

Handb. Res., 4th ed., 7.2.10.2

Sixth plenary meeting, 7 June 1958

WHA11.11 Status of Collection of Annual Contributions and of Advances to the Working Capital Fund

The Eleventh World Health Assembly,

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

NOTES with satisfaction the status of collection of contributions and of advances to the Working Capital Fund;

- II. Noting that, pursuant to the provisions of paragraph 2 of resolution WHA8.13 of the Eighth World Health Assembly, the Assembly is to consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of Bolivia should be suspended,

1. CALLS THE ATTENTION of Member governments who have not done so to the importance of paying their contributions in the year in which they are due;
2. REQUESTS Member governments who have not done so to provide in their national budgets for regular payment to the World Health Organization of their annual contributions;

¹ Annex 4

² Annex 5

III. Taking into account the special circumstances mentioned in the communication from the Government of Bolivia,

DECIDES, as an exception, not to suspend the voting privileges of Bolivia as provided by Article 7 of the Constitution, in the expectation that the Government of Bolivia will make every effort to pay its arrears of contributions prior to the Twelfth World Health Assembly.

Handb. Res., 4th ed., 7.1.2.4

Sixth plenary meeting, 7 June 1958 (section 1 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA11.12 Working Capital Fund for 1959

The Eleventh World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 30 April 1958 be established for 1959 in the amount of US \$3 402 525, plus the assessments of Members joining after 30 April 1958;
2. AUTHORIZES the Director-General :
 - (1) to advance from the Working Capital Fund such sums as may be necessary to finance the appropriations for the financial year 1959 pending receipt of contributions from Members; sums so advanced shall be reimbursed to the Working Capital Fund as contributions become available;
 - (2) to advance such sums in 1959 as may be necessary to meet unforeseen or extraordinary expenses, and to increase the relevant Appropriation Section accordingly, provided that not more than US \$250 000 is used for such purpose, except that with the prior concurrence of the Executive Board a total of US \$500 000 may be so used; and
3. REQUESTS the Director-General to report to the next convening Health Assembly all advances made under the authority vested in him to meet unforeseen or extraordinary expenses, and the circumstances relating thereto, and to make provision in the estimates for reimbursement of the Working Capital Fund except when such advances are recoverable from other sources.

Handb. Res., 4th ed., 7.1.3.2

Sixth plenary meeting, 7 June 1958 (section 2 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA11.13 Amendments to Staff Rules

The Eleventh World Health Assembly

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

Handb. Res., 4th ed., 7.2.1.2

Sixth plenary meeting, 7 June 1958 (section 3 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA11.14 Amendment to Working Principles governing the Admission of Non-governmental Organizations into Official Relations with WHO

The Eleventh World Health Assembly,

Considering resolution EB21.R32 of the Executive Board,

¹ *Off. Rec. Wld Hlth Org.* 83, Annex 12

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

second line : replace “ biennially ” by “ every four years ”.¹

Handb. Res., 4th ed., 8.2.1

Sixth plenary meeting, 7 June 1958 (section 4 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA11.15 Place of Meeting of the Twelfth World Health Assembly

The Eleventh World Health Assembly,

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

DECIDES that the Twelfth World Health Assembly shall be held in Switzerland.

Handb. Res., 4th ed., 4.1.1.2

Sixth plenary meeting, 7 June 1958 (section 5 of the second report of the Committee on Administration, Finance and Legal Matters)

WHA11.16 Malaria Eradication Special Account

The Eleventh World Health Assembly,

Having considered the recommendation of the Executive Board in resolution EB21.R41 and the report of the Director-General² on the Malaria Eradication Special Account;

Recalling the decisions of earlier Assemblies³ to carry out a programme which has as its ultimate objective the world-wide eradication of malaria,

1. THANKS those donors whose contributions have made it possible for the malaria eradication programme to get under way;
2. REQUESTS the Executive Board and the Director-General energetically to pursue concentrated efforts to obtain funds for the Malaria Eradication Special Account from all possible sources, including governments, foundations, industry, labour organizations, institutions and individuals;
3. RECOMMENDS that, in the further action to be taken, the Executive Board and the Director-General should take note of the discussion on this subject in the Committee on Administration, Finance and Legal Matters;⁴ and
4. REQUESTS the Director-General to submit a report to the Twelfth World Health Assembly on any further developments in regard to the Malaria Eradication Special Account.

Handb. Res., 4th ed., 1.7.1.2

Sixth plenary meeting, 7 June 1958 (section 1 of the third report of the Committee on Administration, Finance and Legal Matters)

¹ The paragraph, as thus amended, reads :

(vi) The Board, through its Standing Committee on Non-governmental Organizations, shall review the list every four years and shall determine the desirability of maintaining relations with the organizations on the list.

² Annex 6

³ Resolutions WHA8.30, WHA9.61 and WHA10.32

⁴ At its third, fourth and fifth meetings

WHA11.17 Report of the Committee on Malaria Eradication

The Eleventh World Health Assembly,

Having considered the report of the Executive Board and of its Committee on Malaria Eradication;

Having reviewed the provisions of paragraph IV of resolution WHA8.30, adopted by the Eighth World Health Assembly,

1. AUTHORIZES the Executive Board to delegate the authority conferred upon it in paragraph IV (1) of resolution WHA8.30 to the Chairman of the Executive Board, provided the Director-General has determined that such contributions can be utilized in the programme; and
2. REQUESTS the Director-General to report to each session of the Board the contributions to the Special Account accepted between sessions of the Board under such authority as the Board may have delegated under the provisions of paragraph 1 above.

Handb. Res., 4th ed., 1.7.1.2

Sixth plenary meeting, 7 June 1958 (section 2 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.18 Co-ordination with and Decisions of the United Nations and Specialized Agencies on Administrative and Financial Questions

The Eleventh World Health Assembly,

Having considered the reports on co-ordination with and decisions of the United Nations and specialized agencies on administrative and financial questions;¹

Having considered the report of the United Nations Advisory Committee on Administrative and Budgetary Questions on administrative and budgetary co-ordination between the United Nations and WHO, with particular reference to the working of the Expanded Programme of Technical Assistance;²

Noting that the Committee intends, on completion of its studies at the headquarters of specialized agencies, to make a further report in which it will formulate its general conclusions and recommendations,

1. NOTES the reports;
2. EXPRESSES its satisfaction that "the Advisory Committee saw no occasion to suggest any changes in the various procedures for internal financial control"; and
3. EXPRESSES its interest in the further report which the Advisory Committee on Administrative and Budgetary Questions intends to make.

Handb. Res., 4th ed., 8.1.1.5

Sixth plenary meeting, 7 June 1958 (section 3 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.19 Co-ordination with and Decisions of the United Nations and Specialized Agencies on Administrative and Financial Questions (Post Adjustment — Geneva)

The Eleventh World Health Assembly,

Having considered the United Nations resolution 1221 (XII), which expresses the hope that the appropriate legislative authorities of WHO will reconsider the date from which changes in the cost of living at Geneva should be measured in determining the post adjustment for its staff members;

¹ Annex 7; *Off. Rec. Wld Hlth Org.* 83, Annex 17

² *Off. Rec. Wld Hlth Org.* 83, Annex 7

Believing that it is in the interest of the United Nations family of organizations to preserve the common system;

Believing that where differences arise such questions should be examined within the existing framework for co-ordination between the United Nations and the specialized agencies,

REQUESTS the Director-General to raise in the Administrative Committee on Co-ordination at its next meeting the question of the variation at present existing between United Nations and WHO staff members in the dates from which changes in the cost of living at Geneva should be measured, with a view to restoring the common system.

Handb. Res., 4th ed., 7.2.4

Sixth plenary meeting, 7 June 1958 (section 4 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.20 Assembly Procedures for Examining the Programme, Budget, and Ancillary Administrative, Financial and Personnel Matters

The Eleventh World Health Assembly,

Reaffirming the principle established in resolution WHA10.27, and

Having considered resolution EB21.R13 concerning Assembly procedures for examining the programme, budget, and ancillary administrative, financial and personnel matters,

ENDORSES the decision of the Executive Board that further consideration of the matters referred to in resolution WHA10.27 of the Tenth World Health Assembly be deferred until the January 1959 session of the Board, in the light of a report from the Director-General on the action taken by the General Assembly of the United Nations on the work of the Advisory Committee on Administrative and Budgetary Questions.

Handb. Res., 4th ed., 2.4

Sixth plenary meeting, 7 June 1958 (section 5 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.21 Implementation of Resolution WHA7.33

The Eleventh World Health Assembly

1. NOTES, with regret, from the report of the Director-General, that the Eastern Mediterranean Regional Organization is not yet functioning normally and that resolution WHA7.33 has not completely fulfilled the purposes for which it was adopted;

2. COMMENDS the Director-General and the Regional Director for their efforts to give full effect to the above-mentioned resolution and requests all concerned to continue their efforts to solve the difficulties; and

3. REQUESTS the Director-General in the event of any new developments in this matter to submit a report to a future Assembly.

Handb. Res., 4th ed., 5.2.5.3

Sixth plenary meeting, 7 June 1958 (section 6 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.22 Annual Report of the United Nations Joint Staff Pension Board for 1956

The Eleventh World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the substance of the annual report for the year 1956 and as reported by the Director-General.

Handb. Res., 4th ed., 7.2.7.2

Sixth plenary meeting, 7 June 1958 (section 7 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.23 Headquarters Accommodation

The Eleventh World Health Assembly,

Having considered a report of the Director-General on the accommodation for the headquarters office at Geneva,

1. NOTES the report;¹ and
2. REQUESTS the Director-General to proceed with his studies on accommodation which would be suitable and adequate for the headquarters of the Organization and to present a plan of action for consideration by the Executive Board at its session in January 1959 and by the Twelfth World Health Assembly.

Handb. Res., 4th ed., 7.3

Sixth plenary meeting, 7 June 1958 (section 8 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.24 Amendments to the Rules of Procedure of the World Health Assembly : Rules 92 and 99

The Eleventh World Health Assembly,

Having considered the report of the twenty-first session of the Executive Board on the Rules of Procedure of the World Health Assembly,

ADOPTS the following amendments to Rules 92 and 99 :

Rule 92: Delete the second paragraph;

Rule 99: Delete and replace by the following :

“ The term of office of each Member entitled to designate a person to serve on the Board shall begin immediately after the closing of the session of the Health Assembly at which the Member concerned is elected and shall end immediately after the closing of the session of the Health Assembly during which the Member is replaced.”

Handb. Res., 4th ed., 4.1.4.5

Sixth plenary meeting, 7 June 1958 (section 9 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.25 Frequency of World Health Assemblies

The Eleventh World Health Assembly,

Recalling that the Sixth World Health Assembly by resolution WHA6.57 decided to consider again, at a future Health Assembly, a number of amendments to the Constitution proposed by the Governments

¹ See Annex 8. See also para. 30 of the twenty-second report of the Administrative Committee on Co-ordination to the Economic and Social Council, appended to Annex 14.

of Denmark, Finland, Norway and Sweden, and the consequent transitional arrangements required to provide for the establishment of a system of biennial Health Assemblies as set out in Executive Board resolution EB11.R69;

Noting that a period of five years has elapsed since the afore-mentioned decision was taken, during which time the Organization has attained a highly satisfactory degree of maturity and stability in its administration and methods of operation;

Believing that a system of biennial Health Assemblies would result in a considerable saving of valuable time both of the Secretariat and of the delegates of Member States, in addition to the costs connected with annual Health Assemblies,

1. REQUESTS the Executive Board, in preparing the agenda of the Twelfth World Health Assembly, to include an item "Reconsideration of frequency of World Health Assemblies";
2. REQUESTS the Director-General and the Executive Board to study the implications of the adoption of a system of biennial Health Assemblies for the Organization at the present stage of its development and to report thereon to the Twelfth World Health Assembly; and
3. INVITES the attention of Member States to the texts of the proposed amendments and the related transitional and other arrangements necessary to implement a system of biennial Health Assemblies as set out in resolution EB11.R69.

Handb. Res., 4th ed., 4.1.2

Sixth plenary meeting, 7 June 1958 (section 10 of the third report of the Committee on Administration, Finance and Legal Matters)

WHA11.26 Annual Report of the Director-General for 1957

The Eleventh World Health Assembly,

Having reviewed the Annual Report of the Director-General on the work of WHO in 1957, ¹

1. NOTES with satisfaction the manner in which the programme was planned and carried out during 1957, in accordance with the established policies of the Organization;
2. NOTES with satisfaction that the administrative and financial affairs of the Organization, as described in the Annual Report of the Director-General, are sound; and
3. COMMENDS the Director-General for the work accomplished.

Handb. Res., 4th ed., 1.14.1

Sixth plenary meeting, 7 June 1958 (section 1 of the first report of the Committee on Programme and Budget)

WHA11.27 Environmental Sanitation

The Eleventh World Health Assembly,

Having noted during the discussions on the Annual Report of the Director-General for 1957 ¹ the emphasis placed upon environmental sanitation,²

REQUESTS the Director-General :

- (a) to make a comprehensive review of the work and achievements of the World Health Organization in assisting governments in the environmental sanitation field, with particular reference to the provision or improvement of potable water supplies and the adequate disposal of human wastes; and

¹ *Off. Rec. Wld Hlth Org.* 82

² See minutes of the Committee on Programme and Budget, first to seventh meetings.

(b) to submit this review to the Twelfth World Health Assembly, together with such suggestions or proposals for further activities in this field as may seem to him to be desirable, including ways and means of financing this work.

Handb. Res., 4th ed., 1.9

Sixth plenary meeting, 7 June 1958 (section 2 of the first report of the Committee on Programme and Budget)

WHA11.28 Effective Working Budget and Budget Level for 1959

The Eleventh World Health Assembly

DECIDES that :

- (1) the effective working budget for 1959 shall be US \$14 287 600;
- (2) the budget level for 1959 shall be established in an amount equal to the effective working budget, as provided in paragraph (1) above, plus the assessments on inactive Members and on China; and
- (3) the budget level for 1959 shall be financed by assessments on Members after deducting casual income available for 1959 in the amount of US \$400 000.

Handb. Res., 4th ed., 2.1

Sixth plenary meeting, 7 June 1958 (second report of the Committee on Programme and Budget)

WHA11.29 Election of Members Entitled to Designate a Person to Serve on the Executive Board

The Eleventh World Health Assembly,

After consideration of the nominations of the General Committee,¹

ELECTS the following Member States as Members entitled to designate a person to serve on the Executive Board :

Brazil, France, Guatemala, Iran, Union of Soviet Socialist Republics, and Viet Nam.

Handb. Res., 4th ed., 4.2.1

Sixth plenary meeting, 7 June 1958

WHA11.30 Revision of Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies²

The Eleventh World Health Assembly,

Considering that the Assistant Directors-General and the Regional Directors of the World Health Organization should enjoy the privileges, immunities, exemptions and facilities accorded to diplomatic envoys in international law,

1. DECIDES to revise Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies by amending paragraph 4 of the said Annex to read as follows :

“ 4. The privileges, immunities, exemptions and facilities referred to in Section 21 of the standard clauses shall also be accorded to any Deputy Director-General, Assistant Director-General and Regional Director of the Organization.”

¹ See second report of the General Committee.

² See Annex 9.

2. REQUESTS the Director-General to transmit to the Secretary-General of the United Nations the revised Annex VII in accordance with Section 38 of the Convention.

Handb. Res., 4th ed., 6.3.1

Seventh plenary meeting, 12 June 1958 (section 1 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA11.31 Possibility of Action Being Taken under the Aegis of WHO regarding the Application of the 1949 Geneva Humanitarian Conventions (Proposal by the Government of Monaco)

The Eleventh World Health Assembly,

Considering the proposal submitted by the Government of Monaco;

Considering the importance of the observance of the 1949 Geneva Humanitarian Conventions;

Considering that the Government of Monaco will continue its study of the problem which is the subject of its interesting proposal by obtaining the co-operation of the competent organs already responsible for supervising the application of the Geneva Conventions,

1. NOTES with appreciation the interest manifested in this matter by the Government of Monaco;
2. EXPRESSES the hope that, as a result of the efforts of the governments concerned, all countries may come to have a wider knowledge of the Geneva Conventions;
3. RECOMMENDS that Member States facilitate, in so far as they may see fit, any practical solution which may be proposed to them to this end; and
4. REFERS this resolution to the Executive Board for its information.

Handb. Res., 4th ed., 9

Seventh plenary meeting, 12 June 1958 (section 2 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA11.32 Accommodation for the Regional Office for the Western Pacific

The Eleventh World Health Assembly,

Noting the report of the Director-General on developments with regard to the accommodation for the Regional Office for the Western Pacific,¹

1. THANKS the donors for their generous contributions towards the costs of construction of the regional office building;
2. EXPRESSES its satisfaction with progress to date;
3. CONCURS in the Director-General's proposal to construct an additional floor of the building, on the understanding that the existing authorization for financing will not be exceeded; and
4. REQUESTS the Director-General to report further progress to the Executive Board.

Handb. Res., 4th ed., 5.2.6.3

Seventh plenary meeting, 12 June 1958 (section 3 of the fourth report of the Committee on Administration, Finance and Legal Matters)

¹ Annex 10

WHA11.33 Scale of Assessment for 1959

The Eleventh World Health Assembly

DECIDES that the scale of assessment for 1959 shall be as follows :

Member	Scale (units)	Member	Scale (units)
Afghanistan	8	Korea, Republic of	*
Albania	*	Laos	*
Argentina	137	Lebanon	7
Australia	195	Liberia	*
Austria	42	Libya	*
Belgium	150	Luxembourg	8
Bolivia	7	Mexico	82
Brazil	128	Monaco	*
Bulgaria	17	Morocco	14
Burma	12	Nepal	*
Byelorussian SSR	56	Netherlands	135
Cambodia	*	New Zealand	51
Canada	373	Nicaragua	*
Ceylon	13	Nigeria	3
Chile	35	Norway	58
China	605	Pakistan	65
Costa Rica	*	Panama	7
Cuba	31	Paraguay	*
Czechoslovakia	99	Peru	18
Denmark	77	Philippines	48
Dominican Republic	7	Poland	183
Ecuador	7	Portugal	29
El Salvador	8	Romania	59
Ethiopia	13	Saudi Arabia	8
Federation of Malaya	26	Sierra Leone	3
Federation of Rhodesia and Nyasaland	3	Spain	133
Finland	43	Sudan	13
France	672	Sweden	173
Germany, Federal Republic of	501	Switzerland	119
Ghana	8	Thailand	20
Greece	24	Tunisia	7
Guatemala	8	Turkey	73
Haiti	*	Ukrainian SSR	217
Honduras	*	Union of South Africa	81
Hungary	47	Union of Soviet Socialist Republics	1 644
Iceland	*	United Arab Republic	51
India	350	United Kingdom of Great Britain and Northern Ireland	920
Indonesia	60	United States of America	**
Iran	31	Uruguay	20
Iraq	14	Venezuela	51
Ireland	22	Viet Nam	20
Israel	20	Yemen	*
Italy	246	Yugoslavia	42
Japan	231		
Jordan, Hashemite Kingdom of	*		

* Minimum assessment of 0.04 per cent.

** Special assessment on largest contributor, representing 32.51 per cent. of active Members' assessments

WHA11.34 Appointment of Representatives to the WHO Staff Pension Committee

The Eleventh World Health Assembly

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

Handb. Res., 4th ed., 7.2.7.3

Seventh plenary meeting, 12 June 1958 (section 5 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA11.35 Plan for an Intensified Research Programme

The Eleventh World Health Assembly,

Having studied the proposal submitted by the delegation of the United States of America¹ for the development of a plan for an intensified research programme, and its offer of additional funds for this purpose;

Noting that WHO, under its Constitution, is required to promote and conduct research in the field of health;

Realizing that the Organization is already playing an important role in stimulating and co-ordinating research in medical and scientific fields;

Considering that further knowledge is needed on the etiology, treatment and prevention of diseases common to mankind, including chronic diseases such as cancer, heart disease and other diseases;

Recognizing that the Organization has established a system of co-ordination of research through collaboration with laboratories and institutions on a world-wide scale; and

Recognizing that a well-designed plan for expanding the role of WHO in research would merit the support of many Member States,

- I.
 1. THANKS the United States of America for this initiative;
 2. BELIEVES that, within the provisions of its Constitution, the Organization can profitably expand its role in research;
 3. REQUESTS the Director-General :
 - (1) to organize and arrange for a special study of the role of WHO in research and of ways in which the Organization might assist more adequately in stimulating and co-ordinating research and developing research personnel;
 - (2) to prepare a plan on the basis of such study in the furtherance of research, for transmission to the twenty-third session of the Executive Board and to the Twelfth World Health Assembly, with cost estimates;
- II.
 1. AUTHORIZES the Director-General to take the necessary steps to receive the contribution of \$300 000 from the United States of America which the Eleventh World Health Assembly with appreciation accepts in accordance with Article 57 of the Constitution;
 2. REQUESTS the Director-General to establish under Financial Regulations 6.6 and 6.7 a special account for the purposes set forth in paragraph I.3 above;
 3. DECIDES that the funds in the special account shall be available for incurring obligations for the purposes set out in paragraph I.3 of this resolution, and that, notwithstanding Financial Regulation 4.3, the unexpended balance of the account shall be carried forward from one financial year to the next; and

¹ Annex 11

4. REQUESTS the Director-General to present the operations financed or planned to be financed from this special account separately in the annual programme and budget estimates and to include the operations of the account separately in the annual financial report.

Handb. Res., 4th ed., 1.11

Seventh plenary meeting, 12 June 1958 (section 6 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA11.36 Amendments to the Rules of Procedure of the World Health Assembly : Rule 67

The Eleventh World Health Assembly,

Recalling that Rule 67 of the Rules of Procedure provides that decisions on important questions shall be made by a two-thirds majority of the Members present and voting;

Recalling that Rule 68 of the Rules of Procedure provides that decisions on other questions, including the determination of additional categories of questions to be decided on by a two-thirds majority, shall be made by a majority of the Members present and voting; and

Recognizing that the level of the budget is an important question,

DECIDES to amend Rule 67 of the Rules of Procedure of the Health Assembly to read as follows :

“ Decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting. These questions shall include : the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and with intergovernmental organizations and agencies in accordance with Articles 69, 70 and 72 of the Constitution; amendments to the Constitution; and decisions on the amount of the effective working budget.”

Handb. Res., 4th ed., 4.1.4.5

Seventh plenary meeting, 12 June 1958 (section 7 of the fourth report of the Committee on Administration, Finance and Legal Matters)

WHA11.37 Review and Appraisal of WHO Fellowships

The Eleventh World Health Assembly

1. NOTES the report on the review and appraisal of fellowships awarded during the period 1947-1957;¹
2. EXPRESSES its satisfaction with the efforts made to keep the fellowships under constant review and to develop simple methods of appraisal, with a view to further improvement of the programme;
3. INVITES the attention of all Member States to the need for further improvements in the planning of requests, the selection of candidates, and the proper employment and full utilization of fellows on return;
4. REQUESTS the Director-General to convey to the Member States concerned the appraisal results of the individual fellows, and
5. THANKS all countries which have accepted WHO fellows and all public health officials, academic teachers and research workers who, in institutions all over the world, are giving of their time to the training of WHO fellows, and without whose co-operation this large programme of international training and exchange of scientific information would not be possible.

Handb. Res., 4th ed., 1.10.4

Seventh plenary meeting, 12 June 1958 (section 1 of the third report of the Committee on Programme and Budget)

¹ Annex 12

WHA11.38 First Report on the World Health Situation

The Eleventh World Health Assembly

1. NOTES the first report on the world health situation prepared by the Director-General in pursuance of resolution WHA9.27;
2. THANKS the Member governments for their assistance in providing material for this report ;
3. REQUESTS the Member governments of WHO to submit before 1 October 1958 all amendments they wish to include in this report before it is finalized;
4. REQUESTS the Director-General to prepare a questionnaire on public health and demographic aspects so that it may be used by Member States as a guide for the preparation of their future reports;
5. INVITES the Members of the World Health Organization to prepare, as a further step towards fulfilment of their obligations under Article 61 of the Constitution, a second report covering as far as possible the period 1957 to 1960, and
6. REQUESTS the Director-General to prepare for the Fifteenth World Health Assembly the second report on the world health situation.

Handb. Res., 4th ed., 1.14.5

Seventh plenary meeting, 12 June 1958 (section 2 of the third report of the Committee on Programme and Budget)

WHA11.39 Report on the First Ten Years of the World Health Organization

The Eleventh World Health Assembly,

Having reviewed the report of the Director-General on The First Ten Years of the World Health Organization,¹

1. NOTES with satisfaction the progress achieved in the development of health services, the reduction of communicable diseases all over the world, and the initiation of programmes of eradication of certain communicable diseases, notably that of malaria;
2. IS CONVINCED that in the next decade Member governments and the Organization will take further steps towards reaching the goals laid down in the Constitution; and
3. COMMENDS the Director-General for the preparation and presentation of this report and for the work thus far accomplished.

Handb. Res., 4th ed., 9.9

Seventh plenary meeting, 12 June 1958 (section 3 of the third report of the Committee on Programme and Budget)

WHA11.40 Developments in Activities Assisted Jointly with UNICEF

The Eleventh World Health Assembly,

Having considered the report of the Director-General on the developments in activities assisted jointly with UNICEF;²

Having noted the actions taken by the UNICEF Executive Board at its September 1957 and March 1958 sessions concerning questions which are of direct interest to WHO;

¹ World Health Organization (1958) *The first ten years of the World Health Organization*, Geneva

² Annex 13

Considering the importance attached by governments to malaria eradication and the need for international funds to supplement national efforts in malaria eradication programmes,

1. NOTES the report of the Director-General;
2. EXPRESSES the hope that the UNICEF Executive Board will continue to give maximum assistance to malaria eradication in future; and
3. EXPRESSES its satisfaction with the continued close and effective co-operation between the two organizations.

Handb. Res., 4th ed., 8.1.4.1; 1.7.1.4

Seventh plenary meeting, 12 June 1958 (section 4 of the third report of the Committee on Programme and Budget)

WHA11.41 Health and Vital Statistics

The Eleventh World Health Assembly,

Recognizing the importance of the scientific quantitative measurement of the health status of populations to the continued progress of public health programmes throughout the world, and

Noting that, in accordance with resolution WHA10.17, the Director-General has submitted a progress report to the Executive Board which deals especially with the past and present work of WHO in vital and health statistics, and that he is to submit a final report to the Executive Board,

REQUESTS the Director-General :

- (1) to continue this study in the field of health and vital statistics, with appropriate expert consultation, with a view to making a final report at an early session of the Executive Board, and
- (2) to include in this report recommendations on a forward-looking and balanced WHO programme for the development and strengthening of systematic procedures for the securing of adequate vital and health statistics, such recommendations to include specific proposals
 - (a) on how WHO can appraise and assist in the development of administrative and technical procedures best adapted to various social and organizational frameworks;
 - (b) on how WHO can evaluate and disseminate information on the systems in effect in different countries, and
 - (c) on how WHO can further the development and adoption of international standards in health statistics.

Handb. Res., 4th ed., 1.3.2

Seventh plenary meeting, 12 June 1958 (section 1 of the fourth report of the Committee on Programme and Budget)

WHA11.42 Malaria Eradication Programme

The Eleventh World Health Assembly,

Having reviewed the malaria eradication operations planned to be financed from the Malaria Eradication Special Account, as presented in the programme and budget estimates for 1959; ¹

Having noted that these plans are based on decisions taken at the Eighth World Health Assembly (resolution WHA8.30),

1. VIEWS with satisfaction the progress of the world-wide malaria eradication programme;

¹ *Off. Rec. Wld Hlth Org.* **81**, Annex 4

2. URGES that all governments concerned which have not yet started programmes of malaria eradication should take steps to do so as soon as it is technically feasible; and
3. EXPRESSES the hope that adequate resources will be made available to the Organization to implement the programme as planned for the period 1959-1962.

Handb. Res., 4th ed., 1.7.1.2

Seventh plenary meeting, 12 June 1958 (section 2 of the fourth report of the Committee on Programme and Budget)

WHA11.43 Co-operation with United Nations and Specialized Agencies

The Eleventh World Health Assembly,

Having considered the reports of the Executive Board ¹ and the Director-General ² on co-ordination with the United Nations and specialized agencies, and their decisions affecting the activities of the World Health Organization, in particular with reference to Economic and Social Council resolution 665 C (XXIV)

1. NOTES the report of the Director-General, and
2. ENDORSES the conclusions of the Executive Board as expressed in resolution EB21.R19, relating to the above-mentioned resolution of the Economic and Social Council.

Handb. Res., 4th ed., 8.1.1

Seventh plenary meeting, 12 June 1958 (section 3 of the fourth report of the Committee on Programme and Budget)

WHA11.44 Fifth Report of the Committee on International Quarantine

The Eleventh World Health Assembly,

Having considered the fifth report of the Committee on International Quarantine,³

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

Handb. Res., 4th ed., 1.3.1.6

Seventh plenary meeting, 12 June 1958 (section 4 of the fourth report of the Committee on Programme and Budget)

WHA11.45 Position of States and Territories under the International Sanitary Regulations

The Eleventh World Health Assembly

NOTES the statement showing the position of States and territories under the International Sanitary Regulations as on 1 February 1958.

Handb. Res., 4th ed., 1.3.1.6

Seventh plenary meeting, 12 June 1958 (section 5 of the fourth report of the Committee on Programme and Budget)

¹ *Off. Rec. Wld Hlth Org.* 83, Annex 9

² Annex 14

³ Annex 1

WHA11.46 Periodicity of Meetings of the Committee on International Quarantine

The Eleventh World Health Assembly,

Having considered the report of the Director-General on the periodicity of meetings of the Committee on International Quarantine, including, *inter alia*, the functions of the Committee as established by the Seventh World Health Assembly;¹

Recognizing the need for periodic review of the functioning of the International Sanitary Regulations and of annual reports thereon prepared under the provisions of Article 13 of those Regulations;

Recognizing the need for the Committee on International Quarantine to be able to deal with questions or disputes to which Article 112, paragraph 1, of the International Sanitary Regulations applies;

Having noted that the Regulations for the Committee on International Quarantine may be changed by the Health Assembly after consultation with the Committee on International Quarantine,

REQUESTS the Director-General to consult the Committee on International Quarantine and to submit a report with recommendations to the Twelfth World Health Assembly on the future periodicity of meetings of the Committee on International Quarantine.

Handb. Res., 4th ed., 1.3.1.6

Seventh plenary meeting, 12 June 1958 (section 6 of the fourth report of the Committee on Programme and Budget)

WHA11.47 Appropriation Resolution for the Financial Year 1959²

The Eleventh World Health Assembly

RESOLVES to appropriate for the financial year 1959 an amount of US \$15 365 660 as follows :

I.

Appropriation Section	Purpose of Appropriation	Amount US \$
PART I : ORGANIZATIONAL MEETINGS		
1.	World Health Assembly	213 320
2.	Executive Board and its Committees	116 900
3.	Regional Committees	65 250
	Total — Part I	<u>395 470</u>
PART II : OPERATING PROGRAMME		
4.	Central Technical Services	1 914 890
5.	Advisory Services	8 651 391
6.	Regional Offices	1 849 260
7.	Expert Committees	181 100
	Total — Part II	<u>12 596 641</u>
PART III : ADMINISTRATIVE SERVICES		
8.	Administrative Services	1 195 489
	Total — Part III	<u>1 195 489</u>

¹ See *Off. Rec. Wld Hlth Org.* 56, 70-73, 92, 116.

² For analysis of these appropriations under chapters, see Annex 15.

Appropriation Section	Purpose of Appropriation	Amount US \$
PART IV : OTHER PURPOSES		
9.	Reimbursement of Working Capital Fund	100 000
	Total — Part IV	<u>100 000</u>
	SUB-TOTAL — PARTS I, II, III AND IV	<u>14 287 600</u>
PART V : RESERVE		
10.	Undistributed Reserve	1 078 060
	Total — Part V	<u>1 078 060</u>
	TOTAL — ALL PARTS	<u>15 365 660</u>

II. Amounts not exceeding the appropriation voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1959 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 1959 to the effective working budget established by the World Health Assembly, i.e., Parts I, II, III and IV.

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

- (i) the amount of \$ 2 090 representing assessments on new Members from previous years
- (ii) the amount of \$304 562 representing miscellaneous income available for the purpose
- (iii) the amount of \$ 74 348 available by transfer from the cash portion of the Assembly Suspense Account
- (iv) the amount of \$ 19 000 available by transfer from the Publications Revolving Fund

Total \$400 000

thus resulting in assessments against Members of \$14 965 660.

IV. 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.

V. 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.

VI. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1959 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1959.

VII. In respect of the printing of publications, the Director-General is authorized, notwithstanding the provisions of the Financial Regulations, to charge as an obligation against the 1959 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1959.

WHA11.48 WHO Participation in the Expanded Programme of Technical Assistance

The Eleventh World Health Assembly,

Having studied the report of the Director-General on the Expanded Programme of Technical Assistance for 1959,¹ as well as resolution EB21.R48, adopted by the Executive Board at its twenty-first session,

1. NOTES the report of the Director-General; and
2. ENDORSES the opinions expressed by the Executive Board in that resolution.

Handb. Res., 4th ed., 3

Seventh plenary meeting, 12 June 1958 (section 8 of the fourth report of the Committee on Programme and Budget)

WHA11.49 International Agreement of Brussels, 1924, respecting Facilities to be given to Merchant Seamen for the Treatment of Venereal Diseases

The Eleventh World Health Assembly,

Thanking ILO for its collaboration, and expressing the desire to continue joint action in the field of the hygiene of seafarers;

Considering resolution WHA1.22 paragraph (3),² of the First World Health Assembly;

Considering resolutions EB2.R4, paragraph (2),² and EB21.R17 of the second and twenty-first sessions of the Executive Board respectively; and

Having studied the report of the Study Group on the International Agreement of Brussels, 1924, respecting Facilities to be given to Merchant Seamen for the Treatment of Venereal Diseases,³

REQUESTS the Director-General :

- (1) to undertake a study of the nature and extent of the health problems of seafarers and of the health services available;
- (2) to indicate possible further needs, and ways and means by which health services could be provided in major ports to seafarers of all nationalities on a wider scale than at present; and
- (3) to present a progress report to the Twelfth World Health Assembly.

Handb. Res., 4th ed., 1.7.3.3

Seventh plenary meeting, 12 June 1958 (section 9 of the fourth report of the Committee on Programme and Budget)

WHA11.50 Peaceful Uses of Atomic Energy⁴

The Eleventh World Health Assembly,

Having regard to the fact that atomic energy is being more and more used for peaceful purposes, whereby the number of persons exposed to the effects of radiation is increasing;

Noting the resolutions of previous World Health Assemblies and of the Executive Board concerning the need to continue the study of health problems connected with the peaceful uses of atomic energy, and, in particular, resolution WHA9.54;

¹ Annex 16

² *Handbook of Resolutions and Decisions*, 4th edition, p. 59

³ *Wld Hlth Org. techn. Rep. Ser.*, 1958, 150

⁴ See Annex 17.

Taking into account the necessity for safely protecting present and future generations against the harmful effects of ionizing radiations of all kinds, and expressing the hope that the increased utilization of atomic energy will be accompanied by a corresponding improvement in methods of protection and by the holding of levels of ionizing radiation from all sources within internationally accepted limits;

Considering in this connexion that the Scientific Committee on the Effects of Atomic Radiation, established by resolution 913 (X) of the General Assembly of the United Nations, will transmit to the thirteenth session of the General Assembly by 1 July 1958 a report dealing, amongst other problems, with the short-term and long-term effects of ionizing radiation upon man and his environment, including data on radiation levels and radioactive "fall-out",

1. REQUESTS the Director-General, taking full account of the results of his negotiations with the International Atomic Energy Agency, and of the necessity for avoiding duplication and overlapping with the latter and with the United Nations, the other specialized agencies and competent non-governmental organizations, to prepare a programme of concrete measures in the field of health aspects of the peaceful uses of atomic energy and their long-term implications in radiation hygiene, in such a programme early reporting being desirable upon, *inter alia*, the following items :

- (a) methods for the reporting of radiation exposure of individuals;
- (b) research design for determining the relationship between radiation dosage and congenital defects;
- (c) methods for the notification to public health administrations of congenital defects which could be due to radiation;

2. REQUESTS the Director-General, in the light of the concern of governments about duplication and overlapping, to expedite negotiations with the International Atomic Energy Agency looking toward the preparation of a draft agreement of co-operation between WHO and IAEA in those fields of mutual interest to both organizations, for submission to the Twelfth World Health Assembly;

3. REQUESTS the Executive Board to establish a committee to be available for consultation by the Director-General in his further negotiations with the designated representatives of the International Atomic Energy Agency in preparing a final draft agreement;

4. INVITES the Director-General :

- (a) to initiate consultations for the purpose of organizing, in the very near future, assistance to under-developed countries in the matter of the use of radioactive isotopes in medicine, and
- (b) to study the effect of radiation on human heredity and to recommend measures to be taken for studying the relationship between radiation and health, and for research on effective measures for the treatment of diseases attributable to radiation, as well as for establishing, on a scientific basis, hygienic standards for radiation exposure.

Handb. Res., 4th ed., 1.2

Seventh plenary meeting, 12 June 1958 (section 1 of the fifth report of the Committee on Programme and Budget)

WHA11.51 Sports Medicine

The Eleventh World Health Assembly,

Having considered the resolution of the Executive Board adopted at its twenty-first session in January 1958 (EB21.R34),

1. NOTES with satisfaction the preliminary report by the Director-General on sports medicine; and
2. REQUESTS the Director-General to continue, in collaboration with the Fédération internationale de Médecine sportive, his study on the nature of a programme on sports medicine, paying special regard to physical exercise and training as a constituent of a constructive health programme.

Handb. Res., 4th ed., 1.8.4

Seventh plenary meeting, 12 June 1958 (section 2 of the fifth report of the Committee on Programme and Budget)

WHA11.52 Future Organizational Study by the Executive Board

The Eleventh World Health Assembly,

Having considered the recommendation of the Executive Board on the subject of the next organizational study (resolution EB21.R16),

DECIDES that a further study on the WHO publications programme shall be taken as the next subject for organizational study after the Board has disposed of the study on regionalization.

Handb. Res., 4th ed., 7.4.6

Seventh plenary meeting, 12 June 1958 (section 3 of the fifth report of the Committee on Programme and Budget)

WHA11.53 Special Fund for Improving National Health Services (Report on Resolution 1219 (XII) of the General Assembly of the United Nations on the Financing of Economic Development)

The Eleventh World Health Assembly,

Noting the report of the Director-General on the subject of the Special Fund for Improving National Health Services,¹ and relating to the report on resolution 1219 (XII) of the General Assembly of the United Nations on the financing of economic development,

1. APPROVES the action already taken, and
2. REQUESTS the Director-General to submit a report on this subject to the twenty-third session of the Executive Board.

Handb. Res., 4th ed., 7.1.8.1

Seventh plenary meeting, 12 June 1958 (section 4 of the fifth report of the Committee on Programme and Budget)

WHA11.54 Smallpox Eradication

The Eleventh World Health Assembly,

Noting that smallpox still remains a very widespread and dangerous infectious disease and that in many regions of the world there exist endemic foci of this disease constituting a permanent threat of its propagation and consequently menacing the life and health of the population;

Having regard to the economic aspect of the question, which shows that the funds devoted to the control of and vaccination against smallpox throughout the world exceed those necessary for the eradication of smallpox in its endemic foci and consequently the destruction of the sources from which the infection arises and spreads, and clearly indicates that the eradication of smallpox might in future make vaccination and all expenditures involved in its application redundant;²

Taking into account the level of development reached by medical science and the health services in the control of infectious diseases, and in particular of smallpox, and the manifest tendency of the morbidity of smallpox to diminish in recent years;

Having regard to the decisions and pertinent practical measures adopted by WHO for smallpox control and the intensification of antismallpox programmes, in particular resolutions WHA3.18, EB11.R58, WHA6.18, EB12.R13, EB13.R3, WHA7.5, WHA8.38 and WHA9.49; and

Considering it opportune to raise the problem of the world-wide eradication of smallpox in the near future,

¹ Annex 18

² See Annex 19.

1. REQUESTS the Director-General to study and report to the Executive Board at its twenty-third session on the financial, administrative and technical implications of a programme having as its objective the eradication of smallpox, the study to include the various problems involved in carrying out the following activities :
 - (a) investigation of the means of ensuring the world-wide eradication of smallpox, taking into account the fact that smallpox persists in certain areas despite repeated vaccination campaigns;
 - (b) encouragement of the preparation during 1958-1960 of the necessary amount of smallpox vaccine in national laboratories and institutes;
 - (c) training of vaccinators among the local population in countries in which mass immunization campaigns will be conducted;
 - (d) the pooling of experience and the formulation of recommendations for the production of a sufficient amount of thermostable smallpox vaccine suitable for prolonged storage and use in tropical and subtropical regions of the world, and
 - (e) study of the measures to be taken in order to avoid complications which might result from smallpox vaccination;
2. RECOMMENDS to all governments :
 - (a) that during 1959-1960 the population be vaccinated in countries in which principal endemic foci of smallpox exist; and
 - (b) that during 1961-1962 additional vaccination of the population should be carried out in foci where the disease persists, and that subsequently revaccinations be given to the extent it becomes necessary in accordance with the experience acquired in each country;
3. RECOMMENDS that all countries in which smallpox vaccination is compulsory continue to give smallpox vaccinations during the eradication of this disease throughout the world;
4. CALLS upon medical scientists and scientific institutions active in the field of microbiology and epidemiology to stimulate their efforts towards improving the quality and the technology of the production of satisfactory smallpox vaccine resistant to the influence of temperature; and
5. REQUESTS the Director-General to report to the Twelfth World Health Assembly on the progress made and the results obtained.

Handb. Res., 4th ed., 1.7.4.1

Seventh plenary meeting, 12 June 1958 (section 5 of the fifth report of the Committee on Programme and Budget)

WHA11.55 Reports of the Executive Board on its Twentieth and Twenty-first Sessions

The Eleventh World Health Assembly

1. NOTES the reports of the Executive Board on its twentieth¹ and twenty-first² sessions; and
2. COMMENDS the Board on the work it has performed.

Handb. Res., 4th ed., 4.2.5.2

Seventh plenary meeting, 12 June 1958

WHA11.56 Resolution of Thanks

The Eleventh World Health Assembly,

Considering that on the occasion of the Tenth Anniversary Commemorative Session and the Eleventh World Health Assembly all delegates, representatives, observers and members of the Secretariat and their families have received a warm and friendly welcome in Minneapolis, and that all the arrangements made by the various authorities, organizations and individuals concerned have been extremely efficient and helpful,

¹ *Off. Rec. Wld Hlth Org.* 80

² *Off. Rec. Wld Hlth Org.* 83 and 84

1. CONGRATULATES the Government of the United States of America, the State of Minnesota and the City of Minneapolis on the excellent arrangements which permitted the Assembly to carry out its work successfully; and
2. EXTENDS to the Government of the United States of America and, through it, to the people and authorities of the State of Minnesota and to the people and authorities of the City of Minneapolis its gratitude and thanks for the cordial welcome and friendly hospitality shown to all those who have participated in the work of the Assembly.

Handb. Res., 4th ed., 9.8

Eighth plenary meeting, 13 June 1958

PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

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

Burma, Cuba, Denmark, Federal Republic of Germany, Laos, Liberia, Libya, Luxembourg, New Zealand, Peru, Tunisia, and Venezuela.

First plenary meeting, 28 May 1958

(ii) Composition of the Committee on Nominations

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

Ceylon, Chile, Ecuador, El Salvador, France, India, Iran, Japan, Panama, Philippines, Poland, Sudan, Switzerland, Union of South Africa, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, and United States of America.

First plenary meeting, 28 May 1958

(iii) Verification of Credentials

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

Members

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

Associate Members

Federation of Nigeria, Federation of Rhodesia and Nyasaland, Sierra Leone.

First, fifth and sixth plenary meetings, 28 May, 3 and 7 June 1958

¹ Credentials provisionally accepted

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

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

President : Dr Leroy E. Burney (United States of America)
 Vice-Presidents : Dr J. Anouti (Lebanon)
 Dr A. Sauter (Switzerland)
 Dr Tran-Vy (Viet Nam)

Second plenary meeting, 29 May 1958

(v) Election of Officers of the Main Committees

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

COMMITTEE ON PROGRAMME AND BUDGET

Chairman : Professor N. N. Pesonen (Finland)

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

Chairman : Mr S. Khanachet (Saudi Arabia)

Second plenary meeting, 29 May 1958

The main committees subsequently elected the following officers :

COMMITTEE ON PROGRAMME AND BUDGET

Vice-Chairman : Dr O. Berlogea (Romania)

Rapporteur : Dr M. Ibrahim (Iraq)

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

Vice-Chairman : Dr J. F. Goossens (Belgium)

Rapporteur : Dr F. Mellbye (Norway)

(vi) Establishment of the General Committee

The Eleventh World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following nine countries as members of the General Committee :

Chile, Ecuador, France, Ghana, India, Japan, Mexico, United Kingdom of Great Britain and Northern Ireland, and Union of Soviet Socialist Republics.

Second plenary meeting, 29 May 1958

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

The Eleventh World Health Assembly adopted the provisional agenda prepared by the Executive Board at its twenty-first session and, subsequently, approved the inclusion therein of supplementary items.

*Third and fifth plenary meetings, 29 May
and 3 June 1958*

PART II

PROCEEDINGS

PLENARY SESSION AND COMMITTEES

AGENDA ¹

[A11/1]

1. Opening of the session by the President
2. Appointment of the Committee on Credentials
3. Establishment of the main committees
4. Election of the Committee on Nominations
5. Election of President and three Vice-Presidents
6. Committee on Programme and Budget : Election of the Chairman
7. Committee on Administration, Finance and Legal Matters : Election of the Chairman
8. Establishment of the General Committee
9. Terms of reference of the main committees of the Eleventh World Health Assembly, including the proposed procedure for the consideration of the 1959 programme and budget estimates
10. Adoption of the agenda and allocation of items to the main committees
11. Review and approval of the reports of the Executive Board, twentieth and twenty-first sessions
12. General review of the report of the Director-General on the work of WHO in 1957
13. [*Withdrawn*]
14. Election of Members entitled to designate a person to serve on the Executive Board
15. Award of Léon Bernard Foundation Prize
16. Approval of reports of the main committees, as submitted
17. Renewal of the contract of the Director-General : Report by the President of the Tenth World Health Assembly
18. Other business
19. Closure of Eleventh World Health Assembly

¹ Adopted at the third and fifth plenary meetings

6. COMMITTEE ON PROGRAMME AND BUDGET ¹

- 6.1 Election of Vice-Chairman and Rapporteur
- 6.2 First Report on the World Health Situation
- 6.3 Special report reviewing all the activities of the World Health Organization during the past years, including the period of the Interim Commission ²
- 6.4 Review of work during 1957 : Annual Report of the Director-General
- 6.5 Review and approval of the regular programme and budget estimates for 1959

TECHNICAL ASSISTANCE PROGRAMME

- 6.6 WHO participation in the Expanded Programme of Technical Assistance ³

OTHER PROGRAMME MATTERS

- 6.7 International Quarantine
 - (a) Consideration regarding establishment of Sub-Committee
 - (b) Consideration of the fifth report of the Committee on International Quarantine
 - (c) Annual report on the position of countries under the International Sanitary Regulations
 - (d) Report on the continuing need for an annual meeting of the Committee on International Quarantine
- 6.8 International Agreement of Brussels, 1924, respecting Facilities to be given to Merchant Seamen for the Treatment of Venereal Diseases
- 6.9 Eradication of smallpox (Item proposed by the Union of Soviet Socialist Republics)
- 6.10 Peaceful uses of atomic energy (Item proposed by the Union of Soviet Socialist Republics)
- 6.11 Sports medicine
- 6.12 Future organizational study by the Executive Board

CO-OPERATION WITH OTHER ORGANIZATIONS

- 6.13 Co-operation with United Nations and specialized agencies and their decisions affecting WHO's activities
- 6.14 Developments in activities assisted jointly with UNICEF

¹ Item 7.17 and supplementary item 2 were also allotted to this committee.

² World Health Organization (1958) *The first ten years of the World Health Organization*, Geneva

³ The financial and administrative aspects of this item were discussed by the Committee on Administration, Finance and Legal Matters.

7. COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS ¹

- 7.1 Election of Vice-Chairman and Rapporteur
- 7.2 Consideration of establishment of Legal Sub-Committee
- 7.3 Review of work during 1957 : Annual Report of the Director-General
- 7.4 Review of programme and budget estimates for 1959 relating to
 - (a) Adequacy of the estimates for organizational meetings
 - (b) Adequacy of the estimates for administrative services
 - (c) Text of the Appropriation Resolution for the financial year 1959
- 7.5 Assembly procedures for examining the programme, budget and ancillary administrative, financial and personnel matters ²

WORLD HEALTH ASSEMBLY

- 7.6 Selection of the country or region in which the Twelfth World Health Assembly will be held
- 7.7 Amendments to the Rules of Procedure of the Health Assembly

REGIONAL MATTERS

- 7.8 Report on the implementation of resolution WHA7.33
- 7.9 Accommodation for the Regional Office for the Western Pacific (Progress report)

CONSTITUTIONAL AND LEGAL MATTERS

- 7.10 [*Withdrawn*]
- 7.11 Convention on Privileges and Immunities of the Specialized Agencies : Amendment to Annex VII
- 7.12 Consideration of the possibility of action being taken under the aegis of WHO for the control of the Geneva Conventions of 1949, comparable with the action UNESCO has agreed to take concerning cultural assets (Item proposed by the Government of Monaco)

¹ Supplementary items 1, 2 and 3 were also allotted to this committee. See also footnote to item 6.6.

² The Executive Board at its nineteenth session included this item on the agenda proposed for the Committee on Programme and Budget of the Tenth World Health Assembly; however, on the recommendation of its General Committee, the Tenth World Health Assembly transferred the item to the Committee on Administration, Finance and Legal Matters.

FINANCIAL AND ADMINISTRATIVE MATTERS

- 7.13 Scale of assessment for 1959
- 7.14 Assessment of Ghana for 1958
- 7.15 Status of collection of annual contributions and of advances to the Working Capital Fund
- 7.16 Establishment of the amount of the Working Capital Fund for 1959
- 7.17 Special fund for improving national health services (Report on resolution 1219 (XII) of the General Assembly of the United Nations on financing of economic development) ¹
- 7.18 Review of status of Assembly Suspense Account
- 7.19 Review of status of Publications Revolving Fund
- 7.20 Reimbursement of the Executive Board Special Fund
- 7.21 Malaria Eradication Special Account
- 7.22 Financial report and accounts of WHO for 1957, Report of the External Auditor, and comments thereon of Ad Hoc Committee of the Executive Board
- 7.23 Report on amendments to Staff Rules, as confirmed by the Executive Board

CO-OPERATION WITH OTHER ORGANIZATIONS

- 7.24 United Nations joint Staff Pension Fund
 - (a) Annual Report of the United Nations Joint Pension Board for 1956
 - (b) WHO Staff Pension Committee: Appointment of representatives to replace members whose period of membership expires
- 7.25 Report on co-ordination with and decisions of the United Nations and specialized agencies on administrative and financial questions
- 7.26 Amendment to paragraph 2 (vi) of the working principles governing the admission of non-governmental organizations into official relations with WHO

SUPPLEMENTARY ITEMS ²

- 1. Study to plan an intensified research programme ³
- 2. WHO headquarters accommodation ⁴
- 3. Frequency of World Health Assemblies ⁴

¹ Allotted to the Committee on Programme and Budget

² Added to the agenda under Rule 12 of the Rules of Procedure

³ Allotted to both main committees

⁴ Allotted to the Committee on Administration, Finance and Legal Matters

VERBATIM RECORDS OF THE PLENARY MEETINGS

FIRST PLENARY MEETING

Wednesday, 28 May 1958, at 3 p.m.

President: Dr S. AL-WAHBI (Iraq)

1. Opening of the Session

The PRESIDENT: The Eleventh World Health Assembly is declared open.

Honourable delegates, I have had the privilege of welcoming you at the opening of the Tenth Anniversary Commemorative Session. I should like to welcome again the honourable delegates, the representatives of our Associate Members, the observers from non-Member States, the representatives of the United Nations and specialized agencies, the representatives of other intergovernmental organizations and the representatives of non-governmental organizations in official relationship with WHO.

It is my privilege to welcome again, as I have mentioned at the other session, the Federation of Malaya, which became a Member of the World Health Organization on 24 April last, the United Arab Republic and Czechoslovakia.

I should like to extend on your behalf our thanks and deep gratitude to the city of Minneapolis for the accommodation that they have given us in this beautiful and magnificent hall. I am sure I am expressing your wishes — a number of delegations have already told me that when I entered this hall.

Would any one of the delegations like to have the floor at this juncture? I am fulfilling a promise that I made to you at the Commemorative Session, that we should have the chance of welcoming the new Member of our organization at this meeting, the Eleventh Assembly.

I should like to greet also our two representatives of the Executive Board at the eleventh session, Sir John Charles and Dr Moore.

2. Appointment of the Committee on Credentials

The PRESIDENT: The second item on our provisional agenda is the appointment of the Committee

on Credentials, and that is in conformity with Rule 22 of the Rules of Procedure of the Assembly, which reads as follows:

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

The Committee on Credentials of the Tenth Anniversary Commemorative Session has performed its responsibility so efficiently, and so many of the Member States have designated the same delegations to the Eleventh Assembly, that I thought that it would be easier for us if I could nominate the same committee members to deal with the credentials at the Eleventh Assembly. They having examined the credentials, I think we will gain in time and efficiency. So, if the Assembly agrees with me, I should like to nominate Burma, Cuba, Denmark, the Federal Republic of Germany, Laos, Liberia, Libya, Luxembourg, New Zealand, Peru, Tunisia and Venezuela. Any comments? Observations? Any objection to appointing these Members to the Committee? I see none; then I take it that the Committee is so appointed.

Now that the Committee on Credentials has been duly appointed, according to the regulations, I should like to announce that the Committee will

meet immediately in the Land O' Lakes Lodge in the Hotel Leamington.

Before suspending the meeting, I have been requested to remind the delegates, representatives and observers that their wives will be most welcome if they can visit the Hospitality Committee of the Women of Minneapolis in the Dubonnet Room of the Hotel Leamington.

Now that the Committee has been constituted the same as the Committee we had, I think we could give it a shorter time for its work. So I will suspend the meeting until 4.30 p.m. and the Committee on Credentials will go to work at once, please. The meeting is suspended until 4.30 p.m.

The meeting was suspended at 3.15 p.m. and resumed at 4.30 p.m.

3. First Report of the Committee on Credentials

The PRESIDENT : The Committee on Credentials has just met under the chairmanship of Dr F. Sánchez Moreno, Peru. May I call on the Rapporteur, Mr J. H. Zeuthen, Denmark, to read the report of the Committee ?

Mr Zeuthen (Denmark) Rapporteur of the Committee on Credentials, read the first report of the Committee (see page 368).

The PRESIDENT : Thank you, Mr Zeuthen, and I thank the Chairman of the Committee on Credentials, Dr Sánchez Moreno of Peru.

Any observations or comments on the report of the Committee on Credentials ? No objection to adopting the report ? I see none; then I take it that the report is adopted.

4. Establishment of the Main Committees

The PRESIDENT : Item 3 of the provisional agenda, Establishment of the Main Committees — resolution EB21.R46. The Executive Board at its twenty-first session recommended the adoption of the resolution reading as follows :

The Eleventh World Health Assembly

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

Any observations, comments, or remarks on the proposal of the Executive Board ? There being none, any objection to adopting resolution EB21.R46 of the Executive Board as it has been read to you ? As I see none, it is adopted.

5. Election of the Committee on Nominations

The PRESIDENT : The fourth item of the provisional agenda, Election of the Committee on Nominations. This item is governed by Rule 23 of the Rules of Procedure of the Assembly, which reads as follows :

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

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

Honourable delegates, your President, in accordance with this rule, has contemplated a list of eighteen Member States which he has drawn up to be submitted to you. But I should explain that, in compiling this list, I have endeavoured to give it an equitable geographical distribution. As the Committee on Nominations is, like the Executive Board, to consist of eighteen members, I thought that a good way of presenting the Assembly with an equitable geographical distribution was to give the Committee on Nominations a membership similar to that of the Executive Board. In other words, in the list which I am going to propose to you, the distribution by WHO regions is as follows : Africa, one; the Americas, five; South-East Asia, two; Europe, five; Eastern Mediterranean, three; Western Pacific, two. You will notice that this is precisely the same geographical distribution as in the Executive Board. Then with your permission may I be allowed to read the names of the countries suggested by the Chair : Ceylon, Chile, Ecuador, El Salvador, France, India, Iran, Japan, Panama, Philippines, Poland, Sudan, Switzerland, Union of South Africa, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom, United States of America.

Any comments ? Observations ? I hear none. Then is it the wish of the Assembly to appoint this com-

mittee as read to you by the Chair? I hear no objections; then I consider the Committee appointed.

Fellow delegates, now that the Committee on Nominations has been appointed by the Assembly, I think it should meet immediately to consider the nominations for the officers of the Assembly.

According to Rule 24 of the Rules of Procedure of the Assembly, the proposals of the Committee on Nominations have to be communicated to the Health

Assembly two hours at least before the meeting during which the election is to take place. The report of the Committee on Nominations will be distributed at the hotels tomorrow morning at 8 o'clock, or before if possible. Therefore, this Assembly will convene again in this hall at 10 o'clock tomorrow morning. The meeting is adjourned.

The meeting rose at 4.45 p.m.

SECOND PLENARY MEETING

Thursday, 29 May 1958, at 10 a.m.

President: Dr S. AL-WAHBI (Iraq)

later

Dr Leroy E. BURNEY (United States of America)

1. First Report of the Committee on Nominations

The PRESIDENT: The meeting is called to order. The first item on our agenda is the first report of the Committee on Nominations. This document was distributed to the delegations this morning in the hotels before 8 o'clock; consequently, the delay of two hours provided for in Rule 24 of the Rules of Procedure of the Assembly is complied with and the Assembly is in a position to consider the report. I call on Dr Bissot (Panama), Rapporteur of the Committee, to give his report.

Dr Bissot (Panama), Rapporteur of the Committee on Nominations, read the first report of the Committee (see page 369).

2. Election of the President

The PRESIDENT: I thank the Chairman of the Committee on Nominations, Dr van Zile Hyde, and the Rapporteur, Dr Bissot, for their report. Any remarks or observations on the report of the Committee on Nominations that has just been read to you? There are none, so I think that, under Rule 72 of the Rules of Procedure, it will not be necessary to take a vote, as there is only one candidate for the post. I therefore suggest that the Assembly express its approval by acclamation. (*Applause*)

Fellow delegates, you have appointed Dr Leroy E. Burney as your President in the manner we have heard you now, and I am most happy to give him your congratulations as well as mine.

As you all know, since August 1956 Dr Burney has been the Surgeon General of the Public Health Service of the United States Department of Health, Education and Welfare. A native of Burney, Indiana, Dr Burney earned his medical degree from the University of Indiana in 1930, and a Master of Science degree in public health from the Johns Hopkins University School of Hygiene and Public Health in 1932. He has been a career public-health service officer since that date, serving as Assistant Chief of the Division of States Relations and later as Director of Public Health Service District No. 4 in New Orleans, Louisiana. From 1945 to 1954 he served as Health Commissioner and Secretary of the Indiana State Board of Public Health, while for the two years preceding his present appointment he was Assistant Surgeon General and Deputy Chief of the Bureau of States Service.

Dr Burney holds an honorary degree of Doctor of Science awarded by the Jefferson Medical College of Philadelphia, and an honorary degree of Doctor of Law from Seton Hall University in New Jersey. He is a member of a number of professional societies, including the American Medical Association. He is a Fellow of the American College of Physicians, a trustee and a member of the founders' group of the American Board of Preventive Medicine, and a Fellow and a member of the Governing Council of the American Public Health Association.

I am confident that Dr Burney will conduct our deliberations in such a way as to ensure the full success of our Eleventh World Health Assembly,

and it is with great pleasure that I now invite him to take the Presidential Chair and gavel.

Dr Burney took the Presidential Chair.

The PRESIDENT: I am fully cognizant of the great honour that you, my friends and fellow delegates, have accorded to me, and also recognize that this honour is shared by my country and by the people of my country. I am fully cognizant too, as you are, of the distinguished record established by Dr Al-Wahbi in his term as President of this Assembly, with his friendliness and warmth as well as his efficiency, and I want to assure you that I shall do my best to carry on this very efficient friendly presidency, as Dr Al-Wahbi did, and to merit the confidence and support that you have accorded me in this most distinctive honour.

3. Second Report of the Committee on Nominations

The PRESIDENT: May I ask Dr Bissot to read the second report of the Committee on Nominations?

Dr Bissot (Panama), Rapporteur of the Committee on Nominations, read the second report of the Committee (see page 370).

4. Election of the Vice-Presidents

The PRESIDENT: May I ask the Assembly to consider these nominations in the order proposed. First would be the nominations for the three Vice-Presidents of the Assembly. Are there any observations or comments from the members of the Assembly? If there are none, may I suggest that the Assembly accept these nominations by acclamation? (*Applause*)

May I ask that the three Vice-Presidents just nominated and elected by acclamation come to the rostrum?

Dr Anouti, Dr Sauter and Dr Tran-Vy took their seats on the rostrum.

5. Election of the Chairmen of the Main Committees

The PRESIDENT: May I ask if there are any observations or comments relative to the nomination for the Chairman of the Committee on Programme and Budget? I see none, and I suggest therefore that the Assembly declare by acclamation the election of Professor Pesonen of Finland. (*Applause*)

May I then ask Professor Pesonen to accept the acclamation, and he is so elected.

The third item relates to the nomination for the Chairman of the Committee on Administration, Finance and Legal Matters — Mr S. Khanachet, of

Saudi Arabia. Are there any comments or suggestions relative to the report of the Committee on Nominations respecting this office? I see none, and therefore I suggest again that the Assembly signify its acceptance by acclamation. (*Applause*)

6. Establishment of the General Committee

The PRESIDENT: The final item relates to the nominations of the other members of the General Committee. In accordance with Rule 30 of the Rules of Procedure of the Assembly, the Committee on Nominations has proposed the names of nine countries which, added to the officers just elected, would constitute the General Committee of this Assembly. Are there any comments or observations relative to these nominations? As there are none, may I suggest that the Assembly give its accord by acclamation? (*Applause*)

7. Announcement concerning the Election to Fill a Vacant Seat on the Executive Board

The PRESIDENT: I should now like to draw the attention of the Assembly to a question arising out of the establishment of the United Arab Republic and which concerns the membership of the Executive Board.

At the Ninth and Tenth World Health Assemblies Syria and Egypt were respectively elected to designate a person to serve on the Board pursuant to Articles 24 and 25 of the Constitution; hence, at the time of the establishment of the United Arab Republic, the term for which Egypt was elected would have run for a further two years, expiring in 1960, while that for which Syria was elected would have run for a further year, expiring in 1959. The United Arab Republic has already notified the Director-General of the name of the person whom it has designated to serve on the Board, and accordingly the notice of convocation for the twenty-second session of the Board, to be held immediately after the Eleventh World Health Assembly, has been sent to this person. As a result of the establishment of the United Arab Republic, therefore, one seat on the Executive Board has become vacant. In accordance with the provisions of Rule 98 of the Rules of Procedure of the Assembly, this seat has to be filled before we can proceed to the annual replacement of the six Member States whose terms expire this year. The remainder of the period for which Egypt was elected is two years; the remainder of the period for which Syria was elected is one year. I propose to this Assembly that we should elect a Member State to replace Syria, and that we should accord to the

United Arab Republic the assumption of the term remaining for Egypt.

Does my proposal meet the wishes of the Assembly? I see no objections, and therefore take it as adopted. Consequently we shall apply the procedure laid down in the Rules of Procedure of the Assembly. Referring to Rule 93, I invite delegations desirous of putting forward suggestions regarding the election of this one Member entitled to designate a person to serve on the Board to hand such suggestions to the assistant to the Secretary of the Assembly, Mr Paul Bertrand, not later than 11 o'clock next Saturday morning, 31 May, so that the General Committee can take the matter up at its meeting at noon on Saturday.

8. Statements by the Delegates of the Federation of Malaya and of the United Kingdom of Great Britain and Northern Ireland

The PRESIDENT : I give the floor to the delegate of the Federation of Malaya.

Dr ABDUL RAHMAN (Federation of Malaya) : On behalf of the delegation of the Federation of Malaya I should like to congratulate you, Mr President, on your election. I should like also to take this opportunity to thank the past President, Dr S. Al-Wahbi, for the efficient manner in which he discharged his presidency.

I should also like to take this opportunity of thanking Dr Al-Wahbi for the warm words of welcome with which, when he was President, he greeted us as the newest Member of this Assembly. Membership of this World Health Organization is another recognition of our status as an independent nation, so that we are very grateful to the World Health Organization for accepting us as a Member.

I should like also to thank the Government of the United Kingdom for having acquainted us, when we were a protectorate of that government, with the work of the World Health Organization; for we have been participating in the work of the World Health Organization by being part of that delegation.

Mr President, my delegation will do its utmost to participate actively in these sessions and thus further the aims of this great organization.

The PRESIDENT : The floor is given to the delegate of the United Kingdom.

Dr RAE (United Kingdom of Great Britain and Northern Ireland) : We cannot possibly allow this occasion to pass without expressing the very great satisfaction it is to my country and to my delegation to see Malaya joining the World Health Organization as a full Member. As one who knows something

of that country and of its medical problems, and more, the way in which these medical problems have in the past and in the present been tackled, I am quite convinced that Malaya has much of real value to offer in the deliberations and in the work of this organization.

The PRESIDENT : May I ask if any other delegates would like to speak on this matter? I see none and would just like to say that I am sure that I speak for all the delegates in issuing a warm welcome to the delegation of Malaya, and am sure that its contributions to our deliberations will be very helpful in the weeks to come.

9. Statement by the Executive Director of the United Nations Children's Fund

The PRESIDENT : May I call on Mr Maurice Pate, who is the Executive Director of UNICEF.

Mr PATE, Executive Director of UNICEF : Mr President, Dr Candau, friends—many of you whom I know in your home countries from my travels over the past eleven years—up to now, in the whole history of mankind, no more challenging opportunity for achievement in the field of health has been given than the one which this present generation has in its hands. New knowledge and advanced scientific tools enable great progress to be made in reducing disease and improving the well-being of mankind. These benefits are being increasingly made available to peoples in all parts of the world through the diligent services of the World Health Organization. It is our privilege to see campaigns now being planned against malaria, tuberculosis, yaws, eye diseases and leprosy—not only country-wide, but across whole continents. On behalf of the United Nations Children's Fund I bring you warmest congratulations on ten years of completed work and our best wishes for the eleventh year you begin here this week.

UNICEF, which is concerned with the health, nutrition and welfare of children, has been privileged to work closely first with the Interim Commission and then with WHO. This association began in 1947 when it became clear that, in addition to its initial task of emergency feeding and clothing of children in countries ravaged by the war, UNICEF supplies and equipment could be used to aid in disease-control campaigns. In 1948 the governing bodies of WHO and UNICEF established a Joint Committee on Health Policy.

The first health activities supported by UNICEF were in the field of BCG vaccination, in co-operation with the Scandinavian countries, which devoted considerable resources and some hundreds of staff

to the campaign. Originally started in Europe, this campaign has now spread to most of the countries of the world. In addition to tuberculosis control, UNICEF, under the technical standards and guidance of WHO, began providing material aid for other disease control campaigns and for basic maternal and child health services. For these health programmes UNICEF currently devotes about four-fifths of its long-range aid. I might add that our Executive Board has already made allocations to provide equipment and supplies for 16 000 rural maternal and child health and welfare centres. For all health programmes last year UNICEF spent the equivalent of thirteen and a half million dollars to aid some 150 projects in over eighty countries and territories. An important factor to emphasize here is that the aided countries spent well over twice that amount for the projects aided.

To assist in the planning and fulfilment of these projects, WHO has some 400 specialists and project personnel in the field, besides its regular headquarters and regional office staff. We note with appreciation that for next year an amount equivalent to almost three million dollars is proposed by your Director-General from regular budget and Technical Assistance funds, to provide personnel for projects that UNICEF is also assisting.

The dedication of WHO staff and their accomplishments are well known to all here assembled from eighty-eight countries. In turn the field staff of WHO and the field staff of UNICEF are the witnesses to the great devotion and drive of tens of thousands of health workers of the countries—from ministers and directors of health themselves to nurse-midwives, inoculators and insecticide-sprayers—who are building for their countries a stronger fabric of health for the future.

As the years have gone on in our work, we have come to realize that along with the opportunities in the field of curative and preventive medicine, nutrition and nutrition education have a most vital importance. Sound nutrition makes the structural foundation for good health. In the future UNICEF looks forward, in co-operation with FAO and WHO, to expanded work in child nutrition and nutrition education.

During the eleven years and more that I have been associated with UNICEF, I have had occasion to visit most of the countries represented in this Assembly, some of them a number of times. It is a great

privilege to be here with you and to exchange views with friends from all parts of the world. We have before us, I am sure, years of further, very fruitful co-operation.

In our joint task of improving the health and the welfare of children, UNICEF is happy to do its modest part in making available to you a portion of the imported tools and materials needed to encourage your national programmes. Our Executive Board and our Secretariat hope to move forward with vision and action in support of the tremendously important task that lies in your hands.

In the history of medicine ten years is measured as a short time; but this past decade of the World Health Organization has certainly been the most dramatic and progressive in the existence of the dedicated medical profession all over the world. More power and strength to your work! And in the segment of maternal and child health and welfare I simply wish you to know that to the limit of its resources UNICEF is your solid supporter.

The PRESIDENT: Thank you, Mr Pate, for these kind words from UNICEF. I assure you we have enjoyed our very warm and excellent relations in the past and will wish to continue and even expand this effective relationship between our two organizations.

10. Announcements

The PRESIDENT: This concludes the business for this meeting. The General Committee will meet immediately following the adjournment to organize and plan this afternoon's plenary meeting and tomorrow's meetings. I should like to remind the honourable delegates that the Chairman of the Executive Board will present this afternoon the reports of the twentieth and twenty-first sessions of the Board, and that the Director-General will make a report on the work of the Organization. These statements are to be followed by a general discussion.

Four countries have expressed a wish to speak in the general debate. Would any other delegation wishing to speak please so indicate in order that it may be easier for the General Committee to organize the work of the Assembly for this afternoon and tomorrow.

I declare this meeting of the Eleventh World Health Assembly adjourned until 3 o'clock this afternoon.

The meeting rose at 10.40 a.m.

THIRD PLENARY MEETING

Thursday, 29 May 1958, at 3 p.m.

President: Dr Leroy E. BURNEY (United States of America)

1. Terms of Reference of the Main Committees, including the Proposed Procedure for the Consideration of the Programme and Budget Estimates for 1959

The PRESIDENT: The first item on the agenda this afternoon is item 9, the terms of reference of the main committees of the Eleventh World Health Assembly, including the proposed procedure for the consideration of the 1959 programme and budget. At its first meeting, this noon, the General Committee considered the recommendation which was addressed to the Assembly by the Executive Board at its twenty-first session in resolution EB21.R47. The General Committee recommends to the Assembly that this resolution be adopted. The resolution in question appears in *Official Records* No. 83 and has been distributed to you. What are your wishes on this matter? Are there any observations or comments? I hear none; the resolution as recommended is adopted.

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

The PRESIDENT: The next item is No. 10 of the provisional agenda: adoption of the agenda and allocation of items to the main committees. The General Committee at its meeting this noon examined the allocation of items as given in the provisional agenda of the Eleventh World Health Assembly. The recommendations of the General Committee as adopted this noon are as follows:

- (1) Item 13, "Admission of new Members and Associate Members, if any", to be deleted, as there are no applications for membership before the Assembly;
- (2) Item 17, "Renewal of the contract of the Director-General: Report by the President of the Tenth World Health Assembly", to be taken up in plenary session so that the Assembly can take note of the action taken by the President of the Tenth World Health Assembly concerning the renewal of the contract of the Director-General;
- (3) Item 7.17, "Special fund for improving nation-

nal health services (report on resolution 1219 (XII) of the General Assembly of the United Nations on financing of economic development)", to be transferred from the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget.

Is the Assembly prepared to adopt the recommendation of the General Committee? If you are, the President would invite the Assembly to adopt its agenda with the deletion of item 13 and with the re-allocation of items that has just been cited. Are there any observations or comments? If not, we will consider that the recommendations of the General Committee are adopted by the Assembly.

3. Other Recommendations of the General Committee

The PRESIDENT: Before passing to the next item of the agenda, you might wish me to communicate two other recommendations of the General Committee. The first relates to the hours of work of the Assembly. The General Committee recommends that the working hours of the Assembly be as follows, it being understood that they may be modified at a later date if the pressure of work requires such change. Morning hours would be from 9.30 a.m. to 12 noon. The General Committee would meet every day at 12 noon. Afternoon meetings, either plenary or committee, would begin at 2.30 p.m. and last until 5 p.m. I think we could assume that this does not mean that the members of the Assembly do not work individually at other hours; but these would be the official working hours of the group.

Is the Assembly in agreement with these proposed hours, on the understanding that if the amount and pressure of work dictate, at a later date, they can be lengthened? I see no one desiring to make any suggestions, so we will adopt the recommendation of the General Committee.

The second additional recommendation of the General Committee concerns the visit to the Mayo Clinic in Rochester, Minnesota. The attention of the Committee was drawn to invitations received by delegates to visit the Mayo Clinic on Monday, 9 June.

The General Committee recommends that there be no meetings scheduled for that day so that delegates and their wives will be free to accept the invitation if they so wish. It could be decided at a later stage, in the light of the progress made in the work of the Assembly, whether it would be necessary to find some means of compensating for this day taken from the regular work of the Assembly. In other words, we might work all of one Saturday, for example, or we might work a few hours longer for a few days of the week, but the General Committee was unanimous in this recommendation in order to allow as many of the delegates and their advisers as wish to do so to visit the Mayo Clinic. Are there any comments or observations on this recommendation? This visit to the Mayo Clinic, if I recall, begins from the hotels at around 7 or 8 a.m. and ends in Minneapolis about 7 or 7.30 p.m., so it does take an entire day. I see no one wishing to comment, so we will declare the recommendation of the General Committee adopted.

4. Reports of the Executive Board on its Twentieth and Twenty-first Sessions

The PRESIDENT: Now we come to item 11 of the agenda, "Review and approval of the reports of the Executive Board, twentieth and twenty-first sessions". The President would like to invite Sir John Charles, Chairman of the Executive Board, to come to the rostrum and present his report.

Sir John CHARLES, Chairman of the Executive Board: Mr President, may I, as Chairman of the Executive Board, and on behalf of its members and in my own private person, offer you both our congratulations and our felicitations upon your appointment. Our congratulations take into account your well recognized merits and achievements and, if I may say so, our own good fortune and good sense in electing you, and our felicitations anticipate for you a most happy and enjoyable period of office. I would assure you, Mr President, that you will find us the most amenable and, as we say in the north of England and in Scotland, biddable colleagues.

Now it is customary for the Chairman of the Executive Board, as representing the Board, to give some account of the way in which its members have discharged their stewardship. I shall attempt to do this with dispatch and without further preamble, because it has been well said that prefaces are a great waste of time.

Since the ordinary session of the Tenth World Health Assembly, the Executive Board has met twice in Geneva. It held its twentieth session on 27 and

28 May 1957, and its twenty-first session between 14 and 28 January this year. The latter session was preceded by a meeting of the Standing Committee on Administration and Finance. The proceedings at these sessions have been published in the *Official Records*.

The affairs of the twentieth session were concluded speedily, but the business transacted was none the less important. After appointing its officers—myself as Chairman, Dr P. E. Moore and Dr Dia E. El-Chatti as Vice-Chairmen, and Dr A. da Silva Travassos and Dr Hafez Amin as Rapporteurs—the Board proceeded to nominate the members of its various committees. It considered the reports of four expert committees, which I do not propose to catalogue now—they will be named in the proceedings—and also the reports of several study groups convened to advise the Director-General.

It was at this session that the Board took the action which led directly to the convocation of the Tenth Anniversary Commemorative Session in the United States of America, and indirectly to your presence in this gracious city.

One other act of note was the swearing-in of the newly appointed Regional Director for the Eastern Mediterranean, Dr A. H. Taba, and as an inevitable sequel the paying of a tribute to Dr A. T. Shousha, whose presence here today, wearing another mantle, we are so happy to see.

The twenty-first session of the Executive Board approved arrangements for the Tenth Anniversary Commemorative Session which we have just completed. The Board's discussions covered, as usual, a wide field and a multitude of subjects. Amongst the most important I have selected for comment the following.

The Director-General's proposals for the programme for 1959 were accepted with very minor modifications. On many aspects of the programme the discussions were lengthy and technical and inquired pertinently into the origin and details of many of the proposed activities. The Board unanimously approved the proposals and recommended them to you for adoption. A regular budget of 14.3 million dollars was recommended.

On malaria eradication, the Board received information as to the form and content of the proposed programme. It also received, with gratitude and appreciation, the news of the munificent donation by the United States Government of \$5 000 000 to the Malaria Eradication Special Account, and also that of the contribution which was made from a similar source for similar purposes to the Pan American Sanitary Organization. The details of the

malaria eradication programme which these great gifts have done so much to fructify will be seen in *Official Records* No. 81, Annex 4.

As in previous years, the Board heard the comments of the Regional Directors on the work carried out in their regions, and discussed with them, sometimes at length, their individual programmes. The Director-General was authorized to extend the appointment of the Regional Director for South-East Asia, Dr Chandra Mani, for five years from 1 March 1958.

Turning to expert committee reports, no fewer than nine of these were exhaustively discussed, and a number of highly informative study group reports were also reviewed and noted.

Three applications from non-governmental organizations—the International Fertility Association, the International Union of Local Authorities, and the Fédération internationale de Médecine sportive—were also considered.

It is interesting to note that the subject of sports medicine was introduced by a representative of one of the Scandinavian countries. The Director-General was requested to study the possible shape of a programme on this subject, so that the Assembly might later consider the question.

The Board authorized emergency assistance at the request of the Government of Ceylon and this was unhesitatingly sanctioned. The great floods to which the island had been subjected had left behind them both the fact and the risk of contaminated water supplies, and large supplies of cholera and typhoid vaccine were asked for. The Organization, with its accustomed competence, made the supplies promptly available, and the truth of the old saying, "He gives twice who gives quickly", was again manifest. The Government of Ceylon greatly appreciated this prompt action.

In conclusion, I would express my personal thanks to the members of the Board, and to my fellow officers. If I may say so, we were a very workman-like team, and our watchword was undoubtedly "Dispatch". To that dispatch the Secretariat contributed with its usual untiring and selfless efficiency.

The PRESIDENT: Thank you, Sir John, for a very distinguished and excellent report.

5. Report of the Director-General on the Work of WHO in 1957

The PRESIDENT: The next item on the agenda is No. 12, "General review of the report of the Director-General on the work of WHO in 1957". Our dis-

tinguished Director-General, Dr Candau, is invited to take the floor.

The DIRECTOR-GENERAL: I have pleasure in presenting to the Eleventh World Health Assembly my report on the work of the World Health Organization in 1957, as contained in *Official Records* No. 82. As a detailed description of the major activities of the Organization during last year is given as a part of the general development of its work in the volume entitled *The First Ten Years of the World Health Organization*, this report has been deliberately shortened. I should now like to emphasize some of the trends which seem to me to have developed in that year in response to needs expressed by many of our Member States.

The attack on communicable diseases remains one of the basic challenges our organization is facing. During 1957, as in the preceding years, a considerable part of WHO's resources was devoted to the solution of this problem. The outstanding development is, of course, the campaigns launched by WHO for the eradication of malaria. The Malaria Eradication Special Account, which had received somewhat limited support, was very materially augmented by a large contribution from the United States of America. The contributions to the Special Account are of great value in starting some programmes and in helping others which are approaching eradication; but larger support will still be necessary in the next few years if the Organization is to fulfil the responsibilities entrusted to it, since the funds now in the Account are sufficient to finance only the work planned for 1958. The progress made is due largely to the growing co-operation of many countries. If this attitude is maintained and extended with regard to the other major preventable diseases, we may expect during WHO's second decade to witness an almost complete transformation of the present epidemiological picture throughout the world.

Such a transformation will entail corresponding changes in the Organization's programme to meet the new requirements of its Member States, and I believe that an examination of my report for 1957 will reveal already some of the directions in which our work may be expected to develop.

One very clear indication is to be found in the repeated references to co-ordination of research, which occur in section after section of the report. An example which immediately comes to mind is the burning question of mosquito resistance to insecticides. The more general use of WHO standardized tests of mosquito susceptibility to insecticides led, during the year, to the detection of new foci of resistance. For example, *Anopheles sundaicus* showed

resistance to DDT in the Arakan area of Burma, *A. subpictus* to DDT in Delhi State, in India, the same species to dieldrin in Java, and *A. stephensi* to DDT in the Persian Gulf areas of Iran and Iraq. These tests also confirmed the high resistance not only to DDT, but also to dieldrin, of *A. sacharovi* in certain parts of Greece. In carrying on this type of experience tests, we verify that many species, despite the considerable DDT pressure, have as yet developed no resistance in many parts of the world. WHO advisory and research teams are at work in various parts of Africa and laboratory research on the induction of resistance has been sponsored. Other problems connected with malaria are the sorption of insecticide from the surface of mud walls and the action of certain antimalarial drugs on the development, during the mosquito stage, of the malaria parasite. On these questions also research has been continued or inaugurated during 1957.

With regard to insect resistance generally, several new research projects have been started with support from the Organization.

A number of important problems connected with tuberculosis control are being intensively studied. Five bacterial laboratories are co-operating in the biological assay of mycobacteria, and tests are being made in several pilot projects to determine the drug, or combination of drugs, most suitable for large-scale use against tuberculosis, and the best methods for their administration over a long period outside institutions.

In the field of zoonoses, WHO continues to co-ordinate research on rabies as recommended by the 1956 meeting of the Expert Committee and also research on brucellosis, together with the Food and Agriculture Organization.

Progress has been made in co-ordinating research on the epidemiology of leprosy and on the most effective schemes for ambulatory mass treatment. The programme of field research on sylvatic plague in north India, assisted by WHO, was completed in 1957.

There is another context in which the co-ordination or stimulation of research is assuming a growing importance in our programme. A world health organization would be failing in its duty if it did not keep up-to-date information at the disposal of Member governments concerning new advances of public-health importance and if it was not able to provide the guidance for which they may ask. Work of this kind is generally carried out through expert committees and study groups and occasionally also

by WHO sponsoring special studies. In 1957, it covered a wide variety of subjects of growing importance in the international health field.

In collaboration with other agencies, important research was promoted concerning protein-rich foods. Preliminary investigations were made into the mental health effects of technical change. A careful watch was kept on the question of sensitization to penicillin, which appears to be causing a certain number of grave allergic reactions in some of the more developed countries. A WHO expert group was able to recommend that live attenuated poliovirus vaccines should be tested in more extensive and carefully designed trials. A monograph has been prepared on "Principles of Administration applied to Nursing Service"; a "Study Guide on Teacher Preparation for Health Education" has been completed in co-operation with UNESCO; and work has begun on a programme of co-ordinated research on standards of drinking-water quality.

It is evident from this brief outline that in our days the responsibilities and field of action of a world health agency are rapidly growing in scope.

Not the least of the Organization's responsibilities is to inform Member States of health dangers resulting from new discoveries and new developments in an age where technical progress is more rapid than ever before in man's history, and to advise on the precautions that may be taken against such hazards.

In connexion with the health aspects of atomic energy, an international training course on radiation protection was organized during the year by WHO in association with the United States Atomic Energy Commission and the Government of Belgium. Expert committees considered what special training was required for doctors and health workers as a result of the growing use of atomic energy and radiation.

The network of WHO Influenza Centres was able to render important service in connexion with last year's influenza pandemic. Countries were warned of the appearance of this hitherto unknown strain of virus and many were able to make adequate preparations for the arrival of the epidemic on their frontiers. In this connexion, a close watch was kept for any sign of increasing virulence in the responsible virus.

The activities which I have singled out are significant as indications of the type of programme that this organization will be increasingly called upon to undertake as what used to be the major diseases are brought under control or eradicated throughout the world.

However, one of the most pressing immediate needs in 1957 continued to be the strengthening of national health services and, in particular, the development of training facilities. In 1957, over a hundred international teaching personnel were provided for medical and public-health institutes, nursing and midwifery schools and other institutions; over a thousand fellowships were awarded; and encouraging results were obtained from an experiment for providing professors of preventive medicine from selected countries with advanced training at a well-known school of public health in the United States of America.

Two events during the year have confirmed the importance that Member governments attach to the development of strong and active regional organizations. In the European Region, the new building in Copenhagen generously provided by the Government of Denmark was occupied by the Regional Office for Europe, while an agreement was concluded, during the year, with the Government of the Philippines concerning the new premises to house the Regional Office for the Western Pacific.

The continuous expansion of our regional structure is yet another aspect of the steady progress WHO is making to assist governments in strengthening their national health services, which remains the fundamental problem of the world as a whole.

The PRESIDENT : Thank you, Mr Director-General.

6. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1957

The PRESIDENT : It is now desired to open the general debate on the statements just heard, that of the Chairman of the Executive Board on the twentieth and twenty-first sessions, and the general review by the Director-General of his report for 1957. We have a list of seven or eight countries which have asked for an opportunity to discuss these reports. If there are any countries wishing to speak, other than those that have already indicated such a desire, would they please let us know. I first recognize the delegate of France.

Dr AUJALEU (France) (*translation from the French*) : At first sight it might appear excessive, after the two days allotted to us for speeches, to make yet another speech before taking up the subjects of our discussion in detail; yet I think that all has not been said during the meetings devoted to the formal commemoration of the tenth anniversary of the Organization. Or rather, more precisely, it is my opinion that our observations on the Annual Report of the Director-General are of a quite different character and scope.

Can we allow the statements made from this rostrum by the representative of the Executive Board and by our Director-General, the bulky volumes of the *Official Records* which contain an account of the work of the World Health Organization during the past year to arouse no echo among us ? It is true that we are free to comment within the more restricted limits of the Committee on Programme and Budget; nevertheless, it seems to me equally necessary that there should be a preliminary debate of a general nature in the plenary meeting on these matters, which, together with the discussion on the programme proposed for the coming year, constitute, as it is hardly necessary to recall, the main part of our agenda. We must, it is true, avoid taking up in detail a particular activity of a particular region or a particular country; these are matters for the competent committee; but we must try to pick out the general lines of the structure and operation of the Organization, to examine them critically and to trace the path we should follow in order to allow the Organization to fulfil its task most effectively. A few brief examples will, I hope, make my meaning clear.

Last year, as some of you may remember, I drew your attention to the trend which tended to blur the distinction between certain central technical services and advisory services, in particular in the case of communicable diseases. This distinction remains, however, one of the fundamental characteristics of the structure of our Secretariat. Should it be maintained or, on the contrary, should it—as I think—be abandoned, so that we can adapt the Secretariat to the development of health needs throughout the world, a development of which the World Health Organization itself is one of the determining factors ?

On reading the report of the Director-General on the work of the World Health Organization in 1957 other examples, perhaps even more striking, are revealed. I should mention, first of all, the great and increasing importance assumed by certain problems as compared with the whole body of the work of the Organization, in particular by the eradication of malaria and protection against ionizing radiations. The importance of these matters is such that the Assembly did not hesitate, as regards the first, to establish a special account in addition to the regular budget, Technical Assistance funds and other extra-budgetary resources. At one time we frequently spoke of priorities. Later we abandoned that idea and adopted the principle that a priority question in one country might not be of such importance in another country and that basically, there can be no priorities other than those which the governments themselves

accord to their needs. We then took as our first task the strengthening of the national health administrations. And now priorities again come up for consideration, far more urgent and far more imperative. Does not such a development deserve our study?

Secondly, we cannot but be impressed by the growing insistence with which the Director-General draws our attention to research work. Research is indeed the *primum movens* of health work; but it is by no means less indispensable at a later stage, in proportion as the work develops, so as to guide, supervise and encourage it or, on the contrary, to halt it if it takes the wrong path. The example of malaria eradication is again illustrative. Before taking action there must be thorough epidemiological and entomological surveys to determine the incidence of the disease and the biology of the anophelines. On this latter will depend the character of the campaign: insecticide spraying alone or associated with chemoprophylaxis. Investigations must be continued during the campaign in order to assess the results and also to follow up the behaviour of the anophelines with respect to the insecticides and to detect from its very first appearance any resistance that would require a change of insecticide and perhaps even of the control methods employed.

When discussing the Annual Report we could set ourselves the task of determining the relationship between research and action and of bringing out the results obtained in this connexion by the Director-General.

Two essential factors influence our action independently of research, and the Director-General, who is well-placed to recognize their full importance, was careful not to omit a reference to them from his Report. First there is the financial factor, which I need not do more than mention at this moment. Then there is the major problem of recruiting for the Organization qualified technical staff in sufficient numbers. This question arises in many branches of our work, but I shall again take the example of malaria eradication, both for the sake of the unity of these comments and because, on account of the ambitious nature of the eradication programme, the penury of staff has become more acute. To remedy this insufficiency the Organization has found itself obliged to start courses on malariology with a view to training specialized personnel for itself. This is a remarkable innovation: the World Health Organization no longer depends only on national resources, which have become insufficient; it takes the initiative in training its own personnel. What should we think of this innovation? Will similar measures be

necessary in other fields? These questions are worthy of consideration.

If we care to look beyond immediate contingencies, these questions will lead to many others which must also be examined and solved without too much delay. For instance: when progress in the eradication of malaria no longer justifies so large a staff, what shall we do with these malariologists, hastily trained, narrowly specialized, who lack education and experience in other branches of health work?

Our Executive Board is devoting itself to organizational studies of the World Health Organization. While I do not in any way wish to deny the interest of the topics included in its programme, is not this problem of personnel a matter of first importance? I suggest that we should discuss it when we come to the appropriate item of our agenda.

I shall not prolong these comments, which I think are sufficiently explicit. It is for the Director-General to live the life of the Organization which we have entrusted to him, to foresee its future and to fit it ever more perfectly for the work which it has to perform. It is for the Executive Board to examine problems of structure and support the Director-General with its advice. But it is also for the Assembly to concern itself with the development of an organization which would be nothing if it were not the sum of the efforts and of the goodwill of all the Member States.

Unless I am badly mistaken, when the Director-General submits his Annual Report to us, he does not expect to receive our complaints or our praise, but the opinions and general directives which he has the constitutional right to expect from us.

The PRESIDENT: Thank you. I now call upon the delegate of Guatemala.

Dr LÓPEZ HERRARTE (Guatemala) (*translation from the Spanish*): The delegation of Guatemala considered that it would be fitting, as in former years, to take the floor at this plenary meeting of the Eleventh World Health Assembly for a few brief comments on the Annual Report of the Director-General.

Each year we can see, through the Director-General's Report, how the objectives of WHO have been increasingly realized, with better-defined directives and with programmes better adapted to the needs of the regions and countries. During the past year it has been possible to judge the need for investigating, in the field as well as in the laboratory, new techniques and methods of work, above all in the eradication campaigns.

If we wished to express in a few words the main purposes of WHO we should say that they are:

firstly, relatively short-term programmes requiring participating countries to make a great effort for the eradication of certain diseases; secondly, the integration of the general public-health services on the basis of long-term programmes which will at the same time tend to strengthen the national public-health services; and thirdly, training programmes, which we consider most important, since in order to carry out a plan it is necessary to have personnel—especially at the professional level—who are not only highly trained in scientific techniques and principles but also identify themselves with the purposes it is desired to achieve. We are of the opinion that the day is not far distant when, with the help of these programmes, all our public-health workers will constitute a specialized and trained staff.

Our delegation considers that the fellowships programme, with a proper selection of candidates, should continue as one of the most important activities of WHO.

Once again, our delegation states its disagreement that the territory of Belize, which is an integral part of the national territory of Guatemala, should appear under another name in the document submitted for our consideration, and enters an express reservation on this point with regard to this document and to all other documents of this Assembly. The delegation of Guatemala requests that this reservation should be mentioned in the record.

Guatemala is deeply concerned with the country's health situation and with international programmes. During 1957 the National Malaria Service, established by the Government, intensified its programme with the co-operation of UNICEF and WHO. To show the effort made by Guatemala, I need only mention that during 1957 the national contribution amounted to 450 000 quetzales, which is equivalent to the same sum in dollars. For 1958, the budget for this campaign will amount to \$650 000.

The Director-General's Report mentions the regional conference on nutrition for Latin America, which was held in Guatemala under the sponsorship of FAO and with the co-operation of WHO and UNICEF. In that connexion, Guatemala contributed to the establishment, and contributes more every year to the operation, of an institution which, by the work it performs and the manner in which it has developed, has won the admiration of the Region of the Americas and of other Regions. I am referring to the Institute of Nutrition of Central America and Panama, which is financed jointly by the five Central American republics and Panama. The fundamental purpose of INCAP is to establish methods and techniques which the Member governments can

apply for the improvement of the nutritional status of their populations.

The campaign against tuberculosis, which is being carried out with the help of WHO and UNICEF, is concentrated mainly on BCG vaccination. The vaccination of the whole population of the Republic of Guatemala will be completed in July. We feel justly proud that our vaccination rate, in spite of geographical difficulties, is one of the highest in the world.

In conclusion I should like to refer to the programmes of environmental sanitation, which, in our opinion, constitute the foundation of any public-health programme in the various countries of Latin America. I wish to state that the Government of Guatemala has declared one of the first objectives of its programme to be the provision of drinking-water for all its villages and communities.

It only remains for me to congratulate Dr Candau on the work carried out by the Organization in 1957, to thank my fellow delegates for their kind attention, and to congratulate us all on the election of Dr Leroy E. Burney, who, in addition to representing the country which has received us with such hospitality, possesses great personal qualities that make him a worthy choice.

The PRESIDENT: Thank you, sir. We will now give the floor to the delegate of the Netherlands.

Professor MUNTENDAM (Netherlands): First of all, the Netherlands delegation wishes to join wholeheartedly with the President in welcoming the Federation of Malaya to the World Health Organization.

My delegation has read with great interest the excellent reports of our Director-General on the year 1957 and on the world health situation. Both contain many subjects I should like to speak on, but there is one which stands out and on which in particular I should like to make some remarks in the first place. I am referring to the interrelationship of the problems in the world which have to be tackled if we are to reach the goal of the United Nations and of all the specialized agencies, namely, to make our world a better world to live in. Within the family of the United Nations the World Health Organization is the one which, by its Constitution, has been set apart to strive for the highest possible level of health for all the peoples of the world. But during its ten years of life it has become quite clear that this goal can never be reached "by medicine alone", as the President of the Tenth Anniversary Commemorative Session said the other day in his notable speech. The problems we have to face are

interrelated. Therefore, activities designed to meet those problems must be co-ordinated.

Here, Mr President, I touch on a question very dear to the heart of my Government: the co-ordination and concentration of the activities of the United Nations and the specialized agencies in the economic, social and cultural field. We are very pleased indeed to find in the United Nations, as well as in the different specialized agencies, a growing awareness of the necessity for concerted action and close co-operation.

The Economic and Social Council, during its twenty-fourth session last summer, adopted resolutions on this problem. Needless to say, my Government warmly supports these resolutions. In this connexion, I want to lay special emphasis on the importance of resolution 665 C (XXIV), requesting the Secretary-General of the United Nations and the specialized agencies to make an appraisal of the scope, trend and cost of the programmes for the years 1959 to 1964 in the field of social and economic development.

Raising the standard of living of the peoples, aiming at a better distribution of wealth on this globe, requires a long-term policy, and such a policy requires planning, co-ordination and co-operation not only at the top, but primarily at the bottom. The moment has come to consider whether time and again too much stress is not laid upon the autonomy of the individual organizations.

Let us look more especially for a moment at the execution of the Expanded Programme of Technical Assistance. We can, we feel, be very satisfied with the spirit of co-operation prevailing in the activities of the Technical Assistance Committee.

The Netherlands Government, having supported from the very beginning the concept of the Special United Nations Fund for Economic Development, rejoices that the last General Assembly of the United Nations decided to go forward in this direction by establishing the so-called Special Fund. Since then, my Government has announced its intention, subject to parliamentary approval, of contributing to this fund in the same ratio to the target figure of the Special Fund as the present Netherlands contribution to the Expanded Technical Assistance Programme. After tripling in eight years our contribution to this programme, this tentative participation in the Special Fund will require an additional \$3 500 000. In this way we modestly try to show by deeds our understanding of the enormous difficulties and needs of those countries which are only now taking the first steps towards securing better living conditions for their peoples.

The people of the Netherlands enjoy a satisfactory standard of living based on a relatively equal distribution of the national wealth. But we have our difficulties too, and it goes without saying that the public-health authorities have their daily share in these difficulties. It therefore seems to me worth while to give you an idea of some of the most urgent health problems of my country, a country where the health situation in general, as compared with other countries, may be called a favourable one.

I will start with tuberculosis, despite the fact that our mortality rate from this disease is not more than 4.6 per 100 000 of the population and its morbidity is fast decreasing. Still, in our opinion, we must reduce neither our efforts nor the funds devoted to fighting this disease. Now the antituberculosis campaign is to be directed towards special groups of the population, in particular adolescents in schools and industry. In this connexion I should like to draw attention to the related problem of immigration. True, many Dutchmen did emigrate after the war and found a new home on the soil of other Member States. On the other hand, we are also facing the problems caused by substantial immigration. All of these immigrants have to submit to a chest x-ray examination on arrival. This examination has to be repeated periodically in order to prevent undiscovered sources of tuberculosis infection from entering our country.

Our full interest is centred on other chronic diseases as well. I take pleasure in mentioning in this town of Ancel Keys that in my country also the etiology of vascular diseases and their connexion with nutrition, in particular fat intake, is a subject of continuous research. No efficient public-health care can be organized without a basis of fundamental and applied research, a policy upheld by my American friends Hilleboe and Leona Baumgartner.

It may be of interest to you to know that the Netherlands public-health authorities have succeeded in making an arrangement with the agencies responsible for social insurance in our country. These agencies will publish annual statistical data on the duration and diagnosis of diseases that have led to disability of workers, on the basis of a uniform code. We fully agree with the Director-General's observation in his report on the world health situation that in this way useful information can be obtained on a wide range of sickness, reported routinely among a large group of people. I am convinced that this source of information will stimulate social security agencies to make more funds available for the adequate treatment, nursing and rehabilitation of workers suffering from chronic diseases.

It goes without saying that in my country much attention is also paid to problems related to the peaceful uses of atomic energy, especially of course to those of ionizing radiation. At this moment I do not want to enlarge too much on this problem but nevertheless I should like to stress two points.

During the last year we have been confronted several times with the question of how to organize the informing of the public in order to avoid the creation of phobia. On this subject, my Government takes the view that this work of public information comes primarily within the sphere of responsibility of the central public-health administration. We as public-health administrators should keep close contact with the press for the purpose of promoting a fair and balanced presentation of information to the general public and of forestalling as much as possible, at the same time, unnecessarily frightening news items which nowadays are regular front-page news. In attempting to do this, our great lack of knowledge is immediately revealed. What the public wants to know, especially in the field of human genetics, is precisely what we ourselves do not know. And that is why I wish to say at this moment and from this rostrum that my Government considers that it would be of the greatest value that the Organization should take steps to initiate a study on how the recording of radiation doses that have been received, and the registration of congenital malformations and diseases, should be organized within the framework of the public-health administration. In this way alone will it be possible to give expert information to the public and, above all, to go ahead with research proper on the effects of radiation on human genetics.

The technical discussions at the Tenth World Health Assembly stimulated me to study the problems of the out-patient department. In a country like mine, where we still have to face a demand for more hospital beds, careful consideration of this organizational problem is urgently necessary. Here again, I find myself in agreement with the Director-General. I endorse his opinion, as expressed in the report on the world health situation, that too large an amount of hospital beds might be a danger for public health. Let us not forget that hospitalization can exert a detrimental influence of a psychological character on the individual, with harmful effects on community life. These consequences should not be underestimated.

Of course, these are only a few examples of pressing public-health problems in my country. One further point is perhaps worthy of mention, a point that has received very little attention up to now. In the

Department of Social Medicine of Leyden University, a study concerning the problem to which I want to draw your attention has just been started—what do we public-health people know of the consequences of illness and invalidity for that most important body of workers, the housewives? What are the consequences of long-term illness among mothers for the family, and what measures must be taken in the interest of the patients themselves and of the husbands and children at home? I wonder if this problem could not be chosen for technical discussion at one of the future World Health Assemblies.

This short review may go to show that, even in a country where the public-health administration is well established at the national, regional and local level, new chapters have to be added to that fascinating story of promoting better health and, through that medium, better living conditions for the people.

May I end, Mr President, by expressing the gratitude of my Government and that of the Governments of the Netherlands Antilles and Surinam—the specific problems of which countries will be dealt with in the coming meetings of our main committees—for the many services rendered by the World Health Organization to the Kingdom of the Netherlands in different parts of the globe.

The PRESIDENT: Thank you, Professor Muntendam. The delegate of Iran is invited to take the floor.

Dr AMOUZEGAR (Iran): It gives me great pleasure to have the opportunity and the privilege of addressing this august Assembly. Indeed it is an honour to report to you, on behalf of my Government, the progress made in the field of public health during the last year in the light of the Director-General's impressive report.

Before doing so, however, permit me, Mr President, to congratulate you on your unanimous election to this important and august office. We feel sure that the roster of the presidents of the Assembly acquires new lustre by the addition of the name of Leroy E. Burney.

I should also like to extend my delegation's congratulations to the Director-General and his staff for the splendid report which has been prepared on the work of the Organization during the past year, as well as the progress report of the first ten years of the life of this organization. These reports clearly indicate the importance which the Organization has attached to the promotion of sound public-health programmes throughout the world.

The particular emphasis on malaria eradication is a true realization of the concept that national economy is based upon human economy. Indeed, the labour productivity, prosperity and strength of a nation are closely related to the health of its people.

In this connexion, I wish to express my Government's appreciation to UNICEF for its valuable assistance to the malaria eradication programme. However, I also wish to state that a difference was detected between the quality of DDT supplied by UNICEF this year and material received in previous years. This caused a delay in the spraying programme until a modified procedure for the handling and preparation of the slurry was developed. It is my Government's belief that more care and attention should be paid to the procurement and testing of supplies both by WHO and UNICEF. Various nations of the world have placed their confidence in the competence of the international organizations, and every effort should be made to have this confidence continued.

Iran's world-famous campaign against drug addiction has been strictly and successfully followed, and several hundreds of acres of poppy fields have been ploughed under during the past year. Mass treatment of addicts has been continued with great success, and methods developed have set a pattern, according to a WHO expert who was closely associated with the project. The unsolved problem which still requires great care and attention is the problem of smuggling. It is our considered opinion that any campaign against illicit traffic in this evil but lucrative drug must have the support of all countries concerned if it is going to be successful. My Government will happily place at the disposal of any interested country the result of its experiences in this field, and hopes that a sincere and close co-operation will be developed internationally. It was indeed a day of great news for the world, and particularly for Iran, when our neighbours, the Government of Afghanistan, announced their intention of prohibiting poppy-seed cultivation. From this rostrum and in this august Assembly, on behalf of the Government and the people of Iran, I wish to express our heartfelt congratulations to the Government and people of Afghanistan for their great sacrifice, which has been made in the best interests of human welfare and happiness.

The campaign against smallpox moves forward systematically and methodically. In the course of the past year alone more than four-and-a-half million people were vaccinated against smallpox. It was also our pleasure to be able to assist neighbouring countries in their campaign against this disease by

supplying over 4 200 000 doses of vaccine to one and 100 000 doses to another in their recent smallpox epidemics.

In the campaign against tuberculosis more than 700 000 people were subjected to the tuberculin test, of whom 400 000 were vaccinated with BCG. Construction of four sanatoria is about to be completed, and four others are envisaged for the current year. Four out-patient tuberculosis clinics are about to be put into operation.

In regard to leprosy, considerable strides have been made to improve the existing conditions of the two leprosaria, in addition to a detailed survey of the condition of leprosy in this country.

Environmental sanitation, which has always played a major part in the overall public-health programme of the Ministry, has made considerable progress in the course of the past year. Public water distribution systems of nine cities were completed. The pasteurized milk plant went into operation, and in less than four months production rose from 5000 litres a day to 30 000 litres a day.

In the field of nursing, a new school for the training of assistant nurses has been opened, and it is hoped that during the current year another school of nursing, with a three-year curriculum, will be opened. Various special schools for training of auxiliary personnel have continued their programmes according to schedule. Special classes were established for advanced training of doctors in the field of maternal and child health.

In the field of curative medicine, our efforts have been concentrated on decentralization of the programme, and a special Bill was recently approved by Parliament for turning over the medical care institutions to special city councils.

It is hoped that, gradually, the Ministry will devote its entire budget and efforts to public-health programmes.

In conclusion, I wish to state that in pursuit of our goal we have been assisted by the World Health Organization, and we were very happy to receive Dr Candau, the Director-General, and Dr Taba, our own Regional Director, for a few days in Teheran, to show them the public-health projects in progress. In a world conflict of ideologies and in the restless state of affairs of the Middle East, Iran has endeavoured to move forward steadily while maintaining stability in a troubled world. It is indeed a source of pride and pleasure that under the remarkable leadership of His Majesty, the Shahinshah, Iran has succeeded in concluding important oil agreements, the benefits of which will undoubtedly accrue to the entire population by improving the national economy and thus

providing better health, more education and happier lives. It is hoped that, through mutual understanding and good will, the nations of the world will come closer to each other in the pursuit of happiness for all mankind and will co-operate closely in a peaceful world towards the implementation of those projects designed to make a better world for everyone to live in.

The PRESIDENT: Thank you, Dr Amouzegar. We now recognize and invite to the platform the delegate of Indonesia.

Dr SULIANTI (Indonesia): Permit me, Mr President, first of all to congratulate you on your unanimous election as President of the Eleventh World Health Assembly. I should also like to extend my warmest congratulations to our colleagues from Lebanon, Switzerland and Viet Nam on their election as Vice-Presidents.

My delegation is confident, Mr President, that under your able guidance the Assembly will discharge its responsibilities in a most efficient way.

I further want to express on behalf of my delegation our deep appreciation of the excellent reports presented by the Director-General and the Chairman of the Executive Board this afternoon.

As representative of one of the newly independent countries which have emerged from colonial status, I believe emphatically that one of the most significant events in history has been the political, economic and spiritual reawakening of the vast populations of Asia and Africa. Their demand for national independence, adequate standards of economic and social welfare, and a reaffirmation of the dignity and worth of man present a challenge to the world which cannot be ignored. The vast scope of this reawakening is aptly demonstrated by the large number of new countries which have joined the United Nations as sovereign and independent States.

This period in history has also seen an awakening of mankind's concern for and response to the demands of economic and social betterment, of which health forms a very important part. The greatest challenge to the World Health Organization's realization of its objective, namely, the attainment by all peoples of the highest possible level of health, lies in these newly independent, economically and technically less-developed countries of the world. Economic and social development and the securing of higher health standards are so interrelated that they cannot be dealt with in a satisfactory manner individually, but must be developed within a framework of mutual co-operation and co-ordination of activities.

In this respect we note with satisfaction, in the Director-General's Report on the work of the World Health Organization in 1957, that the trend is not only towards integrated public-health services but also that these services are implemented within the framework of community development programmes, in this way securing the co-operation of willing and understanding citizens.

It is interesting also to analyse the differences in expenditure in the various regions on individual country projects and inter-country programmes. In the more advanced regions, relatively more is spent on inter-country programmes. As far as the South-East Asia Region is concerned, Member States here still need much assistance in their country projects. However, I should like to stress the far-reaching effects of inter-country or inter-regional seminars, where we can compare notes and exchange experiences, and discuss problems with experts attending such seminars. From my own experience I should like to mention the nutrition and health education seminar held in Baguio in the Philippines in 1955, sponsored by FAO and WHO, and attended by representatives of Member States of the South-East Asia and Pacific Regions, where we learned practical things about health education in a short time.

I should also like to express our satisfaction with the work of the various expert committees. Mr President, will you convey to the various members of these committees our conviction that their work has not been in vain? In carrying out our work, the reports of the various expert committees have served as guidance and have been of great help indeed.

Finally, I refer to the necessity of intensive communicable-disease control in our part of the world if the highest possible level of health for all peoples is to be attained, as you are all aware. As already mentioned by the Director-General, malaria eradication programmes are under way in various countries, involving large scale material aid from WHO, ICA and UNICEF. Such a programme may also be instituted soon in Indonesia.

Technical assistance provided by WHO has been a considerable aid to my Government in the execution of programmes in malaria and other communicable diseases. However, some of the projects which have been planned and for which we are in need of expert assistance from WHO are still awaiting execution, since the experts necessary have not yet arrived. It would be very disheartening indeed if the efforts of the less-developed countries to do away with the disequilibrium between them and the developed countries in the field of communicable-disease control

continued to be hampered because of the lack of these experts, who, I venture to say, are available in the more advanced countries. I, therefore, as a representative of one of these less-developed countries, appeal to those advanced countries to make available their experts to assist us in achieving higher standards of health—a purpose for which this organization has been created.

I conclude by expressing the hope that the World Health Organization will soon indeed be a world organization, embracing all peoples represented here in this Assembly as full Members following the example of our friendly neighbour State, the Federation of Malaya.

The PRESIDENT : Thank you, Dr Sulianti. We are pleased to have your remarks. I now invite the delegate of Ireland to take the floor.

Mr BRADY (Ireland) : In the first place it is my wish to congratulate you, sir, on your appointment as President. I feel sure that your wise and amiable guidance will facilitate the work of the Assembly and that you will shed further lustre on an office which has been fortunate to have so many distinguished occupants.

On the occasion of the Eleventh World Health Assembly I have the honour, on behalf of the Government of Ireland, to pay tribute to the invaluable work carried out by the Organization since its establishment. Its record of achievement is an impressive one, and most countries have benefited directly or indirectly from its activities in significant measure. In common with so many others, Ireland has shared in these benefits, especially in the fellowships programme, and our health services have been strengthened by valuable studies undertaken abroad by our health personnel, under the auspices of that programme. In particular the various publications of the Organization have kept us informed on many aspects of the fight against disease, and the technical reports on major health topics merit special mention.

Ireland is proud of its membership of this organization which is doing so much to alleviate the suffering caused by illness and disease. Within the limits of our resources we are desirous of co-operating in the campaign to achieve the high aims of the Organization—a campaign which of its nature must be in many respects a long-term one. From time to time nationals of my country have participated in and gained valuable experience from conferences, study groups and seminars organized by WHO. Irishmen have served on expert committees, and I am glad to say that the Irish Government will be happy to

co-operate to the maximum extent in arranging suitable programmes in Ireland for fellowship holders from overseas, and in organizing studies in appropriate health fields.

The success of the World Health Organization is not confined to the programmes it operates or in which it plays a part. Over and above the valuable advisory and field services which it conducts, the influence of the Organization has been an important factor in focusing attention on the value of improved health services and in encouraging governments to devote more of their resources to such purposes. In most countries the trend of health expenditure has been upwards, and in many cases the increased activities in this sphere have, with the assistance of notable medical discoveries, resulted in substantial dividends in the form of lives saved or prolonged.

Ireland, in common with other countries, has in recent years devoted an increasing proportion of public expenditure to health purposes and has brought into effect notable reforms in the scope and organization of health services, in particular the infectious disease service, the maternity and child welfare service, and specialist and hospital services. The benefits of the statutory health services are now available to a very wide section of the community, and in 1957 a voluntary health insurance scheme was introduced, mainly for persons not eligible for the other statutory hospital services.

Over the last decade an impressive hospital building programme has been in progress, and the period saw the establishment of many new sanatoria, hospitals, clinics and dispensaries. The programme included three regional sanatoria, two regional hospitals, a new cancer hospital, a new children's hospital, and a new metropolitan fever hospital. This work has been assisted to a very large extent by the proceeds accruing from the Irish Hospitals Sweepstakes, and these sweepstakes also play a most important part in helping to meet the annual operating costs of our voluntary hospitals.

Over the last decade the mortality rates for many diseases showed considerable improvement. The general death rate fell from 14.8 to 11.9 per 1000. The tuberculosis death rate was reduced to one-sixth of the 1947 figure, standing in 1957 at the rate of 21 per 100 000. Infant mortality was more than halved, and reached a figure of 33 per 1000 births in 1957. There was also a most encouraging decline in deaths from infectious diseases of childhood. These figures show some improvement, but there is plenty of scope for further improvement and in particular we face special problems in the realm of mental diseases, where much leeway has to be made up.

In the international sphere the record of successful work carried out by the World Health Organization in 1957 is most impressive, and augurs well for the future success of the Organization. The Chairman and members of the Executive Board, the Director-General, and his staff in the field and elsewhere, are to be complimented on the part they are playing in the struggle which they are carrying on to promote human health and happiness by combating and preventing disease. May the activities of the Organization and its devoted agents prosper in the years to come. In this connexion I should like, if I may, to quote an Irish saying: "Bail o Dhia ar an obair", which is translated as "God's blessing on the work". Of work in the next few weeks we shall have no lack, and I trust that we shall all be guided towards wise decisions and gain from the interplay of opinions in the various committees.

It would be very remiss of me to leave this rostrum without expressing sincere thanks to our most hospitable hosts in this country. It was indeed for me a great privilege to be present when Dr Eisenhower read the stimulating address from the President of the United States of America. That country has added to its impressive work in the field of international co-operation by the overwhelming hospitality extended to us here, and by its gesture in promising substantial funds to assist international research projects.

To the State of Minnesota must also go our deep gratitude for the hospitality and welcome which have been extended to us. Our sincere thanks are also due to the authorities and people of the City of Minneapolis for all their kindnesses. They have demonstrated so clearly their hospitality, friendliness and general sympathy with the aims and objectives of the Organization that we shall long recall with affection this memorable Assembly in the heart-land of the United States of America.

The PRESIDENT: Thank you, Mr Brady. I now invite the delegate of the United Kingdom to the platform to discuss these reports.

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland): Mr President, it is a very great pleasure to me personally, and to my delegation, to offer our warmest congratulations and good wishes to you on your election to the high office of President of this Assembly. We know that under your wise guidance and experienced leadership our business will be conducted with expedition, efficiency, and charm. I should like to say also how much we have appreciated the benign influence wielded by Dr Al-Wahbi during his year of tenure of

the presidential office. We offer to him our felicitations and our thanks.

The tasks which face us are many and varied, some difficult because of their magnitude, others by reason of their complexity. But the World Health Organization has shown over the past ten years that it is competent to discharge its manifold duties. In the field of communicable diseases much has already been accomplished and more is in process of achievement. Great improvements have been made in environmental sanitation, and there has been much progress in designing and establishing the machinery to cope with the latest hazard to health—that which may flow from the development of nuclear energy as a source of power.

In the realm of the virus diseases there were two important events during 1957: the influenza pandemic, and the publication of the report of the Expert Committee on Poliomyelitis. The foresight of WHO in establishing the World Influenza Centre in London in 1948, and its association with WHO influenza centres throughout the world in almost every country, enabled the spread of the pandemic to be traced throughout Asia, the Middle East and thence across the world. Forecasts of the direction of possible spread allowed health authorities in various countries to mobilize their resources for dealing with the epidemic when it reached their populations and to prepare vaccines for use in prevention.

An interesting and important feature of the Asian influenza virus, which has been pointed out by Andrewes of the World Influenza Centre, is that it represents such a major deviation from familiar antigenic make-up that populations have had in general no resistance against it and the spread of the disease has been correspondingly rapid. Fortunately experience in most countries has shown us that the disease is mild. In Britain, pulmonary complications occurred in about five per cent. of cases and the most serious of these were fulminating tracheobronchitis and pneumonia. The younger members of the community were more prone to the infection and this probably accounted for the relatively low death rate.

The recommendations of the Expert Committee on Poliomyelitis are of first importance and will prove valuable to health authorities in the design and execution of their programmes for the prevention of this disease.

It is now generally accepted that poliomyelitis is a highly infectious condition and that the infection is widely distributed throughout the world. The distribution in different places varies from areas of endemic incidence to others with widespread epidemics. It is accompanied by variations in age

distribution, from a major impact on infants and young children to a wide involvement of older age-groups. During epidemics mild infection with poliovirus may produce illness without neurological symptoms and the case may be one of true poliomyelitis without paralysis. It has been shown, however, that during epidemics of poliomyelitis febrile illnesses simulating what is called non-paralytic poliomyelitis are of frequent occurrence and are liable to be included amongst the cases of poliomyelitis, particularly when virological and serological tests are not undertaken as a routine. These cases may be due to infection with ECHO or Coxsackie viruses and give rise to a syndrome of aseptic meningitis. The Expert Committee suggests that the term "aseptic meningitis syndrome (poliomyelitis)" should be substituted for "non-paralytic poliomyelitis" and that other virus illnesses should be relegated to their proper place as aseptic meningitis due to Coxsackie virus A or B or due to ECHO virus of the causative type.

The Committee made further very important recommendations, notably on the use of live attenuated strains of poliomyelitis virus vaccine. They believe that, although work is now in progress to determine the possible effect of growing the presently available optimum attenuated strains on a special stable line of rabbit embryo kidney cells, the time has come for a decision regarding trials in increasingly large numbers of people of the currently available and tested lots of attenuated poliovirus vaccine. Large-scale tests will be necessary to confirm theoretical expectation of safety. Consideration will have to be given to the possibility of the use of live attenuated vaccines for boosting purposes on subjects already protected by three inoculations of an inactivated poliovirus vaccine. It may be that such a procedure will not only reinforce immunity but also induce resistance of the alimentary tract to reinfection and provide the only means for the eradication of poliomyelitis.

In the field of environmental sanitation, atmospheric pollution is a subject of increasing importance. Although scientific evidence as to the hazards to health of air pollution is incomplete, enough is known to make it abundantly clear that it is injurious both to physical and to mental health. In Britain, reduction of air pollution is government policy, and legislation is now in force which prohibits the emission of dark smoke from chimneys, regulates the emission of grit and dust from furnaces, and deals with the prevention of smoking nuisances. In order to obtain the advice of persons having special knowledge, experience or responsibility in regard to the prevention of the

pollution of the air, the Government has established advisory bodies in England and Wales and Scotland known as Clean Air Councils. The work of reducing air pollution in Britain is rapidly increasing both in volume and in scope, and there is little doubt that with the co-operation of industry and the public a major advance can be made towards the solution of this problem and towards a reduction of our heavy load of respiratory diseases. The conference on public-health aspects of air pollution convened by WHO in 1957 were of the opinion that the control of air pollution could never be effective without the creation of an informed public opinion. Education of the general public—particularly of the younger generation—was therefore considered to be a matter of the greatest importance. The conference also recommended that WHO should arrange for "the collection, translation, condensation and dissemination of information on air pollution, including as a first stage the compilation of a list of various organizations and associations concerned with all problems of air pollution". There are thus important tasks in this field of public health to be undertaken by the organization through the fostering of international co-operation.

At the World Health Assembly last year I mentioned some of the problems associated with the development of sources of nuclear energy. In January of this year a report was published by a committee appointed by our Prime Minister on the organization for control of health and safety in the United Kingdom Atomic Energy Authority. Amongst the matters considered was the staffing problem. The Committee pointed out that the health and safety organization of the Authority is called upon to perform a wide variety of duties. Many of these require expert qualifications in more than one of the fields of medicine, radiology, health physics, mathematics, nuclear physics, or nuclear engineering, and there is an acute shortage of people possessing the requisite qualifications. It will be necessary to build up a new type of industrial medical service whose officers should have a course of up to six to nine months in radiation physics, as well as training in radiobiological work and practical experience in the Authority's establishment. A total of eighteen months of full-time study would be required, and this might justify a new professional qualification. In addition, there is an urgent need for a full understanding of radiological hazards amongst medical officers of health and their senior medical staff; industrial nurses and health visitors should also be given basic instruction. WHO has during 1957 shown its interest in this aspect of the problem by the

appointment of two expert committees, one to produce a guide for post-graduate training of public health workers and the other to report on the type of training which might be introduced into the undergraduate medical curriculum. The control of health and safety and the uses of atomic energy will depend on a well-trained body of workers, fully versed in the hazards of ionizing radiations, and the provision of means to attain this end is a matter of urgency.

The admirable report of the Director-General and this brief recital of a few of our complex problems illustrates that the World Health Organization is fully alive to its responsibilities, and is wielding an author-

itative and progressive influence in fostering international collaboration, in the collection and dissemination of expert opinions, and in the promotion of health in the various countries of the world.

The PRESIDENT : Thank you, Sir Kenneth.

There are several other delegations that have asked to speak on these two reports, but because of the lateness of the hour I think we will postpone their speeches until tomorrow morning.

If there are no other observations or comments, the meeting is adjourned until 9.30 tomorrow morning.

The meeting rose at 4.55 p.m.

FOURTH PLENARY MEETING

Friday, 30 May 1958, at 9.30 a.m.

President : Dr Leroy E. BURNEY (United States of America)

1. Presidential Address

The PRESIDENT : The meeting will please come to order.

It is with a deep sense of pride that I address you this morning. The high honour that you have paid me in naming me to the presidency of the Eleventh World Health Assembly is one that I am happy to accept on behalf of the people of the United States of America. It is an honour that I shall always cherish personally. The real recipients, however, are the people of this nation in whose cause I am privileged to serve. On their behalf may I extend to you my sincere thanks.

I am aware, too, of the great responsibilities of the office of President. I shall endeavour to discharge those responsibilities to the best of my ability and in the interests of all the delegates to this great Assembly. I know that all of you join me in paying tribute to my distinguished predecessor, Dr Al-Wahbi, who so ably and expertly presided over the Tenth World Health Assembly last year and the Tenth Anniversary Commemorative Session which we have just concluded.

At this ten-year point in the history of the World Health Organization, we know already that our young organization has proved its worth. The statements made in the last few days by representatives of so many countries bear cumulative testimony to

the value of WHO. It is a powerful means for international co-operation in the age-old battle against disease and for a better life. I could not improve on those eloquent statements. We know that in the World Health Organization we have a good instrument for international action in health. We must now consider how we can use this instrument most effectively in the decades which lie ahead. Our guiding star in this consideration is the objective of WHO, stated in Article 1 of our Constitution—"the attainment by all peoples of the highest possible level of health". This, we recognize, is a broad objective. Perhaps good health for all is never fully attainable. We must, however, do all that is possible to work towards this goal. Man's reach must exceed his grasp.

During its first ten years, much of WHO's efforts have been concentrated in the fight against the major communicable diseases. These illnesses still sap the life and energy of millions. It is right that we continue to push the attack on communicable diseases, indeed, to step it up, as in the drive to eradicate malaria. And we are making progress against these diseases, steadily and surely. Our initial success, however, should permit us neither to slacken our efforts nor to fail to plan wisely for the future. For every child who is today saved from dysentery, we will have an adult who may eventually acquire a chronic illness. For every young worker who is today spared from premature death from malaria

we will have an older person who may develop one of the diseases of later life. Some of the villages of today, concerned now with improving their sanitation, will become the urban centres of the future, with all the attendant problems of air and water pollution, occupational and highway accidents, and the illnesses fostered by the increased tensions of life.

Moreover, the world's population is growing at an unprecedented rate. It has been estimated, for example, that the world population will double in another fifty years. And within this growth, the number of older people is tending to rise—in countries in varying stages of economic development.

It is our responsibility to do everything we can to ensure that these lives which are to be spared and lengthened are rewarding and productive. From the start, the nations working through WHO have taken a wide perspective and pursued a broad objective with regard to a better life for every individual. Many of WHO's activities, in fact, have been directed at the long-term strengthening of national and local health services to equip them for positive promotion of all aspects of health. We see this in the help given to countries in the development and training of public-health workers—through WHO's fellowship programme, which has given advanced training to 8000 health workers of all types; through the aid to training institutions and centres; and through demonstration projects. We see this, too, in such world-wide services as the encouragement of more uniform drug specifications and names, in the dissemination of information, and in the stimulation of research. All these basic activities of WHO go well beyond the immediate attack on the acute infectious diseases.

The health problems of tomorrow are even larger, more complicated, more persistent, and more difficult to solve. We must begin now to deal with these problems.

These problems include the chronic illnesses such as heart disease and cancer, mental illnesses, long-term disability, contamination of water resources and of the atmosphere, occupational and radiation hazards, accidents of home and highway, and chemical contamination of food.

How do we meet these problems? First, there is a fundamental need for more research. Although we already know much about such ancient illnesses as leprosy, for example, the world still waits for a simple and effective cure. The causes of and the remedies

for mental illness, cancer, heart disease, and many other diseases still elude us. We need to intensify our study of the basic physiological and biochemical processes that underlie human health and disease. We need to know more about how and at what rate various organs of the body age and deteriorate. We have few answers to any of these problems, and until we begin to get those answers our efforts to prevent and control the chronic diseases will remain limited.

One of the major problems in research on a world-wide basis is failure of rapidity of communication between scientists and between laboratories. This is an area in which WHO is uniquely qualified to make important contributions. *Rauwolfia serpentina* is a historical example. Long in use in India as part of herbal medicine, it was the subject of scientific studies first published in the medical press of India almost thirty years ago, and of a definitive article by the recent Indian recipient of the Lasker Award, Dr Vakil, in the British medical press some ten years ago. Following this, the modern medical uses of *Rauwolfia* finally became known and applied outside India, as a muscle relaxant in operations, to bring violent patients under control in mental institutions, and finally as the prototype of the "tranquillizers" now in wide use.

The problems of adequate medical communication continue to exist, in fact to grow more severe. Paradoxically, this is in part because so much is published. We are faced with a flood of medical literature, multiplying, it sometimes seems, in geometrical ratio. It has been estimated that in recent decades the volume of medical literature being published has doubled every fifteen years. The potential importance of services to facilitate communication cannot be exaggerated—such as those of WHO in bringing medical scientists together in various types of meetings, in improving the flow of information, in acting as a world clearing house of public-health knowledge. Effective co-ordination of research efforts, for example, means that, if new light is thrown on the processes of cell growth as they relate to cancer, this new knowledge will rapidly reach laboratories, research institutes and scientists everywhere. The role of WHO in improving communication, co-ordinating and strengthening research will doubtless receive the attention of this Assembly.

Secondly, there is need for more trained personnel in all health categories to see that what we know is used, in a constantly expanding sphere, to prevent

and to cure illness. Personnel shortages are acute in almost every part of the world. The need for more nurses, for example, continues to hamper the development of health programmes in many fields and in almost all countries. We must continue to intensify our training activities to add to our reservoir of health manpower as well as to increase its professional competence.

Thirdly, there is a need for speeding the application of new knowledge to problems in the field and at the bedside. Every day brings changes in ways of fighting disease. New and surer methods are being developed for finding, diagnosing and treating illness and for rehabilitating the victims of illness and accidents. It is a paramount responsibility of the world health community to reduce the lag between the discovery of new knowledge and its application.

Fourthly, we need wider public participation in health work and wider understanding. It is, after all, the *public* health that is involved. In every nation of the world there are untapped resources and competencies which can be focused on health needs. These resources must be used, these competencies must be developed, if the goals we are to set for ourselves are to be met. Many individuals and groups can contribute towards the solution of health problems. Because of the complexity and variety of our newer health problems, it will be necessary to go far outside the traditional health setting to make effective progress. We must be prepared to do so.

In the chronic diseases, for example, the conditions are typically plural rather than single, typically surrounded by social as well as medical problems. This is especially true for older people. For example, the primary cause of disease and dependency may be a heart attack or a stroke; but restoration to functional independence may be complicated, in the health areas, by loss of hearing or poor eyesight. There may be further complications in the social area, such as lack of family ties, inadequate living arrangements, or lack of a job suited to the patient's physical status.

As we consider the needs of the convalescent, the disabled, the amputee, the aged, we find that rehabilitation assumes a special importance. It provides an example of the complexity of modern problems. By rehabilitation, I mean the restoration of handicapped persons to the fullest physical, social and economic usefulness of which they are capable. In dealing with a disability, diagnosis comes first, and then medical treatment. Too often the process is left there, with

the result that the amputee, or the arrested case of tuberculosis, remains a burden to himself, to his family, and to the community. After treatment must come rehabilitation with the aim of enabling the patient to get back on his feet as soon as possible, to recapture lost skills, to begin to take care of himself again, and to go back to work. Where these things are achieved, rehabilitation is successful, and the individual is restored to independence and self-respect. Only with these does he enjoy genuine health.

Not only do successful rehabilitation services bring these great gains in human happiness; they also result in impressive economic gains, paying their costs several times over. Individuals restored to active normal lives may become economic producers as well as consumers, and moreover, need no longer immobilize many well persons in providing permanent and constant care.

It is clear that rehabilitation is not solely a medical problem, nor can it be achieved only through the use of health resources and skills. Also involved are other services—occupational, welfare, social, and educational.

Today's problems as exemplified by rehabilitation cannot be compartmentalized. They can be handled only through comprehensive and well co-ordinated programmes which involve many agencies, public leaders and members of many professions. Above all, they require some rallying point, some means by which specific problems affecting different groups can be discussed jointly and by which the contribution of every group can become part of the whole. This rallying point, I believe, should be the agency of public health.

In the complex of services needed to meet these problems, voluntary action through unofficial agencies is of fundamental importance. Such agencies provide an avenue for wide participation in health work. They promote public understanding of health needs and possibilities, pioneer new paths of health work, and experiment with new approaches. They complement and supplement, in vital ways, the activities of official agencies of government.

There is in many parts of the world today a new note of voluntary individual and group action. It may be symbolized by such simple events as contribution of labour by villagers to build a well, or, on the other scale, by such sophisticated events as formation of a national public-health association or tuberculosis society. Through the development, or

evolution, of such agencies, the nations can reinforce, with great effect, their efforts to solve health problems, old or new.

On the international plane, the same considerations hold true. The same interweaving of official and non-governmental action holds the promise of progress. Already some thirty-five international non-governmental organizations have established affiliated status, and working relationships, with WHO. These organizations are of signal value in the worldwide drive for health. The agencies of the United Nations family are also working together with WHO on common problems, combining skills and resources over wide areas. In our international efforts to apply technology for human welfare, effective patterns of relationships are evolving wherever the needs appear. Health is not tackled alone, but as part of the broad human effort to improve total conditions of life.

In the world today, in all countries, the urgent question, the urgent search is for peace—peace with freedom. WHO has had, and will continue to have, a vital role in this quest. Our Constitution throughout embodies the concept of a common devotion to individual freedom and human rights. Our ten years of progress is laid upon a firm foundation of common action, of working together for the benefit of the millions whom we serve.

Leadership and action must ever be our objectives. Leadership requires that we be courageous, even daring, that we be dynamic, with imagination and intellectual curiosity, that we be more idealistic, more flexible and more multilateral in our efforts to meet the health needs of our people. Action requires that we recognize change, prepare for it, not resist it, aware that change of itself does not mean progress but requires enlightened direction. As the health leaders of the world, we must meet boldly and with action not only the challenging health problems of today but those of tomorrow and of the generations to come. We help to create our own challenges by the paradox that the very progress we make and have made creates new problems.

To meet the needs of these new problems as well as to control and eradicate the communicable diseases requires greatly expanded research, improved methodology and techniques, and more trained health personnel to apply more fully in all lands the fruits of research. We must recognize that medicine does not have an exclusive role in serving the health of mankind. Health is affected by education, social and economic factors and public opinion.

We must be more aware of contributions to be made by personnel of these other disciplines, and, lastly, we must seek public interest, understanding and support of our services.

WHO has made a notable record in helping all nations to meet these needs and challenges. The Director-General and his staff, through the central and regional organizations, have provided real worldwide leadership and action without infringing the sovereignty of any country. We can look at the past with great pride; we look to the future with great anticipation. We can meet these challenges of the present and the future by working together—WHO, all nations, organizations and individuals. I have complete confidence that we shall not fail either ourselves or the people we serve.

2. Award of the Léon Bernard Foundation Prize

The PRESIDENT : We will now turn to item 15 of the agenda : the award of the Léon Bernard Foundation Prize. As indicated in the agenda, there are two documents on this item—A11/2 and A11/3. Document A11/2 is the financial report of the Léon Bernard Fund. I invite the distinguished chairman of the Léon Bernard Foundation Committee, Sir John Charles, to present this financial report.

Sir John CHARLES, representative of the Executive Board and Chairman of the Léon Bernard Foundation Committee : Circumstances, I am afraid, direct my footsteps to this rostrum all too frequently, but I am very happy indeed that those circumstances have brought me here so that I can be the first person to thank you, Mr President, for the magnificent and inspiring address which we have just heard. It was, if I may say so, a clarion call, a masterly exposition of leadership, and I am quite certain that the motto under which we are going to serve during the remainder of the Assembly is that of "Excelsior".

Now, I would direct your attention for a moment to these two reports. The first,¹ document A11/2, is a simple financial statement setting out the resources of the fund, its income, and the pleasant fact that at its meeting the Committee found itself in a position to say that by 30 April there would be sufficient funds to award a prize in 1958. I ask you to note that report. The second report,¹ document A11/3, represents the result of the deliberations of the Committee, and I would read it to you.

¹ See Annex 2.

Sir John Charles then read the second report of the Léon Bernard Foundation Committee (see page 416).

The PRESIDENT : Thank you, Sir John.

I should like to invite you to note the first report—the financial report—and then to ask if any members of the Assembly have any remarks to make relative to the second report. There are no remarks, so the President suggests the following resolution for adoption by the Assembly.

The Eleventh 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 1958;
3. AWARDS the Medal and Prize to Dr Thomas Parran; and
4. PAYS TRIBUTE to Dr Parran for his outstanding contribution and practical achievements in the field of social medicine.

Are there any comments? I hear none, and I would therefore ask that the Assembly adopt by acclamation this resolution. (*Applause*)

The President would like to invite Dr Thomas Parran to come to the speakers' lectern.

May I ask the indulgence of the Assembly for just one extra-curricular remark here? This is a particular honour for me, having served under my chief here, Dr Parran, when he was Surgeon General of the Public Health Service for many years, and thinking of him both as a friend and a very great leader—and a really good boss.

Honourable delegates, ladies and gentlemen, the Léon Bernard Foundation Prize was founded by a group of French physicians to commemorate Professor Léon Bernard, one of the outstanding pioneers of social medicine. Originally the Health Organization of the League of Nations was entrusted with the administration of this prize and made responsible for awarding it to persons whose contributions to knowledge or practical achievements in the field of social medicine had been of outstanding merit.

The prize was first awarded, during the period of the League of Nations, to Dr Wilbur A. Sawyer of the United States of America. Later the World Health Organization took over the administration of the Fund and made the award in turn to Professor René Sand of Belgium, Professor C.-E. A. Winslow of the United States of America, Dr Johannes Frandsen of Denmark, Professor Jacques Parisot of France, Professor Štampar of Yugoslavia, and last year to

Professor Kacprzak of Poland. Today the name of Dr Thomas Parran is added to the list of distinguished specialists in social medicine who, in different countries of the world, have been among the first to realize how great an influence the material and social environment has on health. Animated by a deep devotion to public welfare, these pioneers have unswervingly served this idea and on the basis of their findings have finally succeeded in establishing new concepts in the field of health in their respective countries.

Dr Parran was born in the year 1892 near St Leonard in the State of Maryland. He received the degree of Bachelor of Arts in 1911 from St John's College, Annapolis, Maryland, and four years later graduated with honours from the College of Medicine of Georgetown University, while at the same time receiving the degree of Master of Arts from St John's College, Annapolis. He has since received honorary degrees from both these institutions as well as from a large number of universities in the United States and Canada.

Dr Parran joined the United States Public Health Service in 1916 to do rural sanitation work, and was commissioned in the regular corps of that service in the following year. Subsequently he served in fourteen States of the Union in public health research and administrative assignments and from 1930 to 1936 was Commissioner of Health for the State of New York. He was appointed Surgeon General of the United States Public Health Service in 1936 and was twice reappointed, serving until 1948. Since then he has been Dean of the Graduate School of Public Health at the University of Pittsburgh, Pennsylvania.

During the period when he was Surgeon General, the Public Health Service, under Dr Parran's leadership, took on a number of highly important new functions which contributed greatly to the advancement of public health in the United States. Among these were the development and expansion of national control programmes against venereal diseases, tuberculosis and cancer; provision of grants-in-aid to the States of the Union for these and other public health purposes; and a large-scale programme of grants for hospital construction. During his period of office the research programme of the Public Health Service was significantly strengthened by means of increased financial grants to research institutions and by the creation of the National Cancer Institution and the National Institute of Mental Health. A Communicable Disease Centre was established under his leadership at federal level to co-operate with the States in the study and prevention of communicable diseases. To meet the domestic health problems in

the United States resulting from the Second World War, this service, under Dr Parran's direction, undertook emergency programmes, including the wartime emergency health and sanitation programme of assistance to State and local health authorities in especially affected areas.

Anticipating the action of the World Health Organization on a global level by many years, Dr Parran transmuted malaria control activities in the United States to eradication, and out of this initiative grew the Communicable Disease Centre in the United States which I have already referred to, and which is at present carrying out important health work on a broad front. During the latter part of his administration as Surgeon General, the Clinical Centre at the National Institutes of Health was planned and its construction begun.

These developments which I have mentioned, together with others too numerous to refer to, brought the Public Health Service of the United States Government into increasingly close relations with the health departments of the forty-eight States of the Union, as well as those of United States territories abroad, and in particular gained for it a place of leadership on the world scene.

Under Dr Parran's present direction the Graduate School of Public Health of the University of Pittsburgh has developed into an outstanding educational and research centre in the field of public health. Its influence is felt throughout the United States of America and, through the training provided to students from other countries, widely throughout the world. And this leads me to the prominent part Dr Parran has played in the establishment of the World Health Organization. He was a member of the Technical Preparatory Committee, which utilized his draft proposal as a basis for the Constitution of WHO. Furthermore, Dr Parran was Chairman of the United States delegation to the International Health Conference in 1946, and was elected its President. He was also the United States member of the Interim Commission of WHO and Chairman of the United States delegation to the First World Health Assembly in 1948. Before this, Dr Parran had travelled extensively to examine and advise on UNICEF programmes. His recommendations contributed greatly to the effectiveness of the joint programmes of UNICEF and WHO, particularly in the field of maternal and child health.

Even today Dr Parran's interest in the work of WHO and the international health effort has not diminished. As President, and subsequently as Treasurer, of the National Citizens' Committee in the United States for WHO, and as a member of

its board of directors, he has continued to give his active support through unofficial channels to international co-operation in health.

Through these achievements I have mentioned, and many others, Dr Parran has earned an outstanding reputation throughout the world in the field of social medicine. It is because of this outstanding reputation, Dr Parran, that I have the honour of awarding you on behalf of the Eleventh World Health Assembly the Léon Bernard Foundation Medal and Prize.

DR PARRAN: Mr President, distinguished delegates and friends, no greater honour can come to anyone in public health and social medicine than to receive this award. This is particularly true as one reads the roll of honour of those who have earlier received it and when one considers that it is voted by this Assembly, representing the world health leaders. I accept this award, Mr President, with deep gratitude and humility.

My first contact with international health was in 1926, when I was selected as one of twelve young medical officers of health from eleven different countries to engage in a study tour of Denmark for some months, where by the way we were the guests of Dr Johannes Frandsen, a youthful health officer of the City of Copenhagen. Following this we spent a week in Geneva to learn about the work of the Health Section of the League of Nations. This was for me a great educational experience. Since then, in many capacities, I have continued to learn about international health, as our President has just indicated, and each of these experiences has broadened my understanding of the needs for, and the possibilities of, international co-operation in the field of health and of technical assistance generally.

In July 1946, at the signing of the Constitution, I said that we were "signing a Magna Carta for health which will bring into being a World Health Organization unique in its scope, authority and functions". I ventured to forecast the successive steps by which WHO would move during the years ahead. These included "help in healing the wounds of war and eliminating the ancient human plagues, such as malaria and cholera, tuberculosis and syphilis. Prevention of disease is a first objective... To attain freedom from want of food is another goal which we may hope to reach by pooling our nutritional knowledge with the food and agricultural efforts of the United Nations," and, I continued, "a next step... is the positive improvement of health... Higher levels of physical development, a longer, more productive, more vigorous life span will be sought and attained.

“ But prevention... and control of disease should be supplemented by intensive research in the laboratory, at the bedside and in the field to push back the frontiers of the unknown in the health sciences.”

Also I said, “ In our Magna Carta for health, we have ventured to declare that we have a contribution to make to the central world problem of today, which is to help man to live harmoniously with his fellow man. In making this proposition, I for one believe that health science must share the task with education and religion.”

I concluded by saying, “ The World Health Organization, therefore, is a collective instrument which will promote physical and mental vigour, expand scientific knowledge, and contribute to the harmony of human relations. In short, it is a powerful instrument forged for peace.”

These goals set for the World Health Organization represented the highest aspirations of the human spirit. Few of us believed that they could be reached fully and in a short time-span; but we should never lose sight of them. It is a source of great satisfaction that we have moved “ Ten Steps Forward ”—in fact, we probably might say ten times ten—since this organization was started. That such substantial progress has been made is all the more remarkable when we consider the continued unsettled conditions in world affairs during these past twelve years. For what has been accomplished, as has been said so frequently and so eloquently from this platform during the past few days, great credit is due to the leadership given by Dr Chisholm and by Dr Candau. Credit also goes to the staff in Geneva and the regional offices, and especially in the field, as well as to the delegates to these several Health Assemblies and the work of the Executive Board.

From the outset education and training have played an important role—the 8000 WHO fellowships attest this—and the more recent concern of the United Nations and WHO with atomic energy in relation to health recognizes the importance of this new factor in man’s environment.

Because of my preoccupation, since I last met with you in 1948, with the advancement of health sciences through research and training of future workers—both in the general field of public health and in many of its subdivisions—what I have to say today naturally will centre about this experience. In May of last year we held a series of seminars in Pittsburgh as a part of the ceremonies inaugurating our new Chancellor and dedicating our new School of Public

Health building. The themes of the seminars were, “ The contributions of the sciences to public health during the years ahead ”, and “ Fusion of the sciences for better health ”. I shall try to summarize some of the conclusions.

Viewing the sciences in historic perspective, one can detect periodicity. There have been periods of fusion and the reverse—a disintegration of effort. In the earliest period, the natural philosophers were the universal scientists, exploring all of life in order to gain a greater understanding of its meaning. (And in the future as in the past, I am sure that philosophers will contribute to our understanding of life, of natural laws and of the universe.)

In due course, it became possible to study one or another aspect of life and living creatures. This led to specialization, which burgeoned in medical research and medical teaching until the specialist came to be known as the person who knows more and more about less and less. There are signs now that this trend is being reversed—that a scientist needs to have more than one skill under one skull—and that through a fused spectrum of scientific knowledge future progress lies. This trend, apparent in medical and public health education and practice as well, is to see man and his environment as a whole, and especially to interpret the dynamic interrelations in these man-environmental interactions; in short, human ecology.

During recent years, the earlier distinction between public health and medicine is being blurred; blurred also is the earlier distinction between physical and biological science, so that at present there is no boundary within the biological sciences across which the physical sciences may not usefully pass. In this process of infiltration, there is a resulting integration of all biological sciences into a continuous and more meaningful whole. The viruses are a case in point. They are inert chemicals under certain circumstances; under other circumstances they are reproducing organisms with emergingly known genetic behaviour, and disease agents of grave seriousness. Who has jurisdiction here? Is it the physical scientist, the biologist, or the physician? Clearly, we need to submerge the old distinctions and preserve the inter-relatedness and wholeness of nature.

There has been a long transition from the ritual of the primitive medicine man to today’s medicine of the sciences. The expansion of medical knowledge and teaching in recent years has been dominated by the scientific discipline of medicine itself and by segments

of knowledge drawn from other sciences as well, so that today biological and natural sciences have become the very matrix of medical thought. Physics, chemistry and biology indeed are its language and tools.

The past century has been called the era of the biological and the physical scientist, but today we may be entering the century of the psychological man, or more properly of the psychological-sociological-anthropological man. Perhaps the next century will view the first half of this one as the period in which society moved from its preoccupation with man solely as an economic creature.

Public health has been termed "an applied technology resting upon the joint pillars of natural science and social science". During the past century the natural-science pillar has been greatly strengthened, but until both the pillars are strong the march of public health will not be firm. Consideration is being given to the social aspect of the environment, therefore, especially as it interacts with the biological and physical stresses. But since stress effects are both psychological and physiological, emphasis must be given to a fuller understanding of the psychological factors in stress and disease reactions.

My colleague, Dr Robert E. Olson, draws attention to the problems facing public health, and he says: "The biochemist who studies the kinetics of a purified enzyme system has only a few variables to control; the physiologist who studies the metabolism of an intact organ in an animal has many more to consider; the physician who studies a disease process in an intact human animal has even more parameters to correlate and attempt to control in the diagnosis and treatment of his patient. But the public-health scientist who is studying the behaviour of populations is dealing with an infinitely complex situation, to which, in many instances, only statistical solutions are possible."

Let us recall that, in the past, certain factors known to affect public health adversely could be engineered out of the physical environment. Today, there is needed a revealing analysis of the social environment which blocks the way to abundant public health. Most of the degenerative diseases, which constitute our major health problems, have psychosocial components. The so-called psychosomatic diseases such as hypertension, peptic ulcer, rheumatoid arthritis and schizophrenia have direct psychiatric determinants; others such as obesity, alcoholism and coronary-artery disease have at least indirect relations to socio-cultural patterns of diet, anxiety reduction or stress.

Public health needs to be increasingly concerned both in research and teaching with a comprehensive ecological approach to problems of disease and of health if we are to be successful in understanding better the degenerative diseases, and mental illnesses particularly. The clinician must expand his horizon to include the role of the family and the community in relation to the disease problem at hand.

By the same token, the public health scientist must not be content solely with statistical solutions and epidemiological inferences in his analysis of these knotty problems. The meeting ground lies in the interdisciplinary teamwork of a group from many fields of science, in sympathetic agreement with each other, and with access to the experimental laboratory, the patient, the family and the community, as needs be, in pursuit of the problem under study.

We may, by the epidemiological method, when it is paralleled by biochemical studies, identify disease-prone individuals in a population before they become sick—predictive diagnosis offers a great field to which our President has just referred in his address—and, once these individuals with biochemical differences can be identified, it may be possible to control certain internal factors as well as external environments and thus retard the progression of a disease; almost certainly, there are such psychosocial and nutritional factors. Such knowledge may be to the prevention of the degenerative diseases what immunization and good sanitary engineering have been to the prevention of communicable diseases. It is agreed that the behavioural and the biological or biochemical aspects of man are not separated by an impassable gulf.

But in our preoccupation with newer and complex problems, public health workers must continue their emphasis upon traditional bases for action. We need also to apply to the solution of these newer problems the principles—the principles, I repeat—that we have learned from the past.

As one looks back, man has been concerned over the centuries with getting enough food to meet his metabolic needs and with controlling his microbiological environment. Neither objective as yet is met for most of the world's people, and the continued growth of population—estimated at about 1.6 per cent. per year—may continue to outrun increased food production. Consequently, public health must be concerned with problems of natality as well as of mortality.

The economy of scarcity has been superseded by one of abundance in this and other Western nations. Hence, we are concerned here with metabolic dis-

orders—obesity, alcoholism, effects of smoking, all of which are disorders of excess rather than deficiency. Even the concept of stress as a cause of mental ill health connotes excess—the impact of more challenges than the organism is able to bear. Sir Geoffrey Vickers has recently said : “ Our hazards from excess range from excessive nuclear radiation, through excessive smoking, to the excessive consumption of ice cream—products which have in common the fact that our superabundance is our own desiring ”.

Each new break-through of a discovery in the health sciences and each shift in living patterns will produce additional tasks for WHO and for the national health service. Certainly, we are agreed that additional responsibilities have already been produced by urbanization, by industrialization, by the major threats arising from air pollution and even from the density of automobiles on the highways. Yet none of these serious problems as yet has been solved.

Added to the familiar environmental hazards is the new factor in man's environment to which so much reference has been made in these sessions, namely, nuclear fission, and its use for the production of power. The known supply of fossil fuels is inadequate to meet the power needs of the future and, in the absence of practical methods for harnessing solar energy or unravelling the secrets of photosynthesis, nuclear power is being developed on a huge scale. This will increase at an ever-accelerating pace, with many nations getting into the act but having too little comprehension of the dangers involved. The disposal of “ radioactive garbage ” poses a whole series of enigmas not yet solved even by the nations most technically advanced. Such problems will confront us increasingly. We must develop the organization, the personnel and—most important of all—acquire the knowledge with which to cope with these problems.

Radiation biology now offers many new fields for research and for the training of individuals to deal with them. Our own Graduate School of Public Health at Pittsburgh is pioneering in such a programme of research and training of new types of specialists who will combine the knowledge of the traditional health sciences with the newer knowledge of nuclear technology. This expanded area of health training, we think, will be invaluable in maintaining the health of man as we enter nuclear competition.

While never losing sight of its long-range goals, WHO in every situation must start any programme upon what now exists in any country or region; each

step forwards must be practical in the light of the limitations imposed by the current traditions, the customs and resources.

It is gratifying to note the trend in many countries to seek WHO's help in working out long-term plans for the continuing development of their own health services, and the growing willingness of countries to engage in joint action with their neighbours in solving common problems.

In the Director-General's Report for 1955, the importance of strengthening the national health services is stressed, and this point has been emphasized at length here during these meetings. At that time he said that there was a tendency for the nations increasingly to seek help mainly in three directions : (1) supplies to be used in the world-wide struggle against communicable disease; (2) the strengthening of services already established ; and (3) the raising of standards of education and training of all types of workers.

Even more attention needs to be given by WHO and every Member State to the collection of more accurate and more comparable health statistics. Without them the course of public health cannot be charted wisely.

I have referred to the world-wide population explosion and the need for health agencies at all levels to be concerned about it, to seek better to understand these complex phenomena and, within their religious and cultural contexts, to devise programmes of research, education and action to deal better with them. There are two great drains upon the resources, the manpower and the accumulation of capital in most countries which detract from human health and well-being. One is this population increase, which requires increased expenditure for food, clothing, housing and other items of what normal living requires for the too rapidly increasing population, and the other is expenditure to provide for war or the prevention of war—defence. What a different world we could have if some of these expenditures could be diverted to the better cultivation and development of our human capital, the human resources in each country ! Health, education, recreation, nutrition are obvious needs. Should not most of these possible savings be diverted to programmes in each country to improve their own standards of health and well-being, but some funds made available to the WHO and other international agencies ? Specifically, I would propose that all Member States of WHO, in addition to their regular contributions, take two per cent., just two cents out of every dollar each year, from their annual appro-

priations for military purposes and use it as an extra contribution to the Expanded Programme of Technical Assistance of the United Nations, in which WHO should have a substantial share.

With such funds, and the sentiment behind them, malaria eradication would be speeded up; smallpox, tuberculosis, syphilis and yaws would be next on the list to go. In fact, all the ancient plagues could be conquered within a measurable number of decades, and then WHO could turn its energies more fully to improving nutrition, to promoting physical and mental vigour, to expending scientific health knowledge, and finally to the most difficult task of all—the improved harmony of human relations.

The PRESIDENT : Thank you, Dr Parran.

3. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1957 (continued from the third meeting)

The PRESIDENT : We now continue the general debate on items 11 and 12 of the agenda—the reports of the Executive Board on its twentieth and twenty-first sessions, and the general review of the activities of WHO in 1957 by the Director-General. We invite to the rostrum the distinguished delegate of the Union of Soviet Socialist Republics, Professor Zhdanov.

Professor ZHDANOV (Union of Soviet Socialist Republics) (*translation from the Russian*) : Before commenting on the report of the Director-General on the work of WHO in 1957, I should like on behalf of the Soviet delegation to extend our sincere congratulations to Dr Leroy Burney on his election as President of the World Health Assembly. We know Dr Burney well as an eminent public health leader in the United States of America and are therefore convinced that he will carry out with honour the duties entrusted to him.

We should also like to take the opportunity to express our gratitude to the Government of the United States of America and to the authorities of the State of Minnesota and the City of Minneapolis for their hospitality and the excellent arrangements made for the working conditions of the Assembly.

The Soviet delegation is happy to note the increasing part played by WHO in the solution of present-day health problems throughout the world, as evidenced by the Report of the Director-General for 1957. This growing importance of the role of WHO in the great cause of the fight against disease and

the protection of health was strikingly and thoroughly illustrated at the Tenth Anniversary Commemorative Session that has just ended. Not only the importance of the practical measures carried out by WHO should be emphasized, but also the increase in recent years in the number of its Member States, an increase which has had a most beneficial effect on its work. We must also note with satisfaction that WHO, its directorate, and its Executive Board have greatly improved the co-ordination of the efforts of the various countries—efforts aimed at solving the current health problems of the peoples of the world. At the same time, we cannot but express regret at the absence from among us of the legitimate health representatives of the 600 million population of the People's Republic of China. Their participation would undoubtedly enrich our work and make the activities of the World Health Organization more effective.

The Director-General has reported to the Assembly on the work of WHO in 1957 directed towards solving the various health problems of the world. Taking note of the Director-General's report, we should like to express a few wishes, the implementation of which would, in our opinion, further the cause of world health.

One of the main problems facing WHO is the eradication of communicable diseases, particularly malaria, the treponematoses, the more serious forms of helminthiasis and other diseases. We think it should be possible, without weakening our general efforts, to speed up the tempo of the eradication of certain other diseases, including, in the first place, smallpox. This should be technically feasible in a relatively short time, and the importance of the task is beyond any doubt. We shall have an opportunity to return to this question later, but I should like to point out at the present juncture that the Soviet Union has at its disposal large numbers of trained personnel and scientific institutes which are concerned with research into and control of infectious and parasitic diseases, and also with other health problems. We are ready to accept for training in our institutes, in our higher medical schools and in our establishments for practical work health workers at various levels from other countries.

In the same way our own medical workers would willingly go to other countries so as to give practical assistance in health protection and help them fight their contagious, parasitic and other widespread diseases.

A large part of WHO's work concerns the implementation of programmes requiring a considerable financial and material contribution. The Soviet

Union has taken part and will continue to take an active part in the implementation of such programmes. But we would draw attention to another side of the activities of WHO, namely the co-ordination of the efforts of various countries to solve specific problems of world importance. I refer to the mutual exchange of experience. The fruitfulness and great potentialities offered by such an approach were demonstrated last year by the fight against the influenza epidemic. The work done by the WHO Endemo-epidemic Diseases Section and the World Influenza Centre in this connexion deserves the highest praise. The same is true of the work done by the Expert Committee on Poliomyelitis and other expert committees. In our opinion it would be highly desirable to develop in every way this particular aspect of the work of the Organization. During the recent influenza epidemic the Soviet Union achieved considerable results. The work of its hospitals and polyclinics was speedily reorganized. Wide use was made of original influenza vaccines and sera, and thanks to this the general mortality from influenza and pneumonia in 1957 not only did not rise but even decreased by 10.5 per cent. as compared with 1956. We should like this experience to be available to other countries as well, and for influenza vaccines and sera prepared according to the methods of our scientists to be used in the prophylaxis and control of influenza in other countries, in the same way as the Salk vaccine has been widely used in our own country. We are ready to make available to WHO all the necessary information.

I mention influenza merely as an example of the desirability of developing WHO's co-ordination activities, and I should like to assure the delegates of this Assembly that the Soviet Union will willingly make available its own research institutes as bases for working groups on the study of current health problems. We are also ready to strengthen the composition of WHO's panels of experts with many experienced specialists in various fields of medicine and public health.

In conclusion, Mr President, allow me to express the desire for further successes in our common task—the protection of world health.

The PRESIDENT: Thank you, Professor Zhdanov. The delegate of Ceylon is recognized and invited to the rostrum.

Mrs WIJEWARDENE (Ceylon): The Ceylon delegation thanks the President of the Tenth World Health Assembly for the kindness and consideration he has shown towards Ceylon in the discharge of his func-

tions during his term of office and, at the same time, offers its congratulations to you on your election to preside over the deliberations that are to be conducted in this Assembly.

Mr President, your election to preside over this august Assembly is both an appreciation of your standing in the world of medicine today and a token of appreciation of the valuable assistance that your country has given towards the advancement of world health.

May I also on this occasion take this opportunity to convey to the State of Minnesota and to the people of this beautiful city of Minneapolis, which is now celebrating its centenary, the thanks of my delegation for the courtesy and kindness extended to us during our stay here.

The Ceylon delegation is pleased to offer congratulations to the Director-General of WHO for the most valuable report of the work of this organization during 1957, which has been submitted by him. At the same time, I wish to mention with gratitude the kind co-operation and assistance extended to my country by the Regional Director for South-East Asia. We are grateful to him, and the fact that his services have been further extended is indeed welcome not only to us but also to all other Member nations in our region.

I wish also to pay a very special tribute to WHO and to its Member nations for coming to our aid in a time of grave national crisis. I refer to the most disastrous floods that Ceylon suffered in December 1957 when, practically over-night, about half the island was devastated by floods unprecedented in my country's history, causing grave damage to life and property. Grave epidemics threatened the nation as a usual aftermath of this grave disaster but, thanks to the prompt action of our public health services and the ready assistance of WHO and many of its Member nations who generously and promptly sent us medical aid, vaccine, etc., we were able to avert the outbreak of an epidemic. I therefore take this opportunity to thank this organization for its efficiency and kindness and its many Member nations for their generosity and sympathy.

Despite the fact that my Government is spending over ten per cent. of the island's national revenue on our health services, we are still far from achieving adequate standards of public health. We are proud of the fact that the morbidity and mortality figures for Ceylon are the lowest in any country in the South-East Asia Region, but that alone has not given my countrymen the full life which this organization has envisaged. The freedom from disease

and disability which is the birthright of every individual is still a very distant cry in the undeveloped regions of South-East Asia, and to some extent in my own country. The largest single factor that contributes to the morbidity of my nation is the lack of pure water for domestic purposes; hence the large percentage of preventable bowel diseases in my country. We are grateful for the remarks the Director-General has made in his report on this subject, and we are making every effort to attend to this problem. My Government is therefore setting up a national water resources board and our efforts in this direction, I hope, will assist us in the prevention of these diseases.

Malnutrition appears to be an unfortunate heritage of the people of South-East Asia, and my country too is a victim of this problem. We therefore appreciate the assistance given to us by WHO and FAO in regard to this matter. At present, we are conducting nutritional research with a view to providing our people with a low-cost nutritional diet made from locally available raw materials—chiefly the coconut, which is in plentiful supply in Ceylon. Although the coconut forms an important part of the Ceylon diet, at present only its milk and oil are consumed, and the residue is thrown away. Scientific investigation has revealed that the residue which is now wasted contains such a high proportion of protein that it could be used to great advantage as much-needed protein for the people at a very low cost.

Other Member nations which are likewise conducting nutritional research will, I hope, make available to us the results of their efforts, so that rapid progress can be made to our mutual benefit in this branch of study which is vital to the safeguarding of the health of the people.

Although allopathic medicine has been practised in Ceylon for over a century, it still continues to be worked with a curative bias. Our efforts in preventing epidemics during the last floods, and similar activities, have made it abundantly clear to us that this attitude needs re-orientation, and that both the lay public and the professional must have a new outlook, giving public health a vital place in the health services of my country. It is therefore my present endeavour to give effect to this re-orientation.

As the economy of the country is closely integrated with the problems of health, it is very necessary to be able to get the maximum use from money spent on health services. The hospital buildings should therefore be constructed in such a way as to cut down the present high cost of construction to the minimum. Our request to WHO for an expert to advise us on this matter of low-cost hospital building

is urgent, and I have no doubt that the Organization will give us that assistance without delay.

There is yet another vitally important matter which I wish to bring to the notice of this Assembly. The under-developed regions of South-East Asia have not sufficient medical personnel, while in certain countries there is a surplus of medical men. Just as most technical personnel are recognized and allowed to practise their profession in any country of their choice without any barriers, the problem of the shortage of medical men in under-developed countries will be largely solved if medical men too are allowed to practise in any country. Therefore, I urge that the Member nations make an effort to pool all available medical skill for the common good of humanity and thus prevent the waste of trained personnel. By doing so, we will be solving one of the most urgent needs of the under-developed countries which are faced with the problem of inadequate numbers of medical men—a shortage which under normal circumstances will be far beyond their capacity to solve because of limited training facilities and the length of time required, especially in view of the rapidly increasing population.

In other fields of controlling diseases we in Ceylon have made constant headway. Malaria has ceased to be the public enemy number one thanks to the effective control measures, and our efforts are now focused on the control of tuberculosis, for which we have received generous aid through WHO and the Colombo Plan.

The conquest of disease has been speeded up, thanks to the co-operative efforts of this organization, which I am glad to say puts into practice the teaching of Buddhism, for Buddha himself has said “*arogya parma labha*”—that health is the greatest wealth that human beings can possess. We Buddhists therefore look up in admiration to WHO as a noble and charitable organization which is bestowing on humanity this most precious possession of good health. We therefore wish this organization the strength to carry out this noble task for the good of humanity.

The PRESIDENT : Thank you very much.

4. Observance of Memorial Day

The PRESIDENT : I now give the rostrum to the United States of America.

Mr HANES (United States of America) : I should like the Assembly's indulgence for a moment to permit me to speak on a matter not directly related

to the work of this Assembly but not, I think, inappropriate to it.

Today is observed as a day of respect and remembrance in my country. It is called Memorial Day.

Our President, in his annual proclamation designating this day, has reminded the people of the United States that it is dedicated to the attainment of worldwide peace. To this end, he has called for a nationwide observance at eleven o'clock this morning, at which time people throughout our country will observe a minute of silence while each, in his own way, turns his thoughts to the goal of permanent peace on earth, and seeks the strength to work unceasingly for that goal.

The attainment of true and lasting peace is also a fundamental objective of the World Health Organization. I therefore suggest, Mr President, that it would be fitting and appropriate, if it is the desire of this Assembly, for the World Health Assembly also to observe the occasion by standing at this time for one minute of silence, dedicated to prayer or meditation in the cause of world peace.

The PRESIDENT : Does the Assembly agree with the suggestion of the delegate of the United States of America ? Now may I suggest that we stand for one minute of either prayer or meditation.

The Assembly stood in silence for one minute.

5. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1957 (resumed)

The PRESIDENT : The delegate of Poland is invited to the rostrum. Dr Kozusznik.

Dr KOZUSZNIK (Poland) : The Polish delegation was not among those which, during our short special session, had the opportunity to praise the achievements of the World Health Organization during the first decade of its existence. You will allow me, sir, to make some remarks during the present discussion.

It is perfectly true that the activities of WHO have proved to be a success. All the distinguished speakers who stressed this fact were undoubtedly right. Yet we feel that in this eleventh working session of our Assembly, attention should be drawn to what remains to be done, and we feel that the tasks before us are still bigger and more difficult as compared to the achievements that have been attained.

I should like to draw your attention to the main tasks and duties which, in our opinion, must be dealt with by the Executive Board of WHO in the

near future; but I would not like to take up the valuable time of this high Assembly with too many details.

First, it seems to us that the attainment of the universality of our organization should be the great preoccupation of our executive bodies. Ways and means should be found and conditions created to make possible the active participation of all countries in the world in the work of WHO.

Secondly, with reference to the Annual Report of our Director-General, we are of the opinion that in various fields excellent work has been done in the past years. Although we see the very great importance of the fight against communicable diseases as it is conducted by WHO, it seems to us that problems of environmental hygiene may be of the foremost importance to all countries, regardless of their state of development. The existence of other governmental agencies, dealing with problems of labour, nutrition, transport, etc., which approach the matter rather from the economic point of view should not deter our organization from taking more active and durable action in this field, because there is a direct relation between these problems and the health of the population. The development of modern life and technical advances in science give rise now, and will in the future give rise, to new problems which must be solved by the medical workers within the framework of international co-operation.

Thirdly, there seems to be no doubt among us that the use of atomic energy creates many new threats not only to the health of those who are directly exposed, but to mankind as a whole. The question now seems to be : is WHO fully entitled to deal with the health aspects of the recent discoveries in the field of nuclear energy, or should we leave this problem partly outside the scope of our actions ?

I put it to this high Assembly that—in the view of our delegation—a firm stand should be taken by WHO. Our organization, whose aim is to promote the condition of complete physical and mental well-being for the people of the earth, should be active in the fight against dangers to health emanating from nuclear energy, whatever their character or origin.

The opinion has been expressed that this problem should be the exclusive domain of those international agencies that deal with nuclear energy. This is not our point of view. We hope that, in the same manner as WHO has defined its views to other agencies in matters of health, the opinion of WHO in matters of health connected with nuclear energy will prevail with those agencies which deal with nuclear energy.

Lastly, from the very beginning of WHO our activities have been hampered by inadequacy of funds. In view of the discrepancy existing between the needs of the different regions and different countries in the field of health and the limited budgeting possibilities of WHO, the fact is comprehensible, but we wonder whether it would not be possible to remedy this situation at least to a certain extent by adopting some new techniques that could, to our mind, relatively easily increase the means at our disposal. What I have in mind is the possibility of supplementing the existing WHO budgetary funds by a certain amount of supplies in kind, placed by Members of WHO at the disposal of the Organization, and destined to foster between Member nations of WHO an exchange of additional goods, services and experiences for the betterment of the health of our nations. For example, a country could put at the disposal of WHO a certain amount of services, fellowships, seminars, or goods, like vaccines and others. In this respect, our country has already some experience which we would be glad to share with the governing bodies of WHO.

Before ending my remarks, may I be permitted to draw attention to the inspiring principles of the Constitution of WHO, which states that the health of all peoples is fundamental to the attainment of peace and security, and dependent upon the fullest co-operation of individuals and States. I should like to stress from this platform that peace and security are the factors most necessary for maintaining and bettering the health and well-being of the common people of the world.

Mr President, the Polish delegation wishes to express its thanks to the City of Minneapolis, to the people of the State of Minnesota and the United States, and to the United States Government for their kind hospitality and friendly reception, which all delegations are experiencing during the memorable session.

May I also be permitted to express our delegation's thanks and admiration to the former President of our Health Assembly for his excellent management of our not always easy affairs; and, at the same time, convey to our present President our heartiest congratulations coupled with our best wishes for a successful year of office.

The PRESIDENT: Thank you, Dr Kozusznik. I now invite to the rostrum the delegate of Panama, Dr Bissot.

Dr BISSOT (Panama) (*translation from the Spanish*): First of all I must express, in the name of our delegation, our most cordial congratulations to

Dr Leroy E. Burney on his unanimous election to the high post of President of this Assembly. We are certain that his sure guidance will contribute very greatly to the success of this session.

On studying the reports of the Executive Board and the Director-General we are immediately impressed by the wide field of action, continually being extended, in which WHO is carrying on its work so effectively. I shall therefore mention only a few aspects of the work done in 1957.

The World Health Organization should continue to lay stress on research in its work on communicable diseases; this is essential for the proper preparation of local projects for the control and eradication of these diseases. It is encouraging to see the progress made by the various countries and territories in their malaria eradication programmes; this progress, as the Director-General said, is impressive in the Americas, where each nation has formally committed itself to eradicating malaria. We sincerely believe that the Organization, with the co-operation of UNICEF and other international organizations, should make an additional effort to help those countries which, for one reason or another, still delay in transforming their malaria control campaigns into eradication programmes. Let us remember that, although the immediate purpose of each nation is to eradicate malaria on its territory, the final aim, if we are to succeed and if we are to give full effect to the resolution approved by the Eighth World Health Assembly in Mexico, is the total elimination of the disease wherever it may exist.

Although the Salk vaccine has been of great value in the campaigns against poliomyelitis, we share the opinion of those who believe that live attenuated virus vaccine will be very effective once it is ready for general distribution. Initial tests of this vaccine were made here in the State of Minnesota, and it is now being used on a large scale, under the supervision of the Pan American Sanitary Bureau, in a South American country which recently had an outbreak of poliomyelitis in a part of its territory. The reports which we have received so far are favourable.

As regards nutrition, in addition to the work dealing with diseases caused by nutritional deficiencies, we are also interested in the study of the possible relationship between some diseases and the daily diet. Thus one of the principal activities of the Institute of Nutrition of Central America and Panama is its work to determine the relationship between atherosclerosis and the dietary habits of various populations.

In connexion with the important field of environmental sanitation, I should like to mention our experience in Panama as regards the supply of drinking water, since the difficulties we have to deal with must be similar to those confronting other nations represented here. The wide dispersion of the population made it difficult to provide drinking water to out-of-the-way places. The deep wells, equipped with hand pumps, which were being bored were inadequate and in many cases were quickly damaged. This obliged us to review plans for providing drinking water to the rural areas. Our first step was to enlarge and reinforce the programme so that in a few years all communities, however small, would benefit by it. The next step was to incorporate this programme into the regular work of the rural health centres. Then followed the organization of the community and the establishment of local health committees wherever a well was bored. This was a most useful measure, since once the interest of the population is awakened, the community helps the work of boring the well and then undertakes to take care of it as its own property, to keep it clean, to protect it and even plant flowers round about. Finally, before boring a well, it is an indispensable condition that the community should build latrines for all the houses in the community without exception.

As can be seen, the programme I have described makes it possible not only to provide for the building and maintenance of wells, but also to deal with other environmental sanitation problems. At the same time, thanks to the interest we have aroused in the communities, we have succeeded in getting the population to accept more readily other projects in the general public-health programme.

I cannot conclude without calling attention to the fact that perhaps the most important part of the work of WHO lies in the magnificent co-operation which has successfully been brought about between the public health authorities of the various countries and international organizations. It is this spirit of mutual understanding and mutual assistance which has enabled us to tackle with success great public health problems from which humanity has suffered for many centuries.

In conclusion, I wish to congratulate Dr Al-Wahbi, of Iraq, on his magnificent work during his presidential term, the present Vice-Presidents on their appointment by this Assembly, and the members of the Executive Board, as well as the Director-General and his technical and administrative staff, on the splendid work they have done.

The PRESIDENT: Thank you, Dr Bissot. I now invite the delegate of Romania to the rostrum. Dr Belea.

Dr BELEA (Romania) (*translation from the French*): The report of the Director-General, Dr Candau, shows clearly what work has been done by the Organization in 1957 with respect to a large number of problems which are fundamental for the health of the world.

The eradication of malaria, the work carried out in connexion with communicable diseases, the studies on atomic energy in relation to health, the professional education and training of personnel—and one could certainly add other activities of greater or lesser importance—have all contributed to the solution of a number of health problems.

It should be pointed out that the scope of the work of WHO was broadened in 1957 by the active participation of new Member States.

In the 1957 report, as much as in former reports, stress was laid on the importance of the decisions and measures taken to support the malaria control activities carried on in several countries. This problem is incontestably of great importance and should be the subject of an even more intensified programme in the future. The measures taken by the Romanian government and the experience we have gained in Romania show that a series of co-ordinated activities in this field, well-organized and uninterrupted, can have the most encouraging results. It is well known that in 1948 there were as many as 360 000 new cases of malaria in Romania. In 1957, the number of cases was reduced to 164. How did we obtain these results?

To reduce the level of endemicity, the basic health units and the network of specialized services organized in the affected zone—29 malaria stations and 31 centres with as many as 500 physicians, laboratory workers and auxiliary personnel—have been engaged for years in case-finding by means of examination of the blood taken from fever patients, inspection of foci and investigations, and also the systematic chemotherapy of every case and the chemoprophylaxis of the population exposed to malaria. “Focus” and “barrier” spraying carried out on a large scale during the last three years covered a wall area of 80 million square metres in 1957.

We have applied the antimalaria protective measures stipulated in the agreements between Romania, Bulgaria and Yugoslavia.

As regards the susceptibility of local vectors to the insecticides (chlorinated hydrocarbons) used and their natural tolerance, investigations made in 1957 with more than 60 000 captured specimens indicate

that under the conditions existing in our country there has so far been no change in susceptibility to insecticides.

It must be said that the research work and documentation made available by WHO are of real value to every country. Our country has taken part in two regional conferences on malaria held under the auspices of WHO, and it will be pleased to welcome the participants in the third conference, to be held in Bucharest during the month of June.

During the present year and during the three coming years we plan passive surveillance of the whole territory of the country and active case-finding in the endemic malarial zones, clinical and laboratory examination of confirmed patients and suspected cases, with radical treatment of the latter in order to eliminate the parasite, complete spraying operations in localities where there has been proved transmission of malaria during the past three years, and spraying of an area extending for ten kilometres around these zones, as well as of all zones where the possibility of the transmission of the disease is feared so long as there are still any residual cases in the country.

For the duration of the eradication programme, it is compulsory for all medical and health personnel to determine the origin of cases and to apply adequate measures to each patient, whether confirmed or suspected, by means of a clinical or blood examination.

Mr President, I have dwelt somewhat on this problem because it continues to be one of the main aims of the work of WHO in many countries. Our results, as well as those achieved in other countries, prove that the problem of malaria eradication can be solved. Closer collaboration between the governments concerned and WHO will doubtless lead to excellent results in this work which is of such importance for the health of millions. If this disease is to be eradicated throughout the world, then periodical exchanges of experience and of information about the methods used and the manner in which national eradication programmes are being carried out, as well as close co-operation between the countries concerned, with measures taken jointly, particularly in the case of adjacent countries, are today becoming more necessary than ever.

A large part of your report, Mr Director-General, is given over to health services and institutions. Allow me, Mr President, to submit some particulars from my own country. At the end of 1957 the number of hospital beds was 140 000. The number of physicians specialized in various branches of medicine was nearly 22 000; by 1962 we count on

having 8000 more. As a result of the increase in health units and physicians there has been a great increase in prophylactic and curative consultations organized in work-places, institutions and villages. In 1957 there were more than 55 000 000 consultations (as you know, the population of my country is about 17 500 000). One million two hundred thousand micro-radiographs were taken.

For the future, we plan to build new health units, to provide every rural health district with a paediatrician and a dental surgeon in addition to the general practitioner, and to increase the number of specialists in the rural hospitals, which serve on an average between 18 000 and 20 000 inhabitants.

All these measures will improve the medical services available to the population and will thus help to increase the world's health capital. We are convinced that the successes achieved by WHO during the past year, as well as the 1958 programmes, will mark a new and fruitful stage towards better health throughout the world.

The PRESIDENT: Thank you, Dr Belea. Now I invite the delegate of Ghana to the rostrum.

Dr AKWEI (Ghana): Mr President, it is my pleasant duty and privilege to convey to you the greetings of the Government of Ghana and to congratulate you on your election to this high office of President of the Eleventh World Health Assembly. I should also like to take this opportunity to express the appreciation of the delegation of Ghana to this Assembly for the warm hospitality extended to us by the Government of the United States of America, the State of Minnesota, and the City of Minneapolis.

Being the last Member to be admitted into this organization at the end of the first ten years, we cannot help but take notice of the admission of the Federation of Malaya into the Organization at this meeting, and we wish to extend to them the warm felicitations of the Government and people of Ghana.

The leprosy service in Ghana, as we know it today, started its life towards the end of 1947. That was the year when a full-time leprologist was first appointed to the public-health service. Until then, there were three main leper settlements in the country, all of which were looked after, on a part-time basis only, by district medical officers and medical officers of health who, in all cases, were fully occupied with other duties. All these settlements, without exception, had become asylums for crippled lepers with broken personalities, who wished to do anything but face the world. Some had lesions which needed what medical attention

was available in those days, but many were burned-out cases. The sulfones became available soon after the beginning of this development. The first supplies of these drugs appeared in the country toward the end of 1948. It was not, however, until the appearance of DDS or Dapsone that the expansion and development of the service gave it the features we see today.

The greatest development of the leprosy service, however, has been in the introduction and extension of out-patient treatment facilities. Initial attempts were made to get all district hospitals, health centres and dressing stations to provide out-patient treatment to leprosy patients as they were diagnosed. Medical field units also became interested and included leprosy in their nosological surveys and treated any cases found at their fixed centres. Soon, however, special auxiliaries of the leprosy service became available and were put on the roads. They held clinics in small villages, often in buildings provided by the local people. Later, only about two years ago, UNICEF and WHO came into the picture. With their assistance, a land-rover service was introduced which made it possible to carry treatment further into more remote areas. The attendance of registered patients at static clinics has hitherto seldom been up to 70 per cent. At the stops where the land-rover staff hold their clinics, the attendance is 80 to 95 per cent. This illustrates adequately the difference obtained when treatment is taken to the people.

The supply of Dapsone for this campaign was initially provided solely by the Government of Ghana. In the last two years or so, we have been receiving supplies from UNICEF, which has enabled us to extend the campaign still more rapidly. It is estimated that there are some 50 000 persons suffering from this disease in Ghana. Of these, 32 000 have been brought under treatment. During the year 1957, 2519 of these patients were issued with discharge certificates.

So far we have concentrated on the extension of treatment. In addition, work has been done to provide much-needed occupational therapy for those patients, mainly lepromatous cases, who require isolation during the infectious stages and a few others who need to be hospitalized in leproseria.

The next most important field in which the assistance of UNICEF and WHO is proving invaluable to Ghana is in the yaws campaign. This is conducted within the framework of our multi-purpose medical field units. The first attempt at a co-ordinated campaign against yaws was made in 1944 and has continued with various degrees of intensity

ever since. The current campaign, however, is based on an agreement with WHO and UNICEF, drawn up in 1956. 1957 was the first full year of this programme. The assistance from UNICEF in this case consisted of nine land-rovers, 200 000 vials of penicillin, 1000 syringes and 5000 needles. Under this agreement, total mass treatment is being extended systematically into all areas where yaws is endemic. Altogether, in 1957, 1 300 000 persons were examined for yaws; 114 000 of these persons were treated for the disease and 480 000 received prophylactic injection of penicillin against yaws. These figures include persons treated by follow-up teams; the first follow-up is usually undertaken within about six months of the initial treatment survey.

Broadly speaking, it is found that after the initial treatment survey in an area, the incidence of infectious yaws can be reduced by about 80 per cent. The subsequent reduction of the incidence is not so satisfactory and raises questions as to the sort of provision required to achieve permanent control.

The dramatic results of the yaws campaign are even more readily appreciated than those of the leprosy campaign. Nevertheless, in both cases, we are becoming increasingly aware of the opportunities being lost for detailed studies of the epidemiology of these diseases. In the case of yaws, for example, there is an area in which 21 000 persons were examined in 1957 and not a single case of infectious yaws was found. Yet only 100 miles south of this place, one comes across one of the most highly endemic areas in the whole country, where no less than 5000 cases of yaws were treated at the district hospital in 1953. Our delegate to the Enugu Conference drew attention to the need for epidemiological research at the present stage of these campaigns while there is such an abundance of cases in the field.

If we are inclined, in Ghana, to notice the opportunities being lost in these campaigns to undertake detailed epidemiological study of the diseases concerned, it is only because of our experiences in the oldest of our field projects. In the early and mid-1930's also we had to go all out to control human trypanosomiasis. As this epidemic came under control, the need for close study of the epidemiology of the disease became more and more evident, and was pursued.

Early in 1957, three cases of trypanosomiasis originating from the same village were observed at one of the fixed treatment centres. In the immediate survey which followed, 180 persons were examined and 42 cases were found. In the following few weeks, two re-surveys were undertaken and eleven

more cases were found at this village. The investigation had to be extended to the surrounding villages and from the overall data collected it became clear that we were dealing with an early outbreak in that extensive area.

Normally about 18 per cent. of cases found in surveys show parasites in the peripheral blood only. In this outbreak 26 per cent. of the patients showed this characteristic. There was evidence to suggest that an increase in man-fly contact had played no small part in determining this recrudescence. Instead of the more normal ratio of approximately two men to one woman in several of these villages, ratios of some 7.6 male cases to 14.5 female cases were found. Altogether over a thousand cases, most of them in the early stages of the infection, have been discovered in this outbreak.

Chemotherapeutic control was initiated from the moment the outbreak was discovered. However, it was also clear from the intense man-fly contact demonstrated by the sex distribution of the cases that entomological control, at least at the water points, would be needed also.

Abundant use has been made in our health service of skimmed milk provided from UNICEF sources. It seems clear, however, that the prevention of kwashiorkor and similar protein deficiency diseases can only be tackled in a rational manner if the prevention of other dietary deficiency diseases is taken into consideration at the same time.

The little knowledge we have about the epidemiology of human trypanosomiasis is helping us to detect early outbreaks and to organize prompt preventive measures. Animal trypanosomiasis, however, stands as a challenge to an age in which the greatest daily advances are being made in the field of the physical services. But, whatever the future of this major problem, it seems clear that the prevention of protein deficiency and other dietary deficiencies among newly weaned infants and young children is one that is likely to become of greater and greater importance to public-health workers in the African Region as organized maternal and child health services are developed.

We have only recently become a Member of the World Health Organization and, in the main, implementation of our projects is only just beginning. We cannot speak adequately enough about the assistance we have been receiving from the Regional Director and his staff in all phases of the planning and development of our programmes. In dealing with the pandemic of influenza last year, and also in tackling the urgencies created by the changing epidemiology of poliomyelitis in Ghana, we have

had to make abundant use of the Organization's advisory services. The Government of Ghana cannot show adequately their deep indebtedness to the Director-General and his staff for all the assistance rendered in similar instances throughout the year.

The PRESIDENT: Thank you, Dr Akwei. The delegate of the United Arab Republic is invited to take the rostrum.

Dr TARRAF (United Arab Republic): Mr President, on behalf of the delegation of the United Arab Republic, I extend to you our sincere congratulations on your election to this high office in this great organization—to the Chair of the Presidency—an honour which you well deserve for your distinguished career in public health and also as the chief delegate of the host country, which has contributed very largely towards the establishment of the Organization.

It has become traditional for the delegates to express their views on the Director-General's Report in this plenary session. Following this rule, I wish to thank the Director-General, the Executive Board and the Secretariat for the achievements of the Organization during the year 1957. The year was noteworthy for the large number of accomplishments. The work of UNICEF in co-operation with the Organization was of the greatest value, especially in the eradication of malaria. We extend to the Executive Director of UNICEF and his staff our great appreciation of their untiring efforts.

In the case of communicable diseases, the references in the Report to the work which has been accomplished, or is still under way, are appreciable. One of the most striking items is the work which is still being done on BCG vaccine. The Report states, in this connexion, that five laboratories co-operated in a study, co-ordinated by WHO, to develop laboratory methods that will give reliable indices of the potency of the vaccine. Vigilance and constant supervision are very important in this connexion, especially for countries which have introduced legislation for compulsory BCG vaccination. In view of the complications which are recorded in the literature on the subject, this step WHO has taken to look after the potency and safety of the vaccines is one which, in our view, requires great emphasis.

In regard to viruses, we feel that several countries require more technical assistance to help them in the investigation of these problems. There is an ever-increasing demand for poliomyelitis vaccine in countries where no adequate facilities for its production exist. We are advocating that the Organ-

ization take steps to provide technical assistance so as to help local laboratories to produce their own vaccines.

The eradication of smallpox, as the delegation of the Union of Soviet Socialist Republics has pointed out, is one problem of the greatest significance and deserves our full support. It is stated in the Report that the year 1957 was unusual because eighteen countries reported the importation of the disease by international traffic. In view of this, the problem of smallpox attains the greatest significance. One would have thought, in view of the immunity conferred by vaccination, that such a scourge is within the range of eradication. But, here again, great efforts must be made by the Organization and the national health administrations in all countries concerned, in order to achieve such a goal. The dry vaccine must be produced in local laboratories in order to generalize mass vaccination. For such a far-reaching campaign, the provision of vaccine in itself is, of course, not sufficient. Legislation enacting compulsory mass vaccination in countries where the disease still exists, together with education of the public as to the benefits gained, is most essential to the campaign for eradication. We are aware of the difficulties which stand in the way of such an enormous undertaking, but it will equal malaria eradication as a scheme of great benefit to mankind.

Among communicable diseases, we single out bilharziasis as the endemic disease affecting one-fifth of the world's population. We feel that, in the light of recent knowledge, this disease is amenable to control on a large scale. In view of this, my delegation presents a draft resolution to this Assembly recommending that the Organization take active steps towards adopting a programme for the eradication of bilharziasis similar to the malaria eradication programme. Such a programme may meet with certain technical difficulties according to local conditions in different countries. This, however, should not deter us from the endeavour. In the case of malaria eradication, we are also meeting with difficulties which were unforeseen at the beginning—namely the resistance of certain species of anophelines in certain localities to DDT and dieldrin.

The work of the Organization is based on pillars of wisdom in the various fields of public health. One of these pillars is medical research, which we should like to see intensified. In this connexion we

were very impressed by the address of Dr Milton Eisenhower. We have, in previous Assemblies, stressed the need for medical research in the different regions. It is evident from the Report that the Organization is participating in research work, especially in the field of communicable diseases. It is asked now to take an active part in research into two universal problems of special importance, namely cancer and diseases of the circulation. We believe, however, that it should extend this to another problem which, although not totally universal, affects nevertheless a very large section of the population of the world, namely, bilharziasis, which itself is an etiological factor in the production of cancer. Moreover, a programme for the organization of medical research in the different regions should be recommended to regional committees for study.

In the field of atomic energy and health, the Organization has undertaken considerable steps and made recognizable achievements. Training of public health workers in the public health aspects of nuclear energy and the study of the effects of radiation in relation to genetics and mental health are very useful studies in this atomic age. It is most desirable, however, that the Organization should shoulder its own responsibilities towards humanity, declaring by all means the great dangers to which the human race is exposed from ionizing radiation and from uncontrollable sources.

It is of the utmost importance to remind the honourable delegates of the Assembly of the perilous and most grievous situation in which about one million Palestine Arab refugees find themselves. During the year, tuberculosis control accounted for over ten per cent. of the budget for health care. The meagre existence of these refugees depends on the work of the international organizations. WHO continues to assist the United Nations Relief and Works Agency in its health work. We appreciate deeply the humanitarian work of UNRWA and WHO for the relief of the suffering of these ill-fated refugees.

Mr President, fellow delegates, one of the most serious problems in many countries is the rapid increase of population—beyond the country's economic capacity. I refer here to the importance of the problem in its socio-medical aspects. I bring forward this problem for inclusion in the activities of the Organization.

The First Ten Years of the World Health Organization is a book of great interest. It contains a

summary of the glorious work of the Organization. I feel particularly proud of the role my country took in the creation of the Organization and the support it has given it both at headquarters and in the Eastern Mediterranean Region.

The PRESIDENT : Thank you, Dr Tarraf.

There are still four delegations which have requested an opportunity to speak in this general debate. These delegations will have an opportunity at the next plenary meeting.

This meeting is now adjourned.

The meeting rose at 12 noon.

FIFTH PLENARY MEETING

Tuesday, 3 June 1958, at 9.30 a.m.

President : Dr Leroy E. BURNEY (United States of America)

1. Second Report of the Committee on Credentials

The PRESIDENT : The meeting will please come to order. The President would like to invite the Rapporteur to present the second report of the Committee on Credentials.

Mr Zeuthen (Denmark), Rapporteur of the Committee on Credentials, read the second report of the Committee (see page 369).

The PRESIDENT : Are there any observations or comments on the report of the Committee on Credentials? I hear none, so I take it that the Assembly accepts the second report of the Committee on Credentials.

2. Addition of Supplementary Items to the Agenda

The PRESIDENT : The second item on the agenda is the adoption of supplementary items. Rule 12 of the Rules of Procedure provides that supplementary items may be added to the agenda if, upon the report of the General Committee, the Assembly so decides, provided that the request for the inclusion of additional supplementary items reaches the Organization within six days after the date of the opening. The deadline was yesterday; the General Committee examined the supplementary items that had been submitted, and decided to recommend to the Assembly that the following three items be added :

First, a study to plan and intensify research programmes, proposed by the United States of America. This item was referred to the Committee on Programme and Budget and to the Committee on Administration, Finance and Legal Matters.

The second supplementary item, proposed initially by the Director-General, relates to headquarters

accommodation; to be referred to the Committee on Administration, Finance and Legal Matters.

The third item, submitted by Canada, relates to the frequency of World Health Assemblies; it is to be referred to the Committee on Administration, Finance and Legal Matters.

The President would like to invite comment or observations on these three supplementary items, as well as on their proposed allocation to the various committees. I see no one wishing to make any comments or observations, so I will assume that the Assembly approves the recommendation of the General Committee for the addition of the supplementary items and its recommendation also as to the committees which shall consider these items.

3. Election of a Member to fill a Vacancy on the Executive Board resulting from the Establishment of the United Arab Republic

The PRESIDENT : The third item on the agenda relates to the election of a Member State to fill the seat on the Executive Board which has become vacant as a result of the establishment of the United Arab Republic. I wish to remind the Assembly that, at its plenary meeting on the morning of Thursday, 29 May, it considered this question and decided that it should accord to the United Arab Republic the assumption of the term remaining for Egypt—two years—and elect a Member State to replace Syria for the remainder of its term, that is, for one more year. Following this decision, the General Committee took up the matter at its meeting on Saturday, 31 May. Its report¹ is now before the Assembly for its consideration.

¹ See p. 3.

Before inviting the Assembly to vote on this report, the President asks whether there are any comments or observations. I recognize the delegate of Israel and invite him to the rostrum.

Dr BTESH (Israel) : The Israeli delegation wishes to make a short statement with reference to the report of the General Committee to the Assembly. My delegation wishes to state that the Israel Government is in no way interested in designating a person to fill the particular seat on the Executive Board vacated by Syria, for the remainder of its term. The Israel delegation therefore formally requests that its nomination for the election to be held this morning be withdrawn. My delegation is happy to support the nomination of Tunisia to this seat, and hopes the election will be unanimous.

The PRESIDENT : Are there any other comments or observations that the members of the Assembly would like to make relative to the recommendations of the General Committee ?

I hear none, and in view of the request of the delegate of Israel that his country be not considered in the voting for this particular seat on the Executive Board I state that, according to Rule 98, the Assembly is now required to reach a decision on the recommendation of the General Committee, that is, that Tunisia be elected as a Member State to fill the seat on the Executive Board.

A secret ballot will be taken on this issue in conformity with Rules 72 and 95, and in order to give an opportunity to delegations to express a choice, the President indicates that voting ballots will be distributed on which delegations will be requested to indicate by "Yes" or "No" whether they accept the recommendations of the General Committee. In other words, those delegations wishing Tunisia to be elected will so indicate by writing "Yes" on their voting ballot; those delegations opposed will so indicate by writing "No" on their ballot. The Assembly will now proceed to a secret ballot.

I must designate two tellers for the secret ballot and I should like very much to ask Sir Arcot Mudaliar, of India, to serve as one of them and Professor Canaperia of Italy to serve as the other. I now invite the Secretariat to distribute the ballots to the delegations and, in accordance with the Rules of Procedure, I will draw the name of a country from which the alphabetical roll-call will begin.

The letter that I have drawn is W, so the roll-call will begin with Yugoslavia. Yugoslavia, then, will be the first country to be called to place its ballot.

If any delegation has not a paper upon which to cast its ballot, please hold up your hand; one of the members of the Secretariat will give you a ballot paper. I see no hands, so assume that every delegation has such a ballot.

I should like to remind you again that you will be voting on the recommendation of the General Committee as to whether Tunisia should be elected or not. Therefore, you will vote "Yes" if you are in favour of Tunisia, and you will vote "No" if you are not in favour.

A vote was taken by secret ballot, the names of the following Member States being called in the English alphabetical order, starting with Yugoslavia.

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

The PRESIDENT : Have all the delegates voted ? There were some who did not answer to their names, and if any have come in since then we should like to have them cast their vote on this particular issue. I see no hands, so we will now recess the Assembly for only fifteen minutes for the counting of the ballots by Sir Arcot Mudaliar and Professor Canaperia. A bell will announce the end of the fifteen minutes, at which time we hope that the final counting will have been concluded.

The meeting was suspended at 10.10 a.m. and resumed at 10.25 a.m.

The PRESIDENT : The Assembly will please come to order. The voting on the question of the vacancy on the Executive Board is as follows :

There were 11 delegations absent, there were 70 voting on the question, there were 65 who voted

“ Yes ”, two who voted “ No ” and three abstentions. So the results indicate that Tunisia has been elected as a member of the Executive Board. I should now like to invite the Assembly to adopt the following resolution :

The Eleventh World Health Assembly,

Considering that a seat on the Executive Board became vacant as a result of the establishment of the United Arab Republic;

Considering that the United Arab Republic has been accorded the assumption of the term of two years remaining for Egypt; and

Considering, therefore, that the Member State to be elected to designate a person to serve on the Board will replace Syria for the remaining year of its term,

ELECTS Tunisia as the Member entitled to designate a person to serve on the Executive Board for a one-year term in replacement of Syria.

Are you in agreement with this resolution ? I see no disagreement, so we will assume that the Assembly adopts this resolution.

I should like to ask the delegate of Tunisia to come to the rostrum.

Dr SLIM (Tunisia) (*translation from the French*) : Mr President, ladies and gentlemen, I have the honour to thank you on behalf of my delegation and my Government for the great confidence you have so kindly shown in Tunisia by voting for its admission to the Executive Board in place of Syria, now part of the United Arab Republic. I hope that we shall make our small contribution to the achievement of the noble ideal pursued by the World Health Organization, namely the attainment by all peoples of the highest possible level of health, and I hope that in so doing we shall prove ourselves worthy of the trust you have been so good as to place in us.

The PRESIDENT : Thank you.

4. First Report of the Committee on Administration, Finance and Legal Matters

The PRESIDENT : The fourth item on the agenda relates to the adoption of the first report of the Committee on Administration, Finance and Legal Matters. Since it was not distributed twenty-four hours in advance of the present debate, the President, in conformity with Rule 51, invites the Rapporteur of the Committee, Dr Mellbye, to come to the rostrum and read the report aloud.

Dr Mellbye (Norway), Rapporteur of the Committee on Administration, Finance and Legal Matters, read the first report of the Committee (see page 381).

The PRESIDENT : Thank you, Dr Mellbye. The Assembly is now invited to consider each of these resolutions in turn.

Are there any comments or observations relative to resolution No. 1, on the reimbursement of the Executive Board Special Fund ? I hear no comments or observations, and conclude that the Assembly adopts this resolution.

Resolution No. 2 relates to the status of the Publications Revolving Fund. Are there any observations or comments on this resolution ? I hear none, and conclude that the Assembly adopts this resolution.

Resolution No. 3 relates to the assessment of Ghana. Are there any observations on this resolution ? I hear none, and conclude that the Assembly adopts this resolution.

Resolution No. 4 relates to the assessment of the Federation of Malaya. Are there any observations or comments on this resolution ? I hear none, and assume that the Assembly adopts this resolution.

Resolution No. 5 relates to the scale of assessment for 1959. Are there any observations on this ? I hear none. The resolution is adopted by the Assembly.¹

Resolution No. 6 : Financial Report of WHO for 1957 and Report of the External Auditor. Are there any observations or comments ? I assume that the Assembly adopts this resolution.

It is now necessary for the Assembly to adopt the report as a whole, and I would invite any observation and comments on this particular issue. I see none, and assume that the Assembly adopts the first report of the Committee on Administration, Finance and Legal Matters as a whole.

5. General Discussion on the Reports of the Executive Board and the Report of the Director-General on the Work of WHO in 1957 (continued from the fourth meeting)

The PRESIDENT : We will now take up item 5 of the agenda for this morning and continue the debate on the report by the Chairman of the Executive Board on the twentieth and twenty-first sessions of the Executive Board, and the general review of the Report by the Director-General of the activities of WHO in 1957.

I now invite the delegate of Honduras to the rostrum.

¹ For correction of an error in the scale of assessment, see record of the sixth plenary meeting, section 4.

Dr JAVIER (Honduras) (*translation from the Spanish*): The people of the Republic of Honduras and its constitutional Government, which are fully in accord with one another, and which I have the honour of representing in this great Assembly, wish to make plain their feelings of admiration, friendship and gratitude towards the World Health Organization, which in the brief period of ten years has done such fruitful work for the health of the peoples of the world.

Through me, too, the people and Government of Honduras wish to extend to the outgoing President, Dr S. Al-Wahbi, their thanks for and congratulations on the splendid work done during his period of office, and at the same time to offer the new President, Dr Leroy E. Burney, their warm felicitations, for his personal and international reputation is a sure guarantee of the Organization's future success. My delegation would also like to pay the tribute due to Dr Marcolino G. Candau, Director-General of WHO, for all his successful efforts. To them, and to you too, fellow delegates, and through you to your peoples and governments, I bring my country's warm greetings, which I was unable to offer you at the Tenth Anniversary Commemorative Session of WHO.

I have listened carefully to the reports submitted by the Chairman of the Executive Board and the Organization's Director-General and I can say in all sincerity that I have no fault to find with these documents. Instead, I should like to point out that Honduras, too, like other countries, has received assistance from WHO. The results of that assistance are the various national campaigns which are now in full swing. The malaria eradication campaign, the planning of which was completed in 1957, is now in its second phase—the spraying phase—which was begun on 21 January 1958, dieldrin being used as the insecticide instead of DDT, which was found to have certain disadvantages. Dieldrin is thought to be more reliable and, although its potential toxicity is recognized, we have fortunately not yet had any cases of poisoning reported.

According to the surveys made before the spraying phase, the population exposed to malaria amounts to 1 275 000 persons, distributed over an area of 87 389 square kilometres. By 31 March, 15 637 houses had been sprayed, 75 448 inhabitants thus being directly protected. The first two phases of this malaria eradication programme will have been completed in four years and it is hoped that the entire affected zone will have been covered by 1962. The programme is being financed by the Government, which will provide a total of 3 500 000 lem-

piras, and by UNICEF, which will contribute 1 226 000 lempiras in the form of equipment. WHO has provided us with technical personnel, equipment and antimalarial drugs. We are sure that our national malaria eradication service, with the firm support of our Government and the help of WHO and other international bodies, will ultimately achieve great results.

Tuberculosis control in my country has made great headway since our Government sought the technical assistance of the international organizations. WHO has sent us a specialist in BCG vaccination and UNICEF is providing us with supplies and equipment. The mass vaccination campaign was begun on 10 June 1957 and by May 1958 we had vaccinated 257 055 persons out of a total of 500 000 tuberculin tested. I may add that the tuberculin-negative reactors co-operated very well, for 65.6 per cent of them attended for vaccination, despite the difficult nature of the terrain and the lack of means of communication. The preliminary educational campaign and the publicity given to the programme contributed greatly to its success.

Apart from this preventive campaign, the Government maintains various hospital treatment centres for cases requiring it, and is at present in the process of providing suitably equipped dispensaries at various places in the Republic so that incipient cases or cases not requiring hospitalization can be given ambulatory treatment. This policy is designed to strike a balance between what is economically feasible for the country and the situation facing us, for we believe it is cheaper to operate dispensaries than sanatoria. The first tuberculosis dispensaries, set up in the Republic's capital and in San Pedro Sula, are now functioning efficiently, a considerable percentage of the population having already been examined. There are also in Tegucigalpa two tuberculosis hospitals properly equipped and staffed with personnel specially trained in this branch of medicine. The WHO consultant played a large part in the organization of the tuberculosis dispensary in the capital.

Rural public health services are being developed in my country in accordance with a tripartite agreement between the Government, the World Health Organization and UNICEF, the objectives being the following: (a) the technical and administrative organization of the health services in Honduras, with emphasis on maternal and child health, school health, environmental sanitation and the control of communicable diseases; (b) the training of professional and auxiliary personnel, both through courses organized in the country and through the

granting of fellowships at universities abroad; (c) the development of general and special public health plans according to existing needs.

As a result of the combined efforts of the Government and these international bodies a health unit and training centre has been set up in the city of Comayahuela and in its first year of work thirteen nursing auxiliaries and thirteen sanitary inspectors have been trained. On 21 April 1958 this centre began providing services to the public and it is intended to use it as a model for the organization of similar centres in other parts of the country.

A national plan has been worked out, in collaboration with the staff of WHO, to give health coverage to the whole country, which has been divided into seven health districts to be developed gradually.

The Government of Honduras has allocated 320 000 lempiras for the year 1958 for the development of the rural public health services. In connexion with these rural services, WHO has granted fellowships to five doctors, eight nurses, three sanitary inspectors, one sanitary engineer, one statistician, one laboratory technician and one health administrator, all from my country.

WHO is also helping us, through the Pan American Sanitary Bureau, in programmes for the eradication of *Aedes aegypti*, in the organization of statistical services and in nutrition programmes through the agency of INCAP.

The Government of Honduras is also undertaking programmes for the provision of drinking water and the construction of sewage systems in various towns throughout the country, as well as programmes of immunization against smallpox and whooping-cough and of health education of the public.

There is, I think, Mr President, no more eloquent proof of nor more telling argument for the importance and usefulness of the World Health Organization than the impressive list of achievements we have all presented to this Assembly. This testimony from the representatives of the nations is the recognition by the peoples of the world of the work which has been done by the Organization.

Before concluding, I should like to state before this august assembly of the delegates of the nations that my country, adhering to the noble ideal of universal well-being, and in accordance with the democratic doctrine it upholds, has not only solemnly assumed international obligations towards that end, but has incorporated in the Constitution of the Republic, which was promulgated in December 1957, the principles of the Declaration of Human Rights, in fulfilment of the precept that "health is a state

of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

In conclusion I should like to express on behalf of my country our great affection for the people of the United States, our respect for its Government and institutions, and our gratitude for the generous hospitality offered to the Tenth Anniversary Commemorative Session of the Organization and its Eleventh Assembly. I should like, too, to say that we are particularly grateful to this charming city of Minneapolis, to its inhabitants, and to the local authorities, as well as to the Government of the State of Minnesota.

I should not like to leave this platform without calling upon God in His goodness, wisdom and power to manifest Himself in the hearts, minds and hands of all the servants of the World Health Organization in order that they may continue their work in saving humanity from the results of the sickness, want, ignorance and insecurity that afflict the peoples of the world.

The PRESIDENT: Thank you. The delegate of Bulgaria is invited to the rostrum.

Professor PUKHLEV (Bulgaria) (*translation from the Russian*): Mr President, allow me first of all, on behalf of my delegation, to greet you and to wish you every success in your great and responsible work.

In speaking in the general debate on the reports of the Executive Board and the Director-General, the delegation of the People's Republic of Bulgaria finds it a pleasant duty to associate itself with the appreciative remarks made here by previous speakers about the valuable work which has been and is being done by the World Health Organization for the health and welfare of the peoples of the whole world. We are convinced that WHO's achievements in the past years will be further extended and improved upon in the years to come.

Although we have been participating in the work of the World Health Organization for a relatively short time we should nevertheless like to say a few words more.

The Bulgarian health authorities are particularly interested in WHO's schemes for training specialists. We are glad to see that we have been met half way. A number of our specialists have already improved their qualifications through WHO and are now using the knowledge they have acquired to help our national health services.

We are very much interested, too, in problems of virology, radiology, chest surgery and laboratory work. A number of senior officers of WHO, led

by Regional Director Dr van de Calseyde, visited our country both this year and last year. Unfortunately their visits were all too short, but we believe they were beneficial to both sides.

Mr President, the work of WHO is based on the noble principles set forth in its Constitution. After studying the work of the Organization and taking a direct part in it in recent years we see that the possibilities for the gradual realization of these humane principles are constantly growing. Persistent efforts are still necessary, of course, to bring about their full realization. In this connexion we should like to make two observations.

Firstly, there is no doubt that in accordance with the principles embodied in its Constitution the World Health Organization should concern itself with all aspects of the use of atomic energy in relation to public health—and, I would say, world health.

Secondly, we ought to try earnestly to reach a final settlement of the question of the universality of WHO. The absence from among us of representatives of the people of the People's Republic of China seems to us a large gap in the principle of the universality of our organization.

The other aspect of this principle is the universality, so to speak, of the form of WHO's work, for it is one of the Organization's main functions to develop and expand the experience of all Member States in the sphere of public health. It seems to us that much more can and should be done in this direction. Our reading of certain publications, and in particular the reports of the expert committees, leads us to think that some of the questions considered in these reports have not been dealt with fully. It seems to us, therefore, that a broader composition of the expert committees would to a large extent ensure a fuller and broader consideration of health problems.

Allow me to conclude my statement by expressing my delegation's warm gratitude to our kind hosts of the City of Minneapolis.

The PRESIDENT : I thank you and call the delegate of the United Kingdom to the rostrum.

Mr BUXTON (United Kingdom of Great Britain and Northern Ireland) : I shall be very brief. In the course of this debate last week, the distinguished delegate of Guatemala mentioned a territory which is quite properly referred to in the documents before this Assembly as British Honduras, and stated that it was an integral part of the national territory of Guatemala. My delegation regrets that this note of controversy has been introduced into the debate, but, since it has been, I must state for the record

that the United Kingdom Government have no doubts as to their sovereignty over the territory of British Honduras, and I wish formally to reserve their rights on this question.

The PRESIDENT : Thank you, delegate of the United Kingdom. I should like to invite to the rostrum the delegate of Peru.

Dr ESTRELLA RUÍZ (Peru) (*translation from the Spanish*) : It is a great honour for me to occupy this platform, an honour which I owe indeed to your great courtesy, Mr President, so that my pleasure is all the greater in stating that my delegation associates itself very warmly with the just words in which my distinguished fellow delegates have described those great qualities which have brought you, Dr Burney, to the presidency of this Assembly, where you may help us accomplish our tasks, which have been so auspiciously begun and carried on. So, then, the helm of our brave ship is in good and expert hands. Allow me to thank you, Mr President, for undertaking the guidance of our deliberations at the conclusion of the term of office of your able and worthy predecessor, Dr S. Al-Wahbi, to whom, at the appropriate time, we expressed our warm gratitude.

I should like now to offer some words of greeting and praise to the Director-General of the World Health Organization, Dr M. G. Candau, for the brilliant and eloquent report he gave us after that given by Sir John Charles, Chairman of the Executive Board, who gave us important information showing with what exemplary devotion and skill the Board fulfilled its responsibilities.

This organization of ours, gentlemen, which emerged into international life a decade ago as the outcome of a rich flow of new ideas on the subject of health protection, combines the scattered efforts of different peoples, directs them into new and more suitable channels, and gives help to countries which need it, on behalf of the other members of the Organization. This is without any doubt the most fruitful way of bringing about a lasting and effective brotherhood between the nations on all continents, a way which has not been bettered or emulated by any other international body. That is so because it is directed primarily towards the conservation of life, which is in essence the basis of world peace, the supreme goal towards which man aspires, as against the destruction of life, which is synonymous with death.

The report of the Director-General, while a model of conciseness, nevertheless, I believe, clearly reveals the effectiveness of the work described, which we

may comment on in broad terms in this hall, but which will be examined in detail in the committees so that we may gain a clearer understanding of Dr Candau's precise ideas concerning the tasks which are his responsibility—a heavy responsibility which he nevertheless bears so lightly.

Allow me, Mr President, to trespass further on the good nature of this very distinguished but sympathetic audience, in order to draw, in a few words, a rough picture of my country, that part of South America which is known as Peru. The eyes and the actions of WHO and other specialized agencies such as UNICEF, not to mention the International Co-operation Administration of this great country—which we of South America look to as an elder brother, and which is to all of us delegates here our most gracious host—have for some years past been directed towards Peru. Peru's shores are washed by the Pacific, and its neighbours are Bolivia, Brazil, Colombia, Chile and Ecuador. It has an area of nearly one and a half million square kilometres, divided into three quite separate regions by the Andean mountain chain, which crosses the country from north to south. Peru has a population of some ten million inhabitants, who do not form a single ethnic group but represent many different mixtures of blood between the indigenous inhabitants and immigrants from various continents, particularly in the coastal area. This population is subject to various climates; warm and humid on the coast, cold and dry in the mountains, hot and humid in the tropical forests (in the Amazon valley). The cultural level is highest in the coastal area.

Looking at the health picture of my country, we see that, for instance, of 97 196 deaths which occurred in 1955, 68 per cent. were not medically certified. This fact is undoubtedly related to the total number of doctors, 3840, 72 per cent. of whom are in Lima, the capital city, which has a million inhabitants, and 28 per cent. in the rest of the country, where there are localities in which the number of doctors is between one per 10 000 and one per 100 000 inhabitants, particularly in the rural areas. Again, there are only 19 000 hospital beds, which in view of our requirements represents a deficit of 26 100. This is why we have embarked upon a large-scale programme for the construction of medical and health units, all located in rural areas and after prior survey of the health conditions of all these localities. Our intention is that these posts shall serve as prevention and treatment centres. At the same time we are implementing a hospital construction and modernization programme. Ten hospitals, each with a capacity of 200 beds, are in process of erection

and some will shortly be equipped. This year we shall be putting into operation five modern hospitals, with a total of 2500 beds. The health situation of our country is such that we still need to modernize many very old-fashioned hospitals; it is, however, true that when our health units, together with environmental sanitation on a national scale and the health education of the public, have produced their effect, each individually but as part of a co-ordinated plan, it will no longer be necessary to spend so much money on the building of hospitals for the treatment of sick persons, since the prevention of diseases costs less than their cure. In my country, for example, it was recently calculated that, for the cure of a person suffering from pulmonary tuberculosis detected at a late stage, the State has to expend 15 620 soles (\$679), to which must be added the sum represented by the sick person's incapacity to work during the period of his stay in the sanatorium, reckoned at 430 days. On the other hand, it costs the State only 175 soles to detect five suspected cases of pulmonary tuberculosis among 100 persons presumed well, 40 soles to confirm the diagnosis of each case, and three soles a day for ambulatory treatment, the patient continuing his normal work, for about 120 days. That makes a total of 400 soles, or 17 dollars and 39 cents, for preventive treatment, as compared with 15 620 soles (679 dollars) for curative treatment.

In connexion with this interesting aspect of the effort to combat tuberculosis, Mr President, allow me to say, in all humility, that my delegation would be very grateful if the World Health Organization were to tackle—if it has not already done so—the question of methods of early diagnosis of tuberculosis and also the problem of chronic tuberculous cases, which are certainly a very heavy burden on society and of which there must be several million scattered all over the world.

I should like, with your permission, Mr President, to say a few more words to express the gratitude of the Government of my country for the valuable technical assistance that the World Health Organization, through its Regional Office, is giving us in our malaria eradication programme, which is developing very successfully. I have particular pleasure in also thanking UNICEF for its invaluable material help in this programme, for which the national treasury allocated 15 634 095 soles in 1957 and 20 509 060 for 1958. I should note that UNICEF granted us 8 804 139.26 soles in 1957.

We believe, Mr President, that malaria will no longer be the scourge of agriculture in Peru, as it was until a very few years ago because of the great

number of agricultural workers who were afflicted by the disease. It is understandable, therefore, that we should be grateful for this work which has been begun and pursued with such admirable understanding and tenacity on a scale that is now virtually world-wide, and which will bring such benefits—of that there can be no doubt—to all countries, Peru among them.

Finally, I should like to say that our neighbours need have no fears on our account. Neither smallpox nor yellow fever nor plague will come to them across our frontiers, and as for typhus, another quarantinable disease, to employ that already obsolete term, there were 37 cases in 1957 and the last case was reported in the central mountain region of the country, far from all contact with the outside world, on 27 March of this year.

I think that my country will perhaps in a very short time be confronted by a grave problem—paradoxically, the increase in our population, due to the effectiveness of the public health campaigns and to the new drugs that have such surprising, even miraculous, therapeutic effects. In order to dispel this dark cloud overshadowing our future we shall have to create new sources of work and new food supplies—an interesting and stimulating problem to which some other speakers have referred in their statements here.

I am wondering if this sombre future may not perhaps be, as it were, an inevitable punishment for the rash challenge Man has cast at Providence in his endeavour—which would seem to have no limits—to protect health and conserve life. Perhaps, Mr President, man is losing his reason in so confidently throwing himself into the fight to eliminate diseases and to bring greater physical and mental well-being to the inhabitants of the globe. May we not, sir, have been wrong in our calculations, so that this greater well-being may entail our ultimate destruction. It may be, sir, that we are advancing at a frightening speed towards a point where the two great parallels—life and death—meet at infinity and become the ultimate expression of a single entity which the mind is not able to compass and which we shall have to regard as an impenetrable mystery. We have perhaps in this Organization called “play” after calling “ready” at the start of a game with these imponderables, which will last for we do not know how many “rounds”. Forgive me, Mr President, these extravagant speculations and pardon me, as graciously as you are able, for stealing the precious time of the Assembly.

The PRESIDENT: I thank the delegate of Peru, and now I invite to the rostrum the representative of Sierra Leone.

Dr KAREFA-SMART (Sierra Leone): The Government and the people of Sierra Leone, through our delegation, wish to join in all the expressions of congratulation and gratitude which have already been made at this Assembly. We congratulate you, Mr President, on your election. We congratulate the Director-General and his staff on a masterly and excellent account of the work of the Organization. We are grateful to the President and the people of the United States of America for the warm welcome we have received to their country, and for the generous grants of money which have been announced to this Assembly for the purpose of supporting further programmes of international health. But especially we are grateful to the Governor and people of the State of Minnesota, whom we also congratulate on their recent centennial anniversary, and to the Mayor and citizens of the City of Minneapolis for their unequalled hospitality.

Mr President, although this is only the third year of associate membership of my country in the World Health Organization, I wish to record that we are not only appreciative of all the benefits which have come to us from this association, but we also look forward to all the expanded programmes of work which we are certain will bring even further benefits to us.

On behalf of my delegation, sir, I should like now to raise a matter which we consider to be of some importance in connexion with that part of the Director-General's report which deals with staffing. We appreciate all the efforts which are being made to bring stability to the structure of the Organization through its staffing, and to ensure that there will be enough flow of personnel between the national health administrations and the international organization, to the end that neither will suffer and that both will be enriched. However, we are convinced that the time has come for the World Health Organization to venture into a new area of service through which it can come to the help of national health administrations, particularly those which, like my own, are constantly plagued with all the difficulties due to an inadequate supply of trained medical and health personnel. Mr President and distinguished fellow delegates, has not the time come when the World Health Organization can recruit from all its Member countries a central pool or registry of physicians, surgeons, public health officers, nurses, sanitarians and health educators, in which these various categories of persons could voluntarily enlist

and from which a needy national health administration could invite candidates to fill the vacancies which exist in its health administration, on the same terms and conditions as its own staff already enjoy? This might entail considerable self-sacrifice in many instances—loss of salary, loss of pleasant conditions of work, etc.—but we believe that this form of voluntary service, for either short- or long-term contracts, will be a major contribution to the success of all our combined efforts towards the attainment of the declared goal which the World Health Organization has set for itself. We put this suggestion before the Assembly for whatever consideration you may decide it is worth.

In conclusion, Mr President, we wish for you, during the year in which you will have the fortunes of the Organization under your guidance, the success which your competence and your experience deserve; and for all of us, another good year for WHO.

The PRESIDENT: I thank the representative of Sierra Leone. I now ask the delegate of Haiti to come to the rostrum.

Dr BOULOS (Haiti) (*translation from the French*): Mr President, I have the honour, on behalf of the Haitian delegation, to associate myself with the expressions of appreciation which have been addressed to you in the past few days on your election to guide the work of the Eleventh World Health Assembly. I offer you my warm congratulations in the conviction that thanks to your skill, tact, and understanding the debates will be conducted in a manner satisfactory to all.

I should also like to congratulate the chief delegates of Lebanon, Switzerland and Viet Nam on winning the confidence of the Assembly, which has elected them Vice-Presidents.

I should like to take this opportunity of assuring Dr Candau of our respect and esteem for the devotion and sense of duty he has always displayed in his very important post as Director-General of WHO.

I wish to stress the very special importance of this Eleventh World Health Assembly, which opened on 28 May in this charming city of Minneapolis. In all our affairs, private or public, there comes from time to time a moment when we must take stock of what we have achieved, and review our resources and our opportunities so that we may make a fresh start towards the objectives, whether immediate or remote, which we have set ourselves. That, I think, is the meaning and the function of this Eleventh World Health Assembly: a fresh look at the measures needed for ensuring the attainment by all peoples of the highest possible level of health.

The creation of WHO, after the passing of the great storm which swept over the world for six long years and from which mankind emerged crippled and torn, was an act of faith, a labour of love. Its objectives are to repair the damage caused by sickness and infirmity, to safeguard the physical and mental health of mankind, to try to make men stronger, more self-confident, better able to engage in constructive work, and thereby to co-operate in the creation of more stable economic conditions and consequently in the establishment of peace.

Present wherever there are diseases to be cured or sufferings to be assuaged, WHO extends its kindly and humane activity over both Europe and Asia, over Oceania and Africa as well as America. Everywhere it strives to combat endemic diseases and prevent epidemics, organizing health programmes of profound social significance for the control of tuberculosis or leprosy, syphilis or trachoma, for the eradication of yaws, syphilis or malaria, for repairing the ravages caused by malnutrition or intestinal worms and parasites of all kinds.

We for our part are grateful to WHO and to UNICEF—whose distinguished Director, Mr Maurice Pate, will, we hope, accept our warm and respectful greetings—for the assistance, both technical and material, that they have given us in many public health programmes, particularly the yaws eradication campaign.

Before 1947 this disease, which is a real scourge in many tropical countries, was rife in Haiti's rural areas and was responsible for a particularly high rate of morbidity. About that time, when experiments were made in the use of penicillin for the treatment of syphilis and of treponematoses in general, a team of Haitian doctors, headed by Dr Rein, conducted a pretty conclusive experiment with this drug on a large number of persons suffering from yaws. I should like here to pay a warm tribute to the memory of learned and devoted Dr Rein, whose idea it was that penicillin might be effective in the treatment of yaws and who thereby rendered Haiti a notable service. From that moment yaws was no longer a problem from the therapeutic point of view. What was required then was to find the resources needed to conduct a mass campaign for the total eradication of this cruel disease.

Towards this end, we sought and obtained the help of WHO and UNICEF. After the conclusion of agreements between the Haitian Government and these international bodies in June 1950, specialized technical help, penicillin and equipment were generously made available to our country.

Although, owing to our demographic problems, the beginning of the campaign was difficult and we proceeded by a process of trial and error, praise is due to the perseverance and fighting spirit of the WHO consultants and the Haitian specialists, who administered house-by-house treatment throughout Haiti's rural areas, even in the most inaccessible mountain regions, and thereby succeeded in arresting the disease. We are proud to be able to say that the combined efforts of WHO and the Government of Haiti for the eradication of yaws were crowned with success.

Accordingly, at various congresses, and more particularly during the meetings on the treponematoses held at Port-au-Prince from 21 to 27 October 1956, it was decided that the experience gained in Haiti should serve as a basis for the organization of campaigns in the countries afflicted with this disease.

Encouraged by the brilliant success of the yaws eradication programme, we have just embarked, with the help of WHO and UNICEF experts, on a four-year malaria eradication programme which will cost us more than a million dollars. At the same time, after putting into practice the recommendations of the conference on rabies convened at Kingston some years ago by the Pan American Sanitary Bureau, we are passing on to the eradication phase in the case of that disease too.

Tuberculosis, which goes hand in hand with malnutrition, is one of our big problems. We have taken steps towards establishing a nutrition section and at the present moment the Haitian public health service, with the co-operation of the William Waterman Fund, is engaged in a country-wide survey. The public health, agriculture and educational services are co-operating in the execution of a broad nutritional programme. As for tuberculosis itself, we intend with WHO's help to launch a pilot project in a selected town after a full survey. We do not want to increase the number of our sanatoria without first implementing a complete tuberculosis control programme through vaccination and chemotherapy.

With regard to poliomyelitis, we should like to take advantage of WHO's experience and research on this subject in order to institute a nation-wide programme. We are also waiting for the oral vaccination method to be perfected and generally adopted in order to undertake a general programme of vaccination against this disease. In this connexion, we are already in contact with certain experimental laboratories in Haiti and work will shortly begin.

A problem which interests us at the moment, and to which we are drawing the attention of the spe-

cialized services, is the prevalence of intestinal worms and amoebae in the tropical countries, and particularly in the under-developed countries. We intend to implement a large-scale programme based on the use of health teams and on health education. Since we do not claim to be able to devise an eradication programme ourselves, we should be grateful for the help of WHO and also of UNICEF—since this disease tends to begin in children—in working out a programme and finding the means, prophylactic and therapeutic, for combating this scourge.

No one can be ignorant of the value of the results achieved in all countries in the last ten years or so thanks to the generous assistance of WHO. All the delegates who have mounted this rostrum one after another have lauded the work done by this splendid and important organization for the well-being of human society.

In many parts of the world, however, men are still gnawed by anxiety and a prey to serious disease. In many parts of the world men are still living in humiliating conditions, ill-fed and housed in squalid hovels which not merely ruin their health but help to reduce them to bestiality.

In this twentieth century, which has been called the century of freedom, it is our duty to help realize the aspirations of the peoples and to work for the greater good of mankind, regardless of race, religion and nationality. That is the task which calls for all our efforts. May we fulfil it with the utmost devotion and success!

I should not like to end this statement without offering my thanks, warmly and publicly, to the Pan American Sanitary Bureau and its Director, the distinguished Dr Soper. We do not forget that even before the Bureau became the Regional Office of WHO it was concerned, from 1940 onwards, with the problems of Haiti. We owe to its assistance the fact that we have been able to train teams of doctors, nurses, health officers and so on.

In conclusion, gentlemen, I should like to extend a warm greeting to all delegations from friendly countries and to the city of Minneapolis, which has given us such a warm welcome.

The PRESIDENT: I thank the delegate of Haiti, and give the rostrum to the delegate of Australia.

Dr METCALFE (Australia): I have a very brief statement to make. I have been instructed by my Government to advise you that Australia has decided to make a voluntary contribution of the equivalent of \$50 000 towards the fund for the erection of the new regional headquarters at Manila.

The PRESIDENT : I thank the delegate of Australia for a very excellent announcement. I now invite the delegate of Albania to the rostrum.

Mr ANDONI (Albania) : May I first of all take this opportunity of associating myself with previous speakers in expressing to you, Mr President, sincere congratulations on your election as President of this august Assembly.

The documents which are now under discussion are of great importance. The Director-General's report brings out the successes achieved in the field of health and raises very important problems for our work in the future. The work of WHO in the combined study of a series of problems, such as the eradication of malaria, the fight against influenza and other diseases, ranks among the most successful achievements. The outstanding problems still awaiting solution are those related to under-developed countries, to which, in our opinion, greater attention should be given in the future. These countries are in need of greater assistance on the part of this Organization, and we must spare no efforts in helping them in the sphere of health. The enormous possibilities emerging from the rapid advance of medical science should be used for the benefit of the health of the peoples of the world in general, and for the progress of the countries lagging behind in particular.

All the scientific and technical attainments reached on the world scale should serve the interests of the existence of man and his health. Atomic energy, this great achievement of man in our time, should be used for peaceful purposes in all spheres, including the field of health. Needless to say, atomic test explosions, which are increasing the level of atomic radiation in the atmosphere and thus are harmful to the health of the people, should be terminated.

WHO is an organization of humanitarian nature and is called on to fulfil noble duties : to protect and raise the health of all the peoples of the world. In order that it may be able to succeed in carrying out its objectives, WHO should extend its activities in all parts of the world without any discrimination whatsoever. WHO also has the obligation to make it possible for all countries of the world to exchange their experience in the field of health. This would be of mutual benefit to neighbouring countries. In this connexion, however, we must note with deep regret that not all countries are represented in this organization. The People's Republic of China, with a population of 600 000 000 people, is not a Member and this deplorable situation, as mentioned before by other delegates, is of deep concern to many countries, those neighbouring on China in particular.

WHO, which has now celebrated its tenth anniversary, has rendered good services to mankind. All the members of the Organization must contribute towards its promotion in order to make it capable of meeting the growing needs for a healthier world to live in. Every country, big or small, has the possibility and duty to give its assistance and experience in the field of health.

We in Albania have during 1957 made a further advance in the protection of the health of the people in the struggle against disease. The standard of living of our people was raised higher and this, together with the continuous efforts exerted by the health institutions of our country, has made it possible for our people to enjoy better health. We have further improved our medical services and hospitals, and the mortality rate has fallen from 2.7 per cent. in 1954 to 2.2 per cent. in 1957. In 1957 we had 51 hospitals with 3910 beds, 42 epidemiological centres, 11 tuberculosis sanatoria with 1456 beds, 73 maternity homes and divisions with 774 beds, 472 clinics, 68 antivenereal dispensaries, 48 dental clinics, 105 kindergartens with 2878 beds, and some 105 other medical centres.

These figures demonstrate the great successes achieved by the People's Republic of Albania in the sphere of health. It must be borne in mind that, in addition to the fact that during the war our country was destroyed by invaders, before the war it was very backward. Before the liberation we had only 8 hospitals with 820 beds, 36 clinics, 4 antivenereal dispensaries, and only 50 beds in the tuberculosis division of the Tirana hospital.

The Government of the People's Republic of Albania has undertaken energetic measures against serious social diseases such as malaria and syphilis. During 1957 we continued our fight against malaria, especially by using DDT on a large scale. A considerable reduction in malaria infection has been recorded. Out of 66 801 blood analyses made during the year, only 423 malaria cases were recorded. The spleen rate, which was 59.2 per cent. in 1938, had dropped to 3 per cent. in 1957; and the parasite rate, which was 16.5 per cent. in 1938, had fallen to 0.02 per cent. in 1957. In view of the above-mentioned successes and the experience derived in this field, our Ministry of Health presented a plan envisaging the eradication of malaria in our country by 1962.

As for syphilis, a mass case-finding and treatment campaign was carried out during 1957 : 128 055 analyses were made, and a reduction from 0.3 per cent. of positive cases in 1956 to 0.2 per cent. in 1957 was achieved. No cases of congenital syphilis

have been recorded since 1947. The denouncement of this disease is obligatory in our country, and its treatment is free.

Other significant achievements have been reached in Albania in the health of the people and in their general welfare. Great importance has been given to antituberculosis measures. In addition to the treatment given in sanatoria and other medical centres, we have continued the use of antibiotics and have carried out mass case-finding by fluoroscopy. The price of antibiotics and other medicaments has been reduced. We have improved and enlarged the services for maternal and child health as well as the dental services. Thanks to the energetic measures undertaken by our Government and the generous aid provided to us by the USSR and other Socialist countries, the prerequisites are there to ensure that all strata of our population, especially the working people, will enjoy better health in the future.

The PRESIDENT : I thank the delegate of Albania, and invite to the rostrum the delegate of Canada.

Dr GILBERT (Canada) (*translation from the French*) : Allow me to say briefly that the Canadian delegation shares the feelings already expressed by various speakers and offers its congratulations to the new Members of the Organization, to the President and Vice-Presidents on their election, as well as to the Director-General for his Annual Report on the 1957 programme, which records the great volume of work done through very varied services but with a uniformly high quality, to judge by the testimony of the grateful countries whose spokesmen have preceded me here.

In matters of public health, Canada is said to be an advanced country, but the meaning of that expression is really entirely relative. To merit the term, is it enough to have favourable mortality rates, to have first-class sanitary installations, to have competent health services, or even to have carried out an adequate programme of professional training? Undoubtedly those are important factors which are bound to have an effect on public health, but are they the only things to be considered? Ought not a country which is advanced in health matters to have a health and medical programme specifically designed to meet its public health problems? "Public health problem" again is a somewhat vague expression and we should try to clarify its meaning. It is generally understood to mean any grave or unfavourable health situation the correction of which requires concerted action at the community level. But if we ask medical men to define such situations we shall receive very varied replies,

depending on their particular viewpoints as regards the health of the population. Anyone employed in an international organization necessarily thinks of health from the point of view of the world as a whole and declares that the number one health problem is malaria. A national demographer, on the other hand, will tell us that in his view heart diseases come first. An epidemiologist will take the contagious disease prevalent in his own country and make it the focus of his attention. The sanitary engineer knows that in any health programme adequate sanitation is the first goal to be attained. The paediatrician, seeing the nation's future in its children, declares that there can be no real health without child health care. The nutritionists inform us that almost all personal health depends on proper feeding. So it goes on, and the strangest thing is that they are all right.

Turning now to my own country, let me suggest another way of looking at the problem. It seems logical to ask what would be the best way of improving health there at the present time. I should have to reply that it would be to make available to the entire population the benefits offered by modern medicine. What is the value of even the best medical techniques if the majority of the population cannot benefit from them fully and in time? The important thing therefore is to organize the distribution of medical care in such a way as to remove the financial obstacle which too often in the advanced countries hampers the recovery of health. In other words, what we must do is to give priority over money to an infinitely more precious commodity—human capital.

In this connexion it may interest you to know that in a few weeks five Canadian provinces will take advantage of the help offered them by our federal Government for the financing of their hospital insurance. It seems likely that the other provinces will shortly imitate them with a similar plan of hospital care and diagnostic services. In this way Canada, which is doubly blessed in occupying a privileged place in the world in health standards and in participating in the programmes of WHO, Technical Assistance, UNICEF and the Colombo Plan, is resolutely pursuing the goal which this Organization has for some ten years placed before its Member States : the attainment by all peoples of the highest possible level of health.

The PRESIDENT : I thank the delegate of Canada, and invite to the rostrum the delegate of Pakistan.

Dr NIAZI (Pakistan) : I promise to be very brief. On behalf of Pakistan, the country which I have

the honour to represent, I wish to add to the congratulations and the good wishes that have been expressed on the tenth anniversary of the World Health Organization. This is no mere tail-wagging performance in anticipation of favours to come, but a sincere hope that the succeeding decade will serve to strengthen confidence and friendship between nations and extend the boundaries of health to the whole world. As guests in this great country, we welcome the appointment of Dr Burney as our President. We can assure him that we shall extend our full co-operation with a deep sense of devotion during his tenure, and wish him all success and happiness. We should also like to add our appreciation of the work of the Director-General and his staff, and our personal thanks to Dr Candau for the skilled and the imaginative guidance he has given to this majestic enterprise of extending health to the uttermost parts of the earth. As to the achievements of WHO and what has been accomplished since 1948, I am afraid I shall not be able to elaborate in the manner in which previous distinguished delegates have done, except to say that Pakistan has been closely associated with the Organization since its inception and has contributed to its advancement in a humble way.

In turning to the problems of my own country, I give first place to our gratitude for the help already given by WHO, UNICEF, and other international bodies. As an agricultural community, one of the most important services developed in recent years has been the village development programme, which represents a co-ordinated effort to promote community health and welfare. The aim is to carry out plans of self-help in our villages to advance health and social welfare along the same lines and not as a separate scheme. For this reason, we have been gratified by the progress of training at the local level for a whole range of community activities.

In spite of planning on a broad scale, our country has been faced with two outstanding difficulties: the shortage of trained personnel, especially in the field of nursing and in the personal health services generally; and the control of communicable diseases. As regards the latter, malaria is still one of the major problems, but assisted control schemes have been in operation since 1951, and I am glad to say that they are making good progress. The Malaria Institute, which was removed to Dacca in 1952, and its branch in Karachi have been very active.

Tuberculosis is one of our most serious attackers. So far, seven million people have been vaccinated

with BCG. The control schemes set up in Karachi have done excellent work in training medical, nursing and technical staffs. Activities have been extended to East Pakistan and good progress has been recorded.

The country is short of nurses, but the twenty-two training centres started by the Government in various places are maintaining a steady flow of admission, and a nursing council has been established to achieve a uniformly high level of training. There has also been steady progress in the development of medical education. There were three medical colleges ten years ago and now we have eight colleges. Medical graduates are being sent abroad in numbers for further training and specialized experience. In this way we hope to make up our deficiency in the number of teachers, and we welcome all assistance given to forward our training programme.

Finally I wish to express our thanks to our hosts in Minneapolis. Our kind reception in this hospitable city and State will long be remembered.

The PRESIDENT: I thank the delegate of Pakistan.

I have no other speakers on the list. I believe we can consider the general debate on items 11 and 12 of the agenda as concluded. Is the Assembly in agreement? I hear no observations to the contrary.

6. Announcement concerning the Election of Members Entitled to Designate a Person to Serve on the Executive Board

The PRESIDENT: We will proceed to the final item on this morning's agenda—the announcement concerning the election of Members entitled to designate a person to serve on the Executive Board (item 14). I will read out Rule 93 of the Rules of Procedure of the Health Assembly.

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than forty-eight hours after the President has made the announcement in accordance with this Rule.

In pursuance of this rule, then, the President invites delegations desirous of so doing to send in their

suggestions to Mr Paul Bertrand, Assistant to the Secretary of the Assembly, not later than 11 a.m. on Thursday 5 June. (The Director-General says 11.55 a.m. if they wish.) If there are no other

comments or observations—and I hear none—this plenary meeting of the Eleventh World Health Assembly is closed.

The meeting rose at 12 noon.

SIXTH PLENARY MEETING

Saturday, 7 June 1958, at 9.30 a.m.

Acting President: Dr A. SAUTER (Switzerland)

1. Third and Fourth Reports of the Committee on Credentials

The ACTING PRESIDENT (*translation from the French*): Ladies and gentlemen, the meeting is called to order. The first item on the agenda of this plenary meeting is the adoption of the third and fourth reports of the Committee on Credentials. I call on Mr Zeuthen, Rapporteur of the Committee, to present his report.

Mr Zeuthen (Denmark), Rapporteur of the Committee on Credentials, read the third and fourth reports of the Committee (see page 369).

The ACTING PRESIDENT (*translation from the French*): The Rapporteur of the Committee on Credentials has read out the third and fourth reports of the Committee. Have you any comments or objections in regard to the third report? There are none. The third report is adopted.

Do you wish to make any observations or objections in regard to the fourth report? There are none. The fourth report of the Committee on Credentials is also adopted.

2. Renewal of the Contract of the Director-General: Report by the President of the Tenth World Health Assembly

The ACTING PRESIDENT (*translation from the French*): We now pass to the third item on our agenda: Renewal of the contract of the Director-General: Report by the President of the Tenth World Health Assembly. This item of the agenda is the subject of document A11/4, which states that, in accordance with resolution WHA10.31 adopted last year by the Tenth World Health Assembly, the Director-General, on 18 October 1957, informed the President of the Tenth World Health Assembly that

he accepted the Assembly's offer to renew his contract and asked that the renewal be for a further period of two years. On 21 October 1957, the President of the Tenth World Health Assembly dispatched to all governments a *note verbale* informing them of the decision of the Director-General, and on 22 November 1957 signed the instrument renewing the agreement on the terms of employment of the Director-General. The *note verbale* and the agreement renewing the contract of the Director-General¹ are given in the annexes to document A11/4.

I would propose to the Assembly that it take note of the steps taken by the President of the Tenth World Health Assembly and by the Director-General in pursuance of this resolution of the Tenth Assembly. Are there any observations on this subject? There are none. I will therefore take the liberty of reading out to you a draft resolution:

The Eleventh World Health Assembly,

Considering the decision of the Tenth World Health Assembly concerning the renewal of the contract of the Director-General, as reflected in resolution WHA10.31;

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

1. EXPRESSES its appreciation of the decision taken by the Director-General to continue to devote his services to the successful operation of the World Health Organization; and

2. NOTES that the renewal of the agreement on the terms of employment of the Director-General

¹ The text of the agreement is reproduced in Annex 5.

has been signed by the President of the Tenth World Health Assembly and the Director-General.

That is the draft resolution. Have you any remarks on the subject? There are none. I will therefore invite the Assembly to adopt this resolution by acclamation. (*Applause*)

Ladies and gentlemen, in adopting this resolution by acclamation you have expressed your pleasure and satisfaction at seeing Dr Candau continue to devote his services to the Organization and carry on his competent and successful work.

3. Second Report of the Committee on Administration, Finance and Legal Matters

The ACTING PRESIDENT (*translation from the French*): We now pass to the fourth item of our agenda: the second report of the Committee on Administration, Finance and Legal Matters.¹ The report is contained in document A11/14. The document was distributed more than twenty-four hours before the present meeting; it is therefore not necessary to ask the Rapporteur of the Committee to read out the report.

The first section of the report concerns the status of collection of annual contributions and of advances to the Working Capital Fund. Are there any observations in regard to the first section of this second report? Any objections? I do not see any.

Section 2 concerns the Working Capital Fund for 1959. Are there any comments? Any objections? There are none. You have approved section 2, on the Working Capital Fund.

Section 3 concerns amendments to the Staff Rules, as confirmed by the Executive Board. Any observations on section 3? Any objections? There are none. You have adopted section 3.

Section 4: Amendment to working principles governing the admission of non-governmental organizations into official relations with WHO. Are there any comments or objections? There are none. Section 4 is adopted.

Last section, section 5: Place of meeting of the Twelfth World Health Assembly. Any remarks or objections? There are none. You have also adopted section 5.

I submit for your approval the second report of the Committee on Administration, Finance and Legal Matters as a whole. Do you wish to make any comments, any objections? There are none. You have approved the report as a whole.

¹ See p. 383.

4. Third Report of the Committee on Administration, Finance and Legal Matters

The ACTING PRESIDENT (*translation from the French*): We now take up the fifth item of our agenda: the third report of the Committee on Administration, Finance and Legal Matters. The report is contained in document A11/19. Unlike the previous report, this document was not distributed twenty-four hours before the present meeting. Therefore I request Dr Mellbye, Rapporteur of the Committee, to come to the rostrum and read out the report, item by item.

Dr MELLBYE (Norway), Rapporteur of the Committee on Administration, Finance and Legal Matters: Mr President, the third report of the Committee on Administration, Finance and Legal Matters reads as follows:

The Committee on Administration, Finance and Legal Matters held its fifth, sixth, seventh and eighth meetings on 3, 4 and 5 June 1958.

Scale of Assessment for 1959 (Correction of Error in the Assessment of Korea)

The Committee on Administration, Finance and Legal Matters informs the World Health Assembly that the Director-General has announced an error of reproduction in Annex 3 to document A11/AFL/9, and repeated in document A11/12. The assessment of Korea is shown as 16 units, whereas the assessment should be 0.04 per cent., as provided in resolution WHA9.15.

The Committee on Administration, Finance and Legal Matters reopened the discussion of this item in accordance with the provisions of Rule 65 of the Rules of Procedure of the Health Assembly and recommends to the Assembly that the assessment of Korea be corrected in the scale of assessment from 16 units to 0.04 per cent. The Committee further recommends to the World Health Assembly that it also reopen the discussion on the item under the provisions of the same Rule of Procedure, in order to correct the assessment of Korea.

The ACTING PRESIDENT (*translation from the French*): I thank the Rapporteur.

You will have noted that the Committee on Administration, Finance and Legal Matters recommends that the Assembly reopen the discussion on this item. To re-examine a decision once taken, an adopted resolution, a two-thirds majority of the Assembly is required, in accordance with Rule 65 of the Rules of Procedure. Have you any objection

to the Assembly re-examining this item? There are no objections. You have therefore decided unanimously to re open the discussion on this item, which concerns the contribution of Korea.

The discussion is open. Does any delegate wish to speak? I call on the delegate of Greece.

Dr VITSAXIS (Greece) (*translation from the French*): I should like to avail myself of this opportunity, now that we are discussing the question of the contributions of Member States to the World Health Organization, to say a few words on the system now used in WHO, namely the unit system. You know that when our Organization began to function, it adopted the unit system; subsequently, the Assemblies adopted a mixed system, whereby some countries had to pay according to a percentage system—such was the case of the countries paying the minimum contribution and of the country paying the maximum contribution—and other States had to pay according to...

The ACTING PRESIDENT (*translation from the French*): I must draw the attention of the delegate of Greece to the fact that we are discussing only the third report of the Committee on Administration, Finance and Legal Matters and the adoption of this report, and not the basis of the system of assessing the contributions of Member States to the World Health Organization.

Dr VITSAXIS (Greece) (*translation from the French*): Mr President, I was under the impression that it had been decided to reopen discussion on the question of the contributions of Member States and that we had just voted to accept the reopening of the discussion on this item. If that is not the case, I shall, of course, say no more on the question of contributions.

The ACTING PRESIDENT (*translation from the French*): That is correct. In opening the discussion I said that we were opening the discussion on this item, and the item concerns solely the contribution of Korea, concerning which an error of reproduction occurred in the documents. It is merely a matter of correcting this error. It is this item that is now under discussion.

Dr VITSAXIS (Greece) (*translation from the French*): I think, Mr President—though I may be wrong—that if the discussion on a question is reopened, the whole question may be discussed. Nevertheless, I defer to your judgement, and if you think that this intervention is out of place here, I shall have no objection to refraining from speaking on the subject.

The ACTING PRESIDENT (*translation from the French*): I thank the delegate of Greece. Do any

delegates wish to speak on the item under discussion, that is, on the assessment of Korea? No one. Then I propose that the Assembly adopt the recommendation of the Committee on Administration, Finance and Legal Matters and decide that the contribution of Korea be corrected in the scale of assessment, the figure of 16 units being replaced by that of 0.04%. Do you approve this proposal? I see no objection. It is so decided.

I should now like to ask the Rapporteur of the Committee on Administration, Finance and Legal Matters to read out the first section of the third report. I call on Dr Mellbye.

Dr Mellbye (Norway), Rapporteur of the Committee on Administration, Finance and Legal Matters, read section 1 of the Committee's third report (see page 384).

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Mellbye. Are there any comments on section 1 of the report? Any objections? I do not see any. You have adopted the first section. I request Dr Mellbye to read out the second section.

Dr Mellbye read section 2 of the report.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Mellbye. Does anyone wish to make any observations in regard to section 2 of the third report? Are there any objections? There are none. Section 2 is adopted. I request Dr Mellbye to read out section 3.

Dr Mellbye read section 3 of the report.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Mellbye. Do you wish to make any comments on item 3? Any objections? There are none. Section 3 is adopted. I request Dr Mellbye to read out section 4.

Dr Mellbye read section 4 of the report.

The ACTING PRESIDENT (*translation from the French*): Are there any observations in regard to section 4? Any objections? There are none. Section 4 is adopted. Let us go on to section 5.

Dr Mellbye read section 5 of the report.

The ACTING PRESIDENT (*translation from the French*): Are there any observations in regard to section 5? Any objections? There are none. Section 5 is adopted. Section 6.

Dr Mellbye read section 6 of the report.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Mellbye. Are there any observations in regard to section 6? Any objec-

tions? There are none. Section 6 is adopted. Section 7.

Dr Mellbye read section 7 of the report.

The ACTING PRESIDENT (*translation from the French*): Do you wish to make any observations in regard to section 7? Any objections? There are none. Section 7 is adopted.

Dr Mellbye read section 8 of the report.

The ACTING PRESIDENT (*translation from the French*): Are there any remarks concerning section 8? Any objections? There are none. Section 8 is adopted.

Dr Mellbye read section 9 of the report.

The ACTING PRESIDENT (*translation from the French*): Do you wish to make any remarks concerning item 9? Any objections? There are none. Section 9 is adopted.

Dr Mellbye read section 10 of the report.

The ACTING PRESIDENT (*translation from the French*): Do you wish to make any observations in regard to section 10? I call on the delegate of Norway. Dr Evang, you have the floor.

DR EVANG (Norway): Mr President, fellow delegates, to avoid misunderstanding, I should like, just for the record, to remind you that this matter was not raised at this time by any of the countries which are named in the resolution, and that these countries individually feel free to take any position other than the one they took the last time, when the matter is being discussed again in the Assembly on future occasions.

The ACTING PRESIDENT (*translation from the French*): I thank the delegate of Norway for this clarification. Do any other delegates wish to speak? There are none.

Do you wish to state any objections to the adoption of section 10? There are none. You have adopted section 10, and I submit for your approval the third report of the Committee on Administration, Finance and Legal Matters as a whole. Are there any observations or objections? There are none. The third report is adopted.

5. First Report of the Committee on Programme and Budget

The ACTING PRESIDENT (*translation from the French*): We now take up the sixth item on our agenda: the first report of the Committee on Pro-

gramme and Budget.¹ You will find the report in document A11/16. Document A11/16 was distributed more than twenty-four hours before the present meeting; there is therefore no need to ask the Rapporteur of the Committee to read out the report. So I submit the first report for your approval, item by item.

The first section concerns the Annual Report of the Director-General for 1957. Do you wish to make any observations in this regard? Any objections? There are none. You have adopted section 1 of the first report.

I pass on to section 2, concerning environmental sanitation. Are there any observations? Any objections? There are none. You have also approved section 2.

I submit for your approval the first report of the Committee on Programme and Budget as a whole. Are there any observations? Any objections? There are none. You have adopted the first report as a whole.

6. Second Report of the Committee on Programme and Budget

The ACTING PRESIDENT (*translation from the French*): We now come to the seventh item on our agenda: the second report of the Committee on Programme and Budget.² You will find the report in document A11/17. This report was also distributed more than twenty-four hours before the present meeting, so there is no need for me to ask the Rapporteur to read it.

I submit for your approval the resolution contained in this report, concerning the effective working budget and budget level for 1959. Do you wish to make any observations on the second report? Any objections? There are none. You have adopted the second report of the Committee on Programme and Budget.

7. Election of Members Entitled to Designate a Person to Serve on the Executive Board

The ACTING PRESIDENT (*translation from the French*): We pass on to the eighth item on our agenda: Election of members entitled to designate a person to serve on the Executive Board. This item of the agenda is the subject of document A11/18, which is the report of the General Committee.³ The report was distributed yesterday

¹ See p. 371.

² See p. 372.

³ See p. 371.

morning—more than twenty-four hours before the present meeting—and the Assembly is thus authorized, under the terms of Rule 94 of the Rules of Procedure, to proceed to the annual election of the six Members entitled to designate a person to serve on the Executive Board. I should like to remind the Assembly that the six Members whose term of office expires this year are: Argentina, Ecuador, Finland, Pakistan, the Philippines and Portugal. The item under discussion is the subject, firstly, of Articles 18 (b), 24 and 25 of the Constitution. I should like to read out these Articles:

Article 18 (b)

The functions of the Health Assembly shall be: . . . to name the Members entitled to designate a person to serve on the Board.

Article 24

The Board shall consist of eighteen persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

Article 25

These Members shall be elected for three years and may be re-elected. . . etc.

The rest of the Article does not concern us.

In addition, the election of the members of the Executive Board is the subject of Rules 92, 95, 96 and 97 of the Rules of Procedure.

Rule 92

At each regular session of the Health Assembly, the Members entitled to designate persons to serve on the Board shall be elected in accordance with Articles 18 (b), 24 and 25 of the Constitution. . .

Rule 95

The Health Assembly shall elect by secret ballot from among the Members nominated in accordance with the provisions of Rule 94 the six Members to be entitled to designate persons to serve on the Board. Those candidates obtaining the majority required shall be elected. . .

In any ballots taken under the provisions of this Rule no nominations other than those made in accordance with the provisions of Rule 94 and this Rule shall be considered.

Article 94 states that the General Committee of the Assembly, having regard to the provisions of the Constitution, shall nominate, and draw up a list of, nine Members. Of these nine Members the General Committee is required to recommend to the Health Assembly six which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole. Document A11/18 therefore contains the list of nine Members—the list submitted to you by the General Committee. The document also contains the list of six Members whose election, in the opinion of the Committee, would provide a balanced distribution of the seats on the Executive Board.

Before proceeding to the secret ballot, I should like to ask whether any delegation has an observation or comment to make.

The delegate of Norway has asked for the floor.

Dr EVANG (Norway): Before the Assembly acts on the document before us, A11/18, "Election of Members entitled to designate a person to serve on the Executive Board", permit me to say a few words. As you may know, my country is not a candidate this year for the Executive Board, which makes it somewhat easier for me to speak freely on one of the principles guiding these elections. The principle to which I refer is to be found in the Constitution of WHO, Article 24, which has just been read to you and which includes the following sentence: "The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board." This is statutory. The General Committee, therefore, in nominating the nine Members on the slate from which you can elect the six, has to follow this principle. They have no choice.

May I on this background invite your kind attention to the document before you, and more particularly to the nomination by the General Committee of the three countries from the European Region. As you will see, the three following Member States from the European area have been nominated: the Union of Soviet Socialist Republics, France, and the Netherlands. The rather large group of European countries, which number between twenty-five and thirty, as you know, may perhaps be roughly divided into four groups: one southern group, close to the Mediterranean, with its specific health problems, ethnographic and other conditions; one eastern European group, which is also fairly well defined; one western group in the middle of Europe; and one northern group. It so happens that these four groups, although the delineation is not very sharp,

in many ways feel that they represent various types of health problems, various types of health administration, and this attitude has so far, with a very few exceptions, been respected by this Assembly.

As far as the group of countries which for obvious reasons is closest to my heart—the group of five countries in the North—is concerned, namely Denmark, Finland, Norway, Iceland, and Sweden, these five countries have since the start of WHO always been given an opportunity to designate from one country or the other a person to serve on the Executive Board.

This seems fair, both if you will take a look at the question from the quantitative point of view or if you take any point of view. Quantitatively speaking there are eighty-eight Members of WHO at the present time, and there are eighteen Members entitled to designate a person to serve on the Executive Board. This gives an average of 4.3 countries per member of the Executive Board. This group consists of five countries; therefore, you cannot say that there would be any over-representation if there was a member of the Executive Board from this area. On account of their special geographic, climatic, ethnological and other conditions, we feel that this group of countries also has its own specific health problems; and, thirdly, we think that they may have found certain solutions which are also more or less characteristic of that area and which have attracted a certain amount of interest among other countries.

As far as I know, the persons so far designated to serve on the Executive Board from this part of the world have all of them served faithfully and in the interests of this Assembly and the Organization as a whole. They have not in any way been seeking their own goals or pressing their own interests.

Now for the first time in the history of this Organization the General Committee has not found a place for any of these countries, in spite of the fact that a country from that part of Europe was a candidate, namely Iceland. Not only did the General Committee not find a place for one of these Nordic countries, but in selecting the names from the European Region, it appears to have overlooked the fact that already two countries from the central western part of Europe, namely the Federal Republic of Germany and the United Kingdom, are serving on the Board. On the list of nine, you will find two more countries from the same part of Europe, namely France and the Netherlands. That, in our opinion, would give a gross and striking over-representation from one specific limited area of Europe.

We are very happy to see that the Union of Soviet Socialist Republics is on the list; it fairly represents the eastern group of countries.

If the reason why the General Committee omitted the candidate from the northern part of Europe is that Iceland is a small country, I would respectfully remind you that there is no reference whatever in the Constitution or in the Rules of Procedure to the size of a country, and obviously that would also be incompatible with the democratic character of this Organization and would make it impossible for certain countries to get on the Executive Board throughout the whole history of this Organization.

My Government, as you know, has on several occasions explained its position in this respect, by saying that we are for rotation in the Executive Board, meaning that we feel that all countries, small or big, should be given an opportunity to serve on the Executive Board as soon as possible. We think, if I may say so, that participation in the work of the Executive Board is also an educational process, whereby the countries chosen to designate a member of the Board get inside information about the work of this Organization which can be obtained only through that channel.

Now what can we do about this? Under the rules of procedure which have been read to you by the President, there is no provision for suggesting additions to the list of nine from the floor of this house. We cannot therefore, here and now, suggest additional names. It is possible, however, for this Assembly to refer the matter back to the General Committee for reconsideration. That way is open to us. My delegation felt that, regardless of the fact that many arguments may be put in favour of such procedure, we would not press that matter on this occasion. We would, in other words, leave it to other delegations to suggest this procedure if they feel the same way as us. We don't want to appear bad losers, as you all understand.

The reason I am taking your time now is that unfortunately no real discussion takes place in the General Committee before nomination. In the earlier days that happened always, but for some reason or another at the present time no such discussion takes place, and therefore we feel that the General Committee was, perhaps, not quite clear as to what it was doing in making this miscalculation of the relative representation of the various parts of Europe. I should be very glad to have an explanation from a representative of the General Committee as to what principles guided it in the selection of the Members from the European Region.

The ACTING PRESIDENT (*translation from the French*): The discussion remains open. Do any other delegations wish to speak on this subject? The delegate of the Netherlands has the floor.

Mr LE POOLE (Netherlands): My delegation has noted that the Netherlands has been included in the list of nine Members drawn up for the purpose of the present election. This is a happy surprise for my Government, and my delegation would wish to thank those Members who have been party to this recommendation. While, however, my delegation has no desire to disturb the arrangements for this morning's election, it hopes that Members will not vote for the Netherlands on this occasion.

The ACTING PRESIDENT (*translation from the French*): I thank the delegate of the Netherlands for his explanation. Are there any other delegations that wish to speak? There are none.

Before the vote is taken, I should like to say in reply to the delegate of Norway that the General Committee, in drawing up the list, observed the provisions of the Constitution and of the Rules of Procedure of the Assembly and proceeded in the same way as in all the other years. I feel authorized to say this on behalf of the General Committee.

If no other speakers wish to take the floor, we will now proceed to vote by secret ballot. The ballot papers have been distributed to you by the Secretariat and on each ballot paper each delegation is requested to write the names of six countries. In this connexion I would point out that all ballot papers must bear the names of six countries: a ballot paper bearing a number below or above six will not be valid. Secondly, all ballot papers must bear the names of six Member States appearing on the list proposed to you by the General Committee. Any ballot paper bearing the name of a Member State that does not appear on the list contained in document A11/18 will be null and void.

I should now like to designate the tellers. I request Mr Botha, of the Union of South Africa, and Dr Kahawita, of Ceylon, to be so good as to act as tellers and to take their places on the rostrum. Mr Botha and Dr Kahawita, will you please come forward?

Has each delegation received its ballot paper? Yes. I will now draw the name of a country from which the alphabetical roll-call will begin. The letter I have drawn is N. The delegation of Nepal will therefore be the first to vote.

A vote was taken by secret ballot, the names of the following Member States being called in the English

alphabetical order, starting with Nepal, the letter N having been determined by lot.

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

The ACTING PRESIDENT (*translation from the French*): Have all the delegations been called to cast their vote? Has any delegation not been called to cast its vote? If all the delegations have been called to cast their votes, the tellers will now proceed to the count. For that, we must suspend the meeting for about thirty minutes. The meeting is suspended.

The meeting was suspended at 11.10 a.m. and resumed at 11.55 a.m.

The ACTING PRESIDENT (*translation from the French*): Ladies and gentlemen, the meeting is resumed. I will give you the result of the ballot:

Number of Members present and voting	79
Majority required	40

Votes obtained:

France	75
Brazil	68
Union of Soviet Socialist Republics	68
Viet Nam	66
Guatemala	59
Iran	47

These six countries have been elected to designate a person to serve on the Executive Board. Then follow:

Israel	40
Peru	40
Netherlands	11

In view of the result of the ballot, I venture to propose to you the following resolution :

The Eleventh World Health Assembly,

After consideration of the nominations of the General Committee,

ELECTS the following Member States as Members entitled to designate a person to serve on the Executive Board :

Brazil, France, Guatemala, Iran, Union of Soviet Socialist Republics and Viet Nam.

Have you any observations to make on this resolution? Any objections? Then the resolution is adopted.

I would now like to make an announcement concerning the Member States that have just been elected to designate a person to serve on the Executive Board. The twenty-second session of the

Executive Board opens on Monday 16 June, and it would be very helpful if the six Member States that have just been elected could inform the Director-General as soon as possible of the names of the persons they designate to serve on the Board. The Director-General will then be in a position to send the designated persons official notification of the convening of the twenty-second session of the Board, together with the documentation prepared for that session. We have now finished this item of the agenda, and I wish to thank the two tellers.

There will be no meetings on Monday as the delegations are to visit the Mayo Clinic at Rochester.

Before ending this meeting, ladies and gentlemen, I should like to thank you for the honour you have done my country in conferring on a member of its delegation the honour of being your Vice-President. Thank you, ladies and gentlemen.

The meeting rose at 12 noon.

SEVENTH PLENARY MEETING

Thursday, 12 June 1958, at 3 p.m.

Acting President: DR TRAN-VY (Viet Nam)

1. Fourth Report of the Committee on Administration, Finance and Legal Matters

The ACTING PRESIDENT (*translation from the French*): Ladies and gentlemen, the seventh plenary meeting is called to order. Before commencing discussion of the first item on our agenda I should like to thank you for the great honour done to my country in electing me Vice-President of the Eleventh World Health Assembly. I am also grateful to the President of the Assembly for the opportunity he has afforded me of presiding over this meeting today.

The first item on the agenda of today's plenary meeting is the adoption of the fourth report of the Committee on Administration, Finance and Legal Matters.¹ It is the subject of document A11/22. This document was distributed more than twenty-four hours before the opening of this meeting, so in accordance with Rule 51 of the Rules of Procedure of the Assembly it is not necessary to ask the Rapporteur to read it. I invite the Assembly to examine in turn each of the resolutions contained in this report.

¹ See p. 387.

Section 1 concerns the Convention on the Privileges and Immunities of the Specialized Agencies—the revision of Annex VII. We must bear in mind that Rule 67 of the Rules of Procedure of the Assembly requires that, in the case of conventions, decisions shall be made by a two-thirds majority of the Members present and voting. Are there any remarks or objections with regard to this section?

The delegate of the United Arab Republic has the floor.

Dr SHOIB (United Arab Republic): Mr President, regarding the last section of this report, my delegation, realizing the repercussions that it might have on the future development of this organization, will respectfully request a roll-call vote.

The ACTING PRESIDENT (*translation from the French*): I think we have not yet reached the last section of the report. We are at present dealing with section 1, relating to the Convention on the Privileges and Immunities. Has any delegate any remark or objection to make in connexion with this section? No one seems to wish to speak on the subject. I can therefore assume that the Assembly

unanimously adopts this section. In this case there is no need for a vote, seeing that we are unanimous.

Let us pass on now to section 2, concerning the possibility of action being taken under the aegis of WHO regarding the application of the 1949 Geneva Humanitarian Conventions, as proposed by the Government of Monaco. Does any delegate wish to make any objection or remark? There does not appear to be any objection, so I declare the section adopted.

Section 3 refers to accommodation for the Regional Office for the Western Pacific. Any objections or remarks? There are none. The section is therefore adopted.

Section 4 concerns the scale of assessment for 1959, and in particular Hungary. As the Assembly will remember, it had occasion at its fifth plenary meeting, on 3 June, to consider the resolution proposed by the Committee on Administration, Finance and Legal Matters on the subject of the scale of assessment for 1959. In a footnote to the resolution in question it was indicated that Hungary's contribution would be inserted in the scale after the Health Assembly had taken a decision on the amount. Is there any objection to the recommendation by the Committee on Administration, Finance and Legal Matters that Hungary's contribution for 1959 be fixed at 47 units? There being no objection, I consider that the Assembly has decided to complete the resolution on the scale of assessment for 1959 in the manner indicated. Section 4 is therefore adopted.

We pass now to section 5, relating to the appointment of representatives to the WHO Staff Pension Committee. Any objections or remarks? There being none, I declare the resolution adopted.

Section 6 concerns a plan for an intensified research programme. This question was first discussed in the Committee on Programme and Budget, which sent a report on the subject to the Committee on Administration, Finance and Legal Matters. The resolution submitted to us today by the latter committee therefore incorporates the recommendations of the Assembly's two main committees. Are there any objections or remarks? No one appears to wish to speak. In the absence of any objection I declare the resolution adopted.

Section 7 deals with amendments to Rule 67 of the Rules of Procedure of the Health Assembly. Any objections or observations? It was in connexion with this section that the delegate of the United Arab Republic requested a roll-call vote under the terms of Rule 69 of the Rules of Procedure of the Assembly. I will read the rule in question :

The Health Assembly shall normally vote by show of hands, except that any delegate may request a roll-call, which shall then be taken in the English alphabetical order of the names of the Members. The name of the Member to vote first shall be determined by lot.

We will therefore draw a letter by lot. The letter is L. We will now proceed to a roll-call vote on section 7.

A vote was taken by roll-call, the names of the following Member States being called in the English alphabetical order, starting with Laos, the letter L having been determined by lot.

The result of the vote was as follows :

In favour : Argentina, Australia, Austria, Belgium, Bulgaria, Burma, Cambodia, Canada, China, Cuba, Czechoslovakia, Denmark, Finland, France, Federal Republic of Germany, Greece, Guatemala, Iceland, Italy, Japan, Korea, Laos, Lebanon, Liberia, Mexico, Monaco, Netherlands, Norway, Pakistan, Panama, Peru, Philippines, Poland, Portugal, Romania, Sweden, Switzerland, Thailand, Tunisia, Turkey, Union of South Africa, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela, Viet Nam.

Against : Costa Rica, Iraq, Libya, New Zealand, Saudi Arabia, Sudan, United Arab Republic, Yemen.

Abstaining : Afghanistan, Chile, Ethiopia, Ghana, India, Iran, Ireland, Israel, Hashemite Kingdom of Jordan, Morocco, Nepal, Yugoslavia.

Absent : Albania, Bolivia, Brazil, Ceylon, Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Indonesia, Luxembourg, Malaya, Nicaragua, Paraguay, Spain, Uruguay.

The ACTING PRESIDENT (*translation from the French*) : The results of the roll-call vote on section 7 are as follows : absent, 16; abstentions, 12; 46 in favour and 8 against. The section is therefore adopted.

I now invite the Assembly to adopt the report as a whole. There being no objections or remarks, the report as a whole is adopted.

2. Third Report of the Committee on Programme and Budget

The ACTING PRESIDENT (*translation from the French*) : We will now deal with the second item on our agenda : the third report of the Committee on

Programme and Budget,¹ as contained in document A11/20. This report was distributed more than twenty-four hours before this meeting and it is therefore unnecessary for me to ask the Rapporteur to read it out.

We will now consider the various sections of this third report.

Section 1 is on review and appraisal of WHO fellowships. Are there any observations or remarks? No one appears to wish to speak. The section is therefore considered as adopted.

Section 2 concerns the first report on the world health situation. Any remarks or objections? I do not observe any. Section 2 is therefore adopted.

Section 3 relates to the report on the first ten years of WHO. Any remarks or observations? Apparently not. Section 3 is therefore adopted.

Section 4 deals with developments in activities assisted jointly with UNICEF. Have you any remarks or observations to make? None. Section 4 is therefore adopted.

I now invite the Assembly to adopt the report as a whole. No delegate appears to wish to speak. The third report of the Committee on Programme and Budget as a whole is therefore considered as adopted.

3. Fourth Report of the Committee on Programme and Budget

The ACTING PRESIDENT (*translation from the French*): The third item on our agenda is the fourth report of the Committee on Programme and Budget. Unlike the two previous reports, this was not distributed twenty-four hours before this meeting. I therefore invite the Rapporteur of the Committee, Dr Ibrahim, to come to the rostrum and read out the report section by section.

Dr Ibrahim (Iraq), Rapporteur of the Committee on Programme and Budget, read the opening paragraph and section 1 of the Committee's fourth report (see page 373).

The ACTING PRESIDENT (*translation from the French*): You have just heard section 1 of the fourth report of the Committee on Programme and Budget. Have you any observations or remarks to make on section 1? Apparently there are none. Section 1 is therefore considered as adopted.

I invite the Rapporteur to read section 2.

Dr Ibrahim read section 2 of the report.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Ibrahim. You have just

heard section 2 of the report. Are there any observations or comments? Apparently not. Section 2 is therefore adopted.

I will ask Dr Ibrahim to read section 3.

Dr Ibrahim read section 3 of the report.

The ACTING PRESIDENT (*translation from the French*): You have heard section 3. Are there any comments or observations you wish to make? No. Section 3 is therefore adopted.

I will ask Dr Ibrahim to be good enough to read section 4.

Dr Ibrahim read section 4 of the report.

The ACTING PRESIDENT (*translation from the French*): You have heard section 4. Any observations or comments? There are none. Section 4 is adopted.

Will Dr Ibrahim kindly read section 5?

Dr Ibrahim read section 5 of the report.

The ACTING PRESIDENT (*translation from the French*): Section 5 has been read out to you. Has anyone any remark or comment to make? Apparently not. Section 5 is therefore adopted.

I will ask Dr Ibrahim to read section 6.

Dr Ibrahim read section 6 of the report.

The ACTING PRESIDENT (*translation from the French*): You have heard section 6 of the report. Have you any comments to make? There are none. Section 6 is therefore adopted.

Will Dr Ibrahim kindly read section 7?

Dr IBRAHIM (Iraq):

7. Appropriation Resolution

The Eleventh World Health Assembly

RESOLVES to appropriate for the financial year 1959 an amount of US \$15 365 660 as follows...

Paragraph I shows the breakdown. Shall I read it, Mr President?

The ACTING PRESIDENT (*translation from the French*): Does the Assembly wish to hear the whole text, which includes a great number of figures? You have the report before you of course. As there is no request, will the Rapporteur kindly continue to read the text?

Dr Ibrahim read paragraphs II-VII of section 7 of the report.

The ACTING PRESIDENT (*translation from the French*): You have heard section 7, the Appropria-

¹ See p. 372.

tion Resolution. Have you any remarks to make concerning this section? Apparently not. The section is therefore adopted.

Will Dr Ibrahim kindly read section 8?

Dr Ibrahim read section 8 of the report.

The ACTING PRESIDENT (*translation from the French*): You have heard section 8 of the report. Are there any comments or observations? There are none. The section is therefore adopted.

I will ask Dr Ibrahim to be good enough to read section 9.

Dr Ibrahim read section 9 of the report.

The ACTING PRESIDENT (*translation from the French*): You have now heard section 9 of the report. Do you wish to make any comments? Apparently not. Section 9 is therefore adopted.

I will now ask you to be good enough to adopt the fourth report of the Committee on Programme and Budget as a whole. No one wishes to make any comments or observations. The fourth report of the Committee on Programme and Budget is therefore adopted by the Assembly.

4. Fifth Report of the Committee on Programme and Budget

The ACTING PRESIDENT (*translation from the French*): The fourth item on our agenda is the fifth report of the Committee on Programme and Budget. This report, like the preceding one, was not distributed twenty-four hours in advance. I therefore invite the Committee's Rapporteur, Dr Ibrahim, to read it out to us paragraph by paragraph.

Dr Ibrahim (Iraq), Rapporteur of the Committee on Programme and Budget, read the opening paragraph and section 1 of the Committee's fifth report (see page 376).

The ACTING PRESIDENT (*translation from the French*): You have just heard section 1 of the fifth report of the Committee on Programme and Budget. Have you any comments or remarks to make? There are none. Section 1 is therefore considered as adopted by the Assembly.

I will ask Dr Ibrahim to be kind enough to read section 2, relating to sports medicine.

Dr Ibrahim read section 2 of the report.

The ACTING PRESIDENT (*translation from the French*): You have heard section 2 of the report. We shall be glad to have any observations or comments. There are none. Section 2 is therefore considered as adopted by the Assembly.

Will Dr Ibrahim be kind enough to read section 3?

Dr Ibrahim read section 3 of the report.

The ACTING PRESIDENT (*translation from the French*): You have heard section 3 of the report. Are there any comments or observations? Apparently not. Section 3 is therefore adopted by the Assembly.

I will ask Dr Ibrahim to read section 4.

Dr Ibrahim read section 4 of the report.

The ACTING PRESIDENT (*translation from the French*): Thank you. The Assembly has just listened to section 4 of the report. Are there any comments or observations? There are none. Section 4 is therefore adopted by the Assembly.

I shall be glad if Dr Ibrahim will read section 5, on the eradication of smallpox.

Dr Ibrahim read section 5 of the report.

The ACTING PRESIDENT (*translation from the French*): Thank you, Dr Ibrahim. You have just heard section 5 of the report, on the eradication of smallpox. Have you any comments or observations? There are none. Section 5 of the report is therefore adopted.

I will now ask you to adopt the fifth report of the Committee on Programme and Budget as a whole. There do not appear to be any observations or remarks. The Assembly has therefore adopted as a whole the fifth report of the Committee on Programme and Budget.

5. Review and Approval of the Reports of the Executive Board on its Twentieth and Twenty-first Sessions

The ACTING PRESIDENT (*translation from the French*): The fifth item on our agenda is item 11 of the Assembly's agenda. It relates to review and approval of the reports of the Executive Board on its twentieth and twenty-first sessions.

In accordance with Article 18 (*d*) of the Constitution, the Health Assembly, as well as each of its main committees, has had the opportunity of studying the work accomplished by the Executive Board at its last two sessions. I would here again, on behalf of the Assembly, express our warm thanks to the two representatives of the Executive Board, Sir John Charles and Dr Moore, for the courtesy and competence with which they have fulfilled the task entrusted to them. Today the Assembly is required to adopt a resolution on this subject and,

if the Assembly has no objection, I will propose the following :

The Eleventh World Health Assembly

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

If you have any remarks or observations to make on this resolution will you kindly signify? There being no objections or remarks, the Assembly has adopted the resolution.

6. Address by the Delegate of the Philippines

The ACTING PRESIDENT (*translation from the French*): The last item we are required to examine is item 18 of the Assembly's agenda, namely, "Other business". Does the Assembly wish to comment on this item? Does any delegation desire to speak? The delegation of the Philippines asks for the floor. Any other delegation? Apparently not. I call upon the delegate of the Philippines.

Mr LADRIDO (Philippines): Allow me, Mr President, to express my grateful appreciation to the Eleventh World Health Assembly for the privilege of the hour granted me today. While I know that what I shall say here can be best conveyed to you by the chairman of our delegation—the distinguished Secretary of Health of my country, the Philippines, the Hon. Paulino García—who, by virtue of his designation, is our spokesman in this Assembly, I seek this special privilege because of my dual personality in this august body: first as a delegate of my country, and second as a personal representative of the Speaker of the House of Representatives of the Congress of the Philippines, the Hon. Daniel Romualdez, in my capacity as Chairman of the Committee on Health of that law-making body.

Our distinguished Speaker, Mr President, has authorized me to convey to you his personal greetings and assurance of continued co-operation in the great and gigantic programme of international health building. It is for this reason that the member of the Philippine delegation on the Committee on Programme and Budget, Dr Arsenio Regala, gave the assurance to that committee several days ago—and I am reiterating that assurance now as member of our Congress—that as far as our Government is concerned its assessment for the year 1959 will be fully met and complied with, as we have always done in past years since Philippine membership of WHO has been officially recorded.

In this pre-concluding session of the Eleventh World Health Assembly, as I view in contemplative retrospect the events of the past few days, I am overwhelmed with ineffable gladness because what seemed to be interminable work, with varying difficulties and perplexities, has at last been finished, to the credit of the delegates and also to that of those who piloted the course of the conference to easier, happier, and worthier ways. And so, as we go at the parting of the ways, each to return to his own people and native hearth, ours is the thought of a work well done and the joy that we share with one another in having advanced the objectives of this Organization to promote and enhance the health, comfort, and happiness of mankind.

We of the Philippines are grateful for all the services and ministry that the World Health Organization renders to our people and country. It has assisted a great deal in strengthening our health services; it has furnished the necessary technical assistance to our health and medical work; it has helped in the near-eradication of our stubborn diseases; it has aroused and maintained interest in our health needs and in seeking ways and means to meet them; it has fostered higher standards in our medical and related fields; it has awakened in us interest in scientific research; and, on the whole, it has inspired us to live the whole life, the meaningful life, the purposeful life, and the life that we are all after—what I may call the "satisfying" life. WHO has now become, indeed, a part and parcel of our everyday life. It has made its work felt in the farthest villages and hillsides of my native land.

At this juncture I wish to join the paeans of praises and plaudits heaped upon our retiring President, Dr Sabih Al-Wahbi, who has endeared himself to Member countries and has been responsible for broadening and deepening the services of the WHO. Dr Al-Wahbi will certainly leave us a legacy of selfless love, devotion, and sacrifice, and will long be remembered as the "good shepherd" of the WHO fraternity.

Succeeding him to the presidency, with the unanimous acclaim and rejoicings of fellow delegates, is no other than a physician of international repute and renown, Dr Leroy E. Burney, Surgeon-General of the United States Public Health Service. To him shall we look for fuller and richer harvests still in the vineyards of health and health services. With him at the helm of the world ship of health, we shall have no fear but that all aboard will be sound and safe, and will reach yonder shores of salutary and salubrious life.

I take this occasion also to pay my respects, on behalf of my country, to our Director-General, Dr Marcolino Candau, whose goal of universal world membership is near realization and fulfilment. If we attain this objective sooner, we shall owe it to Dr Candau, whose driving power and ineffable habitude of attraction is irresistible.

To our distinguished friends, Dr Materi, Dr G. D. W. Cameron, Dr O. Vargas-Méndez, Dr B. M. Clark, Mr Akira Saita, Dr J. Anouti, Dr A. Sauter, Dr Tran-Vy, Professor N. N. Pesonen, and Counsellor S. Khanachet go my greetings and best wishes for another reunion in future years.

Personally, I have always held to the sublime thought, which may some day be realized, that whatever other agencies of the United Nations may not be able to accomplish in the way of uniting peoples and countries, WHO will do it. I need not elaborate on this. The politics of one country are strange to another country, and each looks askance at and away from each other in many ways. Consequently, apprehension and fear and anxiety are generated in a thousand and one ways, so that understanding and harmony are difficult to achieve. Conversely, the health and physical well-being of one country are akin to those of others, and each looks understandingly and sympathetically at each other's pain and agony. Why can we not cooperate to fight our common enemies, disease, filth, and misery? The World Health Organization may yet make the most significant contribution to world unity and peace.

Lastly, I wish to convey our common sentiment of profound appreciation of and gratitude for the overwhelming kindnesses and hospitality that we have been accorded by the good people of this country, and particularly by the Minnesotans in this great metropolis. It is our privilege to have had the good fortune and the opportunity to join them in the celebration of the centennial that marks the completion of a hundred years since their admission to the confraternity of States in the Union, that is the United States. From a wilderness of virgin forests, innumerable lakes, meandering streams, and yawning valleys, inhabited by fierce, unknowing Indians, and the denizens of the dark and the deep,

it has, within a brief span of a mere hundred years, become the habitation of civilized man in the pursuit of his civilized ways. Wilderness gave way to cathedrals, capitols, and renowned seats of learning; lakes and riverways, to fishing and highways of commerce and trade; interminable prairies where wild buffaloes stampeded in thundering herds, to a granary of wheat, oats, corn, and barley in their illimitable quantities; wild water rapids and waterfalls now harnessed to generate power to run factories and industries of a busy people in a great State.

What miracles of transformation were effected in a century of progress! The "sky-tinted water" which was the Indian name of this State; its flower, the "pink and white moccasin"; its nickname, the "Gopher State"; and the "Star of the North" as the motto of the State, all point to the magnificent dreams and visions of its founders to give Minnesota all the superlatives of beauty and artistry that the mind of man could contrive, all of which were earned and lived up to this day. For virtually Minnesota is an empire in her own right, lavished by nature with the beauty and wealth of a paradise, reigning in a vast area of 84 000 square miles, and peopled by a magnificent cosmopolitan population of diverse nationalities, raised and schooled in the American tradition of democracy and free enterprise. Long live Minnesota and the fine people that live in it!

Mr President, and my fellow delegates, I thank you for the privilege of the floor granted me in this parting speech, and with affection and good wishes to each and every delegate of WHO, I look forward to the next conference, anticipating an equal success that will enhance the health and comfort of the millions of peoples that we represent, thus enriching still our legacy of service to mankind.

The ACTING PRESIDENT (*translation from the French*): I thank Mr Ladrado, member of the Philippines Congress.

Since no other delegation wishes to speak on this item I shall now adjourn today's meeting.

The meeting rose at 4.20 p.m.

EIGHTH PLENARY MEETING

Friday, 13 June 1958, at 10 a.m.

President: Dr Leroy E. BURNEY (United States of America)

1. Closure of the Eleventh World Health Assembly

The PRESIDENT: I take pleasure in calling to order the eighth plenary meeting of the Eleventh World Health Assembly.

I should like to inform my fellow delegates here that we have the pleasure and honour to have with us this morning the Governor of the State of Minnesota and the Mayor of the City of Minneapolis. I should like to present again to you—although you have met him at the beginning of our Assembly—I should like to present to you, and ask him if he would make a few remarks, the Honourable Orville L. Freeman, Governor of the State of Minnesota. I now give the rostrum to Governor Freeman.

The Hon. Orville L. FREEMAN, Governor of the State of Minnesota: Thank you very much, Mr President, Director-General, honourable delegates, and friends—the last descriptive title is one that I feel very sincerely, as do the people of the State of Minnesota, after having enjoyed the very great privilege and honour of having you with us now for these several weeks. It seems almost impossible that as much time has elapsed as more than two weeks since I was last privileged to greet and welcome you when you gathered for the opening session.

I am more than pleased to take this opportunity to congratulate everyone concerned on the solid accomplishments evidenced as a product of your deliberations here. I feel sure that this great organization and all the important goals it represents have been greatly strengthened by the decisions you have made here. Vital and important projects going on around the world have been strengthened as they have been interpreted, reported upon, and reviewed. New programmes have been launched as well, and, in addition to these specific objectives, as I have read our newspapers here and around the nation and talked to our people, I feel very confident that understanding of the objectives that you seek to further is much greater by virtue of the conference which you bring to a close here today.

We have enjoyed, more than I can tell you, having you here. Many, many Minnesotans have had the

privilege of coming to know people from many different lands. Without exception, you have been very, very generous guests, you have been most gracious and most thoughtful, and we want to thank you sincerely for it. And as we bid you, not really a farewell, but an interim one until we can next gather, might I make a request from our people to each of you, from the 3 250 000 people of the State of Minnesota, the State that Longfellow called the home of Hiawatha, the land of the shining water, a land that is made up of some thirty-six different nationality groups, people who have come and settled to live here from all over the world, where we have sought to build peacefully a common culture: If you would, as you go back to your respective governments and your respective nations, extend to them, individually and collectively, the very warm hand of fellowship from the people of the State of Minnesota? We feel very close to you, your having been here, and we feel very close to the different nations from whence people came in building our State. In the brief hundred years which have passed since Minnesota became a State, we feel very strongly that the concepts of brotherhood, of humanity, of concern for our fellow human beings everywhere that are fundamental to progress and a peaceful world are concepts that have been furthered by virtue both of the deliberations that have been conducted here and the positive achievements that you have made; you have dramatized for us again the fact that today, in this rapidly moving world of ours, perhaps for the first time in the history of mankind we can do more than dream about having enough power, enough knowledge to meet the needs of human beings everywhere. This is a magnificent, inspiring thought, and if we can as people keep the great ideals of humanity and brotherhood before us in every nation, recognizing as we meet human needs, and use these new-found powers—this is the only way that we will ensure the peace, world-wide, we all hope and pray to attain, if we can develop the understanding of one another around this world, as it shrinks almost daily, that we in the State of Minnesota like to feel

we have learned by virtue of living together as we came here from thirty-six different nations over these past one hundred years.

So all of you have been a great inspiration to us. We hope that you have enjoyed your visit and we hope that you will carry with you fond memories of the State of Minnesota. But, equally important, we know that from your deliberations will continue to flow good things in the struggle and effort and dedication that we all have to build a better world and, in building a better world, a peaceful world as well. The great American philosopher, statesman and scientist, Benjamin Franklin, once said, "We must all hang together, or assuredly we'll all hang separately", and this I think is increasingly true of the world in which we live.

May I close on a somewhat lighter note by citing a little quip which came to my attention some time ago—I close with best wishes from all of us in Minnesota to all of you and to all of your countries. And the little quip I would close on goes like this: The Lord created us with two ends, one to sit on and one to think with. The future of the world depends on which we choose—heads we win and tails we lose. Thank you very much.

The PRESIDENT: Thank you, Governor Freeman. I should now like to present to this group—not introduce, because he has already been introduced to you and you have met him on frequent occasions—the Honourable P. Kenneth Peterson, Mayor of the City of Minneapolis.

The Hon. P. K. PETERSON, Mayor of the City of Minneapolis: Mr President, Mr Director-General, distinguished delegates and friends of the World Health Organization, I suppose that many of you would assume that we are here to receive your thanks, when in fact we should like to thank you for having been here. Midwest America is not privileged to be the host very often to such a distinguished delegation of people. In fact I am quite sure that the records will show that at no time in our history have we had as many countries and as many people represented as have been represented during this World Health Assembly.

I have had an opportunity, as has the Governor, to talk with and hear from many people who have been watching with keen interest the deliberations of this Assembly. Without a single exception I know that they would want me to say to you that you have done them a great honour in being here. One of the wonderful things about a meeting of this kind is that we find that, fundamentally, there isn't very much different about any of us and, if

there is one common thing that we all have, it is a concern for our own health and that of our families and our fellow countrymen wherever they may be. Certainly the spirit of goodwill and the spirit of mutual understanding and determination have been highly evident from the reports that have been coming to us through the newspapers and in the several conversations that we have had with individual delegates.

The other night—just two nights ago—a WHO film was shown at a meeting quite apart from any immediate concern for public health as such, and one person who came from the northern part of our State said: "You know, I really didn't know that so much was going on in this field." It would seem to me that that film and any other type of material that is available should be shown to every country in order that they may know that they are not alone in their problems and that things are being done for people all around the entire globe.

I trust that while you have been here you have at least got a new impression of America. This is the heart-land, as you know, and actually embraces a vast majority of the country. As the Governor has indicated, we are made up probably of people from every country in the world. My own parents were both born in countries other than here. This is not uncommon for people of this city and this State. Therefore, we have a very keen interest in the work of the World Health Organization. I am proud that there are people from our city and State who are working in the field of world health. Five years ago I had the rare privilege to be a member of a party in the Middle East and I would meet from time to time with people from our own State, and believe me, it did your heart good to see them and to know that they were doing their work and doing it well.

We are proud too that our own university, located in this city, which many of you, I hope, have had an opportunity to visit, is training people for field work, to go out in the great common cause of good health. If we have better health I think, without any doubt, we can count on a better peace in the world.

I too should like to close with a comment made by a distinguished American essayist. I quote it many times and every time I do, I say, "My, this sounds so simple, it really can't mean very much". But Ralph Waldo Emerson didn't speak entirely of simple things and it may be something that each of us can take from this Assembly and renew our determination to do an ever greater and better job. There are only a few lines, and he put it this way:

“Do the thing and ye shall have the power. Do not the thing and ye shall not have the power.” In these few lines I think is wrapped up the feeling of not one but a whole host of us here today that we have the power to do the things that we want to do, if only we will take hold of that power.

We have been very grateful and very humble in our appreciation for your having been here. Your having been here will last for a good deal longer than any of us this morning can realize. And so, at this eighth meeting, your final plenary meeting, we wish you well in your travels back to your home countries; and again, won't you carry greetings from all of us here in Minneapolis who want to be remembered to your countrymen the world over?

The PRESIDENT: Thank you, Mayor Peterson. We are pleased and honoured that you, two distinguished leaders of your State and city, have taken the time and opportunity to come and visit us again in our Assembly sessions here.

I now recognize the delegate of Ireland.

Mr BRADY (Ireland): We have listened with great interest to the very encouraging words which the Governor of the State of Minnesota and the Mayor of the City of Minneapolis have spoken to us just now. I have no doubt that, in common with all other delegates, these words will encourage those of us who are fortunate enough to participate in the work of the World Health Organization to play our small part in even greater triumphs of the Organization in the years to come.

Mr President, at the outset I wish to convey my personal congratulations to you for your masterly handling as President of this Assembly of the business which came before us, and I should also at the same time like to pay tribute to the vice-presidents who assisted you so ably and to the chairmen, vice-chairmen, and rapporteurs of the main committees.

As we conclude this Assembly, I should like to take the opportunity of expressing our thanks to the hosts in this country who have by their various kindnesses helped to make this Assembly a memorable one. It is a happy coincidence that the Organization should begin its second decade in the country in which the concept of a comprehensive international health organization originated, and the proceedings of the current Assembly give much ground for hope for substantial progress in the future in the activities and the achievements of the World Health Organization.

Our meetings here have been marked by a notably harmonious atmosphere, but this has not prevented

the due expression of different points of view which must clearly exist in an organization with such large membership and which, within limits, are essential to the healthy existence of the Organization in the future as an antidote to possible complacency. The kindness and consideration shown to us by the various people and authorities here have not had the effect of obscuring different viewpoints in a haze of hospitality, but they undoubtedly had an influence on the generally pleasant and co-operative atmosphere which has marked our meetings this year.

Major decisions which are bound to have important consequences for the health of many peoples have been taken at this Assembly. I need only mention them in an incidental manner to illustrate the significance of some of these activities. The resolutions adopted with such general acceptance by the Assembly on the subject of the eradication of malaria and of smallpox, and also on the peaceful uses of atomic energy, point the way to important work by the Organization in these fields in the years to come. It is fitting that in this anniversary year the Organization for the first time in its history adopted unanimously a budget of over \$14 000 000 for 1959. Such wide acceptance of the current programme and budget demonstrates the willingness of governments to assist the orderly development of the activities of WHO, and augurs well for the future, even though in the nature of things we are not often likely to achieve unanimity on the expenditure level in a particular year.

Annual assemblies provide valuable opportunities for health workers from many lands to exchange views on health problems and to profit from each other's experience. The prevailing note this year is one of guarded optimism and of a determination to make intensified attacks on certain problems, with welcome initiative and offers of generous supplemental assistance in various forms from a number of Member countries.

Much credit for the harmonious atmosphere which has prevailed this year must go to our hosts. It was indeed a very happy decision to hold the Tenth Anniversary Commemorative Session and the Eleventh World Health Assembly here, and we are under a debt of gratitude to the United States Government and Congress for their generous gesture in inviting us to hold the Assembly in their country. We are also most grateful to the President of the United States for his inspiring message of goodwill and for the generous offer of funds to assist in the further development of research.

Our sincere thanks are also due the people and authorities of the State of Minnesota in appreciation

of the overwhelming kindness and hospitality which have been extended to us. We are privileged to have with us this morning the Governor of this State, and I am sure you would wish me to convey through him to the people of Minnesota the congratulations of the Assembly on their centennial year and our sincere acknowledgement of the friendly manner in which we have been taken into the hearts and homes of the people during the last few weeks. The achievement of the State's centenary and the record of progress not only in the economic, but in the educational and cultural sphere show the fruits of hard work and determination, and should act as a spur to the World Health Organization to parallel in its own appropriate sphere similar progress in the years to come.

During the past few weeks we have experienced the sustained warm and friendly welcome of the authorities and people of the City of Minneapolis, and on your behalf I would ask the Mayor of Minneapolis, whom we have the honour to have here in our midst, to accept our heartfelt thanks. The welcome and kindness which we have experienced here have been noteworthy. We have been made to feel comfortably at home amongst the good people of this beautiful city. Many of us have a special bond of kinship with the people of the United States because so many of our people have found in the past—and also at present—hope and sustenance in this country. This bond of kinship has indeed been strengthened in the past few weeks by our many contacts with the hospitable people of Minneapolis, St Paul, and Rochester.

One of the most heartening features of our stay here has been the wide understanding of and the interest in the aims and objectives of the World Health Organization which were shown by the people of Minnesota and the City of Minneapolis. It was a rare privilege and one which we fully appreciated to be invited into the family circle of so many generous and understanding people, and I am sure that I express the thoughts of all of you when I say that our stay here and the friendships we have made will be a fond recollection for many years to come. To our many hosts and hostesses we give our sincere thanks—our meeting with you has been a most precious part of our stay in Minneapolis. Here also I should like to pay a special tribute to our hosts at the University of Minnesota and the Mayo Clinic and Foundation for all their kindness.

Special mention must be made of the superlative arrangements made by the Ladies' Hospitality Committee. May I say that their work has been crowned with outstanding success and that their unceasing

attention to the needs of delegates and their wives deserve the highest praise. They have been unremitting in their activity and, in particular, the wives of any delegates to whom I have spoken are lyrical in their praise of the arrangements made.

In respect of all the kindness which we have received here, may I say the simple words of Shakespeare,

O wonderful, wonderful,
and most wonderful wonderful!
And yet again wonderful...

To mark the occasion, Mr President, I propose that we should adopt a resolution on the following lines as an indication of our gratitude and thanks to the various authorities who have facilitated our stay here and the many friends whom we have met. Henceforth, to quote a Sioux Indian saying, "With all beings and all things, we shall be as relatives." The text of the resolution is as follows:

The Eleventh World Health Assembly,

Considering that on the occasion of the Tenth Anniversary Commemorative Session and the Eleventh World Health Assembly all delegates, representatives, observers, and members of the Secretariat and their families have received a warm and friendly welcome in Minneapolis, and that all the arrangements made by the various authorities, organizations and individuals concerned have been extremely efficient and helpful,

1. CONGRATULATES the Government of the United States of America, the State of Minnesota, and the City of Minneapolis on the excellent arrangements which permitted the Assembly to carry out its work successfully; and
2. EXTENDS to the Government of the United States of America and, through it, to the people and authorities of the State of Minnesota and to the people and authorities of the City of Minneapolis its gratitude and thanks for the cordial welcome and friendly hospitality shown to all those who have participated in the work of the Assembly.

The PRESIDENT: Thank you, Mr Brady. I now recognize the delegate of Panama.

Dr BISSOT (Panama) (*translation from the Spanish*): I very much appreciate the honour of being chosen by the delegations from Latin America to speak on their behalf at this closing meeting of the Eleventh World Health Assembly.

A year ago, when we all enthusiastically accepted the invitation extended to us by the Government of

the United States of America to hold our meeting in this beautiful country, we thought it would be taking place in New York, or possibly on the west coast in San Francisco. Later, we were agreeably surprised to learn that the Assembly would be held in the City of Minneapolis, in the State of Minnesota—and I say “agreeably surprised” because this decision afforded us an opportunity of visiting the very heart of this great country, of staying in one of its typical cities, and of getting to know the American people more intimately.

The proverbial hospitality of the United States of America was already known to us but we were nevertheless again surprised, for the varied landscape of Minnesota was more beautiful than we had imagined and the treatment and courtesy received by us at every turn far beyond our expectations in its sincerity and warmth. Delegates, their wives and other persons accompanying delegations have been showered with delicate attentions—for there seems to have been a general agreement to see who could do the most for us. The kindness and understanding shown to us by the people of Minneapolis have, in fact, had an effect on our meetings, for in this Assembly—which we may with justification call the harmonious Assembly—items of the agenda which in previous years provoked long discussions have been quickly settled, some of them unanimously. In addition, the facilities provided for our meetings have been very satisfactory.

For all these reasons, I desire, on behalf of the delegations of Latin America, to offer our very warm thanks to the Government of the United States of America, to the authorities of the State of Minnesota and of the City of Minneapolis, to all the organizations which have participated in any way in this Assembly, and to the whole American people, especially the people of the City of Minneapolis and its neighbourhood. You may be sure that each one of us will carry a little piece of this land away in his heart, and that when we are again in our own homes we shall always remember with gratitude the happy days spent here.

Fellow delegates, when we began our work I had the honour, in my capacity as Rapporteur of the Committee on Nominations, to submit for your consideration, from this rostrum, the name of Dr Leroy E. Burney as candidate for the post of President of this Assembly. You elected him to that high post by acclamation, and it is now my pleasure, at the end of our session, to congratulate him on the magnificent work he has done. There is no doubt that the success we have achieved has been due very largely to his deep learning, his

qualities of leadership and his thorough knowledge of all matters relating to these international meetings. I must also thank the Director-General of the World Health Organization, and the Secretariat, for the way in which they have eased our task and for the courtesy which they have constantly extended to us all.

In conclusion, fellow delegates, ladies and gentlemen, I suggest that we offer a hearty round of applause to the United States of America, the State of Minnesota, the City of Minneapolis and our dear President, Dr Leroy E. Burney. (*Applause*)

The PRESIDENT: Thank you, Dr Bissot. I now recognize the delegate of Laos, Ambassador Souvannavong. I invite him to the rostrum.

Mr SOUVANNAVONG (Laos) (*translation from the French*): The delegation of the Kingdom of Laos is happy to say that it will vote enthusiastically for the draft resolution which had been submitted for the Assembly's approval and which expresses our gratitude to the United States of America. My delegation is certain that the Assembly will adopt the resolution by acclamation.

The delegation of Laos takes this opportunity, Mr President, to ask for your kind permission, first of all, to offer its warmest congratulations to the new members of the Executive Board, among whom it is happy to see the names of countries that are among its particular friends—especially France and Viet Nam. Secondly, my delegation addresses itself to the honourable delegates themselves. We have noted that so far there has been a one-way traffic of compliments, from the floor to the Presidential Chair—which, I hasten to add, amply deserves them. I am sure, Mr President, you will today allow the delegation of Laos, and particularly a delegate who only intermittently takes part in the work of the Assembly, to reverse this flow of traffic and direct it towards the delegates, however much they, in their modesty, may protest.

Honourable delegates, we should like from this rostrum to voice formally our profound admiration of your great wisdom and infallible intuition. During the debates now closing, both in the committees and in plenary session, you have shown a remarkable spirit of understanding, tolerance and cohesion. For those who have participated in international political meetings, the World Health Assembly is an ideal family, a peaceful oasis into which it is a pleasure to retire. Countries which are antagonistic to each other and which, in the political meetings, launch defiance and threats at each other and show their fists, here shake hands,

make mutual concessions, bring their points of view into harmony, even on the most delicate subjects such as that of the budget, for example. Has anyone ever seen a budget, however modest, adopted by acclamation? It is simply wonderful.

We hope with all our hearts that your example will one day prevail in other international agencies and that politics will follow the counsels of health. How much more tranquil mankind will be! So much for your wisdom.

I now come to your intuition—which I shall qualify as “Bergsonian”. What an admirable instinct it was that guided you in the choice of your Director-General, Dr Candau! The years that have passed have confirmed the judiciousness of that choice. All are agreed that Dr Candau has done splendid work and rendered signal service to the Organization. To be convinced of this it is sufficient to listen to speakers vying with each other in their tributes to Dr Candau’s exceptional qualities. What a gratifying achievement! Dr Candau, you must not mind if I envy you a little. Bravo, and thank you for having agreed to continue your good work in the interests of all.

And now for our President. My friends, you elected him by acclamation and immediately you placed your trust in him. From the first day you boasted of his qualities as if you had already seen him at work, and experience showed that you were justified. Dr Burney has proved an excellent President. His direction of the debates of our Assembly has been as distinguished as it has been competent. Mr President, please accept our humble tribute. If it is a little late you must at least be convinced that it is sincere.

Finally, the hospitality of Minneapolis. A few days after the opening of our Assembly, at chance encounters, at receptions, I heard on every hand the most enthusiastic remarks concerning the kindness of our hosts—and particularly of our hostesses, who, to employ the expression of one delegate, have “cut themselves in four” to give us pleasure. There again, we congratulate you on having so quickly discerned the essential qualities of a people; I defy anyone who has lived long in this country not to share this opinion. Mr President, we would say to you that when we have left your beautiful country, the nostalgic remembrance of your hospitality will follow us for a long time, and we shall always miss the kindness to which you have accustomed us.

Honourable delegates, during the session commemorating WHO’s tenth anniversary, and during the Eleventh World Health Assembly, we have heard the praises of our organization sung in choice and

harmonious language and we have listened to moving expressions of gratitude to the United States of America. Let us now together fervently wish long life to the World Health Organization for the good of all mankind, and increasing prosperity to the people of the United States of America so that they may be able to follow the generous dictates of their hearts.

The PRESIDENT: Thank you, Ambassador Souvannavong. With the permission of the Assembly, I should like to declare a five-minute recess.

The meeting was suspended at 11 a.m. and resumed at 11.5 a.m.

The PRESIDENT: I should like now to invite to the rostrum the delegate of Indonesia, Dr Sulianti.

Dr SULIANTI (Indonesia): The Indonesian delegation has the honour and great pleasure of giving full support to the resolution proposed by the Irish delegate. We can only associate ourselves with the statements made by the previous speakers, expressing our hearty gratitude to the United States Government, the State of Minnesota, and the people of the Twin Cities, Minneapolis and St Paul, for their generosity in accommodating in their midst the Eleventh World Health Assembly and the Tenth Anniversary Commemorative Session of WHO.

The beautiful setting made available to us for our deliberations and the friendly atmosphere prevailing here have greatly contributed to the good outcome of this Eleventh World Health Assembly. In less than three weeks we have been able to produce fifty-five resolutions, of which many are very important to the health of the peoples of the world. The Irish delegate has mentioned these important resolutions in his statement. Although in the beginning some items looked very controversial, the good spirit of international co-operation aiming at our common goal, which is the welfare of humanity as a whole, made it possible for us to come to decisions acceptable to all of us.

In this connexion, the Indonesian delegation would like to pay tribute to the competent manner in which the President, the chairmen of the committees, and the other officers of the Assembly have discharged their responsibilities, and also to thank all the delegations attending this Assembly for their co-operation.

I take this opportunity also to express the sincere gratitude of the Indonesian Government for the warm welcome and generous hospitality extended by the people here to its representatives. We have enjoyed in the past three weeks being the guests

in many private homes, which has enabled us to get a better understanding of American family life. I am sure that all the delegates have gained many new friends, just as I have. I can assure the Governor of the State of Minnesota that I will convey to the people in my country the spirit of his address to the Assembly today.

Mr President, allow me on this occasion to pay my greatest respects to the ladies of the Hospitality Committee for their readiness to assist all of us in anything we needed. The admirable organization of all the arrangements made for our extra-sessional activities is evidence of much hard work behind the scenes. Being a woman, I cannot resist stating that I am proud witnessing such competence.

In conclusion, I should like to convey two Indonesian greetings to all of you: "Selamat jalan"—"Good journey"—to those who will soon go back to their respective countries and homes; and to our friends in this city, "Selamat tinggal"—"Good stay".

The PRESIDENT: Thank you, Dr Sulianti. I now invite to the rostrum the delegate of Brazil, Dr Penido.

Dr PENIDO (Brazil): In the name of my delegation it is a pleasure to join the delegates that have preceded me in expressing our sincere thanks to the people and Government of the United States of America, and particularly to the people of the State of Minnesota and of the Twin Cities of Minneapolis and St Paul, for the very friendly welcome that they have given us. Indeed, here we have had the opportunity to witness and feel the very meaning of the word welcome. You have welcomed us to your country, your cities and your homes, and in doing so you have opened to the hearts and minds of your visitors all that is precious to mankind. In your houses, in your homes, we have heard the voices of friendliness, hope, and faith, the same voices that I am sure are found all over the world and that encourage us to continue in our efforts to bring all peoples of the world at least that minimum of well-being that is essential to the complete expression of the human personality.

As delegate of Brazil, I should like to make use of this opportunity to express our deepest satisfaction for the interest shown towards our organization by the Government and the people of this country. Since the day in the City of San Francisco when the proposal of the people of Brazil met the friendly hand of the people of China in calling the attention of all countries of the world to the importance of

health in solving the problems of mankind, you have given to this organization the best of your support.

I should like as well to express my thanks to all the delegations to our Eleventh World Health Assembly for the honour and opportunity you have given my country to appoint once more a member to serve in the Executive Board. I am sure that in the minds of many of the delegates here present, while casting their votes, the name of Professor Geraldo Horacio de Paula Souza was present. Paula Souza is not with us any more, but with us is our organization, strong and victorious after only ten years of existence—the organization for which he fought so much in the last years of his life, convinced, as we all are, that only through the joint efforts of men and women from all parts of the world will it be possible to better the lot of mankind.

I should like to extend the thanks and appreciation of my Government to all members of the staff, and particularly to Drs Chisholm and Candau, for the magnificent work of health that has been done by the Organization in this first ten years of life. To you, Mr President, as well goes our sincere gratitude for the very efficient and pleasant way you presided over us in our eleventh session.

The PRESIDENT: Thank you, Dr Penido. I now invite to the rostrum my immediate predecessor as President—your President of the Tenth Health Assembly, the distinguished delegate of Iraq, Dr Al-Wahbi.

Dr AL-WAHBI (Iraq): The Iraqi delegation has the pleasure to support the proposal put forward by the honourable delegate of Ireland. It is a great honour to our delegation that the Northern Star Order has been conferred upon me, and I should like to thank the State of Minnesota for that. We have been very fortunate to hold our Tenth Anniversary Commemorative Session and the Eleventh World Health Assembly in this beautiful city of Minneapolis, the State of the Star of the North—the State of Minnesota—and the great United States of America.

The friendly atmosphere that prevailed all the time in and out of the meeting rooms has characterized this Assembly with joy and happiness. No doubt, Mr President, that the Eleventh World Health Assembly will stand unique in the history of the Organization—so many important and difficult items have been studied and disposed of in the highest spirit of co-operation and compromise. At no other time, to my recollection, has a budget been voted upon by acclamation, or resolutions on such impor-

tant and rather ticklish questions as the use of atomic energy for peace and smallpox eradication adopted by the Assembly unanimously.

The co-operation and interest of the Press have been most gratifying and deserve special mention and thanks.

The work of the Assembly at all levels—working parties, committees and plenary meetings—has been smooth, harmonious and most fruitful. The credit goes to you, Mr President, to your officers, to the chairmen and officers of the committees, and to the Director-General and his staff.

To the citizens' committees, friends of WHO, and the Hospitality Committee, which was at all times ready to do its utmost for the satisfaction and comfort of the delegates, we are indebted indeed; and last, but not least, to the wonderful people of this great country, and especially to the people of Minneapolis, who have been kind, hospitable, and loving. I am sure I speak for each and every one of us in saying that we felt at home. We shall never forget the pleasant days we spent in this beautiful land and the spirit of kindness and understanding that has been displayed. We shall always cherish the friendship of our hosts and remember them as the people with the warm golden hearts.

Mr President, I find no better words to conclude these few remarks than those which appear in a letter that I had the pleasure to receive yesterday from one of the families whose hospitality we were honoured to enjoy, and which, I think, express the general opinion of this great nation: "We hold you in our thoughts and pray that your work and that of all other men of good will may triumph." Mr President, there could be no bigger support for the World Health Organization than that which is clearly expressed by these words. May I be allowed to say, Mr President: We thank you—each and every one of you—for all the wonderful things you have done for us.

The PRESIDENT: Thank you, Dr Al-Wahbi. I now invite to the rostrum the delegate of Venezuela, Dr Príncipe.

Dr PRÍNCIPE (Venezuela) (*translation from the Spanish*): Mr President, fellow delegates, on behalf of the Latin American countries, and sharing with the delegate of Panama who preceded me on this rostrum the honour of saying a few words to you at this closing meeting of the Eleventh World Health Assembly, I should like to send through you our warm fraternal greetings to your governments and peoples, those great human communities for whose physical, mental, and social well-being you have

worked so tenaciously, and with such deep faith in their future, during so many long and arduous hours.

We have observed with admiration the exemplary way in which intelligence and cordiality have presided over the discussions of the various items on the agenda of the Assembly, and have even more admired the loftiness with which the various points of view have been expressed, always directed to the common goal of preparing arms for the conquest of health for our peoples.

We extend on this memorable occasion our most sincere congratulations on the work done to Dr Leroy E. Burney, worthy President of the Assembly, to Dr S. Al-Wahbi, the no less worthy out-going President, to Dr Marcolino G. Candau, the dynamic Director-General of the Organization, to the vice-presidents of the Assembly, the regional directors, and the chairmen of the committees, who directed with so much zeal and competence the proceedings which have been so successfully concluded.

Finally, our thanks go out to the Secretariat and all the assistant personnel and interpreters, without whose invaluable assistance it would have been impossible to carry on our work.

We should also like to express our gratitude to the Government of the United States of America for its hospitality, its great contribution to the success and grandeur of our Assembly, as well as to the Honourable Orville L. Freeman, Governor of the State of Minnesota, and to the Honourable P. K. Peterson, Mayor of the City of Minneapolis, where we have passed so many pleasant and unforgettable moments.

We should also like to thank all those institutions and persons, both in this city and in Rochester, who have contributed in such a spontaneous and friendly way to our full enjoyment of this short but happy stay.

Allow me, fellow delegates, to stress the significant fact that the Eleventh World Health Assembly has been held in the homeland of George Washington, which fact may be interpreted as a sign of the friendliness felt by the countries making up the World Health Organization towards the United States Government and its powerful and industrious people.

Finally, fellow delegates, I should like to bid you farewell and to express the heartfelt wish that this wonderful communion of ideas may endure in our great family so that one day we shall witness the complete achievement of the great aims of our organization.

The PRESIDENT: Thank you, Dr Príncipe. I now invite to the rostrum the delegate of India, Sir Arcot Mudaliar.

Sir Arcot MUDALIAR (India): I do not think I shall be indulging in any language of conventional phraseology when I reiterate the sentiments expressed by every one of the delegates who have appeared on this forum. We are deeply grateful and thankful to the people of Minneapolis and St Paul, to the State of Minnesota and to the authorities of the Government of the United States for having given us this great opportunity of holding our decennial celebrations and the Eleventh World Health Assembly in this beautiful city. When it was suggested that the celebrations and the Eleventh World Health Assembly should be held in the United States, some of us were wondering where it would be and where our destinies would be cast, but we are very happy indeed to have had this opportunity, on this occasion, to be in the very heart of the United States of America and to have had the privilege of enjoying the hospitality, the friendship, the kindly interest and the sympathy evinced by the people of the State of Minnesota and of the Twin Cities of Minneapolis and St Paul.

It is not surprising that in such an attractive atmosphere the work of the Organization should have gone on so smoothly and peacefully. This session will go down in history as one of the most momentous sessions so far held in the World Health Organization. We have had the privilege of having the decennial celebrations under the presidentship of our esteemed friend, Dr Al-Wahbi of Iraq, and the speeches that were made on that occasion are reminiscent of the great influence that the World Health Organization has had upon all delegations from many countries. The Eleventh World Health Assembly has been a milestone in the history of this organization.

Several Members have referred to some of the notable features of the Eleventh World Health Assembly. I think perhaps one of the most notable is the choice of the President, Dr Burney, the Surgeon-General of the United States, who has brought to the work of the Presidential Chair an amount of youthful enthusiasm, of vigour and of vision which has certainly pleased and surprised many of us. And on that account it has started guessing in many quarters on what the age of Dr Burney may be. I shall not commit an indiscretion, Mr President, nor will I put you in the embarrassing situation of stating what your age is, but shall let the fairer portion of my audience guess as best they can. I hope, however, that that youthful enthusiasm and vision will be vouchsafed for this organization for a long time to come and that you will carry with you that drive that has been so much a part of your work in the past.

This session is historic, not only because of its extraordinarily peaceful, smooth, and pleasant atmosphere, but because of its splendid achievements. As one who has participated in every one of these Assemblies for the past eleven sessions, let me say that there has not been a single Assembly, wherever held, which has run on such smooth and oiled wheels as the Eleventh World Health Assembly. And the credit, I think, is due to two factors: to the atmosphere of the city of Minneapolis and to the very pleasant lead that you, Mr President, have given us.

It has also, I think, some splendid achievements to its credit. We have been pleasantly surprised and we are very grateful indeed to the donors who have come forward to assist the World Health Organization—to Australia, to your own great country, Mr President, the United States of America, to the Union of Soviet Socialist Republics, to Cuba, for the generous manner in which they have come forward to assist the work of the World Health Organization. And I do hope and trust that their example will be an example for emulation by many other countries in the years to come.

The most significant landmarks of this session have been stated and need not be reiterated fully. It was certainly a most happy occasion when, for the first time, the interminable discussions that always take place in the consideration of the budget were not possible, and perhaps some of the speeches that might have been made had to be withheld, because of the significant motion to carry the budget by acclamation having been adopted by the house.

But even more important than that, I think, is the reiteration of our determination to pursue this policy of malaria eradication, a policy that will bring for millions of people all over the world the benefit of good health and sustained effort in their industrial and other activities.

We are extremely happy—and we feel that this is a moment of significance to all of us—that the resolution on the peaceful uses of atomic energy, sponsored by many eminent delegates from various countries, has been adopted unanimously. We are also glad that, for the first time, the policy of the eradication of smallpox has been adopted as a practical policy by this organization. I am sure that these various resolutions, when they are read by our own health officers in the countries, will be received with great acclamation.

In another way we have been exceedingly fortunate. We were threatened, Mr President, as you know, with night meetings—threatened as by the tornado that swept some parts of the Midwest. But fortunately, and thanks to the Chairman of the Committee

on Programme and Budget, we were saved night meetings and were able to fulfil our obligations to our hosts and hostesses who so kindly invited us to some of the functions. We are also very glad that on this occasion there were only two working parties set up. To one who has been accustomed to work in "X" number of working parties in previous years, this was a great relief indeed. And I understand that both the working parties deliberated for only a very short time, and finished their labours in a unanimous manner that claimed for them some appreciation from the committees concerned.

They say confession is sometimes good for the soul. I think, on this occasion, we probably should be glad the Assembly adopted a resolution to consider at the Twelfth Health Assembly, on the holding of biennial sessions, with the preamble: "Believing that a system of biennial Health Assemblies would result in a considerable saving of valuable time of . . . the Secretariat" I think, sir, that is a confession from introspection which perhaps the Secretariat may not agree with, but I am glad the Assembly made that statement. Eighty-eight Member States and delegations with top-ranking health officials and administrators have gathered here and the Secretariat is always of the opinion that it can gather some useful information and advice from them. But we ourselves feel a little diffident and I am glad of this feeling of diffidence in the delegates to the Assembly.

On the whole I think we may say that this session was extraordinarily beneficial from every point of view, that it has left in us a feeling that something good can be done and will be done, not merely by the World Health Organization but by all the countries concerned. And I am most happy indeed that the country which was the birth-place of the World Health Organization should on this occasion have given it a fresh lease and a fresh stimulus in the Eleventh World Health Assembly to carry on the good work which it has been doing all along. I thank you once more, Mr President, and the people of the State of Minnesota and the City of Minneapolis and your gracious Government, for all the help and consideration that you have been pleased to give us to make our session so successful.

The PRESIDENT: Thank you, Sir Arcot. I now invite to the rostrum the delegate of Afghanistan, Dr Hakimi.

Dr HAKIMI (Afghanistan): I should like to be brief, and on behalf of the Afghan delegation, I have the pleasure and honour to express my gratitude to the Government of the United States of America,

particularly to the most noble and honourable people of the City of Minneapolis, for the unique hospitality that they have shown us during these three weeks. Decidedly it is appreciated.

Secondly, the Afghan delegation takes this opportunity to express its gratitude for the health progress which was achieved through the assistance and co-operation of the World Health Organization, especially the Regional Office for South-East Asia, for which we have the highest regard. Undoubtedly, the World Health Organization earnestly desires to eradicate communicable diseases, to rehabilitate sick people, to raise living standards, and to see that all the people of the world enjoy a state of complete physical and mental well-being, without distinction of race, religion, creed or political belief. And it has done wonderfully.

Thirdly, as we, the citizens of the mountainous country of Afghanistan, are a peace-loving nation, desiring world peace, we sincerely desire further progress and successful achievements for the World Health Organization. And in conclusion, I wish to state that we must not look into the past in sorrow. It would be better to work wisely to improve our future.

The PRESIDENT: Thank you Dr Hakimi. I now invite to the rostrum the delegate of France, Dr Aujaleu.

Dr AUJALEU (France) (*translation from the French*): Mr President, the French delegation would like to associate itself with the well-merited tribute paid this morning to your country and to yourself. In doing so, I must apologize for the fact that my very short address will inevitably include thanks already expressed, or which will be expressed, from this rostrum. My consolation for this is that the language of the heart, though terribly banal, is given its true value by the warmth with which it is uttered. You have been a young, dynamic and smiling President, in the image of your country; you have also been a fortunate President, since the most delicate problems on the agenda have been solved without difficulty. We should like to thank you for having brought the Assembly to its conclusion in record time and without ever having had to make use of your authority.

If everything has been so easy during these three weeks, if the discussions have taken place in an atmosphere of good humour and mutual goodwill, it is above all the hospitality of this country which we have to thank. We accepted the invitation of the United States of America with much pleasure. We knew that we should find everything perfectly orga-

nized, but we did not know that we should also find so much consideration and cordiality. Before we set foot on the soil of this country, inquiries were made concerning the aircraft in which we would be arriving, the landing formalities were facilitated and, despite the late hour at which most of us arrived, we were welcomed by colleagues waiting for us at the airport. The Vocational School where we now are—conveniently situated near our hotels—has placed its auditorium at our disposal, free of charge, I believe, and satisfied with good humour our sometimes slightly indiscreet curiosity. Visits have been organized to enable us to see the hospitals, the university, its public health school, everything which could be of interest to us here. Splendid receptions were given in our honour. For all this, we owe a debt of gratitude to the Government of the United States, to the State of Minnesota, to the City of Minneapolis, to its University, to the Board of Governors of the Mayo Clinic, to the medical profession as a whole, and to the persons who organized these receptions.

All this trouble taken on our behalf would have sufficed to make our stay a very enjoyable one. But we have had more than this, something we did not expect but which has deeply touched us and which calls for special thanks. I refer to the welcome we found in the families of Minneapolis, St Paul, and Rochester. We cannot thank too much those who had the idea of introducing us into the homes of this country, thus enabling us to become better acquainted with true American life. The choice of these families was so judicious that each of us had the impression of being received in the most pleasant houses in the city. On such occasions, we met charming ladies who opened their houses to us, who showed their good taste and their broad culture, both by the appointments and furnishing of their homes and by the memories they evoked in their conversation; furthermore, they had chosen their American guests so well that we, the foreigners, immediately found ourselves among friends. The kindness of all has deeply touched us, and I know that our wives, who were looked after every day throughout these three weeks, are also full of praise for the kindness shown them. These family receptions will remain among the most precious memories which we take away with us, and we shall be only too happy if, one day, we can in turn—more modestly, no doubt, but with as much friendship—receive in our own homes some of our hostesses of Minnesota.

Even hospitality must be organized when it is addressed to several hundred persons. This was the role of the Ladies' Hospitality Committee which met

and worked in that room with a name which seemed predestined, at least for a Frenchman—the Dubonnet Room—and I should like to terminate by speaking of them. Always present, smiling, gracious, indefatigable, always ready to help us and to be agreeable, they have been the good fairies of our stay. I should like here, publicly, to express to them our gratitude and respect; they may rest assured that they have greatly contributed to the atmosphere of friendliness which has always presided at our meetings.

Mr President, your country can be proud of the success of this Assembly. It has well deserved it.

The PRESIDENT : Thank you, Dr Aujaleu. I now invite to the rostrum the delegate of the Philippines, Dr García.

Dr GARCÍA (Philippines) : I do realize that you have been sitting for some time and are somewhat impatient, but I feel that the Philippine delegation would be failing in its duty if on this occasion it did not mention some of the pleasant things that we have enjoyed and some of the things that we have learned, through our special official and personal relations with our host country and the State of Minnesota. I beg you, my fellow delegates, to allow me to take a few moments more to say some of the things that I should like to say.

My fellow delegates, as the Eleventh World Health Assembly comes to a close, there is an irresistible urge to reflect upon the work which WHO and we in this Assembly have done.

The array of achievements in the field of health during the last decade during which WHO has led the vanguard on the international scene provides solace for the mind and abundant grounds for further optimism. As one scans the pages of *The First Ten Years of the World Health Organization*, there is unfolded the fascinating story of the fast-moving developments which are freeing mankind from the ravages of disease and giving them better health.

The first report on the world health situation shows that for many countries the end of the millennium is not yet in sight; but a beginning has been made and people everywhere are heading with haste towards that end. Verily it has been said in this Assembly that a type of realism has been created which when harnessed to ideals will lead us to important objectives.

We have done well enough. As we pat each other on the back, let us brace our shoulders and face up to these tasks, and look at the future to identify the problems which still exist and the new problems that are emerging so that we may appropriately gear

ourselves to the responsibilities that they will impose upon us.

Some of these problems are common to all countries. Others may not be so or, at least, not of equal importance to them all. But the work that can be done in one area or on several fronts can be of benefit to all. Certainly co-operation on a world-wide scale would be of the greatest importance. Let me give examples of what I regard as extremely important :

- (1) A vast increase in efforts to train personnel, which could come about as a fundamental measure to improve and strengthen national health services;
- (2) Consideration of the social aspect of the problem of the negative cases of leprosy;
- (3) An increase in the interest shown by WHO and national health administrations in environmental sanitation, particularly the provision of abundant potable and protected water supplies (this may well be the spearhead of a stronger attack on infant mortality in many of the less-developed areas in the world);
- (4) Better understanding of the causes, nature and prevention of mental illness;
- (5) An exchange of knowledge about scientific and social progress which can become a valuable basis for WHO's efforts, and is extremely important where epidemic diseases of international importance are concerned;
- (6) In addition to malaria eradication, eradication measures aimed at many more or all of the communicable diseases;
- (7) A practical and saner understanding of the many problems connected with or related to atomic energy. I should place emphasis on the appeal to WHO to provide more assertive leadership and request international and national bodies concerned with radiological protection to help ensure that protective measures are implemented and that x-rays are used with discrimination.

The World Health Organization and we in this Assembly approach our task with solemn regard for our bounden duty to serve mankind and reach the masses, as we work in order to attain the objective of positive total physical, mental and emotional health for all.

I should not close this address, Mr President, without expressing the feelings of my delegation on a few other matters that have affected us personally.

This Assembly could have made no better choice in electing you its President. I take this opportunity to congratulate you warmly on behalf of my delega-

tion and on my own behalf. You have presided over this Assembly with the quality and distinction of a genuine leader and a real gentleman. You are both, Mr President.

My delegation is extremely satisfied with the decision which this Assembly took with regard to the headquarters building for the WHO Regional Office in Manila. That decision will bring no material profit to my country. Its essence, however, will help to maintain our complete faith in WHO.

On a previous occasion I expressed my delegation's appreciation of the kindness and hospitality that we have been receiving from the people and institutions in Minneapolis and elsewhere in Minnesota. I now reiterate our very sincere thanks.

Finally, to the delegates and all others in this Assembly, whom we have regarded as true friends and from whom we have learned a good deal, I would express our gratitude for the fond association and comradeship which we value very much. We wish you well, good luck and good health.

The PRESIDENT : Thank you, Dr García. I wish to invite to the rostrum the Chairman of the Executive Board, who is representing the Executive Board at this session, Sir John Charles.

Sir John CHARLES, representative of the Executive Board : When we first met together nearly three weeks ago, it was in thanks-giving for the first decade of our organization. We were filled with its praises, and the praises of the famous men who were its founding fathers.

Now that we have lived and worked together and come to know one another better, when hosts have become accustomed to our unfamiliar ways, and we have attuned ourselves to theirs, it is perhaps fitting to say a word about ourselves, our leader and our new-found friends of the Midwest.

This, if I may strike a personal note, is my ninth Assembly—there are some here for whom it is the eleventh. But "times change and we in them", and it is inevitable that some familiar faces are no longer with us, and that there are arising generations of delegates for whom René Sand, de Paula Souza and Zozaya are only honoured names and no more—they are not, as they are for some of us, ghosts of the past clad in memories. But that is only right and proper; each generation must tread on the heels of its predecessor, and must in its turn pass on. Our duty, our inescapable and bounden duty, is to see that we welcome all newcomers into these fields of international co-operation with the widest of open arms, show them the way, and in due course stand aside. The future of this organization is with the

recruits. It is a good thing that all this new blood is a veritable transfusion into the veins of the Organization.

“To praise”, it has been said, “is to set a mirror before virtues and accomplishments”. And, Mr President, I would ask you for a moment to look into that glass and see yourself as the modest, self-effacing, courteous, considerate, competent leader that we know you now to be. It has been easy and agreeable and comforting to know that a health officer like ourselves should be filling this great office of President of the World Health Organization at this time, and there is no doubt that Minnesota envies Indiana her son, and consoles herself with the thought that the Midwest is at any rate represented in your person.

And so farewell to Minnesota and the Twin Cities of Minneapolis and St Paul, and if I may add, the city of Rochester and the Mayo Clinic, that remarkable medical “sputnik” whose fame has revolved around the world for half a century. There is a quotation from Francis Bacon, which says all and more than I can say, but less than I have in my heart to utter. It is this :

“If a man be gracious and courteous to strangers, it shows he is a citizen of the world, and that his heart is no island cut off from other lands, but a continent that joins them.”

We here in Minnesota and in the United States of America have found ourselves in a continent of friendliness and good fellowship—abounding, universal—and if you have taken us into your homes and into the enjoyment of your way of life, so also will you find the name of Minnesota written on our hearts.

The PRESIDENT : Thank you, Sir John. I should now like to invite to the rostrum the delegate of the Union of Soviet Socialist Republics, Professor Zhdanov.

Professor ZHDANOV (Union of Soviet Socialist Republics) (*translation from the Russian*) : This session of the World Health Assembly is now drawing to its close. In summing up its results, we can say with confidence that this has been a remarkable session. I should like to draw the attention of those gathered here to three of its features.

In the first place, the session has summed up the results of ten years of activity by the World Health Organization. I have no need to point out that the results achieved are considerable and spring from the joint efforts of the health services in the various countries and the World Health Organization.

Secondly, the session has discussed and decided a number of important—I might say very important—problems. It is a particularly pleasant thing to note this, since among those problems there were many which were difficult and complex but which have been satisfactorily solved.

In the third place—and this perhaps is the most important—the present session has been marked by a spirit of mutual respect, understanding and creative co-operation. The majority, if not all, of our decisions have been taken unanimously. This inspires the firm conviction that, in the future, the World Health Organization will continue to solve creatively and constructively the most important problems of world health.

I think, ladies and gentlemen, that a great deal in our work has depended on the hospitality we have all experienced from the Government of the United States of America and from leading people in the State of Minnesota and the City of Minneapolis. They deserve our deep gratitude. We must also express our deep gratefulness to the people of Minneapolis, whose warm feelings, kindness and hospitality we have felt at every step throughout the session, and particularly on Saturdays and Sundays.

I also imagine that I am expressing the feelings of all those gathered here when I say that our respected President, Dr Leroy Burney, has been an excellent leader of our Assembly, continuing the work of his predecessor, Dr Al-Wahbi, who conducted the previous Assembly so well. Excellent, too, has been the work of leading members of committees and other leading figures in this Assembly and of the Executive Board of the World Health Organization. We owe them also our deep gratitude.

Finally, I should like to remark on the fine work of our highly-respected Director-General, Dr Candau, and his assistants, and the whole Secretariat of the World Health Organization, including the technical personnel and the interpreters and translators. May our work in the future be equally successful !

I should like to take this opportunity of expressing my deep gratitude to all members of the Assembly for the election of our country as one of those entitled to nominate members of the Executive Board of the World Health Organization.

The PRESIDENT : I thank you, Professor Zhdanov. I now invite to the rostrum the delegate of Israel, Dr Btsh.

Dr BTESH (Israel) : It gives me great pleasure to support the motion made by the honourable delegate of Ireland. The Israeli delegation feels it a real pleasure to have taken part in this Assembly in the

beautiful city of Minneapolis. We have no doubt that its serene beauty and the kind hospitality of its people have contributed much to the success of the Assembly and to the friendly spirit that reigned during our meetings.

In closing, I wish to pay tribute, Mr President, to the masterly manner in which you conducted the meetings.

The PRESIDENT: Thank you Dr Btsh. I invite to the rostrum now the delegate of Belgium, Dr Goossens.

Dr GOOSSENS (Belgium) (*translation from the French*): Mr President, ladies and gentlemen, I can quite understand your uneasiness when you see the fifteenth delegate going up to the rostrum to speak on almost the same subject. Nevertheless, I must plead extenuating circumstances. My delegation has refrained from speaking from this rostrum until now, even during the celebration of the Tenth Anniversary of our organization. You know the reason for this: in agreement with our neighbours of the Netherlands and Luxembourg, we entrusted to the head of the French delegation the task of paying tribute to the work accomplished during the first decade of our organization. He has done so in an address much more felicitous than I would have been able to deliver and I should like to thank him for this.

On this occasion, however, I cannot let pass the last opportunity remaining to me of performing a duty which is also for me a pleasure: to express our deep gratitude to the United States of America, the State of Minnesota, the City of Minneapolis and its twin sister St Paul, the University and all the institutions which, at Rochester, greeted us so cordially. This tribute of especial gratitude which we owe to the State of Minnesota and the City of Minneapolis, and also to the institutions there—thanks which are due to the general population as well as to those in charge—is closely associated with the tribute that I wanted to pay to the very active Ladies' Hospitality Committee, but unfortunately I am already too late to do this. Gallant as ever, our colleague Dr Aujaleu, as upholder of the French tradition of courtesy, has done so before me. I thank him for this, but, to return to our official language, I should like quite simply to support his proposal once more, which does not exclude my unconditional approval of the more general resolution proposed by the delegate of Ireland.

Our welcome here has been made all the more generous by the simplicity with which it was extended. I in turn should like to avoid any oratorical rotundities in expressing our feelings, and will simply ask

our friends in this country, this State, and this city, to believe that our most heartfelt gratitude is contained in the simple words: Thank you.

The United States has not been content merely to receive us with the hospitality which I have just dwelt on. It has also given us a President, a remarkable President, in the person of Dr Burney, a man in whom it is difficult to know what to admire most, his scientific and technical ability or his distinction and courtesy. We have all appreciated the authority and skill with which he has presided over our deliberations. We congratulate him warmly on this, while at the same time congratulating ourselves on having had him as President.

There can be no doubt that this Eleventh Assembly has taken place under a lucky star. I shall not dwell on the merits of the Director-General—not that I do not associate myself with all the praise meted out to him, but because he has made us so familiar with the exceptional quality of his work that I can no longer even imagine it otherwise. Need I say that I also extend this praise to the general staff surrounding him and all the personnel directed by him, from the top to the bottom of the ladder? Do not imagine that I have forgotten the interpreters; but, as I am unfortunately in the very act of taking up their time, I must express the hope that they will excuse me in consideration of the high regard I have for their work, which is so greatly appreciated and so absolutely essential for the carrying on of our discussions.

But, when I spoke of that lucky star which has presided over the development of our work, I wanted to stress above all the exceptional quality of the work itself, a quality which entered into both the substance of our deliberations and the manner in which they took place. The atmosphere of cordiality and mutual understanding which has prevailed during this session augurs well for the future of our organization. There could be no more happy portent at the threshold of the second decade which opens before us. It is with this gratifying prospect in mind that I say cordially to you all: When we meet again, in Geneva in 1959, we shall try to do as well, since it is impossible to do better.

The PRESIDENT: Thank you, Dr Goossens. This completes the list of delegations which have indicated an interest in speaking on this resolution, introduced by the distinguished delegate of Ireland. I see no other delegations wishing to speak. I would refer again to the resolution which was proposed by Mr Brady of Ireland with the suggestion that it be adopted by this Assembly by acclamation. (*Applause*)

It is so adopted.

Farewells are always clothed with mixed emotions and certainly this one is no exception. We are naturally anxious to return to our homes, our families, and the tasks that have built up during our absence. At the same time, we regret parting from our friends here, from the good fellowship and the very pleasant associations that we have had. We leave, however, with a well-merited feeling of pleasure and satisfaction at a job well done, from the commemorative session, through the end of this Eleventh World Health Assembly; and, even more important, we leave with increasing pride in our World Health Organization, a pride in which each of you share.

We are understandably and justifiably proud of our organization, its humble beginning, its vigorous growth, and its challenging future. We have eighty-five active Members—more than the United Nations—and representatives of eighty-five Members were present. We were thrilled to relive the birth of WHO and hear speaker after speaker at the commemorative session state the progress in health in their countries during the last ten years and describe WHO's substantial contribution to this progress. I share with you a great pride and deep thanks to the founders of our organization. These were men of wisdom, of vision, of courage, of steadfastness, devoted and dedicated to a great humanitarian cause—the improvement of the health of the world.

The labour pains of bringing forth this new youngster must have been rather severe. Much patience, tolerance, and persistence, as well as intelligence, had to be exercised. The healthy baby they brought into the world has been carefully nurtured through the usual vicissitudes of growth. Now, at the age of ten years, we share with them a warm satisfaction at such a healthy, vigorous, dynamic child.

It is now fitting that we look ahead to plan for the future. It is up to us to dedicate ourselves, as the founders did, to the great tasks before us, exercising the same virtues they found so essential, namely, vision, courage, understanding, tolerance, and humility.

We are finishing the Eleventh World Health Assembly. It has been a noteworthy one. Good friendship, a warm understanding of each other's position, and a true spirit of harmony, have been paramount throughout the session. The adoption of the budget by acclamation is unprecedented. Issues that might have been controversial have been

resolved in a friendly spirit of compromise and understanding. Dynamic programmes for WHO have been charted, in existing services, for the years to come: malaria eradication; increased emphasis upon environmental sanitation, nutritional needs; attention to smallpox; renewed efforts in tuberculosis and other infectious diseases. Programmes are charted to meet new and emerging health needs: peace-time uses of nuclear energy; chronic diseases and aging; rehabilitation; and a fuller role for WHO in stimulating and co-ordinating world-wide research.

Truly, as many of the speakers have said this morning, this has been an exciting session, as we look to the past for encouragement and to the future with great anticipation and determination. We have learned that men of good will and strong hearts, working together, can contribute mightily to the greater well-being of people throughout the world and to man's dream of peace with freedom.

I should like to mention one item that has not been on the agenda of any of the committees or of our plenary meetings, but has been there none the less through every meeting—this is the effect of having the Assembly in the United States of America and in Minnesota. That has been mentioned so graciously here this morning by speaker after speaker. It has provided an opportunity to acquaint a great many of my countrymen with you, my friends and fellow delegates, and with the work of our World Health Organization, and—I believe of equal importance—it has provided an opportunity for you, representing eighty-five countries, to meet my people, to make friends, to visit in their homes, to observe their family lives, to obtain a first-hand understanding of how we live and what we think. Many of the people of Minnesota and the Twin Cities, Minneapolis and St Paul, tell me that they have found a real joy and satisfaction in having you as their friends and their guests; and as one of you told me (I quote): "The people of Minnesota have not only opened their homes to us, but also their hearts and their minds."

I am sure you join me, too, in a well-merited salute to the Press, the radio and television stations in the Twin Cities for the fine and factual manner in which they have reported our meetings. I wish also to pay tribute to the United Nations, to the specialized agencies, and to the various intergovernmental and non-governmental organizations which

contribute so much to the success of our work and with which we work together so closely.

Finally, as your President, I want to express our sincere pride in and grateful appreciation to our very distinguished Director-General, to his staff, to the equally distinguished regional directors and their staffs, to the vice-presidents whom you elected to serve with me, and to the chairman and rapporteurs of our two main committees. We are indeed fortunate to have had such an able group to administer the services of WHO.

May I say again how proud I am, and have been, to serve as your President during the Eleventh World Health Assembly. Honours do come to each of us in our countries as we serve our people, but I say, in all sincerity, that this is the most distinguished

honour I have ever received. I shall cherish it, together with your friendship, all the days of my life.

And now, personally and on behalf of the Government and the people of the United States of America, I wish you a safe and pleasant journey home and much joy and happiness in reuniting with your families and your friends.

As we go forward let us pledge again a renewed dedication and devotion to the great task remaining before us : to achieve the great humanitarian objective of WHO, namely, " the attainment by all peoples of the highest possible level of health ".

I now declare the meetings of the Eleventh World Health Assembly closed.

The session closed at 12.25 p.m.

MINUTES OF MEETINGS OF COMMITTEES AND SUB-COMMITTEES

GENERAL COMMITTEE

FIRST MEETING

Thursday, 29 May 1958, at 11 a.m.

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Terms of Reference of the Main Committees of the Eleventh World Health Assembly, including the Proposed Procedure for the Consideration of the 1959 Programme and Budget Estimates

The General Committee recommended that the Health Assembly should adopt the draft resolution put forward by the Executive Board in its resolution EB21.R47.

2. Allocation of Agenda Items to the Main Committees

The General Committee agreed to recommend to the Assembly the deletion from the agenda of items 13 and 7.10 (Admission of new Members and Associate Members), because no applications for admission had been made, and the allocation of the agenda items to the main committees as set out in the provisional agenda (document A11/1, see page 47), except for item 7.17 (Special fund for improving national health services: Report on resolution 1219 (XII) of the General Assembly of the United Nations on financing of economic development). It was agreed to recommend that that item should be

allotted to the Committee on Programme and Budget (and not to the Committee on Administration, Finance and Legal Matters as suggested in the provisional agenda) because the decisions taken at the most recent session of the United Nations General Assembly showed that the subject was related to the Organization's programme.

3. Programme of Work of the Health Assembly

The programme of meetings for the afternoon and the following day was fixed, and the agenda for the two plenary meetings agreed.

It was decided that the normal times of meetings would be from 9.30 a.m. to 12 noon, and from 2.30 p.m. to 5.30 p.m., but that longer meetings would be held if necessary. The General Committee would meet daily at 12 noon.

No meetings would be held on Monday, 9 June, to enable delegates to visit the Mayo Clinic, Rochester, at the invitation of the Government of the United States of America.

The meeting rose at 11.40 a.m.

SECOND MEETING

Friday, 30 May 1958, at 12.10 p.m.

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Programme of Work of the Health Assembly

The Committee fixed the meetings of the main committees for Saturday, 31 May and Monday, 2 June.

It decided to consider at its meeting on Saturday,

31 May, the election of a Member to designate a person to fill the seat left vacant on the Executive Board as a result of the establishment of the United Arab Republic.

The meeting rose at 12.15 p.m.

THIRD MEETING

Saturday, 31 May 1958, at 12 noon

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Programme of Work of the Health Assembly

Mr KHANACHET (Saudi Arabia), Chairman of the Committee on Administration, Finance and Legal Matters, reported on the work of his Committee and requested the General Committee to authorize it to discuss the administrative and financial aspects of WHO's participation in the Expanded Programme of Technical Assistance (item 6.6 of the agenda).

It was so decided.

Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, said that that committee expected to finish its discussion of the Director-General's Report on the work of WHO in 1957 before Tuesday, 3 June.

The General Committee fixed the programme of meetings for Monday, 2 June.

2. Proposal for the Election of a Member State to fill a Vacancy on the Executive Board resulting from the Establishment of the United Arab Republic

The CHAIRMAN explained that under the terms of Rule 98 of its Rules of Procedure the Health Assembly was required to elect a Member to designate a person to fill the seat on the Board left vacant by

the establishment of the United Arab Republic, before proceeding to replace the six Members whose terms of office were about to expire. He recalled that at its second plenary meeting the Assembly had decided to elect a Member for one year in the place of Syria. In accordance with Rule 93 of the Rules of Procedure, Members had been invited to submit their suggestions regarding the election to the General Committee; the eleven Members who had responded to that invitation had suggested the nomination of Tunisia.

In accordance with Rules 94 and 98 of the Rules of Procedure, he invited the General Committee to submit its recommendations to the Assembly, pointing out that the number of candidates nominated should not be greater than twice the number of the seats to be filled, in other words, in the present instance, not more than two.

The CHAIRMAN asked Dr Sauter (Switzerland) and Mr Saita (Japan) to act as tellers.

A vote was taken by secret ballot, with the following results : Tunisia, 14; Israel, 2.

The CHAIRMAN stated that one ballot paper had contained the names both of Tunisia and Israel and one other ballot paper had mentioned Israel. He

then asked whether the Committee wished to transmit two names to the Assembly or whether it preferred to take a second ballot with a view to nominating a single candidate, it being understood that in such case one name only would be written on each ballot paper.

Dr RAMÍREZ (Ecuador) said that the majority of the Committee was clearly in favour of the nomination of Tunisia.

Mr KHANACHET (Saudi Arabia) doubted the validity of any ballot paper containing two names, and felt that in view of the large number of votes won by Tunisia, the name of that country alone ought to be transmitted to the Assembly.

Mr ZARB, Chief, Legal Office, said that there were no precedents. However, when, each year, the General Committee made its proposals for the annual elections to the Executive Board, it first held a trial vote to draw up a preliminary list of candidates. The vote which had just been taken might, therefore, be considered a preliminary vote resulting in the nomination of the two Members whose names might later be taken into consideration for the purposes of election.

Dr DÍAZ-COLLER (Mexico) observed that Israel could be nominated as a candidate for the annual elections to the Executive Board; in any event, Tunisia appeared to have won almost unanimous support.

Mr KHANACHET (Saudi Arabia) thought that in the circumstances the Committee ought to apply Rule 96 of the Assembly's Rules of Procedure which read :

For the purpose of elections in accordance with Rule 95 Members shall vote in any ballot for that number of candidates equal to the number of seats to be filled and any ballot paper failing to comply with this Rule shall be null and void.

Mr ZARB, Chief, Legal Office, explained that Rule 96 concerned the procedure for actual election; as the Committee was at present concerned not with electing the Members to be entitled to designate a person to serve on the Board, but simply with nominating one or two candidates from which the Assembly was to make its choice, it was for the Committee to decide whether or not it wished to follow the procedure set forth in Rule 96, as it was invited to do in Rule 98.

Dr SAUTER (Switzerland) agreed that the Committee was dealing with a nomination and not with an election, for it had been invited to transmit "not more than two names" to the Assembly. The real question was whether or not the General Committee wished to transmit to the Assembly a list of two names.

Professor ZHDANOV (Union of Soviet Socialist Republics) thought that the provisions of Rule 96 ought to apply and that any ballot paper containing two names should be considered null and void.

Dr AUJALEU (France) felt that if the General Committee presented the Assembly with only one name it would deprive the Assembly of any possibility of choice when it came to the election of a Member to designate a person to the vacant seat.

Dr VALENZUELA (Chile) suggested that the Committee should transmit to the Assembly the list of two names, indicating which of the two Members had won the greater number of votes.

Mr ZARB, Chief, Legal Office, stated that formerly, at the time of the annual elections, the Committee had submitted a list of six Members to the Assembly and the Assembly had no choice but to accept or reject the entire list. That procedure had been modified and the practice at present was for the Committee first to draw up a list of nine Members and then to choose from it the six Members whose names it recommended to the Assembly. The purpose of those new provisions of Rule 94 was to give the Assembly greater latitude in the choice of the Members which would be entitled to designate a person to serve on the Board.

Dr RAMÍREZ (Ecuador) associated himself with the views expressed by the delegate of Chile.

Sir Arcot MUDALIAR (India) formally proposed that the Committee should submit the names of Tunisia and Israel to the Health Assembly, in accordance with Rule 98 of the Rules of Procedure, and that it should recommend Tunisia as the Member which had won the majority of the votes registered in the Committee.

Sir Arcot Mudaliar's proposal was supported by Dr SAUTER (Switzerland) and unanimously adopted.

The meeting rose at 1.20 p.m.

FOURTH MEETING

*Monday, 2 June 1958, at 12 noon**Chairman: Dr Leroy E. BURNEY (United States of America)***1. Addition of Supplementary Items to the Agenda of the World Health Assembly**

The General Committee decided to recommend to the Assembly the inclusion in its agenda of the following three supplementary items :

- (a) Study to plan an intensified research programme;
- (b) WHO headquarters accommodation;
- (c) Frequency of World Health Assemblies.

The Committee recommended that the first item be allotted to both main committees, and that the second and third items be allotted to the Committee on Administration, Finance and Legal Matters.

2. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit to the Health Assembly the first report of the

Committee on Administration, Finance and Legal Matters.

3. Programme of Work of the Health Assembly

Mr KHANACHET (Saudi Arabia), Chairman of the Committee on Administration, Finance and Legal Matters, reported that that committee had made considerable progress in its work on the items on its agenda.

Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, said that that committee expected to finish its discussion on the work of WHO in 1957 the following afternoon.

The General Committee fixed the programme of meetings on Tuesday, 3 June.

The meeting rose at 12.25 p.m.

FIFTH MEETING

*Tuesday, 3 June 1958, at 12 noon**Chairman: Dr TRAN-VY (Viet Nam)***1. Programme of Work of the Health Assembly**

Mr KHANACHET (Saudi Arabia), Chairman of the Committee on Administration, Finance and Legal Matters, reported that the work of that committee was proceeding well.

Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, said that at its morning meeting the Committee had continued its discussion of the work of WHO in 1957; in view of the importance and complexity of the subjects dealt with, it would probably be necessary to continue the discussion in the afternoon beyond 5 p.m.

The CHAIRMAN proposed that the Committee on Programme and Budget should consider the question of the level of the 1959 budget at its afternoon meeting on Wednesday, 4 June. He recalled that in virtue of paragraph (3) of resolution WHA11.2, the Committee on Administration, Finance and Legal Matters should not meet while the Committee on Programme and Budget was discussing the budget level.

The General Committee fixed the programme of meetings on Wednesday, 4 June, accordingly.

The meeting rose at 12.15 p.m.

SIXTH MEETING

Wednesday, 4 June 1958, at 12.15 p.m.

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Transmission to the Health Assembly of Reports of the Main Committees

It was decided to transmit to the Health Assembly the second report of the Committee on Administration, Finance and Legal Matters.

2. Programme of Work of the Health Assembly

Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, said that that committee had concluded its discussion of the work of WHO in 1957. Nevertheless, in view of the number of items still to be considered he suggested

that the Committee should meet on Saturday, 7 June, at 2.30 p.m.

Mr KHANACHET (Saudi Arabia), Chairman of the Committee on Administration, Finance and Legal Matters, said that the work of that committee was proceeding very rapidly.

The General Committee decided to reconsider at its meeting on Friday, 6 June, the need for a Saturday afternoon meeting of the Committee on Programme and Budget.

It fixed the programme of meetings for Thursday, 5 June.

The meeting rose at 12.30 p.m.

SEVENTH MEETING

Thursday, 5 June 1958, at 12 noon

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit to the Health Assembly the first and second reports of the Committee on Programme and Budget.

2. Programme of Work of the Health Assembly

After having heard statements by Mr KHANACHET (Saudi Arabia), Chairman of the Committee on Administration, Finance and Legal Matters, and Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, on the progress made by their committees, the General Committee established the programme of meetings for Friday, 6 June.

The Committee decided that there would be no meeting of the Committee on Programme and Budget, on Friday morning, so that all delegates could

attend the meeting of the Committee on Administration, Finance and Legal Matters for the discussion of item 7.7 of the agenda (proposal by the Government of the United States of America for the amendment of Rule 67 of the Rules of Procedure of the Assembly) and item 7.11 (Convention on the Privileges and Immunities of the Specialized Agencies, Amendment to Annex VII).

3. Proposals for the Election of Members Entitled to Designate a Person to Serve on the Executive Board

At the request of the CHAIRMAN, the DIRECTOR-GENERAL read out Article 24 of the Constitution and Rule 94 of the Rules of Procedure of the Health Assembly.

The CHAIRMAN drew attention to the two documents which had been distributed : (a) a list of coun-

tries suggested in accordance with Rule 93 of the Rules of Procedure; and (b) a list by regions of the Members of WHO which were or had been entitled to designate persons to serve on the Executive Board.

The CHAIRMAN suggested that the General Committee should follow the same procedure as in previous years, namely, after a general discussion it should take a preliminary vote to give an indication of the way in which the vacant seats might be distributed and then a final vote for the purpose of providing the Assembly with a list of nine Members, of which the Committee would recommend six whose election would, in its opinion, provide a balanced distribution of the seats on the Executive Board.

Dr Díaz-Coller (Mexico) and Mr Boucher (United Kingdom of Great Britain and Northern Ireland) were requested to act as tellers.

Mr KHANACHET (Saudi Arabia) stated that Saudi Arabia did not wish to stand for election; he thanked the Member State or States which had been kind enough to suggest the name of his country.

A preliminary vote was taken, by secret ballot.

The General Committee then proceeded to the final vote by secret ballot in order to establish the list of nine Member States which it would propose to the Health Assembly. The following countries were nominated : Brazil, Union of Soviet Socialist Republics, Viet Nam, France, Guatemala, Iran, Netherlands, Israel and Peru.

A vote by secret ballot then took place so as to draw up the list of six Members which, if elected, would in the Committee's opinion provide a balanced distribution of the Board as a whole. The vote gave the following results : Brazil, France, Union of Soviet Socialist Republics, Viet Nam, Iran and Guatemala.

4. Adoption of the Report of the General Committee

The CHAIRMAN read the draft report of the General Committee containing the proposals for the election of Members entitled to designate a person to serve on the Executive Board. The report was adopted unanimously (for text, see page 371).

The meeting rose at 1.55 p.m.

EIGHTH MEETING

Friday, 6 June 1958, at 12 noon

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit the third report of the Committee on Administration, Finance and Legal Matters to the Assembly for examination at its next plenary meeting.

2. Programme of Work of the Health Assembly

Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, stated that that committee had still to discuss a number of items on its agenda—some of them requiring very careful attention. A meeting of the Committee on Saturday afternoon and, possibly, night meetings during the following week might therefore be necessary.

Mr KHANACHET (Saudi Arabia), Chairman of the Committee on Administration, Finance and Legal Matters, thought that that committee would con-

clude its examination of item 7.7 (Amendments to the Rules of Procedure of the Health Assembly—proposal by the United States of America) and of item 7.11 (Convention on the Privileges and Immunities of the Specialized Agencies, Amendment to Annex VII) fairly early in the afternoon and that the Committee on Programme and Budget would be able to meet immediately afterwards.

The CHAIRMAN proposed the following programme of work for Saturday, 7 June :

— in the morning, after a meeting of the Committee on Credentials, a plenary meeting of the Health Assembly for the election of Members entitled to designate a person to serve on the Executive Board;
— at 2.30 p.m. a meeting of the Committee on Programme and Budget.

Several delegations stated that they had not received the General Committee's report containing its recommendations with respect to the election of

Members entitled to designate a person to serve on the Executive Board. It was therefore decided that, at the beginning of the afternoon meeting, the Chairman of the Committee on Administration,

Finance and Legal Matters would make sure that delegations had received the document in question.

The meeting rose at 12.30 p.m.

NINTH MEETING

Saturday, 7 June 1958, at 12.15 p.m.

Chairman: Dr A. SAUTER (Switzerland)

1. Programme of Work of the Health Assembly

Mr KHANACHET (Saudi Arabia), Chairman of the Committee on Administration, Finance and Legal Matters, reported on the work of that committee, and stated that at its next meeting it would examine the 1959 budget estimates relating to Organizational Meetings, Administrative Services and Other Purposes. He recalled that, in accordance with paragraph (3) of resolution WHA11.2 no meeting of the Committee on Programme and Budget could be held while the Committee on Administration, Finance and Legal Matters was examining the agenda item in question.

Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, stated that the work of that committee had progressed well and

that at the afternoon meeting it would be possible to commence detailed examination of the proposed regular programme and budget estimates for 1959.

The CHAIRMAN reminded the Committee that the Assembly would not meet on Monday, 9 June, because of United States Government's invitation to delegates to visit the Mayo Clinic.

The Committee therefore fixed the programme of meetings for Tuesday, 10 June.

2. Date of Closure of the Health Assembly

After hearing the opinion of the Chairmen of the main committees, the General Committee decided to fix Friday, 13 June, as the date for the closure of the Health Assembly.

The meeting rose at 12.30 p.m.

TENTH MEETING

Tuesday, 10 June 1958, at 12 noon

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit the third report of the Committee on Programme and Budget to the Health Assembly for examination at its next plenary meeting.

2. Programme of Work of the Health Assembly

Mr KHANACHET (Saudi Arabia), Chairman of the Committee on Administration, Finance and Legal Matters, stated that that committee would examine at its afternoon meeting the 1959 budget estimates relating to Organizational Meetings, Administrative

Services, and Other Purposes. It would then have completed its agenda apart from the approval of its last report.

Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, stated that that committee would have to hold two or three

more meetings in order to complete its agenda; it would probably be able to finish its work on Thursday 12 June.

The General Committee fixed the programme of meetings for Wednesday, 11 June.

The meeting rose at 12.10 p.m.

ELEVENTH MEETING

Wednesday, 11 June 1958, at 12 noon

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Transmission to the Health Assembly of Reports of the Main Committees

The General Committee decided to transmit to the Health Assembly the fourth and last report of the Committee on Administration, Finance and Legal Matters.

2. Programme of Work of the Health Assembly

Professor PESONEN (Finland), Chairman of the Committee on Programme and Budget, said that that committee would have to hold two further meetings

to complete consideration of the items on its agenda and adopt its final reports.

The General Committee authorized the Committee on Programme and Budget to hold an evening meeting on the same day, if necessary, and established the programme of work of the Assembly for Thursday, 12 June.

It decided that the final meeting of the Assembly would take place on Friday morning.

The meeting rose at 12.15 p.m.

TWELFTH MEETING

Thursday, 12 June 1958, at 12 noon

Chairman: Dr Leroy E. BURNEY (United States of America)

1. Transmission to the Health Assembly of Reports of the Main Committees.

The General Committee agreed to transmit the fourth and fifth reports of the Committee on Programme and Budget to the Health Assembly for consideration at the plenary meeting that afternoon.

2. Programme of Work of the Health Assembly

The General Committee fixed the agenda of the plenary meeting to be held that afternoon and decided that the closing plenary meeting would take place on Friday morning at 10 o'clock.

3. Closure of Session

The CHAIRMAN expressed his sincere thanks to the members of the General Committee for their co-operation, which had made his task easy and pleasant.

Dr AUJALEU (France) paid a tribute to the competence and courtesy with which the Chairman had conducted the debates of the General Committee.

The meeting rose at 12.25 p.m.

COMMITTEE ON PROGRAMME AND BUDGET

FIRST MEETING

Friday, 30 May 1958, at 2.30 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Opening Remarks by the Chairman

The CHAIRMAN expressed his thanks for the honour which had been done him and his country by his election as Chairman of the Committee.

On behalf of the Committee, he extended a welcome to the representatives of the Executive Board, of the United Nations and specialized agencies, of UNICEF, of the International Atomic Energy Agency, and of intergovernmental and non-governmental organizations, as well as to the observers from non-Member States.

2. Election of Vice-Chairman and Rapporteur

Agenda, 6.1

The CHAIRMAN drew attention to the third report of the Committee on Nominations (see page 370), which had proposed as Vice-Chairman of the Committee on Programme and Budget Dr Berlogea (Romania) and as Rapporteur Dr Ibrahim (Iraq).

Decision: The Committee unanimously elected Dr Berlogea Vice-Chairman and Dr Ibrahim Rapporteur.

On the invitation of the Chairman, Dr KAUL, Assistant Director-General, Department of Advisory Services, read out the terms of reference of the Committee on Programme and Budget, as set out in paragraph (1) of resolution WHA11.2.

3. International Quarantine : Consideration regarding Establishment of Sub-Committee

Agenda, 6.7 (a)

The CHAIRMAN asked whether it was the wish of the Committee to establish a sub-committee on international quarantine, in accordance with past practice.

Dr VARGAS-MÉNDEZ (Costa Rica) favoured the continuation of the practice, in order to give countries the possibility of making any comments on the International Sanitary Regulations that they might wish.

Professor CANAPERIA (Italy) also supported the setting-up of a sub-committee. As in the past, the sub-committee should be open to any delegation which wished to participate, and it would be useful if its hours of meeting could be so arranged as not to overlap with meetings of the two main committees.

Sir Arcot MUDALIAR (India) endorsed the views expressed by Professor Canaperia.

Decision: It was agreed to follow the procedure of previous years and establish a sub-committee on international quarantine, open to all members of the Committee on Programme and Budget.

4. Review of Work during 1957 : Annual Report of the Director-General

Agenda, 6.4

The CHAIRMAN, noting that delegations had had the opportunity to express general views on the Annual Report of the Director-General in the plenary meetings, suggested that the Committee should take the Report chapter by chapter.

He asked the Assistant Directors-General in charge of Advisory Services and Central Technical Services to make introductory statements on the work of their departments.

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that, as in previous years, the work of the department had been organized along four major lines : the control or eradication of disease; the organization of health services; the

education and training of national personnel; and the improvement of environmental sanitation. In rendering assistance to governments, the approach was adapted to the nature of the work and the socio-economic and cultural pattern of the country concerned.

The programme of communicable disease control for 1957 had further developed the work of previous years and new elements had been introduced as new needs had made themselves felt.

Considerable impetus had been given to the malaria eradication programme by the substantial contribution of the United States Government to the Malaria Eradication Special Account. During the year, there had been a noticeable accentuation of the international character of the campaign. Seventy-six countries or territories were either implementing or planning malaria eradication and, by the end of the year, nine of them had practically achieved eradication, seven had a well-advanced programme, forty-four had eradication campaigns under way, and a further sixteen were planning eradication. The more important events of the year in that field included the inter-agency co-ordination maintained among all those interested in malaria eradication; the first training course for WHO medical malariologists, which had begun in December 1957; and the confirmation that six species of vectors were definitely resistant to insecticides.

In tuberculosis, epidemiological surveys were being conducted in the African Region. A technical guide giving detailed instructions for the planning and execution of surveys of that kind had been prepared. The progress achieved in the chemotherapy and chemoprophylaxis of tuberculosis had been reviewed by a study group, which had reached the conclusion that drugs could play an important part in the community control of the disease; field research was in progress to determine more clearly how the drugs, either singly or in combination, could be most effective. The general decline in the incidence of tuberculosis encouraged the hope that an all-out attack to eliminate the disease might become feasible in the near future.

Work in many countries directed towards eradicating yaws had continued satisfactorily. No strong resistance on the part of treponemes to penicillin nor any severe allergic reaction to the drug had been reported. There was, however, evidence of an increased danger from venereal syphilis among urban populations. Given adequate resources, it was technically feasible to develop a world-wide yaws eradication programme.

An Expert Committee on Poliomyelitis had met during the year. The report¹ reviewed experience in the use of inactivated virus vaccine and made recommendations on its public health application.

The 1957 influenza pandemic, due to the Asian virus, had put the WHO influenza programme to its first severe test. Detection of the outbreak had been delayed by the fact of its having originated in an area not covered by the influenza network. As soon as reports had been received by WHO, however, the nature of the new virus had been rapidly identified, and the wide dissemination of epidemiological and technical information had proved of considerable value to health authorities all over the world. The results of the extensive epidemiological and virological studies carried out by the influenza centres and co-operating laboratories were to be submitted to an expert committee, meeting later in the year.

Information on how to prepare a highly stable dried smallpox vaccine had been distributed during the year and assistance had been given to a number of countries in developing production of the vaccine.

Increasing attention had been paid during 1957 to the physical and social rehabilitation of the leprosy patient. Mass treatment campaigns, carried out with international assistance, had confirmed the satisfactory results obtained in the past from treatment of institutional patients by sulfones. The long-standing policy of permanent segregation of all patients had given way to early diagnosis and mass treatment, complemented by selective and temporary segregation of the most infectious cases; and thus the enthusiastic co-operation of the patients had been gained. Experience acquired during the year had further confirmed that it was feasible and economically possible to organize mass treatment of leprosy patients in the remotest of rural areas.

It had been interesting to note the satisfactory progress made in certain countries towards integrating mass campaigns of trachoma control in the normal public health services. The encouraging results obtained from the pilot campaigns indicated that an expansion of the activity would be justified.

It appeared from the most recent statistics published that acute diarrhoeal disease remained the greatest single cause of infant mortality throughout the world. The etiology of the disease was complex and preliminary epidemiological investigation was essential to determine the factors affecting the transmission of the disease and the relative value of various control methods. All the WHO regions, and in particular the Region of the Americas, had given high priority

¹ *Wld Hlth Org. techn. Rep. Ser.* 1958, 145

to the problem in recent years, by organizing seminars, strengthening child care programmes, and providing assistance to improve environmental sanitation.

The Organization's veterinary public health work during 1957 had included the convening of a Joint FAO/WHO Expert Committee on Brucellosis;¹ the continuation of co-ordinated research on rabies; the extension of the work of the WHO/FAO leptospiriosis reference laboratories; and the preparation of a monograph on meat hygiene. There had also been a further development of the work of the regional offices in helping national administrations to expand their veterinary public health services.

The emphasis on long-term planning in regard to the organization of health services had been maintained throughout 1957. Further progress had been made in the organization throughout the world of decentralized integrated health services. Much stress had again been laid, in those programmes, on the importance of training staff. Training courses organized had included one on health education in New Caledonia; another on nutrition in Uganda; a seminar on maternal and child care in Egypt; and a European regional seminar on the nurse in industry. A guide for the planning of nursing education programmes had also been prepared during the year.

An expert committee on health education of the public had met during the year and WHO had also collaborated in a first African regional seminar and a second European conference on health education.

Further work had been carried out on individual subjects of long-term interest such as rehabilitation; WHO had collaborated in holding two seminars on the subject. Other continuing studies included those on anaemias in pregnancy, diarrhoeas in infancy, and costs and means of financing medical care services. Another programme with long-term implications was the study of the epidemiology of mental disorders. A study group had also been convened to consider the rapidly expanding use of psychotropic drugs in psychiatry.

It had been found helpful for the planning of WHO programmes to convene from time to time meetings at which knowledge and opinions on particular subjects were reviewed. Meetings called for that purpose during 1957 had included the Expert Committee on Water Fluoridation² and three study groups: one on schizophrenia, another on the classification of atherosclerotic lesions³ and a third on the mental health aspects of atomic energy.

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1958, 148

² *Wld Hlth Org. techn. Rep. Ser.*, 1958, 146

³ *Wld Hlth Org. techn. Rep. Ser.*, 1958, 143

Throughout the year assistance to UNRWA in its health work among Palestine refugees had continued uninterrupted. Co-operation with the United Nations and other specialized agencies had been maintained in the concerted effort to promote social development.

In the sphere of environmental sanitation, one of the more important subjects dealt with in 1957 had been the growing resistance of insects to insecticides. WHO had made considerable progress during the year in establishing itself as the co-ordinating agency for the intensive research going on in that connexion. Seven new research projects had been set up with grants from WHO. Standard methods for determining the levels of resistance to insecticides had been established. A new survey on louse resistance had been started and, lastly, a technical conference on resistance problems had been organized.

The subject of air pollution was assuming increased importance. Two meetings had been convened by WHO, including a regional conference of European authorities, held in Milan, and an expert committee in Geneva. The established policy of paying particular attention to encouraging the training of personnel in sanitation had been continued through aid to training projects and teaching institutions.

The work of the Division of Education and Training Services was proceeding along the lines laid down in the Organization's programme of work for a specific period. The possibility of reorienting the teaching of physiology to foster interest in preventive medicine among medical students had been explored. Attention was now to be turned to the teaching of pathology and similar studies were contemplated for all the basic sciences.

Two expert committees had been convened to consider the types of special training required by doctors and other health workers as a result of the growing use of atomic energy and radiation. As in the past, every effort had been made to assist the teaching of preventive medicine by providing visiting professors and organizing conferences.

Dr TIMMERMAN, Assistant Director-General, Department of Central Technical Services, stated that technical activities, intended to be of benefit to the whole world, were carried out in one single centre from which knowledge, methods and techniques were disseminated by various means to all countries. That centre was the Organization's headquarters in

Geneva and a very large part of the universal work was done in the Department of Central Technical Services.

An efficient epidemiological intelligence system was an indispensable tool in the fight against the spread of quarantinable diseases. The WHO system, which had been in use already for many years, continued to operate and good reception of a daily epidemiological broadcast was secured in most parts of the world through the relay of the bulletins issued; that was done free of charge by sixteen governmental wireless stations. Accurate epidemiological information was essential for the effective application of the International Sanitary Regulations, which dealt with quarantinable diseases. In a number of cases, breaches of the Regulations, often inadvertent, had been brought to the notice of the relevant authorities, in order to promote proper observance of the provisions. An annotated edition of the International Sanitary Regulations had been published in English and French, in order to facilitate the work of national quarantine services.

The compilation and publication of monthly and annual epidemiological and vital statistics was a natural complement to the issue of information on epidemic diseases for quarantine purposes. In addition to routine data on vital statistics and communicable diseases, the monthly *Epidemiological and Vital Statistics Report* contained a series of statistical monographs on maternal mortality, perinatal mortality, and mortality from tumours and from chronic degenerative diseases.

The methods applicable in the compilation of statistics of morbidity and mortality from cancer had been studied by a Sub-Committee on Cancer Statistics, which had met towards the end of 1957. The Sub-Committee had made recommendations, *inter alia*, regarding those subjects on which specific studies on the epidemiology of cancer, as recommended by the Tenth World Health Assembly, were most likely to be fruitful.

With regard to international standardization of morbidity and mortality statistics, the most important contribution of the year had been the publication of a revised edition of the *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death* in English, French and Spanish, for general application as from 1 January 1958. That edition contained the improvements recommended by the Seventh Revision Conference held in 1955.

Help in statistical methodology had been provided for a number of field and research projects in which the Organization was engaged. Among the more important papers produced in statistical methodo-

logy, mention might be made of "Statistical Methodology in Malaria Work" (a study of indices of endemicity) and "Proportional Mortality of 50 Years and Above",¹ a proposed index for the measurement of levels of health, including demographic conditions; the latter had been prepared in response to a request from the United Nations.

The work on biological standardization of therapeutic substances had been marked by continuous efforts to establish new international standard preparations and to replace existing ones. An attempt had also been made to give further guidance to national health administrations by drawing up international recommendations on assay methods to be used in the national control of biological substances.

New international standards had been established for tetracycline, erythromycin, phenoxymethylpenicillin and pertussis vaccine and extensive preparatory work on a number of other standards had been carried out.

A Study Group on Recommended Requirements for Biological Substances had considered general problems involved in providing further guidance to national authorities, and had made recommendations on procedures to be followed in drawing up international recommendations on assay methods and requirements.

Work on a planned series of recommended health laboratory methods had continued. Chapters on cholera, streptococcus and staphylococcus had been prepared and were ready for publication in the *Bulletin*.² A further seven chapters for publication had been in preparation at the end of 1957.

Work on the establishment of a network of national centres for *Shigellae* and *Escherichiae* had been continued. Approximately forty of those centres had been designated by Member States and the WHO International Centres were now collaborating with them. A Study Group on Histological Definitions of Cancer Types had met in the course of 1957. As a result of its recommendations an Expert Advisory Panel on Cancer had been set up and preliminary steps had been taken towards the establishment of international centres for the definitions of selected cancer types.

As regards food additives, data sheets on food colouring agents had been completed. A Joint FAO/WHO Expert Committee on Food Additives³ had met during the year and had studied procedures for the testing of intentional food additives to determine their safety.

¹ Published in *Bull. Wld Hlth Org.*, 1957, 17, 439

² *Bull. Wld Hlth Org.*, 1958, 18, 275-307; 19, 153-176

³ *Wld Hlth Org. techn. Rep. Ser.*, 1958, 144.

Work on the International Pharmacopoeia had continued. Volume II of the first edition had been translated into Spanish and published by the Organization; German and Japanese editions had also been published, by national enterprise. Work on a supplement to Volumes I and II had been almost completed and publication might be expected in the near future. The continuously growing number of new pharmaceutical preparations placed on the international market had led to a careful study of the desirability of preparing a second edition of the complete work.

In the work on international non-proprietary names, a list of twenty-seven proposed names for narcotic preparations had been published and 162 proposed names for other preparations had been selected.

Apart from the routine advisory functions on medical and pharmacological problems connected with addiction-producing drugs and drug addiction, specific advice had been provided, through an Expert Committee on Addiction-producing Drugs, in connexion with the international control of new narcotic drugs and the misuse of barbiturates and tranquilizing agents.

The series of studies on "Synthetic substances with morphine-like effect" had been completed by the fourth study on "Clinical experience: potency, side-effects, addiction liability".¹ The study had been presented to the United Nations Commission on Narcotic Drugs at its twelfth session, together with the report of a Study Group on Treatment and Care of Drug Addicts.

The work on publications had been increasing. Apart from the regular periodicals such as the *Bulletin*, the *Chronicle* and the *International Digest of Health Legislation*, a large number of other technical publications had been issued, including twenty-seven issues of the *Technical Report Series*, five monographs, five special issues of the *Bulletin*, and other publications on various technical subjects.

In addition to the regular *Official Records* publications, new editions of the Organization's *Basic Documents* and of the *Handbook of Resolutions and Decisions* had been issued in English, French and Spanish. The Library had continued to prepare bibliographies on request. Two special projects had been started during the year; first, a survey of annual governmental reports on public health and, secondly, a bibliography of WHO publications, including articles, reports, etc., issued from 1946 to the end of 1957.

A major undertaking had been the preparation of the report on *The First Ten Years of the World Health Organization*, which had been started in 1957. Temporary staff had had to be recruited in the translation and editorial sections to help in that work.

The decision to discontinue the use of the United Nations printing and sales service as from the beginning of 1958 was worthy of mention. The main reasons underlying the decision had been the relatively high cost to WHO and the delay encountered in the processing of manuscripts and proofs.

In conclusion, he expressed the hope that the survey he had given, although incomplete, would serve to give the Committee some idea of the activities carried out by the Department of Central Technical Services during the year 1957.

The CHAIRMAN thanked Dr Kaul and Dr Timmerman and invited comments on their statements.

Dr AMOUZEGAR (Iran) stated that his delegation had noted with particular surprise, year after year, the negligible attention paid by WHO to the problem of the water-borne communicable diseases. The report for the year 1957, with the exception of a few remarks on bilharziasis, offered no evidence of any work of the kind. The continuing high infant mortality in a large part of the world was directly due to lack of safe water supplies and proper excreta disposal facilities. It was futile, in the opinion of his delegation, for the Organization to carry out programmes in milk and food hygiene so long as safe water supplies were not available to a large part of the world.

He asked that WHO should take steps in the years to come to foster action on the part of Member governments to provide safe potable water—a basic necessity for their peoples. The problem should not be neglected because of the cost involved. Perhaps it might be possible to set up a special fund for work of that nature, as had been done for malaria eradication.

Professor HURTADO (Cuba) also believed that due attention should be given to the water-borne diseases. In many countries, the provision of water supplies and excreta disposal facilities came under municipal or regional authorities and not under the national department of public health. He suggested that the Committee should consider proposing that the Health Assembly recommend governments to take steps to give control of those matters to the public health authorities.

¹ *Bull. Wld Hlth Org.*, 1957, 17, 569

Mr OLIVERO (Guatemala) said that gastro-intestinal diseases posed one of the greatest problems in regard to infant and general morbidity and mortality throughout the Americas. It was appropriate, therefore, that emphasis should be placed upon the question of abundant and safe water supply, which was a most important environmental sanitation problem. Seminars on gastro-intestinal diseases had recently been held in Mexico and Chile and the conclusion of both groups had been that the question of water supply was of fundamental importance to the control of those diseases. He was glad to support the suggestions made by the delegates of Iran and Cuba.

Dr ALLARIA (Argentina) said that infantile diarrhoea due to bad water supply was a major public health problem in Argentina also. He agreed in principle with the delegate of Cuba that the water supply should be under the control of the ministries of public health, but he could not fully support the suggestion that national governments should be recommended to take steps to that effect. In the case of Argentina, the decentralization of the administration would make such a course difficult.

Dr ARAMAYO (Bolivia) said that the supply of pure water was also a grave problem in Bolivia, particularly in the eastern part of the country. Every effort should be made and all possible technical services mustered to deal with a problem which was of such great importance to Latin America as a whole. He would support the proposal of the delegate of Cuba.

Dr METCALFE (Australia) agreed wholeheartedly that priority should be given to environmental sanitation. The questions of water supply and refuse disposal in particular were of the utmost importance. He had been alarmed, on reading through the project list in the Director-General's Annual Report, to find that plans were being made for psychiatric programmes and similar activities in countries where the water was undrinkable. Despite the fact that the commonest diseases in those countries could be traced directly to faulty environmental sanitation, their authorities were attempting to enter other fields of far less immediate importance.

Dr EVANG (Norway) noted that some delegates seemed to feel that WHO had not devoted enough attention to the question of water pollution. He recalled that in the early days of WHO, when work had been concentrated upon a few major projects, environmental sanitation had enjoyed priority. The reason why WHO had been able to achieve relatively

so little in that field could be deduced to some extent from the reference made by the delegate of Iran to the high cost of establishing good water supplies. The delegate of Iran had suggested that consideration should be given to the possibility of establishing a special fund. Unfortunately, budgetary limitations at present prevented WHO from giving any substantial financial assistance to countries for the establishment of water supplies.

Water supply was closely related to other factors in environmental sanitation. In nature, water was pure; it was contaminated during its run by human and by animal and plant wastes, with human sources, including nowadays radioactive waste, generally predominating. Thus, environmental sanitation was closely linked to the question of health education. He hoped, therefore, that any studies proposed would be conducted under headings of a more general character, and not be confined to water supply. He would be glad to support any action to emphasize the priority which such studies merited.

Dr TURBOTT (New Zealand) believed that some years previously a recommendation had been adopted unanimously whereby each region was to allocate a definite proportion of its budget each year to environmental sanitation. It would be useful if the Secretariat could give an account of the percentages spent on environmental sanitation in each region since that recommendation had been made. Environmental sanitation projects were receiving WHO assistance in five out of the ten countries in the Western Pacific Region. Clearly, WHO could not provide funds to cover the entire cost; its function was to initiate pilot projects, provide training courses and so forth. In regard to the establishment of a special fund, he was unable to agree with the delegate of Iran.

Dr SULIANTI (Indonesia) noted that in the Annual Report of the Director-General environmental sanitation was dealt with under a separate heading, while in the structure of the WHO Secretariat the Division of Environmental Sanitation was separate from the Division of Organization of Public Health Services. She wondered whether that was desirable from the point of view of public health as a whole.

Sir Arcot MUDALIAR (India) agreed that environmental sanitation and a potable water supply were extremely important in the prevention of communicable diseases. However, he did not think that WHO had been ignorant or remiss in that respect. In the South-East Asia Region, environmental sanitation projects were under way in Afghanistan, Burma, Ceylon and India. Water supply created vast

problems in every country. WHO's function was to act as a catalyst and to stimulate national governments to action. Although WHO activities could not replace national efforts in environmental sanitation, more could perhaps be done in the way of pilot projects. He hoped that in future environmental sanitation and rural water supply would receive greater emphasis.

Professor HURTADO (Cuba) did not intend to criticize the position taken by the Organization with regard to environmental sanitation. But its essential task was to assist national health administrations. He was not asking for economic aid or for special studies, but merely for a recommendation which would give national organizations concerned with questions of pure water supply some moral backing. Each country would be able to use such a recommendation for its own purposes. He proposed, therefore, that the Assembly should recommend that water supplies should come under the control of the public health authorities.

Dr AMOUZEGAR (Iran) said that the special fund which he had suggested need not necessarily be set up by WHO. It ought to be possible to make arrangements with UNICEF, or on a bilateral or multilateral basis, for financial aid for the improvement of water supply, which was a much more fundamental question.

He agreed that environmental sanitation and health education were equally important, but he had been chiefly concerned with the question of priorities. His point had been that any attempt to improve food and milk sanitation would be futile without proper water supply. Water supply should therefore be given priority within the field of environmental sanitation.

Dr KAUL said that the Secretariat was gratified by the emphasis which the delegations were placing on basic activities in environmental sanitation. The part played by WHO in that respect was described in the section on environmental sanitation in the Proposed Programme and Budget Estimates for 1959, (*Official Records* No. 81) in which it was stated that the functions and responsibilities of the Division of Environmental Sanitation were to stimulate and promote sanitation activities in the countries, with particular emphasis on the building-up of an administrative organization, the improvement of rural sanitation, the training of sanitation personnel, and the dissemination of information. One basic deficiency in country programmes of environmental sanitation had been a lack of properly trained

personnel at the supervisory and auxiliary levels. WHO had therefore devoted itself particularly to the training of advisers and staff. The fact that there was a separate Division of Environmental Sanitation at headquarters was an indication of the importance attached to it: it did not mean that there was no relation between public health programmes and environmental sanitation programmes. On the contrary, every effort was made to integrate environmental sanitation and health education activities into all activities under the public health programme. The Organization was fully aware of the importance of environmental sanitation and was giving all assistance within its power.

In regard to the proportion of funds spent on environmental sanitation, he drew the Committee's attention to the regional schedules given in Annex 2 of the Proposed Programme and Budget Estimates for 1959. In the tables giving a summary of the funds for various major activities and field programmes (*Official Records* No. 81, page 83) the estimated expenditure on environmental sanitation was \$485 371 for 1958 and \$501 709 for 1959. A further sum was allocated to environmental sanitation in the headquarters budget. WHO could not by itself set on foot environmental sanitation programmes of a wide and substantive nature, but it could and did act as a stimulus, providing advice and training personnel. As a number of speakers had pointed out, the reason for the relatively slow development in the field of environmental sanitation was the large capital outlay required from the countries themselves. At the present moment, WHO had prepared a guide on the operation of urban water treatment plants and was preparing material on standards of drinking-water quality. It was obvious that the development of urban and rural water supplies was an essential basis for public health action to diminish the incidence of water-borne diseases. The Organization was concentrating upon the development of advisory services and standards, the training of personnel and the preparation of pilot projects requested by countries.

Dr TURBOTT (New Zealand) said that he was interested in details of the percentages spent by the regions since the adoption of the recommendation he had mentioned, rather than in the total budgets for 1958 and 1959 which the Assistant Director-General had just given.

Dr KAUL said that he would provide the percentage figures at a later date. (See minutes of the second meeting, section 1.)

Chapter 1: Malaria Eradication

Dr ALAN (Turkey) said that his country was taking part in the malaria eradication campaign. Malaria control operations had been in progress for about a quarter of a century so that there was no difficulty in passing from control to eradication, which it was hoped to achieve within three or four years.

His country had been glad to receive, for a period of field training, groups of WHO personnel recruited for work in the eradication programme in other countries. He wished to convey his thanks to UNICEF for supplies, and to WHO for its general assistance in the malaria eradication campaign.

Chapter 2: Communicable Diseases

Dr ENGEL (Sweden) said his delegation highly appreciated the intelligence service which WHO had provided before the 1957 influenza epidemic reached Sweden. It had enabled his country to make preparations for the epidemic, in advance. His delegation had noted with satisfaction that data concerning the epidemic, and the results of co-ordinated research, were to be considered by the Expert Committee on Respiratory Virus Diseases at its meeting in August 1958.

As the only method of acquiring knowledge of the efficacy of vaccines and the best methods of using them was a large-scale comparative evaluation study of the results of vaccination campaigns in the largest possible number of Member States, he hoped that the Expert Committee would provide some guidance for national health administrations regarding the nature and scope of the vaccination programmes on which such an evaluation could be based.

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland), referring to page 5 of the Annual Report, particularly welcomed the epidemiological surveys to determine, by standardized methods, the prevalence of tuberculosis, which in some countries of Africa, Asia and South America was still the most important communicable disease.

Chemotherapy and vaccination of appropriate sections of the population held out hopes of more effective control. The WHO Study Group on Chemotherapy and Chemoprophylaxis in Tuberculosis Control¹ had considered that INH with a companion drug such as PAS was likely to be most effective. It appeared, however, that PAS alone had certain undesirable side effects; it was therefore necessary to continue and intensify attempts to discover new

and cheap drugs suitable for use in both domiciliary and institutional treatment. He therefore highly commended the inclusion of the matter in the programme and pressed for an expansion of existing projects.

Dr SLIM (Tunisia) said that many speakers had drawn attention to the importance of the communicable diseases; but what was important was to emphasize that their eradication should be given priority. The suggestion had been made by Dr Parran, on receiving the award of the Léon Bernard Prize, that if each country set aside two per cent. of its appropriations for military purposes to supplement the Expanded Programme of Technical Assistance, communicable diseases would soon be a thing of the past.

He would emphasize in particular tuberculosis control. Where the figures for the incidence of the disease were high it could be said that the control programme was far from reaching the requisite level, and also, that one cause of that was the lack of flexibility in the rules governing the allocation of assistance to governments.

Professor SIGURJÓNSSON (Iceland) congratulated the Director-General and his staff on the excellent report on the work of the Organization in 1957.

In regard to the section dealing with virus diseases and vaccine studies, he conveyed his country's particular gratitude to the Organization for the speed and efficiency with which information on the influenza pandemic had been collected and distributed. As his administration had been informed that the virus concerned was substantially different from known strains, it had been decided that vaccine should be produced, experimentally, within the country. The vaccine had been so produced and had proved 70 per cent. effective. It was impossible to claim that a large number of lives had been saved, because attacks had been mild, but experience had been gained both in Member States and by WHO which would be extremely valuable should a more severe form of influenza become epidemic at a later date. The report of the Expert Committee on Respiratory Virus Diseases was awaited with much interest.

Dr METCALFE (Australia) said that the statement (*Official Records* No. 82, page 6) that "larger quantities of vaccine could probably have been produced in some countries but some authorities, in view of the mildness of the disease, did not consider that a great effort to increase production was warranted" gave a wrong impression of the difficulties

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1957, 141

to be overcome in dealing with an epidemic of influenza. The actual preparation of the vaccine was only one step. It was extremely useful to have information on the efficacy of a vaccine before an epidemic occurred and so he would like an opinion on whether there was any point in continuing a vaccine programme using the most recent strain.

Miss MESSOLORA (Greece) informed the Committee that the use of modern insecticides and periodic compulsory vaccination campaigns had done much to reduce the incidence of communicable disease in her country. Greece particularly appreciated WHO's work in providing the vaccines for such campaigns and assistance in the training of public health personnel.

Dr EL-HALAWANI (United Arab Republic) asked what policy WHO had adopted in regard to bilharziasis since his appeal at the Tenth World Health Assembly to WHO and UNICEF for assistance in the purchase of molluscicides.

He informed the Committee that a scheme of snail control had been proved successful not only in isolated areas, such as the oases, but also within the Nile water system. A project involving an area of 25 square kilometres with a population of about 50 000 had been instituted in 1953, when the feeder canal had been treated with sodium pentachlorophenate in a solution of 10 p.p.m. for eight hours on several occasions. That treatment, repeated twice yearly, when reinfestation took place, had given complete freedom from the disease.

In order to ascertain the efficacy of molluscicides in the control of the disease, the population had been given no direct treatment. It had been found that the prevalence of *Schistosoma haematobium* among children between the ages of six and ten years had fallen from 40 to 26 per cent. during the first four years.

Dr BTESH (Israel), referring to the testing of live attenuated poliovirus vaccines, said that his own experience of inactivated virus vaccine had been so good that he wondered whether the disadvantages involved in experimentation with live attenuated vaccine did not outweigh the advantages.

He also asked whether WHO was planning to control experiments with inactivated virus and whether the population was to be protected against the indiscriminate use of live attenuated virus vaccines.

Dr WARMANN (Ghana) said that a WHO tuberculosis survey team had been working in Ghana for

some time and, as tuberculosis was a disease new to his country, it was hoped that the team's report would help to answer a number of questions and in particular indicate what steps should be taken to control the disease.

As regards nutrition, he had paid a tribute at the fourth plenary meeting to UNICEF for supplies of milk and to WHO for assistance received in regard to animal trypanosomiasis. Short-term policy relied upon supplies of milk from UNICEF but a long-term policy could be based only on the discovery of a local product, or combination of products, which would supply similar proteins. A nutrition unit had been set up and the recent seminar on nutrition, held in Uganda, had provided some further information. It was hoped that when the seminar's recommendations had been implemented, health administrations would be in a better position to deal with the problem more effectively, with the assistance of WHO and other agencies.

Epidemiological information on poliomyelitis during the last four or five years was being collected with a view to thorough studies. In view of the lack of such information, serological surveys might be necessary. No widespread vaccination programme had been started but several of the most exposed groups (such as nursing staff) had been vaccinated. It was hoped that when more was known of the epidemiology of the disease in Ghana, the latest scientific discoveries could be applied to better effect.

Dr SULIANTI (Indonesia), referring to the passage on epidemiological studies and local surveys in the introduction to the chapter "Communicable Diseases" (*Official Records* No. 82, page 4), said that her Government had recognized the necessity for local epidemiological surveys and had asked WHO to send a public health expert and a statistician. She had recently learned that such a statistician would be available only in about three years' time. It was with that special situation in mind that her delegation had made its comments in the plenary meeting.

Dr ABU SHAMMA (Sudan) said that venereal diseases were widespread in his country and that the difficulty was to procure enough drugs. Sudan was unable to allocate sufficient funds for the purchase of the large quantities of drugs required in a campaign for the speedy eradication of those diseases. Would WHO be willing to supply the drugs, if the other expenses of such a campaign were borne by the Government of Sudan?

In connexion with the zoonoses and veterinary public health, he informed the Committee that hydatid disease was prevalent in some parts of the country. The part played by domestic and wild animals had been insufficiently studied, and he suggested that a FAO/WHO expert committee might be formed to study and report on the subject.

Dr ALAN (Turkey) shared the views expressed by the delegates of the United Kingdom and Tunisia on the importance of tuberculosis control and the usefulness of forming epidemiological survey teams. He was particularly glad to see that such a team had already been formed in the European Region.

Dr METCALFE (Australia), referring to remarks on inactivated and live attenuated poliovirus vaccine, asked whether the viruses used in the preparation of the Salk and the live attenuated virus vaccines were the same.

Médecin-Colonel BERNARD (France) noted the mention made in the Annual Report of two training courses in the techniques of onchocerciasis control. He informed the Committee that the disease was prevalent in parts of western Africa, particularly north of the tenth parallel.

Surveys in French West Africa had shown that 3.7 per cent. of the 3 150 000 persons examined had contracted the disease. The French Government was planning to allot, over a period of four years, 660 000 000 francs, or US \$1 570 000, to FIDES (metropolitan fund for the economic and social development of overseas territories) as from July 1958, for the preparation and implementation of a control programme. The first stage would consist of the preparation of a campaign for the control of the vector (including surveys and preparation of detailed map showing all water points where the speed of the current was sufficient to distribute the *Simulium* larvae); the second stage would be the formation of teams of trained personnel to treat all the contaminated water points with larvicides. Patients would, of course, still continue to be treated. A twofold programme of that kind could achieve not only control but eradication, provided that the neighbouring countries in which the disease was prevalent co-operated by instituting their own campaigns.

As the problem extended beyond a single territory, it was desirable that WHO should pay particular attention to it, especially in view of the great benefits which eradication would bring to the economies of the countries affected, where the population would again be able to cultivate the fertile land they had been obliged to abandon.

Dr KAUL assured the delegate of the United Kingdom that WHO was conducting tuberculosis chemotherapy trials in co-operation with certain governments, and with the British Medical Research Council in the case of a project in India. The recently initiated Kenya project would include both urban and rural programmes and was designed to ascertain the effectiveness of chemotherapy. An experimental programme of chemotherapy had recently been started in co-operation with the Government of Tunisia. WHO felt that such results of those trials as were already available were encouraging, though only the future could tell whether chemotherapy in the form of a single drug or a combination of drugs would be fully effective. Even the report of the 1957 Study Group on Chemotherapy and Chemoprophylaxis in Tuberculosis Control had been tentative and the Study Group had recognized that further field study and applied research were required.

As regards influenza, since the data collected and the results of co-ordinated research in connexion with the recent influenza pandemic were to be considered by the Expert Committee on Respiratory Virus Diseases, it was only possible to say that virus A which had caused the pandemic was completely different from the virus A of the past fifty years. It was difficult to say whether future epidemics would be new type A or whether the normal A or B strains would reappear. Preliminary results showed that the vaccine had been effective in a high proportion of cases, although no figures were yet available. The immunity conferred seemed to be of short duration.

Replying to the delegate of the United Arab Republic, he outlined the general lines of the assistance against bilharziasis which WHO was providing to Member States, namely :

- (1) clarification of nomenclature and of identification and classification of the intermediate hosts and the parasites;
- (2) study in laboratories and in the field of the ecology of the intermediate hosts;
- (3) developing standards of measurement and methods to be used in epidemiological survey studies;
- (4) study of water management and engineering techniques for prevention of spread of the disease, and for control purposes;
- (5) advocating and encouraging inter-disciplinary understanding and co-operation among biologists (malacologists, limnologists), zoologists, chemists, engineers (sanitary, irrigation, agricultural), health

educators, and those public health workers responsible for bilharziasis control;

(6) encouraging and assisting training courses to provide the necessary specialized personnel;

(7) encouraging the search for new molluscicides and therapeutic drugs, and their application in pilot projects;

(8) study through pilot projects of the local epidemiology and of human, animal and snail ecology, to be able to advise on economical and effective combined control efforts.

At the present time, WHO was taking part in three pilot control projects—in the Philippines, the United Arab Republic, and Iran. There was a very considerable need to arrive at a combined effective method of control because no single method was effective. Further study was required and WHO was doing its utmost to encourage and promote it. The UNICEF/WHO Joint Committee on Health Policy, at its tenth session in May 1957, had discussed UNICEF policy and decided that UNICEF should not support bilharziasis activities at the present time, but that it should review that decision in the future.

In reply to the delegate of Israel, he quoted as follows from the report of the Expert Committee on Poliomyelitis, at its meeting in 1957 :

After careful consideration of the data at present available on the use of *live attenuated* polioviruses as immunizing agents against poliomyelitis, the Committee strongly recommends that

controlled field trials be carried out for the purpose of testing further the value of these agents. It recommends that these trials be done in special situations and under special circumstances... [listed in the Committee's report]¹

The poliovirus used for the preparation of the live attenuated vaccine was of a different strain from the virus used for the Salk vaccine. Several institutions were producing live attenuated poliovirus vaccines and a number of limited experiments had been made. Research workers disagreed on the results of experiments; some felt that none of the vaccines so far produced were safe, while others felt they had achieved one.

He would ask the Regional Director for South-East Asia to reply to the delegate of Indonesia on the availability of experts.

He explained to the delegate of Sudan that WHO had been collecting information on hydatid disease on a limited scale, but no substantive programme had been possible owing to lack of funds and personnel. The question was being dealt with as part of the larger problem of zoonoses.

He assured the delegate of France that WHO was aware of the importance of onchocerciasis control and that it was doing what it could with the means at its disposal to assist in the development of programmes, although it had been unable to develop a substantive programme of its own for lack of funds.

The meeting rose at 5.10 p.m.

SECOND MEETING

Saturday, 31 May 1958, at 9.30 a.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Review of Work during 1957: Annual Report of the Director-General (continued)

Agenda, 6.4

Chapter 2: Communicable Diseases (continued)

The CHAIRMAN invited the delegate of the United Arab Republic to speak on Chapter 2 of the Annual Report of the Director-General.

Dr DEMERDASH (United Arab Republic) drew attention to the increasing resistance of lice to insecticides and the consequent effects on infectious diseases, especially typhus.

Statistics showed that there was a sudden drop after 1945 in the number of cases of typhus in Egypt, the figures being : 1945, 18 000 cases; 1946, 1500; 1947, 174; 1948, 325. That drop could not be explained by the period of termination of the epidemic and the responsible factor must have been

¹ *Wld Hlth Org. techn. Rep. Ser.* 1958, 145, 25

the use of DDT, which had been introduced on a widespread scale in 1945.

The figures began to rise again after 1955, however, the relevant figures being : 1955, 151 cases; 1956, 208; 1957, 471. The recrudescence of typhus cases and other minor factors might be partly responsible for the rise, but it was evident that the real factor was the growing resistance of lice to DDT. If that resistance were to continue there was a danger of outbreaks recurring on the pre-war scale—a danger to which the Organization should devote its immediate attention.

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that instances of resistance of vectors had already been notified to the Division of Environmental Sanitation. A co-operative programme of research was already under way and further research would be carried out with a view to finding other insecticides if vectors became insensitive to DDT. The remarks just made would be noted in that connexion.

He wished to provide some data in response to the request made by the delegate of New Zealand at the previous meeting for information on expenditure on environmental sanitation. It would be appreciated that for obvious reasons the amount of documentation taken to Minneapolis had had to be limited, so that there was difficulty in supplying full details.

In 1955 the total expenditure on environmental sanitation (headquarters and field expenditure) had been US \$413 613 out of a total budget of US \$9 500 000, i.e., 4.35 per cent. The corresponding figures for 1956 to 1958 were :

	Environmental sanitation US \$	Total budget US \$	%
1956	485 798	10 203 084	4.76
1957	555 446	12 532 760	4.43
1958 (estimated) .	629 849	13 566 130	4.64

The expenditure proposed in the 1959 programme was US \$641 042 out of a total budget of US \$14 287 600, i.e., 4.49 per cent.

Dr TURBOTT (New Zealand) said he was grateful for the information given; he would have preferred to have the data by regions but appreciated the difficulty of providing it in Minneapolis. It was clear in any case that the expenditure on environmental sanitation was not a very large part of the total budget and that the proportion was not increasing.

Chapter 3: Public Health Services

The CHAIRMAN invited the Committee to consider Chapter 3 of the Report : Public Health Services.

Dr DÍAZ-COLLER (Mexico) referred to the importance of decentralizing public health services. The Pan American Sanitary Bureau, the Organization's Regional Office for the Americas, had already decentralized a large proportion of services at zone level. In many countries also there had been increasing decentralization of public health services and he thought that that was a trend which should be encouraged and should have high priority in the Organization's programme.

Dr BELEA (Romania) said the effectiveness of public health services depended largely on the people's knowledge and appreciation of health matters, hence the importance of health education and the training of those who could provide it. Changes which had taken place, such as the development of transport and industry, increased speed and noise, the new danger of radiation, all called for a new type of health education. There should be effective co-operation among the countries to ensure the best methods of providing training in health education for health educators, medical personnel and others concerned. He hoped the Organization would select the best practices and help to standardize them.

Dr SAUTER (Switzerland) believed that the " Study Guide on Teacher Preparation for Health Education " should be distributed as widely as possible—a distribution which should be facilitated by the fact that UNESCO had collaborated with WHO in preparing it. Health education, to be permanently effective, had to reach the children; it was extremely difficult to influence adults, especially where the aim was to change certain habits. For health education of children, teaching personnel needed to be properly trained and the guide, in his opinion, provided an excellent means to that end.

Dr DAELEN (Federal Republic of Germany) referred to the work of the German Federal Committee on the Health Education of the Public, which grouped some hundred voluntary organizations in Germany, and to the organization of the second European conference on health education, which had been held in Germany in 1957. The World Health Organization was providing two lecturers and a number of fellowships for a further international seminar which would be held in Germany in the autumn of 1958.

The German Federal Committee was also collaborating with the International Union for Health Education of the Public in preparing material for the technical discussions on the subject which would take place at the Twelfth World Health Assembly.

It was therefore clear that the help of WHO had been very fruitful, not only inside the Federal Republic but also in regard to the contribution Germany had made to international co-operation on health education.

Dr SLIM (Tunisia) referred to two subjects: health education and maternal and child health.

His Government not only supported the work of the Organization on health education but suggested that every project—especially those dealing with nutrition—should make provision for health education. He paid tribute to the work on the subject which was being done jointly by the Organization, FAO and UNICEF.

He also paid tribute to the memory of Dr Emilie Deltome who, after drawing up a maternal and child health project, had been killed in a car accident in Africa. He wished to express his deepest regret at the loss of that eminent expert to the Regional Office for the Eastern Mediterranean, and to the delegate of Belgium, Dr Deltome's country of origin.

The limited number of experts available made it difficult to carry out various maternal and child health projects and he hoped the Organization would be able to remedy that situation.

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) referred to new forms of health services which had been introduced in the United Kingdom of Great Britain and Northern Ireland and other countries; it would be very useful if the principles on which such services were organized could be communicated for information to Member States. He had been interested in the remarks made by the delegate of the Federal Republic of Germany and suggested that even the most advanced countries could learn from what was being done in other Member States. He would be particularly interested to know more about ways in which television was being used in connexion with health education in the United States of America, the United Kingdom and the Scandinavian countries.

Special care was devoted to maternal and child health in the USSR and had resulted in lower infant mortality rates and improved health standards for children. He fully agreed with the delegate of Tunisia on the importance of that work. The Organization should not limit itself to the distribution of documentation on the subject but should send experts and advisers to countries where such services were not well developed.

Greater attention should be devoted to chronic diseases, including the cardiac diseases and diseases

of the nervous system. All countries were likewise concerned by problems of mental health and he would recommend increased WHO attention to that problem.

Dr ARAMAYO (Bolivia) referred to the difficulties of carrying out maternal and child health work in Bolivia, where part of the country was over 4000 metres above sea level, while flooding in other low-lying subtropical areas made living conditions almost impossible. Very effective help had been provided by milk supplies made available by UNICEF and distributed in maternal and child health centres. He hoped the Organization would be able to send experts to Bolivia to help plan the development of existing maternal and child health services. The country was rapidly developing and was attempting to increase the birth-rate: a larger population was necessary to strengthen the economy and diversify it.

Miss MESSOLORA (Greece) stated that in her country a ministry had been set up in 1951 to deal with both social welfare and health; its object was to remedy the very unsatisfactory health conditions which had been created as a result of a series of natural disasters and war. A directorate-general of public health had been established in the Ministry in 1956 and comprised central and district services. A number of public health, nursing and midwifery schools were helping to provide public health education.

Maternal and child welfare were the responsibility of the Greek Save the Children Fund (PIKPA) which co-operated with other voluntary organizations and received considerable help from UNICEF. The Ministry had set up an expert committee, one of whose functions was to draft a Bill for the organization of mental health services in accordance with modern concepts.

Public health work in Greece, thanks to the various agencies mentioned, and to the help provided by WHO fellowships and seminars, the United States Mission in Greece, and the Red Cross Society, was rapidly improving health conditions. A modern public health centre had been started as a direct result of advice given by WHO consultants.

Dr ABU SHAMMA (Sudan) believed that housing and town planning should be included under the heading of environmental sanitation. A major problem for countries like his own was to find ways of constructing hospitals, clinics, schools, and dwellings cheaply.

Dr LEE (United States of America) stated that health education was considered an essential part

of all health programmes—federal, state, and local—in the United States, and all media were utilized. The delegate of the Soviet Union had referred to television; he hoped delegates would have time to see how television was being used in health education, not only by the public authorities but also by voluntary organizations and medical societies. Delegates would be very welcome on any visits they might have time to make to study how such services were organized.

Dr SULIANTI (Indonesia) referred to the desirability of briefing all WHO field staff in such a way that the work done on projects would be fully integrated in the framework of the existing public health services of the countries concerned.

Professor CANAPERIA (Italy) said he had noted that the chronic degenerative diseases were included in the Annual Report under the heading "Social and Occupational Health". Those diseases were now a vital problem in all countries and the activities referred to in the report represented a mere beginning of the work which would be done on them by WHO in 1958 and 1959. Accordingly, they might be dealt with in a separate chapter in future reports.

He joined with previous speakers in stressing the importance of health education of the public.

Dr TURBOTT (New Zealand) was glad to note the importance attributed to proper integration by the delegate of Indonesia. In some countries, WHO projects had been planned in such a way that they would fit into the health services of the countries concerned. That unfortunately was not true of all countries and, unless integration was planned from the very beginning, it would prove difficult to achieve when the projects were completed. He did not think the Regional Directors or the countries were to blame; the matter was one which could probably best be dealt with at in-service talks. It was disconcerting to note that, in some cases, the well-defined Assembly policy of integration was not being followed.

Professor PUKHLEV (Bulgaria) said he had been particularly interested by the work being done by WHO on atherosclerosis. He felt that, to achieve good results, a long-term programme on a very wide scale would be required. Some projects dealing with the problem had already started in Bulgaria.

Dr FRANSEN (Denmark) felt that, in speaking of health education, the role which could be played by general practitioners should not be overlooked. Some 80 per cent. of the Danish population parti-

ipated in state insurance and had family doctors. The Ministry of Health and the Medical Association worked in very close co-operation. Even though most general practitioners had of necessity to deal more with cure than with prevention, preventive medicine was very much stressed in the universities where the general practitioners received their training.

Dr JANEWAY (United States of America) agreed with the delegate of the Soviet Union on the fundamental importance of maternal and child health to health services. The basic principles of maternal and child health had to be adapted, however, to the particular social conditions of each country or community. In many countries, there was a lack of trained personnel capable of dealing with the subject. Moreover, there was a tendency in many countries to place too much emphasis on curative medicine and not enough on prevention. It was sometimes suggested that, even in the less-developed countries, children's ailments represented about 40 per cent. of the total. United States experience was that about one-third of the work of physicians was concerned with children's ailments; on that basis, probably 50 per cent. of the work in the less-developed countries should be concerned with children.

He was glad of the emphasis the delegate of Denmark had placed on the role of the general practitioner. The United States had paediatric general practitioners on the same lines as the Soviet Union and they did most of the maternal and child health work. He had also been glad to note the importance WHO attached to visits of professors of paediatrics and consultants on maternal and child health to countries lacking those services. It was important to remember, however, that students sent on fellowships to the advanced countries should already have had field experience at home; they could only be taught general principles which would have to be adapted to conditions in their home countries.

Maternal and child health should be an integral part of the general health services. It was impossible to organize a good maternal and child health programme in a country without a proper knowledge of the basic health problems. Those problems were quite different in the less-developed countries from what they were in the advanced countries, where a great deal of emphasis was placed on illnesses occurring during the first year of life.

Environmental sanitation was obviously of the greatest importance. Even in countries like the United States of America, a beginning only had been made on the study of the relation of cultural practices to health. Without a knowledge of the

reasons why people behaved in a given way, no type of health education—including that concerned with nutrition or maternal and child health—could be successful.

Mr JOLL (United Kingdom of Great Britain and Northern Ireland), referring to social and occupational health and in particular to the meeting of the Joint ILO/WHO Committee on Occupational Health held in March 1957, drew attention to the notable lack of any significant reference to statistics in the report of that meeting. The study of occupational diseases could make a contribution to the development of health statistics in general, and the United Kingdom delegation thought it appropriate to suggest that the subject of occupational health statistics should be inscribed on the agenda for the next meeting of the Joint Committee.

Dr FLACHE (UNRWA) stated that Mr Labouisse, Director of the United Nations Relief and Works Agency, had asked him to convey to WHO his appreciation of the practical help and technical guidance given by WHO in the health work being carried out amongst the Palestine refugees.

The majority of the several hundred thousand Arabs who had left their homes to take refuge in neighbouring Jordan, Lebanon, Syria and the Gaza Strip at the time of the 1948 war in Palestine were still living in the same places. As the immediate expectation of early return to their homes had not been realized, it had become apparent that more organized relief would be essential if a major human catastrophe was to be avoided. In the early days the International Committee of the Red Cross, the League of Red Cross Societies and the American Friends Service Committee, as well as other voluntary agencies, had taken the strain of immediate relief to the suffering. The danger of a large-scale epidemic outbreak had been realized, and organized health effort had become a necessity. The small health teams then organized by WHO to meet the emergency had since developed into an efficient health force, supplying a total health programme to nearly a million refugees scattered over one hundred thousand square miles in different countries. UNRWA was now spending at a rate of \$5 000 000 per year on its health programme, which included a comprehensive preventive and curative health service and a supplementary feeding and milk distribution programme. Sanitation had had of necessity to be given a high priority. The technical direction of the health programme administered by UNRWA remained the responsibility of WHO.

UNRWA had always been aware of the importance of helping the refugees to help themselves. Health education workers, trained by WHO specialists, were now employed in camps teaching refugees the elements of healthy living.

The UNRWA health services had taken their full share in contributing to the goal of malaria eradication in the Middle East. An extensive malaria project begun four years previously in the Yarmuk area of Jordan was to be handed over to the Jordan national malaria eradication programme in 1959.

A large inoculation campaign was part of the preventive programme and in 1957 254 000 refugees had been inoculated against typhoid, 497 000 against smallpox, 51 000 against diphtheria, and 32 000 against whooping-cough.

Despite the inadequate calorie content of the dry rations distributed by UNRWA, there was surprisingly little evidence of malnutrition noted among the Palestine refugees. That was largely due to the supplementary feeding and milk programme which was designed to protect the most vulnerable groups: children, pregnant women, nursing mothers, tuberculosis patients, and the sick.

For the care of the sick, the Agency maintained 92 clinics and 2000 beds in hospitals of its own and in private or government hospitals under subsidy. The health work was not being carried out in isolated UNRWA areas; it was being undertaken within the territories of independent sovereign governments. That, of necessity, entailed the closest co-operation between the UNRWA health service and the health services of the host governments. During the past year, that co-operation had continued in a spirit of mutual understanding.

As a safeguard against epidemics and to alleviate human suffering, a health service of the present basic level would have to be maintained as long as the refugee problem subsisted in its present form. To that end, the continued support of the nations of the world would be required.

WHO could be justly proud of the technical guidance it had given over the past ten years to the health work among the Palestine refugees.

Dr ANOUTI (Lebanon) conveyed his country's thanks to the representative of UNRWA for the Agency's activities in Lebanon. The Agency's health work among the Palestine refugees in Lebanon, in particular on nutrition, environmental sanitation and control of communicable diseases, greatly helped the Lebanese Ministry of Health in its efforts to achieve higher standards of health in the country.

Dr EL-HALAWANI (United Arab Republic) recalled that his delegation had already taken occasion in plenary session to express its appreciation of the humanitarian work of UNRWA and WHO among the Palestine refugees. He again took the opportunity to express appreciation on behalf of the refugees and of the United Arab Republic.

Dr KAUL, Assistant Director-General, Department of Advisory Services, remarked that the discussion had served to re-emphasize the importance placed on integrating health education activities in the general work of WHO. That was already being done to the maximum possible extent. For instance, in the convening of expert committees on all manner of subjects, an attempt was made to stress the combining of health education with the other aspects of the work. The Organization would continue to bear the principle in mind in its planning.

Efforts had been made through the holding of seminars and conferences to spread information on the various forms which health services took in different countries. The first report on the world health situation was, however, perhaps the first attempt to collect such information on a global basis. The Committee would have a later opportunity to study that report.

The discussion had also, and rightly, laid stress on the need for giving greater emphasis to study of the chronic and degenerative diseases. The Organization already had plans to that end. An expert committee on cardiac and hypertension problems and an expert group on problems of the aging and the aged were to be convened in 1958.

A suggestion had been made that a separate section should be set up within the Secretariat to deal with the degenerative diseases. The Director-General invariably tried to meet the administrative requirements of the work on hand. He was at the present time endeavouring to recruit an officer specialized in that field. It might therefore be expected that future Annual Reports would deal more fully with the subject.

Several delegates had raised the question of assistance to governments through the provision of advisers or experts in various subjects. It was the normal duty of the Organization to respond to any request made by a government. He was accordingly quite sure that the regional directors would do their best to give appropriate assistance and advice upon receipt of any specific request of the kind.

On the question of integration of health services, the point had been made that in rural areas the development of health services should go hand in hand with community development. The desira-

bility of putting such a concept into practice had been early recognized by WHO and its work on health demonstration areas and pilot projects was being developed on those lines.

Reference had also been made to the question of integrating into the national health services activities carried out with international assistance. WHO's primary objective was to assist governments to set up adequate national health services. Where, for a particular subject, no such services existed at the outset, projects had had to start as separate ventures; but the ultimate aim had always been to integrate such projects into the national services.

The Joint ILO/WHO Committee on Occupational Health, he explained, had dealt at its meeting in March 1957 mainly with the training of physicians in occupational health.

Dr SULIANTI (Indonesia) thanked Dr Kaul for his explanations. She still believed, however, that the desired integration of all health work within the national services would best be achieved by planning isolated projects from the outset with that end in mind. WHO staff working on such projects should be briefed and trained beforehand to keep that objective before them.

Chapter 4: Environmental Sanitation

Mr OLIVERO (Guatemala) remarked that much had been said at the previous meeting on the importance of environmental sanitation and, in particular, of potable water.

It had been stated earlier in the meeting that some four or five per cent. of WHO's total budget was assigned to work on environmental sanitation. He wondered whether the needs of the individual countries and of the regions in respect of environmental sanitation were in the same proportion as the budgetary allocations made by WHO; in other words, did the environmental sanitation needs of the countries bear a relationship of four or five per cent. to the total needs of the public health programmes? His candid opinion was that such was not the case.

In reference to the fundamental importance of programmes to provide potable water, the stress had been laid on rural sanitation. The concept of "urban" and "rural" was somewhat elastic and open to different interpretations in different countries. His delegation believed that the problem was much more acute for urban agglomerations; that fact should be taken into account by WHO in its future programmes.

It was not his intention to suggest that WHO should provide the funds for such work; rather, it should take steps to stimulate action on the part of national and local authorities and lend its technical aid for co-ordination of the work.

Dr DJORDJEVIĆ (Yugoslavia) said that it would be seen from the report on review and appraisal of WHO fellowships (see Annex 12) that Yugoslavia had received more fellowships from WHO than any other Member country. In the course of the past ten years, the development of health services and preventive and curative institutions had required an increase in the number of staff with special scientific training.

Yugoslavia had accordingly decided to make use of the experience of other countries that had a greater experience in the training of professional staff. Great care had always been shown in the selection of candidates for WHO fellowships, and with the help of the WHO administration he believed the selection had been well done.

He availed himself of the opportunity to thank the public health officials and the professors who had given up their time to help the Yugoslav fellows, particularly in France, the United States of America and the United Kingdom of Great Britain and Northern Ireland.

Yugoslavia was satisfied that its general policy in regard to fellowships had given good results. But it would go on seeking improved ways of selecting candidates. As a result of WHO's programme of fellowships, Yugoslavia had succeeded in the course of the past ten years in training a nucleus of technicians capable of giving training and even of participating in exchange of scientific and professional information with other countries.

Dr SLIM (Tunisia) remarked that the teaching in inter-country and inter-regional seminars was mostly given in the English language. Simultaneous interpretation should be provided at those seminars in order that participants of languages other than English might reap more benefit.

Dr SULIANTI (Indonesia), speaking on environmental sanitation in rural areas, remarked that air pollution was not yet a problem in such areas in the South-East Asia Region, and vector control in that region was usually linked with projects for the control of communicable diseases. Accordingly, environmental sanitation in those areas was mainly concerned with questions of water supply and human waste and refuse disposal.

It would not be feasible for any government to build safe water installations on a large scale in the

near future unless the people themselves showed a spirit of self-help. She accordingly suggested that WHO should make a study as soon as possible on how it could best help governments to overcome their problems of environmental sanitation in rural areas.

The Indonesian Government was especially interested in: (1) the most suitable type of sanitation worker for rural areas; (2) the integration of environmental sanitation into the public health services; (3) assistance from WHO in facilities for water analysis; and (4) the possibility of UNICEF assistance for environmental sanitation work.

With regard to the second point, there had been a tendency in the past for the sanitary engineer to be the leader of the WHO team in environmental sanitation projects, and she doubted whether he was the right person to carry out the important ancillary work of health education and training. UNICEF assistance would be highly appropriate, since the high infant mortality and morbidity in rural areas were in great part due to faulty environmental factors.

Dr METCALFE (Australia), recalling that food sanitation problems came within the scope of environmental sanitation, drew attention to the surprising number of diarrhoeal upsets suffered by aircraft passengers. With the widespread development of international aviation, food hygiene on aircraft had become a matter of great importance to all countries. It would therefore seem essential that some international interest should be taken in securing the supervision of food and water consumed on aircraft.

Dr EL-HALAWANI (United Arab Republic) asked the Secretariat for information on the progress made to date in research on the spread of anopheline resistance to insecticides through air traffic and on the question of combating insect resistance in general.

Dr KAUL, Assistant Director-General, Department of Advisory Services, answering the points raised, recalled that work on environmental sanitation was an integral part of other activities of the Organization, as for example its rural health and maternal and child health activities. It was accordingly somewhat difficult to compute the actual percentage of expenditure on environmental sanitation. WHO's role in regard to environmental sanitation was to stimulate government action by developing pilot and demonstration projects; it was not WHO's part to help in the establishing of specific installations for any particular rural area or town. The latter was the responsibility of the

government concerned and it should be borne in mind that such work required very substantial capital expenditure.

WHO had been engaged over many years in studying how best it could help governments to improve environmental sanitation in rural areas. The Expert Committee on Environmental Sanitation had considered the matter and efforts were being made to draw up guiding lines for the development of simple sanitary devices, suitable for rural conditions.

On the question of the sanitary engineer in the environmental sanitation team, he pointed out that WHO was endeavouring to promote the establishment of posts of environmental sanitation advisers at the national public health level, in order that environmental sanitation would have the benefit of the full time attention of one qualified officer, whose task it would be to help in drawing up a long-term programme and in setting up the necessary training facilities. Underlying that concept was the idea that the public health administration would eventually integrate the environmental sanitation services with the public health services, as well as undertaking the training of staff with the assistance of the sanitary engineering specialist.

WHO had convened an expert committee in March 1958 on hygiene and sanitation in aviation. The committee in question had reviewed a guide prepared for the purpose of developing sanitary installations and sanitary conditions in flight. Its report, when distributed, would give the information desired by the delegate of Australia.

Dr TURBOTT (New Zealand) failed to see how the Organization's projects in maternal and child health could greatly influence its budget for environmental sanitation. If Dr Kaul had been referring to health education work, he considered the argument unfair, since health education formed part of every project of the Organization.

It was fairly obvious from the percentage quoted for all regions that some regions were doing more and some regions less work in environmental sanitation. He took the view that the area officer could do more in encouraging local administrations to ask for additional projects on the various aspects of environmental sanitation. Moreover, in the last analysis, the percentage of the budget to be spent on that activity lay in the hands of the Member States themselves, as the Organization's programme was built up on direct requests from them.

Dr KAUL regretted that he was unable to cite any specific maternal and child health project which would illustrate the point he had made. Nevertheless, environmental sanitation work did form part of the

broader programme in maternal and child health. Certain activities had been integrated: the control of diarrhoeal diseases, for example. That was a very important aspect of the maternal and child health programme in the attempts to bring down infant mortality and it entailed control measures to improve the sanitary environment and the water supply.

In his earlier remarks, he had omitted to refer to the need for developing cheaper housing, as mentioned by the delegate of Sudan. Up to the present time WHO had not been able to undertake any direct work on that subject. Recently, the United Nations had instituted a broad programme on housing and town planning and WHO was planning to take part in that work. It was therefore to be expected that in the future WHO would be in a position to prepare guides and collect information on health aspects of housing and town planning, the development of adequate and cheaper rural housing, and so on. The matter would be kept in mind and information would be distributed as it became available.

Miss MESSOLORA (Greece) remarked that expenditure to improve water supplies in villages and rural areas was absolutely essential.

In Athens, a programme designed to eliminate harmful customs affecting the distribution of potable water and excreta disposal had already given good results.

In the search for sources of water supply for rural areas, much help had been given by the Minister of the Interior and Social Insurance; already it had been possible almost to eliminate typhoid, and the incidence of intestinal diseases in summer had also decreased.

Model housing for villagers had been built with the help of the fund established by His Majesty the King of Greece, and of WHO and UNICEF. Her delegation offered its warm thanks to WHO for the material help given on all aspects of the problem.

Chapter 5: Education and Training

Sir Arcot MUDALIAR (India) said his delegation noted with pleasure that a study group had explored the problems of how the teaching of physiology could be reorientated to help develop in the medical student a proper understanding of the preventive aspects of medicine, and that similar studies with the same objective were being prepared in other basic medical sciences. His delegation was also gratified to note the number of fellowships awarded during the year and was particularly appreciative of the continued help given by WHO to medical schools through visiting professors and teachers.

The question of medical education and training was assuming ever greater proportions. The general shortage of medical personnel led to great pressure on governments to set up more and more medical schools. And that in turn produced a further problem: to find enough qualified teaching staff.

There was general concern that modern methods of teaching should be used in the medical schools in order that the new recruits should have a balanced programme of study, relating preventive medicine to the basic subjects, as otherwise a decade or more might elapse before the new concept of integrated curative and preventive medicine could be put into practice. A better way of achieving the objective than awarding fellowships spread over several fields would be for WHO to provide visiting professors, specialists in preventive medicine, for certain medical schools, which could then be up-graded and be used to serve a wider area. The professors could also give advice on the drawing-up of revised curricula and on equipment needed.

The time had come to focus attention on post-graduate medical education. In 1953 WHO had collaborated in organizing an excellent conference on undergraduate medical education. His country had greatly profited by it and the report was being closely studied. He understood that a conference on post-graduate medical education was likely to be held in 1959, and he would like to know whether WHO was going to participate in a joint endeavour of further meetings on post-graduate medical education.

Lastly, medical training comprised also the training of nurses and auxiliary personnel. It was of the greatest importance that those aspects too should receive the concentrated attention of the regional offices and of the governments.

Dr ALAN (Turkey) remarked that the training of professional staff was of the utmost importance; his delegation noted with satisfaction the emphasis given by WHO to that aspect of its work. No health programme could be carried through to success without the requisite qualified personnel. The Turkish delegation therefore wished to stress once more the importance of continued efforts to reduce the existing shortage through WHO assistance to medical institutions.

Professor CLAVERO (Spain) believed that, if WHO was to attain its aims in the future, its activities in education and training would have to be given a new orientation.

The needs of the world were changing. The more important task now was to inculcate in the medical profession the principles of preventive medicine,

so as to be able effectively to deal with problems of emerging importance. Unless teaching in the medical schools and universities was given a new emphasis to stress the preventive aspect, the progress desired would be unattainable. The change in that direction would greatly influence also the course to be taken by social security measures in many countries. Any efforts WHO might make would undoubtedly be of great value in that connexion too.

In Spain, the efforts to grapple with the problem had led to the formation of a specially trained body of paediatricians for service chiefly in rural centres, where they functioned as obstetricians and child care specialists.

The attention focused at the last session of the Regional Committee for Europe on the training of doctors, nurses and auxiliary personnel for the purpose of team work in preventive medicine had already been brought to the Committee's attention. He accordingly felt it unnecessary to press his point further.

Dr ABU SHAMMA (Sudan), although convinced of the usefulness of fellowships of three to six months' duration, nevertheless believed that the fairly general practice of providing for study in a number of countries detracted from their value. It would be more beneficial if fellows were restricted to study in as few countries as possible.

Dr DÍAZ-COLLER (Mexico) observed that all who had taken their medical training some fifteen or twenty years ago were perfectly aware of how nebulous the teaching in preventive medicine and public health had been at that time. In many countries the situation remained to some extent the same at the present day.

In Mexico, the Ministry of Health had taken steps not only to set up and staff departments of preventive medicine in the various university medical schools, but also to finance them. It was planned that in five or six years' time the universities themselves should take over the cost of running those departments.

The plan had met with notable success and he wondered whether WHO's present efforts could not be supplemented by seeking some means, perhaps through the aid of UNICEF, of financing for the time being departments of preventive medicine in medical schools where government action to that end had not yet been possible. Work on those lines would, he believed, prove a faster means of overcoming the acute shortage of trained medical staff throughout the world.

Mr OLIVERO (Guatemala) said there could be no question but that education and training was the

foundation stone of any programme of public health. It was a prerequisite for any long-term programme and above all any programme designed to strengthen national health services. Accordingly, his delegation was of the opinion that WHO's fellowship programme should be expanded in the future.

The training programmes receiving WHO assistance

related to two types of training : professional and sub-professional. A balance must obviously be observed between those two types. Perhaps the Secretariat could provide some information on whether the question of the relative priority to be given to each type in the different countries and regions had been studied.

The meeting rose at 11.55 a.m.

THIRD MEETING

Monday, 2 June 1958, at 9.30 a.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Review of Work during 1957 : Annual Report of the Director-General (continued)

Agenda, 6.4

Chapter 5: Education and Training (continued)

Dr SULIANTI (Indonesia) stressed the need for training greater numbers of better qualified paramedical personnel, especially in under-developed countries which had to rely a great deal on that type of personnel for their campaigns against the most important communicable diseases.

In accordance with WHO's policy of integrating health services, her Government was re-training numbers of auxiliary personnel to make them multi-purpose. She noted that the type of paramedical auxiliary used for the same sort of work varied from country to country and illustrated the point by reference to the type of auxiliary used in environmental sanitation work in Burma and in the United Kingdom. She therefore suggested that WHO make an overall study of the best type of education and training for paramedical personnel in an integrated health service.

Dr LEE (Republic of Korea) noted that over one thousand fellowships had been awarded during the year 1957; that was an extremely satisfactory figure but he felt that in-service training programmes and the functioning of training institutes required further study. His Government would welcome WHO's guidance in the development of such institutes, which were of recent foundation in his country.

Dr RAMÍREZ (Ecuador) paid a tribute to WHO and its experts for the valuable guidance provided in

matters of policy and the lead given in the solution of technical problems. As a result, the health administrations of all countries—both the highly and the less highly developed—had been able to bring about a substantial improvement in the general level of health.

Environmental sanitation and health education were recognized in Ecuador as being of fundamental importance and during the past two years had been given the necessary impetus thanks to the Government's efforts, WHO's technical advice and the financial support of UNICEF and the United States International Co-operation Administration. In addition, two eradication campaigns were in progress—against smallpox and malaria. Their success would be another triumph of WHO in a field where success had seemed impossible.

Infant mortality was still the greatest problem of a number of countries and environmental sanitation and health education could contribute most to reducing it. The provision of adequate supplies of the best possible quality of water was the most important aspect of the environmental sanitation programme, because good water was essential for the prevention of the infantile diarrhoea which was responsible for a large number of deaths. More emphasis should be given to the maternal and child health programme, not only in the form of resolutions, but through financial assistance. Progress could also be achieved by ensuring that physicians received adequate training in public health and preventive medicine, which should be included in those curricula where it was not already present.

Turning to a problem which to his mind was as important to future generations as the peaceful uses of atomic energy, he said that the primary interest of all present, as human beings, was to improve the health and increase the longevity of mankind. It was for that reason that so much attention was being paid to nutrition and the search for new foods and to advances in technology which might enable vast tracts of neglected territory to be developed. But that most humane and valuable work could be brought to nothing in the space of a few generations if new methods of birth control, now becoming available, were used indiscriminately. He appealed to WHO to embark on a study of the matter, at the earliest possible moment, probably in collaboration with economists, philosophers and teachers, and to see whether it was not desirable that contraceptives should be subject to the kind of national and international control applied to drugs.

Dr GARCIA (Philippines) said that during the past four years the Department of Health had placed great emphasis on the education and training of health personnel. The Department of Health was responsible for all types of health training, whether given in private or public institutions, independent organizations or government agencies.

The first step towards an integrated health service had been to establish a national office to facilitate and co-ordinate training. Five regional training centres had then been created and each would be eventually expanded to become a comprehensive medical centre combining hospital care and nursing education with public health training and programmes, and with training in the many disciplines involved in the various aspects of preventive and curative medicine.

The Institute of Hygiene of the University of the Philippines had been training physicians in public health since 1927. In 1954 it had accepted the added responsibility of developing a comprehensive curriculum, to include at graduate level public health engineering, public health nursing and health education. From then on the Department of Health had sent larger numbers of its key personnel to the Institute. The Department had received four advisory staff members and a number of fellowships for faculty members from the United States International Co-operation Administration (ICA); it had also received assistance for libraries and laboratories. The need for university education in hospital administration was being recognized and it was likely that the Institute of Hygiene would be expanded to give that training.

The Philippine Institute of Malariology had a staff of 84 who had trained 369 Philippine nationals (41 physicians, 21 engineers and 307 technicians); 34 foreign nationals; 10 WHO fellows, and one United States Air Force technician.

Aware that, in the training of health personnel, no training could take the place of basic education in the biological, physical and social sciences, the Department of Health was planning to strengthen basic education. One of the steps already taken with the assistance of the International Co-operation Administration was to send abroad the deans of the four leading medical schools, to study developments in modern medicine. In addition, 34 members of the teaching staff of the University Colleges of Medicine and Nursing and government schools had studied abroad and many had received advanced degrees.

To improve the intern training of nurses and physicians, eight hospitals and seven schools of nursing had received technical advisory services and material assistance from the International Co-operation Administration. In addition, two private schools of nursing and three medical schools had been given assistance in participant training and fellowships, to enable staff to study in the United States.

A total of 151 Filipinos had been provided with fellowships from ICA and the National Economic Commission of the Philippines (NEC) to study in the United States during the past four years, while the Department of Health had trained 54 foreign nationals from six different Asian countries. Of the ICA/NEC fellows, 94 were directly engaged in basic training and educational activities. Among them were 17 teaching the basic medical specialties and 17 basic nursing; the remainder were engaged in general public health and laboratory in-service training.

Personnel training and health education staffs, consisting of 67 professional and about 137 auxiliary workers, had been merged in 1953 to provide close co-ordination and integration of their functions. Nearly four thousand health personnel had received in-service training in the five regional training centres or the central office. They included 513 physicians, 1138 nurses, 942 midwives, 747 sanitary inspectors, 14 health technicians, 25 x-ray technicians, and 14 health educators, the rest being quarantine officials, laboratory assistants, pathologists, etc. In addition, short-term training (two to three weeks) had been given to 1810 affiliates from nursing schools and 978 affiliates from midwifery schools during the past three years. Those workers were in rural health units, municipal training hospitals,

laboratories, or staffing the special programmes of malaria, tuberculosis, and bilharziasis control. The 67 professional staff of the central office not only provided health services to the people, but also engaged in health education work covering about eight thousand adult and teen-age study groups, food services and market workers' classes. Half a million people had been covered by the clinics and another 333 000 had been influenced by the home visits made by training personnel as they taught others to give services. Nearly four thousand deliveries had been assisted in the process of training nurses and midwives. The training laboratories alone had performed half a million tests of eleven types, including food and drug analyses and tests of water, urine, faeces, sputum, blood, skin, etc. Over two million people had been able to attend the sixteen thousand or more film shows. The office had supervised the publication and distribution of over three million educational books and pamphlets.

The activities he had outlined did not include the health education work of the staffs of rural health units and provincial administrations.

Miss MESSOLORA (Greece) thanked the Director-General for the invitation extended to the International Council of Nurses, which she took as a recognition of the important part nurses played in all health programmes. She was grateful for the privilege of being present at the Health Assembly.

She acknowledged the assistance which Greece had received in the past in the form of scholarships from the Rockefeller Foundation, the American Red Cross and the League of Red Cross Societies. Greece had also received assistance after the Second World War from American nurses, through UNRRA, in establishing a nursing section in the Ministry of Health. The existence of that section had made it easier to provide better and more uniform training for nurses.

In the field of public health, the School for Hygienists, founded with the help of the Rockefeller Foundation, had reorganized its services with the assistance of WHO and its consultants, as result of which hygienists and public health physicians were able to contribute increasingly to campaigns against communicable diseases. She wished to pay a special tribute to the WHO consultants, the Regional Office for Europe, and to visiting nurses from the United States of America and from the United Kingdom of Great Britain and Northern Ireland for the help they had provided for Greek health education, and to the Scandinavian countries for the assistance to children's hospitals.

Rehabilitation work with children was carried out by the Ministry of Health and Welfare and the Greek Save the Children Fund, reinforced by UNICEF, and a team for establishing a rehabilitation centre had been formed in the United Kingdom. The Hellenic Red Cross had been instrumental in the training of professional and auxiliary workers in occupational therapy, and had been materially helped by the Hellenic Society for Handicapped Children. She drew particular attention to a post-graduate course to be established by the Ministry of Health, the Hellenic Red Cross, and the Hellenic Association of Nurses, under the auspices and with the collaboration of WHO, which she was convinced would be very successful.

Dr BELEA (Romania) said that in his country, institutes of medicine, with faculties of general medicine, hygiene, paediatrics and stomatology, had been created in 1948 to meet the urgent need for medical personnel of all grades. Those institutes had been able to provide a large number of higher grade personnel in a relatively short time. Particular attention had been paid to preventive medicine in order to develop a positive attitude among health personnel.

As the most urgent needs had been met, there had arisen a tendency to replace the above-mentioned specialized courses by a more comprehensive basic training in general medicine with particular reference to preventive medicine. Specialization had become a matter for post-graduate study. The only branch in which that tendency had not been manifest was stomatology which, as a result of continued shortage of personnel and the special characteristics of the discipline, required the continued existence of a separate course.

Intern and extern training had been reintroduced in order to improve practical training. In order to establish an equitable system of promotion, posts had been graded and competitive examinations introduced, special attention being paid to the maintenance of equality in grading between medical education posts and posts in the health services.

Most chief physicians and section chiefs, as well as a large number of hospital specialists, followed refresher courses lasting seven to ten months. Specialization and refresher courses were provided in university clinics, which took the training of young physicians even beyond the end of their basic medical studies; in scientific research institutions, which provided courses in certain special subjects; and in the methodology services of regional centres, which provided courses of instruction based on the

particularities of their localities or in preparation for high posts in the medical service of the region concerned.

The development of the health services and of new networks of specialists had created a need for research institutes capable of carrying out the scientific groundwork for the health programme as a whole. A large number of research institutes had been set up and grouped in eighteen units and five branches employing 834 research workers. Those figures did not include the staff of the five scientific institutes of medicine belonging to the Academy.

In conclusion, he thanked WHO for the fellowships which had been made available to Romania during the past year. They had played an important part in the health education programme.

Dr KHATRI (Libya), after referring to the total lack of trained Libyan physicians and nurses, said that two centres for the training of maternal and child health auxiliaries, a school for nurses and assistant nurses, and an institute for the training of health assistants and sanitarians had been set up, with the assistance of WHO and UNICEF, during the past two years. Eleven maternal and child health auxiliaries had already been trained and were at work in the various rural centres, and twenty-four more were in training. Thirteen young women were training as nurses and assistant nurses; twenty-seven students were following the course for health assistants; and twenty-three were training as sanitarians. An additional school for nurses was to be opened shortly in another province. It was hoped that the five training centres mentioned would suffice to train all the auxiliary personnel required during the next few years.

Libya needed at least four hundred doctors to provide one doctor for every three thousand of the population. So far, forty-six Libyans were engaged in medical studies under various programmes. He expressed his gratitude to WHO, its Director-General, and the Regional Director for the Eastern Mediterranean for assistance received and his deep appreciation of the considerate manner in which his country's requests were reviewed.

Dr BISSOT (Panama) said that lack of trained personnel was also the greatest problem in his country. The emphasis had therefore been laid, in recent years, on training courses of various kinds, such as post-graduate courses, seminars, and in-service training, in an attempt to fill the many vacancies in the Department of Health as rapidly as possible.

The difficulty in regard to auxiliary personnel was being overcome more rapidly than in regard to medical staff proper. In the Panama medical school, the only one in the country, physicians from universities in North America, Europe and South America worked side by side. In spite of their different origins, almost all showed the same indifference to preventive medicine. For that reason, his delegation strongly supported the new orientation of basic medical training towards preventive medicine.

Dr BAIDYA (Nepal) informed the Committee that under the WHO Technical Assistance programme two centres had been set up for health assistants. The first students had already gone through those institutions and been sent to India to complete their training, travel expenses being paid by WHO. When their training had been completed, they would be sent to the mountain districts, at present completely without medical assistance of any kind. Nepal was divided into nine zones and thirty-two districts, and it was hoped that each district would have a medical officer of health in the near future.

He thanked the Director-General for the help which the Organization had provided in the development of health services in his country.

Dr VARGAS-MÉNDEZ (Costa Rica) reminded the Committee that the Organization's activities were based on requests from Member States, and that if the environmental sanitation programme was not as highly developed as might be wished, more emphasis would be laid upon it in future programmes if enough requests were forthcoming. There was no doubt that environmental sanitation was the very basis of all health programmes. In regard to education and training, he felt that the Organization had done more than had been requested of it.

He noted with regret that, according to section 4 of the report on a review and appraisal of WHO fellowships (Annex 12) of 1053 fellows, 8 per cent. had not been suitably employed. He appealed to governments to exercise great care in the selection of candidates and undertake to provide them with suitable posts in which they could make their careers on their return.

Mention had been made of a certain reluctance to engage in public health activities and it was in that connexion that his appeal was most appropriate. It was a matter of political maturity that public health should be considered as a career and that government changes should not involve changes of technical personnel. It was only a few years ago that a civil service had been created in Costa Rica and it had proved most satisfactory in that technical

personnel had been able to continue in office throughout government changes. It was for the benefit of other countries where, perhaps, that situation did not prevail, that he had felt obliged to draw attention to the necessity of making career staff of public health staff.

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that the provision of teachers for pre-medical and pre-clinical training was of great importance to under-developed countries in view of the limited number of graduates available. WHO was providing many teacher-training staff in basic subjects. Visiting teams of medical scientists often included a specialist in one or more basic subjects, as was the case with the team which had visited Iran. The experience of such teams would improve future plans. In connexion with clinical subjects, social paediatrics was most important for the development and expansion of maternal and child health programmes, which WHO was attempting to assist. UNICEF was providing assistance for the creation of Chairs of social paediatrics in teaching institutions. Towards the end of 1956 WHO had convened a study group to consider the position in regard to the teaching of paediatrics.¹ In that connexion, the suggestion which the delegate of India had made at the Committee's second meeting was extremely interesting and would be given careful study.

In regard to the Second World Conference on Medical Education to be held in Chicago, in 1959, he said that WHO was co-sponsoring that conference with the World Medical Association. Advanced education for general and specialist practice and the training of teachers and their collaborators were on the agenda. At the moment, WHO was discussing with the World Medical Association the best method of getting preventive aspects suitably stressed during training.

In reply to the delegate of the United Arab Republic, he said that the Expert Committee on Insecticides, at its meeting in October 1955, had reviewed the results of research into insect resistance and had considered various types of equipment for the disinsecting of aircraft (such as automatic permanent installations, single-use disposable dispensers and residual spraying equipment) and had recommended further research into the possible use for that purpose of non-toxic and non-irritant insecticide vapours with a view to improving methods of disinsecting.² The Expert Committee on Hygiene

and Sanitation in Aviation, which had met early in 1958, had also made recommendations on the subject.

As regards the training of auxiliary and professional personnel, he recalled that the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel, at its third meeting, had reviewed the question of types and levels of health workers including physicians, public health engineers and health inspectors.³ He had noted the comments of the delegate of Indonesia and assured her that any assistance would be readily given.

Chapter 6: Atomic Energy and Health

Mr GALAGAN (International Atomic Energy Agency) after commending the initiative shown by WHO in matters of atomic energy and health, outlined the functions and responsibilities of the Agency which, according to its Statute, had been set up to "seek to accelerate and enlarge the contribution of atomic energy to peace, health and prosperity through the world".

The International Atomic Energy Agency was only beginning its work and, for its many and varied tasks, would require the assistance and support, not only of its Members but also of the other international organizations. Its first task was to give assistance to Members on the training of specialists in the various fields of atomic energy. In that connexion, the Agency was providing two hundred fellowships for basic training in nuclear physics, including basic and post-graduate training and field practice in various research and training institutes. Institutes preparing specialists in the use of atomic energy in medicine were among those to which fellows would be sent.

A group of experts was at present meeting in Latin America to study the possibility of setting up regional training centres. Since the financial resources of the Agency were limited, and since other international organizations including WHO were also active in that field, co-ordination was essential if duplication of effort was to be avoided.

The second task of the Agency was to work out measures for the protection of health and safety, and methods for the disposal of radioactive waste, as well as to draft regulations for the transport of radioactive materials. Preparatory work in that field had already been carried out by the International Commission on Radiological Protection and the International Labour Office. The Agency was responsible for the

¹ *Wld Hlth Org. techn. Rep. Ser.* 1957, 119

² *Wld Hlth Org. techn. Rep. Ser.* 1956, 110

³ *Wld Hlth Org. techn. Rep. Ser.* 1956, 109

international co-ordination of work in the above fields.

In regard to use of radioisotopes in industry, agriculture and medicine, it was foreseen that a number of countries might need information on the use and application of radioisotopes in their specific programmes. The Agency therefore intended to set up one or more groups of experts, including specialists in medicine, and those groups would visit countries, on request, to give what assistance was required. The Agency might also assist in the purchase of radioisotopes, in the creation of national laboratories and in obtaining the necessary equipment.

The Agency was planning two conferences in 1960 : one on the use of radioisotopes in industry and the second on their use in medicine. Naturally, for the latter, the co-operation of WHO would be invited.

He had referred only to those aspects of the Agency's work which were directly or indirectly linked with questions of health, in order to emphasize that the aims of the two organizations were identical in many respects. He was convinced that by careful co-ordination of their respective programmes and by close collaboration in day-to-day work the two organizations could make an important contribution to the prosperity of all countries.

Dr EL-HALAWANI (United Arab Republic) said his Government supported WHO's programme and wished to see it intensified, particularly in regard to the protection of the population against ionizing radiations. Radiochemistry, particularly with reference to strontium 90 in relation to calcium in milk and in connexion with radioactive fall-out, and radiobiology in relation to genetics, were two of the points requiring further study.

Dr LAYTON (Canada) said that the general principle in Canadian practice was that the public health aspects of atomic energy were dealt with by the national health administration on behalf of the Atomic Energy Board. He thought that members might give consideration to the merits of such an association.

Dr GARCÍA (Philippines) believed that the Organization should adopt a more vigorous educational policy in regard to the dangers of atomic radiation. Fourteen countries had formed a new atomic energy organization in South-East Asia and there would accordingly be a considerable increase in atomic energy activities in that area. Moreover, from his personal experience he knew that extremely powerful radiological equipment was being utilized in public and private institutions without adequate lead or cement protection. There was a particularly urgent

need to stress the dangers for the less-developed countries.

Dr EVANG (Norway) stated that his Government was very anxious that the Organization should conclude a relationship agreement with the International Atomic Energy Agency as soon as possible. A comparison of their respective terms of reference would show the very large extent to which activities could overlap. Changes in regard to atomic energy were taking place very rapidly. For example, the permissible level of radiation involving an occupational hazard had again recently been reduced by a third. The Organization had certain public health responsibilities in regard to atomic energy and might perhaps play a more active role in regard to such questions.

Another especially urgent problem which was receiving constant attention in many European countries was the possible contamination of milk following the utilization of certain long-lived radioisotopes.

There was a reference on page 13 of the Director-General's Report to WHO's co-operation with FAO and UNESCO in preparing background data on the probable effects of disposing of radioactive waste in the oceans. Should WHO limit itself to the preparation of background information on such problems?

He had been interested by the suggestion made by the delegate of Canada, but felt that countries would normally organize their services in accordance with their own public health traditions and practices.

Professor GRASCHENKOV (Union of Soviet Socialist Republics) fully shared the opinion which had been expressed by the delegate of the Philippines. But there were other noxious effects, especially those resulting from nuclear weapon tests. He reserved the right of his delegation to speak further on that subject, during the discussion of the draft resolution proposed by the Government of the USSR (see minutes of the thirteenth meeting, section 2).

The atomic activities referred to in the report under discussion were merely a first step in the work which would have to be done by the Organization.

The DIRECTOR-GENERAL wished to refer to a few points which had been raised; the subject under discussion would be dealt with more fully later under item 6.10 of the agenda, "Peaceful uses of atomic energy".

The Executive Board had authorized the Director-General to initiate discussions with the International Atomic Energy Agency, with a view to concluding an agreement between it and WHO, but there were

a number of practical difficulties. The Statute of the Agency made it responsible for the co-ordination of all uses of atomic energy but, as he had pointed out to the Director-General of the Agency at the last meeting of the Administrative Committee on Co-ordination, that provision did not alter the Constitution of WHO, which laid down the Organization's general responsibilities in regard to health. It was extremely difficult to agree that the new agency should be responsible for such matters as the utilization of radioisotopes in medicine, or the provision of protection against radiation. Ten years of close co-operation with the medical profession had given WHO very special qualifications in that regard, while in the Americas, for example, the Organization had a long experience of the channelling and distribution of radioisotopes.

The Organization had had a very close and rewarding relationship with the United Nations Scientific Committee on the Effects of Atomic Radiation and had helped to prepare the background information—referred to by the delegate of Norway—which would be included in a report to be presented to the General Assembly of the United Nations in the current year.

Professor CLAVERO (Spain) believed that the Organization had two main functions in regard to atomic energy: the training of technical and medical staff, and public health measures to ensure protection against radiation. A course in radiophysics had been introduced in Spanish medical schools in 1922. Standards to be applied in using radioactive elements and safety measures had been laid down by the International Commission on Radiological Protection. The real difficulty was to ensure that those standards were observed. In many countries, radioactive materials were being placed at the disposal of doctors who had no special training in their use, and adequate protection was not being provided. Care had also to be taken to ensure that what had happened when the first x-ray equipment had been utilized would not be repeated, and that proper measures were taken to dispose of radioactive wastes and prevent pollution of the atmosphere.

Dr GARCÍA (Philippines) agreed with the delegate of Spain that standards were already in existence. Atomic energy techniques were so new in the less-developed countries, however, that many people were not even aware of the dangers involved; hence the need to devote particular attention to that aspect of protection.

Chapter 7: Epidemiology and Health Statistics

Dr BISSOT (Panama), referring to Chapter 7, last paragraph but one, said there was a great danger that importation of smallpox by international traffic might increase still further if adequate measures to prevent it were not taken.

Mr JOLL (United Kingdom of Great Britain and Northern Ireland) said his Government was very satisfied with the studies published in recent years but would like to see more of them. While realizing that demands on space in the *Bulletin* in particular might tend to crowd out epidemiological and health statistics studies, his delegation would like to suggest that WHO should revert to its former excellent practice of providing statistical commentaries in the monthly *Epidemiological and Vital Statistics Report*. A decision on that subject need not await the outcome of the organizational study on publications referred to under item 6.12 of the agenda.

Professor SIGURJÓNSSON (Iceland) wondered if the Secretariat had any information about the extent to which the *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death* was being followed by national statistical offices, especially in regard to the notification of the cause of death.

Dr TIMMERMAN, Assistant Director-General, Department of Central Technical Services, agreed with the delegate of Panama about the necessity of taking measures to prevent the importation of smallpox through international traffic.

The point raised by the delegate of the United Kingdom of Great Britain and Northern Ireland had been under consideration for some time in the Secretariat, and it might be possible to publish material again in the monthly reports, as formerly.

He believed that the International Statistical Classification was being increasingly followed, and that there would be greater uniformity in the way in which deaths were reported by the various countries.

Chapter 8: Drugs and other Therapeutic Substances

Dr ENGEL (Sweden) pointed out that new preparations were often on the market a long time before they could be included in national pharmacopoeias or in the International Pharmacopoeia. Swedish authorities were wondering if some more flexible method could not be found in view of the speed with which new preparations were now being placed on the market.

Dr SLIM (Tunisia) wondered if experts could be placed at the disposal of the less-developed countries for long or even short periods to help them produce certain simple preparations locally, thus avoiding heavy import expenditure.

Dr DAELEN (Federal Republic of Germany) stated that it was proposed to amend existing food laws in Germany with a view to prohibiting in principle the use of chemical food additives; such additives would be tolerated only so far as they could be shown to be necessary in the common interest, and after thorough pharmacological examination. Decisions in the latter regard would be made on the basis of the guiding principles laid down jointly by WHO and FAO. The Bill would probably be published in the autumn of 1958, and implementing regulations would become effective a year later.

Dr ABU SHAMMA (Sudan) referred to an addiction-producing drug, khat, widely cultivated in East Africa and along the Red Sea coast. Its effects were very similar to those produced by the classic drugs. Legislation to prevent cultivation of the drug in the Sudan would not in itself suffice to stamp out the evil, and he hoped WHO would use its influence to prevent cultivation in the neighbouring States.

Dr METCALFE (Australia) stated that Australian experience seemed to indicate that many countries were not imposing the necessary biological standards on exported drugs.

Dr TIMMERMAN, Assistant Director-General, Department of Central Technical Services, agreed with the delegate of Sweden that new pharmaceutical preparations were being placed very rapidly on the market—often as little as six months after discovery; that scarcely allowed sufficient time for a proper evaluation of the drugs and their effects. The Secretariat was studying the possibility of publishing data sheets on new preparations, giving all available information about physical and chemical composition, toxicity, etc. If the plan proved feasible, those data sheets could be published at an early date and would prove useful in preparing later editions of the International Pharmacopoeia.

He was grateful for the information provided about the proposed new food legislation in the Federal Republic of Germany.

Khat had been under investigation by WHO for almost two years and laboratory investigations were being carried out in several national institutes. The delegate of Sudan could be sure that the Organization would do what it could as soon as those investigations had been completed.

The Organization was also drawing up minimum requirements for biological preparations and intended to inform countries of them; it hoped those recommendations would be accepted by all interested countries.

Chapter 9: Publications and Reference Services

Dr AUJALEU (France) paid a tribute to the excellence of the Assembly documents published in the official languages. Unfortunately, the French version of certain other publications—especially the Monographs—appeared a great deal later than the English; and he hoped it would be possible to remedy that situation.

Dr TIMMERMAN, Assistant Director-General, Department of Central Technical Services, referred to translation difficulties but assured the delegate of France that everything possible would be done to speed up publication in languages other than English.

Chapter 12: African Region

The CHAIRMAN invited the Regional Director for Africa to introduce the chapter on the African Region.

Dr CAMBOURNAC, Regional Director for Africa, stated that during 1957 the activities of the Regional Office for Africa had had their greatest expansion since the Office was set up, both in the number of projects under way and the volume of work done. Special emphasis had been placed on rural health, as the vast majority of the population lived in rural areas. Communicable diseases and nutrition had received special attention and efforts were being made to develop full public health services capable of taking over the services specially set up to deal with specific problems. In conformity with WHO policy, growing importance was attached to the organization of fundamental public health services, and considerable development had taken place in regard to maternal and child health, nursing, environmental sanitation, health education, nutrition, and health statistics. Teaching and training programmes continued to receive high priority, as being the best means of reinforcing and developing the health services. An effort had also been made in the field of health education to ensure the support of a well-informed public opinion.

A general aim was to ensure the highest possible degree of co-ordination at all levels. The technical discussions at the 1957 session of the Regional Committee were on the role of rural health centres in the control of endemic diseases in the African

Region; community development and the health component had been chosen as the subject for technical discussions during the 1958 session.

The total credits, including extra-budgetary funds, utilized for the 1957 programme, amounted to \$4 004 749.

The Regional Office continued to have very close relations with other organizations, including UNICEF—with which it had many common programmes—FAO, the Commission for Technical Co-operation in Africa South of the Sahara (CCTA) and its scientific committee, and the United States International Co-operation Administration. Staff from the Regional Office had taken part in meetings organized by CCTA, in discussions with the International Co-operation Administration, and in meetings organized by the governments in the Region.

The Regional Committee had held its seventh session at Brazzaville from 16 to 21 September 1957. It had been attended by representatives of seven Member States—Belgium, France, Ghana (for the first time), Liberia, Portugal, Union of South Africa, and the United Kingdom of Great Britain and Northern Ireland, and of three Associate Members—the Federation of Nigeria, the Federation of Rhodesia and Nyasaland, and Sierra Leone. Representatives of various organizations had also attended.

The Committee had approved the Regional Director's report, a revised regional programme for 1958, and the draft programme and budget estimates for 1959; the various projects had been discussed individually, and in some cases modified.

The Committee had discussed Assembly procedures for examining the programme, budget and related matters, and expressed the opinion that the Regional Committee was the appropriate body to discuss and establish the regional programme and priorities. It had noted with satisfaction the decision of the United Nations Technical Assistance Committee to increase to 12 per cent. the proportion of resources that might be devoted to regional and inter-regional projects, and expressed the opinion that limitation of the funds available for such projects was detrimental to international assistance in health work. It had decided to hold its eighth session at Monrovia, Liberia, in September 1958 and its ninth at Nairobi, Kenya, in 1959.

The regional office staff of all categories was four more than in 1956 and the number of project staff had increased by eighteen. Greater efforts were being made to recruit general service staff from within the

Region but it was particularly difficult to find certain categories.

Five international meetings had been held in 1957 in the conference room of the Regional Office: the Regional Committee, a seminar on health statistics, a meeting of malaria specialists, a meeting to co-ordinate yaws projects, and a seminar on bilharziasis.

There had been a considerable increase in teaching and training projects for health and auxiliary staff—with considerable assistance from UNICEF; it was intended to establish Chairs of paediatrics in a number of colleges in the Region.

Apart from training courses organized in Africa, 122 fellowships had been awarded, 89 per cent. of them for studies in other regions. More than 500 fellowships had been awarded to date in the Region as a whole; some 50 per cent. of them were in connexion with the organization of health services, 38 per cent. for communicable diseases, and 12 per cent. for medical and clinical training.

Nutrition programmes were being developed in co-operation with FAO. A training course had been organized jointly with the Government of Uganda and FAO.

Some twenty million people in the Region were affected by yaws. The work had developed to such an extent that it had been necessary to hold two yaws co-ordination meetings. More than thirteen million of the persons affected had already been examined, and more than seven million cured. In various areas, including Nigeria, French West Africa and Liberia, yaws was disappearing and it was believed that it could be entirely eliminated in the Region as a whole in the near future.

There appeared to be at least two million persons affected with leprosy in the Region. Sulfone drugs had begun to be used from 1950 onwards, especially in Nigeria and Ghana. New methods for the organization of campaigns had been introduced in 1952 and 1953 and campaigns had been still further intensified in 1955 with the help of rural health centres, dispensaries, and mobile units. Cars, bicycles, horses, camels, and canoes were used for transport, and when none of those could be used, journeys were made on foot. In French Equatorial Africa alone, some treatment had been given to 140 000 lepers. Between 1955 and the end of 1957 the total number of patients receiving regular treatment had been 93 000.

The meeting rose at 12.5 p.m.

FOURTH MEETING

Monday, 2 June 1958, at 2.30 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Review of Work during 1957: Annual Report of the Director-General (continued)

Agenda, 6.4

Chapter 12: African Region (continued)

Dr CAMBOURNAC, Regional Director for Africa, resumed his account of the work being done in the African Region in the treatment of leprosy. In view of the vigorous action being taken in French Equatorial Africa, Nigeria, the Belgian Congo, East Africa, French West Africa, Ghana, Sierra Leone, and the Union of South Africa, it would appear that in the near future all leprosy cases in the Region would be under regular treatment. Nearly a million lepers were receiving regular treatment already, largely owing to improvements in the methodology of organization of campaigns. In regard to future developments, an important conference on leprosy was to be held in 1959, at which the questions of the best drugs to use, the best way of organizing campaigns and the important question of co-ordination would be discussed.

Malaria constituted perhaps the most important problem which the African Region had to face and a great deal had already been done in that connexion. The Regional Office had given advice on organization and research and had drawn attention to the most important items to be borne in mind in the search for a solution to the question of how to interrupt the transmission of malaria, in particular the possibility of using drugs to increase the speed and effectiveness of eradication campaigns. It had been established that, in many areas of tropical Africa, three years of residual spraying had been insufficient to halt transmission. The problem of malaria in tropical regions of Africa was recognized to be highly complex and a meeting of experts had therefore been held at Geneva which had produced a document entitled "The approach to the problem of the control of malaria in tropical Africa". A number of campaigns had been initiated on the lines described in the document, which had been distributed to all governments and services in the African Region, and an attempt had been made to

carry out experiments in several countries with regard to the use of antimalarial drugs in eradication campaigns. Two further meetings of experts had been held at Nairobi and Brazzaville, for East and West Africa respectively, to discuss the best methods to be used to interrupt transmission of malaria, and increasingly optimistic conclusions had been reached. An inter-country programme was already being planned for the first zone selected for large-scale eradication of malaria in Africa, and work upon the campaign was to begin early in 1959. The area in question would occupy a strategic position from several points of view and would cover part of Mozambique, Swaziland, the Union of South Africa and a large part of Southern Rhodesia.

In connexion with onchocerciasis, work had been started in several areas on the basis of the experience acquired by the Regional Office at the conference held in Leopoldville in 1954. During 1957 malaria courses combining training in the epidemiology, diagnosis and control of onchocerciasis had been provided and in 1958 one course dealing with the clinical, pathological and therapeutic aspects of the latter disease would be organized. Co-ordination of work in various countries was envisaged.

There had also been considerable development in regard to tuberculosis. Two BCG vaccination and research teams had continued their work in East and West Africa. Projeets in the chemotherapy of tuberculosis were also under way.

Bilharziasis was another disease very widespread in the African Region. A meeting devoted to it had been held at Brazzaville, and had been attended by representatives of nearly all the countries and territories in Africa and a number of experts from North Africa, from the Eastern Mediterranean Region, the Americas and the Western Pacific Region. The participants had exchanged information on bilharziasis in their various countries and the best means of prevention. The conference had dwelt particularly on the need for more research into the epidemiology of the disease and the physiology of the mollusc carriers.

Maternal and child health activities had been expanded considerably in the Region, with assistance

from UNICEF. WHO had received governmental requests for assistance on twenty-one projects and a number of fellowships had been granted. In that connexion, he deeply regretted having to report the accidental death, while on duty in Nigeria, of the Belgian expert in maternal and child health, Dr Emilie Deltome. He wished to thank the Government of Nigeria for the help it had given the Regional Office in those sad circumstances. Work had also progressed in regard to nursing, environmental sanitation, health education and other fields. The Regional Office had also been active in the study of parasitic diseases, smallpox, and protection against radiation hazards. A representative of the Regional Office and an expert from headquarters had played an active part in the conference on the use of radioisotopes organized at Pretoria by the Commission for Technical Co-operation in Africa South of the Sahara. The attention of governments had been drawn to the fellowships which WHO proposed to grant for the training of personnel in radiation protection.

In conclusion, he stressed that the growing desire of governments to expand their health programmes and the continued support which had been given to the World Health Organization made it possible to envisage even greater developments in the future.

Dr TOGBA (Liberia) thanked the Regional Director for his interesting account of the work done in the African Region. He was sure that the Regional Director's encouraging views on the future of WHO in Africa were shared by all the Members of the Region. Attention had been drawn on previous occasions to the desirability of appointing properly qualified staff to be in charge of WHO projects and he emphasized again the saving of time and money which would result if that point was borne in mind.

The Liberian Government, as he had stated at the Tenth Anniversary Commemorative Session of the World Health Assembly, was particularly grateful for the assistance it had received from WHO in the elimination of yaws, now almost complete. The success of the anti-yaws campaign had proved a great stimulus to public health programmes throughout the country. It had given the people a striking example of what public health campaigns could achieve.

On the other hand, the Liberian Government was somewhat discouraged by the relative lack of progress in the campaign for the eradication of malaria. Malaria had been under attack in Liberia longer than any other communicable disease. Nevertheless, the eradication campaign was still only in the pilot stage. He was anxious to see an end to pilot

projects and a start on eradication proper. A number of experts believed that the eradication of malaria from the tropical regions of Africa was impossible, but he believed that with genuine effort and the full co-operation of all concerned it could be attained.

One point which continued to be a matter of anxiety to the so-called under-developed countries was the high contribution required from governments requesting assistance. That problem had been brought up at several previous Health Assemblies. Many countries hesitated to make additional requests for fear that they would be unable to make the contribution required from them and it would be a great relief to many countries if the little that had already been done towards helping recipients could be increased. In that way the under-developed countries would be able to make fuller use of the benefits to be derived from the activities of WHO.

The Regional Director had devoted a part of his remarks to the position in Africa in regard to leprosy. However, compared to the estimated 34 000 000 cases of yaws and a similarly enormous number of malaria cases, the figure of 2 000 000 cases of leprosy was not too alarming. One problem which Liberia had encountered in its treatment of leprosy had been the difficulty of discharging patients from the leper colonies after cure. A point had almost been reached at which the only solution would be to abandon the use of leper colonies. However, it was customary in several areas of Liberia for lepers to be driven out from their villages. Health education activities among the people could be of great assistance in that connexion.

The question of the hazards of atomic radiation was beginning to be of concern to African countries. He understood that it was proposed to carry out nuclear tests somewhere in the Sahara. Those countries bordering on the Sahara had a good deal to fear from possible reactions and he hoped that all the governments represented at the World Health Assembly would refrain from carrying out tests in the Sahara.

In conclusion, he expressed his gratification at the increase in the number of Member States in the African Region and his hope that it would rise still further in the near future, as other African territories attained their independence. He deeply regretted the death of Dr Deltome and wished to convey his condolences to her Government and family.

Médecin-Colonel BERNARD (France) said he had been most interested to hear the Regional Director's report on present and future activities in the African

Region. He had been particularly pleased to hear of the action it was proposed to take in connexion with onchocerciasis.

The question of malaria eradication in tropical Africa was one of particular importance and complexity. Special difficulties resulted from the shortage of funds and trained personnel, from poor communications and climatic conditions. Moreover, man-mosquito relations, governed by the habits of the population and the biology of the anophelines, often favoured the continuation of transmission. Lastly, the movement of population between treated and non-treated areas meant a continuous renewal of the infection, particularly since the treated areas were only a small fraction of the continent as a whole. The growing resistance of some anophelines to insecticides made the situation still more complicated.

Although, owing to favourable local conditions, some campaigns had been more successful than others, in general insecticide campaigns had consistently failed to bring the parasite rate down to zero and young children continued to be infected. That did not mean that the eradication of malaria in most of the African Region must be renounced. Provided that chemotherapy was combined with the present system of house spraying, great and probably complete success could be achieved. Conditions varied from one area to another and more research would be necessary to establish an appropriate plan of operations for each sector.

Although the eradication of malaria from tropical Africa was technically possible, two major obstacles stood in the way: shortage of funds for antimalaria campaigns and the barriers constituted by political frontiers. The first created shortages of personnel and supplies, and the second meant that very often a single geographic and climatic region was divided into several parts, thus preventing campaigns from covering the entire region in question, and leaving the door open for the renewal of the infection, which would be spread again by the still-present mosquitos.

The opening of the Malaria Eradication Special Account had given new hope that all governments would eventually be able to undertake co-ordinated campaigns, but the money must first be used to finance preliminary investigations and it would probably take several years before funds were available for actual campaigns. The existence of the Special Account should not therefore slow down governments' own efforts or diminish the contribution of outside organizations. Resources must be pooled in order to achieve complete success.

What was needed for the eradication of malaria in tropical Africa was sufficient funds to carry out mass campaigns specially planned for each area. Mass education campaigns would also be necessary, particularly if chemoprophylaxis was to be employed, but it was even more important that those in authority should recognize the importance and the urgency of the malaria problem and the feasibility of its elimination. Previous control campaigns had perhaps discouraged some authorities because of the continuous financial effort required, but they should realize now that eradication was an operation that could be completed once and for all and that, apart from all humanitarian considerations, it would ultimately result in financial saving and would open up prospects for the future of incalculable demographic and economic value. Once that point was grasped, the time would not be far off when the eradication of malaria in tropical Africa could be undertaken with every chance of success.

Dr NEUJEAN (Belgium) thanked the Regional Director, and the delegates who had spoken, for their condolences upon the death of Dr Deltome.

Dr WARMANN (Ghana) thanked the World Health Organization for special assistance granted to Ghana in connexion with yaws, leprosy, tuberculosis and malaria and also in the training of health personnel. He particularly thanked the Regional Director for his willingness and ability to assist Ghana with its special problems. Although much had been achieved, much still remained to be done. Ghana was confident that it would continue to receive the help it needed, and in return it would pledge its full co-operation and support in carrying out the aims of the World Health Organization.

Sir Samuel MANUWA (Federation of Nigeria) joined the previous speakers in the expression of regret at the death of Dr Deltome.

He endorsed the remarks by the delegate of Liberia about atomic tests in the Sahara and the views of the delegate of France on the urgent necessity of malaria eradication.

He wished to place on record his thanks and appreciation for the help received by Nigeria from WHO. Most substantial assistance had been received for the control of the four chief communicable diseases: yaws, leprosy, malaria and tuberculosis. Nigeria had deployed its own resources to the full in prosecuting campaigns against those diseases but the aid it had received from WHO and UNICEF had been of the utmost value. The campaign against yaws had succeeded brilliantly. It had been initiated four years ago and in that time over six

million persons had been examined and three and a half million cases treated. The decrease in the incidence of the disease had been so great that its total disappearance was only a matter of a few years. It would be interesting to see whether the disappearance of yaws would be followed by an increase in syphilis. The campaign against yaws had been combined with a campaign of leprosy diagnosis and of immunization against yellow fever and smallpox. All those activities had been combined with the overall development of rural health programmes, along the lines recommended by a number of delegates, including the delegate of Indonesia.

Some disquietude had been felt at recent developments in the WHO staff situation and he would ask the Organization as a matter of principle not to recruit for permanent posts senior health officers in national services without first ascertaining the views of the governments concerned.

He would reserve his remarks on smallpox control until the resolution submitted by the USSR was discussed. He hoped that Nigeria's request for an adviser on smallpox would not be forgotten, and that a regional adviser on smallpox would be appointed to the Regional Office for Africa. He also drew attention to the need for an early appointment of an area public health officer for the western part of the African Region. That post had been vacant for two years and it would be inadvisable to delay an appointment much longer.

Dr DU PRÉ LE ROUX (Union of South Africa) welcomed the report of the Regional Director as one covering a year of achievement in the African Region. WHO was now firmly established in that region and could look forward to developing its work there in the future.

His country appreciated the praiseworthy collaboration that had been instituted between the WHO Regional Office and the Commission for Technical Co-operation in Africa South of the Sahara, and which was most fruitful in avoiding duplication of effort.

He was in agreement with Dr Togba's view that the expert with perhaps less academic knowledge but more knowledge of the Region might prove of greater help in the development of health programmes. The Union of South Africa would be happy to provide specialized officers for such work in the hope that neighbouring countries might benefit both from its successes and from its failures.

Again, he agreed with the representative of Nigeria that WHO, in recruiting staff from countries having a shortage of trained technical staff, should first approach the official authorities.

It was self-evident that in a continent like Africa collaboration was essential in tackling common public health problems. Without collaboration, it would not be possible in practice to eliminate any of the endemic diseases.

In expressing the Union of South Africa's appreciation of WHO's fellowships programme, he mentioned in particular the recent awards of fellowships, at the request of his Government, in ionizing radiation and geographic medicine, both of which had proved of value to his country's public health planning.

In conclusion he associated himself with the previous speakers in congratulating the Regional Director on the fine work he had carried out.

Dr BOULOS (Haiti) also extended his congratulations to the Regional Director for Africa.

The yaws eradication campaign in Haiti had proved very successful and, contrary to the fears expressed by the delegate of Nigeria, had at the same time brought down the incidence of syphilis, in both urban and rural areas.

In regard to malaria, he agreed with the delegate of France that eradication would require a combination of both insecticide spraying and prophylactic treatment with drugs. It was the intention in Haiti to proceed on those lines.

Professor JANZ (Portugal) also paid a tribute to the ever-growing work of the Organization in the African Region.

The Portuguese African territories had benefited from WHO's help in a number of ways : fellowships, experts on certain endemic diseases and so on.

He drew attention to the pilot projects in operation in those territories, aimed at interrupting the transmission of malaria by drugs, administered in concentrated form in areas where the transmission period was short, and added to salt in other areas. Spraying with insecticides was continuing at the same time. He was glad to be able to record that no indigenous cases of malaria had appeared in certain of the islands over the past three years. The same campaign had resulted in eradicating *Aedes aegypti* in the areas covered.

Following economic development, other health problems were beginning to come to the forefront in the African Region. One of those concerned occupational health, and the Regional Office might well consider an early study of that matter. Perhaps, too, it might with advantage show greater interest in joint action with the other agencies concerned against trypanosomiasis. That might lead to more rapid progress in eliminating one of the principal

factors at present retarding economic development in some parts of Africa.

Dr TUBOKU-METZGER (Sierra Leone) expressed thanks for the help given by WHO to Sierra Leone's efforts to control yaws, leprosy and tuberculosis.

No WHO fellowships had been granted to Sierra Leone in the past year. Perhaps that might be kept in mind for the future so that the territory might keep pace with modern developments.

He too wished to convey his sympathy to the relatives of Dr Deltome.

The CHAIRMAN, noting that there were no further speakers, invited the Regional Director to answer points raised in the discussion.

Dr CAMBOURNAC, Regional Director for Africa, thanked all the speakers for their expressions of appreciation of the work done in the African Region.

He had noted the observations of Dr Togba on experts and costs of projects. As he had mentioned earlier, the incidence of yaws had been greatly reduced in Liberia and it might confidently be expected that the disease would be eliminated completely in the near future.

It had now been established that in tropical and semi-tropical areas resistance to certain of the insecticides could be developed within a relatively short time. That was the factor that accounted for the partial lack of success in earlier malaria eradication operations. In future operations, insecticide spraying was to be supplemented with mass drug treatment in certain areas and the experts were more and more convinced that the combination of the two methods would probably offer the answer to those problems in Africa. Operations now being started in the south would be extended in the not distant future to the remainder of the Region.

With regard to leprosy, the incidence of the disease was by no means highest in Liberia. In several other territories, it ran to as much as 20 per cent. in relatively small areas and between 5 and 8 per cent. in various other parts of the Region.

The Regional Office had contacted all Member governments with a view to promoting, through the provision of fellowships, a programme on protection against radiation. It would be glad to take up any specific requests in that connexion.

In accordance with the policy laid down by the Regional Committee, the post of regional adviser on yaws had been dropped, since most of the yaws campaigns in the Region had reached the stage of consolidation and integration within the regular public health services, and less specialist advice was now needed in that field. The headquarters staff of

WHO included, however, two highly qualified specialists who were available to give advice on the disease wherever and whenever needed. In addition, an inter-regional advisory team on yaws would be available from the beginning of 1959.

The possible relationship between a decrease in the incidence of yaws and a rise in that of syphilis was now being studied. A proposal would also be coming before the Regional Committee to set up a co-ordinating committee on smallpox in the African Region.

Plans were already being made to recruit a medical officer to serve as area public health officer for West Africa. The suggestions made by the delegates of the Union of South Africa and Portugal had been duly noted and would be borne in mind.

The Regional Office invariably did its utmost to meet all requests for fellowships from governments of the Region, and would, of course, be pleased to consider any request that might be put forward by the Sierra Leone authorities.

Dr FARID (Sudan) stated that his country, as bordering on the African Region, would like to be associated with activities carried out in that region. It would, in particular, like to be invited to participate in group meetings or seminars and to take part as an observer in discussion of technical matters at regional committee meetings.

Chapter 13: Region of the Americas

Dr SOPER, Regional Director for the Americas, said that the chapter covered only a small proportion of the total health activities being carried out in the Region, since it did not include the work financed from funds of the Pan American Sanitary Organization. With the exception of two countries, one of which participated in WHO and the other in PASO, all the countries of the Region participated in both organizations and thus made a double contribution to international health work there. There was reason to hope that the two exceptions would be eliminated in the near future.

That international health work in the Region had been able to develop on the lines it had was due to the combination of the efforts of the specialized agencies of the Organization of American States and of the United Nations system. The practical results of that co-operation were well illustrated by a reference to the monies actually handled and disbursed by the Regional Office (Pan American Sanitary Bureau) in the year 1957. Those included : regular budget of PASO, \$2 365 333; PASO Special Malaria Fund, \$922 345; PASO special funds (made

available previously for smallpox and malaria work), \$98 982; PASO grants (funds from extra-budgetary sources), \$100 040; Organization of American States technical assistance, \$231 061 (for upkeep of Foot and Mouth Disease Centre); Institute of Nutrition of Central America and Panama, \$87 448; Institute of Nutrition of Central America and Panama—special grants for research projects together with grant to the Institute from the Kellogg Foundation, \$155 076; WHO budget, \$1 308 419; Expanded Programme of Technical Assistance, \$1 180 213; total, \$6 448 917. In addition the Regional Office had handled \$1 760 376 in procuring supplies for Member States. Accommodation for the Regional Office had been increased during 1957 by the leasing of a third building, but the situation still remained unsatisfactory. The most important change in organizational structure during the year had been the decision to transfer the Caribbean Zone Office from Jamaica to Caracas, Venezuela. The transfer was to take place on 1 July 1958.

During the twelve months ending 30 November 1957, 261 fellowships had been granted with WHO funds, as compared with 159 in 1956. The Regional Office was responsible as well for the placement and administration of a large number of fellowships awarded for study in the Americas.

In the communicable diseases, he was happy to report that cholera had not appeared in the Region for many decades. Typhus had been reduced to the status of a minor problem. The studies on live rickettsial vaccine for typhus had been completed in 1957 with satisfactory results. Sylvatic and jungle plague still occurred in a number of countries, but urban and maritime plague had not been reported for many years. Smallpox was under constant pressure and was under attack in an eradication programme of the PASO. The decision to attempt the eradication of smallpox in the Western Hemisphere had been taken by the Pan American Sanitary Conference in 1950. The funds made available had been insufficient to support national mass vaccination programmes. The initial emphasis in the PASO programme was on the development and introduction of a stable dried vaccine resistant in the absence of refrigeration to tropical temperatures. A number of laboratories for the production of dried vaccine had been installed and in recent years assistance had been given in the organization of vaccination programmes. No smallpox had occurred since 1954 in North America, Mexico, Central America or the Caribbean area, and a considerable reduction had been registered in South America.

The jungle yellow fever which had appeared in Panama in 1956 had continued to be manifest in sporadic cases during 1957 but had not spread west of the Canal Zone. The previous wave of infection which had appeared in Panama in 1948 had been active during 1957 in Guatemala and British Honduras. The incidence of the disease in the countries of South America had been fairly normal in 1957. For the third time since 1934 there had been observed a movement southward of the yellow-fever virus among monkeys from the Amazon Valley to the valley of the River Plate.

There were a number of co-operative activities in the Americas which did not come under the head of individual projects but which were very important in getting co-ordinating action across national frontiers. For example, common health problems along the United States and Mexican border were regularly discussed by means of the joint United States/Mexico Border Public Health Association, of which the PASO representative in the field office at El Paso was the permanent secretary.

In contrast with the professional contact there were two official meetings of the health authorities of South American countries : one for Chile, Bolivia and Peru; the other for Brazil, Argentina, Uruguay and Paraguay. Likewise, and independently of WHO/PASO, the Central American countries and Panama had organized meetings of their respective ministers of health for the consideration of common health problems. Out of those meetings had come a number of suggestions for collaboration with international health agencies in tackling specific matters.

A further example of that kind of development—which had evolved spontaneously and continued under the auspices of the Regional Office—was provided by the meetings of the malaria directors of Mexico, the Central American countries and Panama. A sixth meeting had been held in April 1958 in Mexico City.

An international professional group in which the PASB took great pride was the Inter-American Association of Sanitary Engineering. The Association had been brought into being in 1947 and had been supported through the efforts of PASB. It was now in the process of becoming independent of the PASO budget.

The Institute of Nutrition of Central America and Panama was worthy of special mention, in that it was proving a valuable instrument for research on nutrition problems of tropical countries. The Institute had started functioning in 1949 with the help of PASO and the Kellogg Foundation. It was

supported by the annual contributions of Member countries, together with grants from PASO, the Kellogg Foundation and other sources. The fact that the funds available for its work in 1957 totalled \$297 000, of which only \$50 000 came from the PASO budget, was a measure of the importance of the research and public health education work it was conducting. The United States Public Health Service had, for example, made a four-year grant for a current comparative study on atherosclerosis, the results of which promised to be of great value. Such comparative studies could not be carried out by one country alone and the point he wished to stress was the outstanding value of co-operative efforts of the kind.

The Foot and Mouth Disease Centre in Brazil was a similar venture, although financed differently. All Member countries of the Region had an interest in its programme. The Institute had already begun to produce the aftosa virus from kidney-cell cultures, with a view to large-scale production of a cheaper vaccine.

Among other items of general interest, mention might be made of the two yellow-fever centres, in Brazil and Colombia respectively. Through those two centres, free diagnostic services and free distribution of yellow-fever vaccine for all the Member countries were maintained.

The Pan American Zoonoses Center in Argentina was still in process of development. It was hoped that the existing arrangement might be revised in the course of 1958 to one on the same lines as that governing the Institute of Nutrition of Central America and Panama.

The programme aiming at the eradication of the *Aedes aegypti* mosquito, the transmitter of yellow fever in urban areas, had proved highly successful. A large number of the participating countries, so far as could be determined recently, were apparently free of the mosquito. The programme was continuing and the next few years would, it was hoped, see total eradication achieved in all the countries concerned.

The yaws programme in Haiti was in its last stages. In the final check up, the teams were also carrying out vaccination against smallpox.

All but one of the countries of the Region where malaria was endemic were either actively pursuing or planning eradication operations. A careful check on the incidence of malaria not later than one year after the start of operations was of great importance to the progress of the work, and that view, would, he believed, sooner or later become generally accepted.

On the financing of malaria eradication programmes, he mentioned that UNICEF had allocated a total of \$10 408 000 to the work in the Americas since March 1955. Contributions to the PASO Special Malaria Fund in 1957 had included \$1 500 000 from the United States of America, \$100 000 from the Dominican Republic, and \$300 000 from Venezuela. The United States and Haiti had also made contributions for the 1958 programme of \$2 000 000 and \$5000 respectively.

It was not his intention to give the impression that malaria eradication was on the eve of completion in the Americas. But a vast amount of work had certainly been done in 1957, particularly in the recruiting and training of staff. The Regional Office owed a debt of gratitude to Venezuela and Mexico for the assistance those countries had rendered in training programmes. Guatemala and Jamaica had also given help in that connexion.

It was a matter of great satisfaction to him to be able to report that the approach to malaria eradication in the Americas was a united one. WHO, PASO, UNICEF, the United States International Co-operation Administration and the governments themselves were all combining efforts in the planning of the programme.

In the Americas, the view was taking root that the provision of safe water supplies, although the main, was not the only method whereby the diarrhoeal diseases might be controlled. Health education of the public and direct medical measures had also been advocated by the two seminars on the subject, held in Chile in 1956 and in Mexico in 1957. Early rehydration in cases among infants had been advocated as an effective means of bringing down the death rate from that cause. The treatment was comparatively simple to apply, even by persons having no medical training.

Some three per cent. of the PASO, WHO and Technical Assistance budgets was earmarked specifically for environmental sanitation work, mostly on training projects. It had to be noted, however, that all the integrated public health programmes in the Region, absorbing about twenty-six per cent. of the total budget for field activities, involved intensive environmental sanitation work, including provision for sanitary engineers and sanitary inspectors in the project staff.

A small group of consultants on water problems, meeting recently in Washington, had reached the conclusion that, in view of the vast capital expenditure involved, available international funds might better be devoted to helping governments to develop long-term plans for the financing of water supply

schemes. It had to be borne in mind that, once installed, facilities had to be maintained, expanded and modernized to meet expanding needs of the populations. WHO might with advantage to Member countries make a study of ways and means whereby governments might finance water supplies through careful application of the principle that pure water is a necessary element of life and should be paid for on a continuing basis by the population served.

In conclusion, Dr Soper referred briefly to the situation in regard to live oral poliomyelitis vaccine. He emphasized that he was speaking for the moment as Director of the Pan American Sanitary Bureau and not as a Regional Director of WHO because there were certain restrictions which the Director-General had decided to place on activities with live oral vaccine and which the Pan American Sanitary Bureau had not considered so necessary. A meeting of the representatives of the countries of the River Plate in February 1957 had instructed the Director of the Pan American Sanitary Bureau to make available all information on live poliovirus vaccine as well as any supplies of the vaccine that could be acquired. Matters had been brought to a head by the WHO Expert Committee on Poliomyelitis of July 1957, which had come to the conclusion that as much had been learned regarding the use of live virus vaccine as could be learned from small group studies, and had suggested that studies involving tens or hundreds of thousands of people might be indicated. Subsequently, he had received offers from two different sources of enough vaccine to vaccinate a million children in any of the Latin American countries which might be interested, and he had also received an indication that some financial assistance might be given in carrying out field tests. In the meantime, the Pan American Sanitary Organization had become aware in 1957 of the studies being carried out with live vaccine in Minnesota, the results of which had produced a certain amount of confidence. As Director of the Pan American Sanitary Bureau, he had visited a number of countries and had explained to their health authorities the situation in regard to the live poliovirus vaccine and some of the recent developments. He had explained that the vaccine was not available on a commercial basis and that large-scale tests such as had been made on the Salk vaccine in the United States of America before it was approved by the United States Public Health Service had not yet been made. Lastly, he had explained that the World Health Organization was not sponsoring the use of the vaccine but that the Pan American

Sanitary Organization believed that the time had come for field tests on a large scale.

His approach to the problem of poliomyelitis vaccine had been influenced very largely by the long experience with yellow-fever vaccine. There were certain justifiable comparisons to be made between yellow-fever virus and poliovirus. The yellow-fever virus was both viscerotropic and neurotropic and under certain conditions was highly dangerous in both respects. The poliomyelitis virus was also both viscerotropic and neurotropic, but it was dangerous only as a neurotropic virus. In the development of the present yellow-fever vaccine, a number of stages had been gone through. In 1929, shortly after yellow-fever virus became available for experimentation, a killed virus vaccine had been produced in England and in Brazil, independently. The killed virus vaccine had been used during the outbreak in Rio de Janeiro in 1929, and there was some indication that certain cases had probably been produced by the vaccine itself. In succeeding years, it had not been suggested that further experiments should be carried out with the killed virus. The next virus produced was one modified only by selective growth. It was discovered that by the selective growth of yellow-fever virus in the brain of the mouse, the virus entirely lost its viscerotropic powers. That was the virus which had been developed by the Institut Pasteur, Dakar, and used as a basis for the vaccination of millions of people in Africa and some in other parts of the world. The virus now used in the Americas and in Europe was the 17D virus developed by the Rockefeller Foundation some nine or ten years after the yellow-fever virus became available. That virus was apparently a true mutation which no one had ever been able to repeat. He was sure that if that mutation had not occurred when it did, the whole world would be using the neurotropic virus which was so widely used in Africa.

The Salk vaccine was a killed virus vaccine. Because of the cost and the difficulty of application and the relatively small number of susceptibles in many of the countries of the Americas, it did not seem to the Pan American Sanitary Bureau to be the justifiable answer to the poliomyelitis problem in a number of the countries concerned. Quite recently, a method had been developed through dilution of the poliovirus and selective cultivation which gave a result somewhat similar to what had been achieved with the yellow-fever virus in the mouse brain. It was possible by those methods to take a mild virus from nature and develop from it the least neurotropic of its elements. The viruses now being recom-

mended were very largely in that selective culture group.

In considering what was to be done regarding poliomyelitis vaccination, he believed that the responsibility of not doing anything should be carefully weighed. Before the 17D virus was brought to Brazil, it had been used on perhaps a dozen people and had been tested on monkeys. It had been brought to Brazil for further testing. At that time, a wave of yellow fever virus was moving through the southern part of the state of Minas Gerais. The problem was grave, and although further testing would have been desirable, it was decided to take the virus into the field. As a result, some 40 000 people had been vaccinated with the 17D vaccine, and the following year just over a million. A point had been reached in regard to poliovirus at which the fact must be faced that sixty million children were being born into the world every year, the majority of whom would be liable to infection within a few years from naturally occurring viruses. He believed that increasingly large tests were entirely justified.

The Pan American Sanitary Bureau was currently operating a programme in conjunction with the Ministry of Health of Colombia. Arrangements had been made for vaccination, after identification of a virus causing a series of paralytic cases as type 1 virus, and vaccination had started in the country in which the cases had occurred. It was expected, however, that the programme would be widened and, unless there was some clinical or epidemiological indication to the contrary, it was hoped that it would develop into a nation-wide programme of vaccination of pre-school children.

The DIRECTOR-GENERAL said that he was intervening only because delegates might get a false impression of the attitude of the World Health Organization from Dr Soper's remarks. The mem-

bers of the Committee knew that, although the report of the Expert Committee on Poliomyelitis has suggested studies on a wider scale, it had also drawn attention to the need for all possible precautions to ensure that the studies should produce the desired results. The World Health Organization was not entirely satisfied as to the stability of some of the viruses used in the live poliovirus vaccine. He had therefore written to Dr Soper to tell him that the Organization was not yet in a position to associate itself with the idea of mass experiment because it was not convinced that it possessed all the necessary technical information.

He did not believe that WHO possessed, within the Organization itself, the competence it needed in order to proceed with a clear idea of what it was doing. He intended, on the advice of the Chairman of the last expert committee, Sir Macfarlane Burnet, to call another meeting of experts in order to ask them to evaluate the latest information available and to give some further advice on the subject to Member countries. That was in accordance with the general policy of WHO. He did not believe that there was any need for hasty action, in view of the fact that there was another vaccine which was producing very good results. That did not mean that WHO was taking no action in the matter. It was constantly endeavouring to get the best technical information available, which it would transmit to Members as soon as it was entirely satisfied that it had such information.

Dr BOULOS (Haiti), supported by Dr ARAMAYO (Bolivia), proposed that the meeting should be adjourned and the discussion continued at the next meeting.

It was so agreed.

The meeting rose at 5.50 p.m.

FIFTH MEETING

Tuesday, 3 June 1958, at 2.30 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Review of Work during 1957: Annual Report of the Director-General (continued)

Agenda, 6.4

Chapter 13: Region of the Americas (continued)

Dr HILLEBOE (United States of America) said that staphylococcal infections in hospitals were

becoming a major threat to the health of both patients and staff. The staphylococci were resistant to antibiotics and the control of infections required a determined and sustained effort on the part of all hospital staff, including the housekeeping services. The American Medical Association, the American Hospital Association, and the United States Public

Health Service were jointly attacking the problem and a number of reports on hospital-wide campaigns were already available. He urged WHO to give its attention to the problem in the coming years. Public health leaders had a unique opportunity of studying and practising the control of virus infections and the medical and allied disciplines would also have a contribution to make.

In regard to poliomyelitis, the Salk vaccine had proved safe and effective in children and adults and was being used for mass voluntary vaccination campaigns. The response was usually very high with persons under twenty; however, it was harder to reach higher age groups, in which 25 per cent. of all cases were now occurring. Live attenuated virus vaccine had reached the experimentation stage and was being tested in carefully supervised projects in the United States. There was no question of authorizing its commercial exploitation at the stage so well described in the third paragraph on page 226 of *The First Ten Years of the World Health Organization*.

Dr LINSCHOTEN (Netherlands), speaking on behalf of the Netherlands Antilles, which together with Surinam and the Netherlands constituted the Kingdom of the Netherlands, said that the propitious climate and distribution of the population made it particularly easy to control or eradicate communicable diseases in the territory. Malaria was not endemic. There were a few cases of leprosy for which isolation was compulsory and medical care free of charge. With the help of the Pan American Sanitary Organization, the yellow fever vector had been eliminated from the islands of Curaçao and Aruba. Part of the territory had been covered by DDT spray and it had been found that DDT alone was not enough. DDT-dieldrin combined insecticide had been required. In the years 1956 to 1957 there had been a slight epidemic of poliomyelitis and mass vaccinations had been carried out, using the Salk vaccine. Ninety-eight per cent. of all children between the ages of six and twelve had been vaccinated and since that time only three cases, in non-vaccinated persons, had been notified.

Diarrhoeal diseases were one of the most important public health problems. The majority of dysentery cases were of bacillary type, mostly caused by Flexner. The Government was taking steps to improve environmental sanitation by building low-cost houses and improving sewage disposal systems and water supplies.

The establishment of oil refineries, about thirty years ago, had brought the usual modern problems of social and mental adaptation. The first Caribbean congress on mental health had been held in Aruba

in 1957 under the chairmanship of Dr Rees. The recommendations of that conference were expected to provide useful guidance in the handling of the problem.

He welcomed the removal of the Caribbean Zone Office to Caracas.

In conclusion, he informed the Committee of Surinam's regret that, owing to government changes, it had been unable to send a representative to the Health Assembly and expressed its gratitude for substantial aid received.

Dr ARAMAYO (Bolivia) congratulated Dr Soper on his report.

The campaign for the eradication of smallpox was proceeding satisfactorily with a vaccine produced by the laboratory which his Government had created with the assistance of the Regional Office and the United States International Co-operation Administration.

In connexion with the yellow fever and malaria eradication campaigns in progress in his country, he paid tribute to the Regional Office, the International Co-operation Administration and UNICEF for their assistance. He expressed the hope that in view of the difficult terrain, which had impeded the progress of the campaigns at every turn, the necessary recommendation would be made to neighbouring countries to prevent the reintroduction of the diseases.

In regard to poliomyelitis, he suggested that the Regional Director plan for the vaccination of children to prevent the spread of the epidemic which had taken place in a neighbouring country.

In conclusion he thanked UNICEF for its magnificent work in campaigns against communicable diseases.

Dr PENIDO (Brazil) thanked the Government of the United States of America for its assistance with the malaria eradication campaign beginning in 1958.

Campaigns against yaws and trachoma were progressing satisfactorily and it was hoped that those diseases would soon be completely eradicated.

His particular thanks were due to UNICEF for extra supplies of milk in an emergency created by a severe drought which had obliged about 1 000 000 people to leave their homes. Those supplies had undoubtedly helped to reduce the death rate among children. Adequate medical care had prevented the occurrence of epidemics among displaced persons.

The general level of health in Brazil had improved rapidly during the past fifteen years, bringing about an increase of twelve years in the average expectation of life.

Dr BOULOS (Haiti) referring to the remarks made by the delegates of the United States of America and the Netherlands, said that there also had been a minor outbreak of poliomyelitis in his country. Owing to the high cost of vaccination campaigns, it had been impossible to proceed with mass vaccination. His country was anxiously awaiting the experimentation and approval of an oral vaccine cheaper to administer.

Another problem of major importance to underdeveloped countries was that of intestinal parasites, the prevalence and seriousness of which should not be underestimated. He suggested that the Regional Director consider initiating some work on it.

Dr AGUILAR (El Salvador) expressed his Government's gratitude for the assistance received from the Pan American Sanitary Bureau, from the Special Malaria Fund, and from UNICEF in the campaign against malaria. He also thanked WHO for the help in the form of a Technical Assistance project for the creation of a health demonstration area in his country. He mentioned the various ways in which that project had contributed to an improvement of health, including treatment of patients and training of nurses and sanitary inspectors. It had led directly to the creation of an environmental sanitation section within the Department of Health. The new section was dealing, in particular, with the provision of water supplies in rural areas.

In regard to malaria eradication programmes, he felt that too much stress was being laid on experimentation with and application of insecticides and drugs. He suggested that it would be well to consider including drainage of marshes and mosquito-infected areas in eradication programmes.

Dr RAMÍREZ (Ecuador) informed the Committee that during 1957 three agreements had been concluded with WHO and the Pan American Sanitary Organization: on the technical reorganization of the national health services, the improvement of teaching conditions in one of the most important schools in the country, and the eradication of smallpox.

The first stage in the malaria eradication campaign had been successfully concluded and the second was to begin in July 1958.

He called the Committee's particular attention to an outstanding example of international co-operation in which the International Co-operation Administration, the International Labour Organization and the United Nations Educational, Scientific and Cultural Organization, the Food and Agriculture Organization and WHO were collaborating with

the Ministries of Public Health and Education—the mission to the Andes, which was seeking to improve the material and moral conditions of life in remote mountain districts. It was that project which had led his Government to request a large number of fellowships in the future.

Dr ALLARIA (Argentina) reviewed the progress of health work in his country during 1957, with particular reference to the programmes of the zone office, covering tuberculosis, local public health services, nutrition, public health training, nursing and the integration of national health plans with the programmes of international organizations.

After expressing general approval of the Director-General's Report, he suggested that the Organization study the possibility of integrating health services with social services in order to provide continuous care for the sick during illness and until their complete rehabilitation and resumption of normal life.

He congratulated the Director of the Regional Office on the achievements of 1957 and said that his delegation would particularly welcome any comments he might have to make on the decision, taken at the last meeting of the Executive Committee of PASB in Washington (of which he had learned unofficially), to make some cuts in the programmes for Argentina.

In conclusion, he undertook to co-operate with the World Health Organization and the Pan American Sanitary Organization in making available timely information on the work accomplished.

Dr VARGAS-MÉNDEZ (Costa Rica) expressed the view that mass vaccination against poliomyelitis should be made possible wherever the disease was found. Countries whose funds were limited should help each other to solve the problem of costs. In his view, vaccines for the protection of children should not be made the subject of private commercial operations. In view of the high production costs, steps should be taken to examine methods of making vaccine available more cheaply—perhaps by means of subsidies or perhaps by means of a grant to a regional laboratory.

Dr PRÍNCIPE (Venezuela) expressed appreciation of the technical help given by WHO in 1957 to various public health programmes in his country. A number of regional activities as well had taken place in Venezuela during the year, including the third regional rabies training course and a seminar on the 1955 revision of the International Classification of Diseases. His Government was honoured at the choice of Caracas as the new seat of the Caribbean Zone Office.

In conclusion, he paid a tribute to the Regional Director for the effective work carried out.

Dr WOLMAN (United States of America) said he was gratified to note the emphasis laid on environmental sanitation work, both in the WHO programme and in the discussions of the Committee. From the time of the First World Health Assembly, the importance of that area of work for the attainment of the Organization's objectives had been repeatedly stressed. Yet the record of practical achievement in the past ten years was lamentably small. More than half the total population of the world still lacked safe water.

In the next five to ten years Member States, with the leadership of WHO, ought to focus their efforts on bringing safe water to the homes of their peoples in quantities large enough to provide for simple cleanliness and comfort. In advocating that course, it was not his intention to suggest that all other work in environmental sanitation should be set aside. Much had been said on the need for education of the public in the matter, but he was firmly convinced that in that regard the people of the world were ahead of the technicians: the desire for safe water was already overwhelming.

The programme he envisaged should move with great rapidity and would necessitate ever greater numbers of skilled personnel to carry out the expanding operations. It would also entail much closer co-operation between the public health authorities and public works authorities than generally appeared to exist. Close liaison of the kind did exist in a number of countries; to make those examples known to the rest of the world should be part of WHO's function.

It was just as practicable, he maintained, to bring water supplies to smaller communities as to the large urban populations. In that connexion, a redefinition of the terms "urban" and "rural" for statistical purposes was long overdue. Statistics at present took no account of aggregations of populations in small villages or communities, merely classifying them as "scattered groups". And that built up a psychological barrier to action.

Time after time when the problem came up for discussion, the high capital cost of water supply schemes was invoked as a reason for lack of progress or action. Such a pessimistic outlook was completely unwarranted. WHO should undertake a study on ways and means of financing community water schemes through long-term, low-interest loans, with a view to laying down guiding principles for its Member countries. Pressure must be brought to bear through the Organization to obtain better

loan terms so as to enable countries to set up revolving funds for capital investment on long-term repayment conditions. There was no reason to believe that a change in that direction would prove impossible to obtain.

Dr TURBOTT (New Zealand), with a view to translating the United States delegate's ideas into action, proposed a draft resolution for submission to the Health Assembly, asking the Director-General to make a comprehensive review of the work and achievements of WHO in assisting Member States in the environmental sanitation field and requesting that the review be submitted to the Twelfth World Health Assembly together with such suggestions and proposals for further activities in that field as might seem desirable to the Director-General.

The CHAIRMAN asked Dr Turbott to submit his draft resolution in writing (see minutes of the seventh meeting, section 3).

Mr OLIVERO (Guatemala) said that much of the success of the work of WHO in pursuing its three main objectives in the Region of the Americas—strengthening of national public health services, co-ordination of national campaigns against certain communicable diseases into regional eradication programmes, and promotion of education and training—was undoubtedly due to the pooling of efforts by WHO and PASO and other international agencies working in the field of health.

In Guatemala, the two main causes of death were gastro-intestinal diseases and malaria, and public health efforts were being focused on those two problems so as to procure the greatest benefit for the population as a whole. The comprehensive programme included the provision of safe water supplies—a matter of fundamental importance in controlling the gastro-intestinal diseases. He accordingly welcomed the interest shown in that question in the discussion. If Guatemala's objectives were to be attained, full integration of national and international efforts would be essential.

The CHAIRMAN, noting that there were no further speakers, asked the Regional Director to answer the points raised.

Dr SOPER, Regional Director for the Americas, announced that Colombia, the one country in the Americas that was not yet a Member of WHO, had requested him to inform the Health Assembly that a programme of malaria eradication had been started in its territory on 30 May 1958. Colombia, he added, was also participating fully in many other health programmes of the Region.

He went on to restate his position as Director of PASB on the question of live poliovirus vaccine. The vaccine in question was still, he recognized, in the experimental stage and in principle should be subjected to large-scale tests before being recommended for general use. PASB's attitude in regard to the testing of that vaccine did not vary from its attitude towards other programmes of investigation which had been carried out in the past, as, for example, the field tests on live rickettsial vaccine for typhus and on dried smallpox vaccine.

The present experimental work on live poliovirus vaccine in Minnesota was, he added, an official project, approved by the State Board of Health and the State Governor. In the same way, the vaccination programme now in progress in Colombia was an official programme of the Colombian Ministry of Health.

Chapter 14: South-East Asia Region

Dr MANI, Regional Director for South-East Asia, stated that 127 projects had been carried out in the Region during 1957, requiring some two hundred experts for work in the field. The main items of work included: assistance in the control of the major communicable diseases; promotion of integrated health centres, especially in rural areas; assistance to medical schools; training of all kinds of technical personnel through support to institutes; improvement of health statistics, health education and environmental sanitation. A beginning had also been made in training in radiation protection.

Enlarging briefly on each heading, he said the major work on communicable diseases had related to malaria, tuberculosis, yaws, leprosy and trachoma. The malaria projects were being developed towards eradication. In tuberculosis, the Regional Office was still awaiting the results of the chemotherapy trials before revising its programmes towards greater emphasis on domiciliary treatment. Work on trachoma was still at the stage of pilot projects. Large mass campaigns of leprosy control would have to be organized in some countries of the Region in the near future.

Work on integrated health centres for rural areas had been mostly confined to India, with some projects in Afghanistan as well. The gradual move from individual specialized centres towards integrated public health centres was being continued, in conjunction with community development work in the rural areas.

Assistance to departments of preventive and social medicine in the medical schools had received suitable emphasis. The Harvard School of Public Health

in the United States of America was co-operating in the training of candidates for posts of heads of those departments, by providing a two-year course, the second year of which was devoted to actual teaching.

The training of technical personnel had also remained a major activity of the Region. Assistance has been given to a large number of institutes engaged especially in the training of public health nurses and auxiliary staff of all kinds. The numerous refresher courses that had been organized, too, had been very well received. All such training was carried out in the country of origin, only selected candidates being encouraged to go abroad for higher training. To cite specific examples, Nepal had received aid in setting up a school for nurses and health assistants and long-term fellowships for candidates for full medical training. Three professors had been provided for Kabul University Medical School, where the shortage of teaching staff was acute. Afghanistan had also been helped in running a school for male nurses and sanitarians.

The Conference on Rural Health had made very important recommendations on the objectives and functions of rural health centres and their organization, staffing pattern and staff training, which would no doubt be followed by countries of the Region during the next decade.

A start had been made on work on health statistics, health education and environmental sanitation, with a view to strengthening national efforts in those spheres. Efforts had been directed particularly to helping national directors of health to set up departments to deal with those matters and to train the requisite staff. A certificate course on health education had been developed at the Institute of Hygiene of Calcutta.

Lastly, the Regional Office had maintained close collaboration with other organizations, in particular UNICEF, the United States International Co-operation Administration, the Colombo Plan, and the Ford and Rockefeller Foundations.

Mr PILLAI (India) expressed his warm appreciation of the willing help given by the Regional Director and his staff to India. India also owed a debt of gratitude to UNICEF for its great assistance to public health schemes.

The delegate of the United States of America had rightly laid great stress on the urgent need for work in environmental sanitation. India's achievements in public health engineering works had been made possible through the generosity of the United States International Co-operation Administration, which had made substantial contributions towards the

\$40 million and \$180 million schemes of the Government of India, in the first and second five-year plans respectively. The Indian Government, in that work, had granted loans to the local urban authorities, with repayment to start once the water supply system began to function. In rural areas, it has made an outright grant of 50 per cent. of the cost of water supply schemes.

A mention was made in the Annual Report of the Director-General (page 24) of marginal malnutrition and filariasis as problems of concern to the Region. WHO should give greater attention to those two matters. Probably at the outset finances would not allow large-scale work, but operations could no doubt be expanded as time went on.

Dr FAQUIRI (Afghanistan) expressed appreciation of the help given by WHO to the varied programmes of public health work in his country. More help was needed in regard to research on the communicable diseases endemic to Afghanistan. He was pleased to be able to report that the building for the Institute of Public Health which was to serve as the centre for education and research in his country was nearing completion.

Dr AKSARA (Thailand) also paid tribute to the Regional Director for the effective work he was carrying out in the Region, and recorded his Government's gratitude for the help received.

The mass campaign against the communicable diseases that had been started in Thailand in 1949 with the assistance of WHO and UNICEF—the United States International Co-operation Administration had later also contributed to the work—has proved highly successful. The malaria campaign was approaching the point where eradication operations would be possible. First, however, arrangements would have to be instituted with neighbouring countries for control along common borders, so as to eliminate the dangers of reimportation of the disease. Discussions for that purpose had already been held. The same consideration applied to the work on yaws, which, together with tuberculosis control measures, was now moving towards integration into the rural health services. Work on leprosy has also been expanded. The continued success of all those programmes would depend largely on the strengthening of the rural health services, for which the Government of the United States of America was giving Thailand direct aid. He trusted that WHO and UNICEF would also continue their aid so that the plans for improvement might be carried through to completion.

Dr MAUNG-U (Burma) thanked WHO for the help afforded to Burma in its current maternal and child health programmes. The difficulties peculiar to a less-developed country that had only recently gained its independence had again prevented Burma from utilizing to the full the possibilities of international help in its health programmes. Nevertheless, much had been achieved during 1957 with aid from WHO, UNICEF, the United States International Co-operation Administration and the Colombo Plan.

Dr METCALFE (Australia) observed that an outbreak of cholera in Bangkok had been reported in the morning Press and asked whether the Regional Director could give any information on the matter.

Dr SULIANTI (Indonesia) desired to thank WHO for the assistance given to Indonesia in carrying out its public health programmes. UNICEF, too, had contributed large sums to the work, for which Indonesia and its people were truly grateful.

She welcomed the action of the New Zealand delegation in submitting a draft resolution on environmental sanitation. At an earlier meeting, she had suggested that WHO might make a study on the kind of assistance it could render in helping governments to provide safe water supplies for their peoples. It would perhaps be advisable to specify in the draft resolution that that was the aspect of environmental sanitation the Committee had in mind.

Indonesia had in 1957 set up a programme board, consisting of representatives of the Malaria Institute, WHO and the United States International Co-operation Administration, in connexion with its plans for malaria control. The board had full responsibility for all aspects of the programme and she wondered whether it would fulfil the same functions as a national co-ordinating committee.

Dr BAIDYA (Nepal) thanked the Regional Director for his most satisfactory report. Malaria and tuberculosis were both widespread in Nepal and much benefit had been derived from the work of WHO in that connexion. Nepal also experienced particular difficulties in regard to sewage disposal and water supply. However, much progress had been made, with assistance from WHO and the International Co-operation Administration, in bringing home to the people, through health education, the importance of environmental sanitation. In conclusion, he referred to the programme of malaria eradication now being planned by Nepal in collaboration with the Government of India.

Dr KAHAWITA (Ceylon) thanked WHO for all the assistance given to Ceylon. He also wished to support the resolution on environmental sanitation

now being drafted by the New Zealand delegation. Environmental sanitation was of course interpreted differently in different countries. In some more highly developed countries, it covered such matters as railway facilities and restaurant sanitation. In South-East Asia, however, its most important aspects were water supply and the disposal of human excreta. If the problem was tackled on a world-wide basis, WHO could perform an inestimable service. The chief difficulty in the way of improvements in environmental sanitation in the under-developed countries was the lack of funds. He suggested, therefore, that the question of finance should be included in the resolution and that WHO should be requested to study it and report its findings to the next session of the World Health Assembly.

Dr KARYNBAEV (Union of Soviet Socialist Republics) said he had listened with great interest to the report of the Regional Director and to the remarks of representatives of some of the countries in the South-East Asia Region. He felt that it would be useful to give the Committee some account of the experience that had been gained in public health in one of the Soviet Socialist Republics which lay within that area. During the Czarist regime, Kazakhstan had been an under-developed area; it was now a highly developed industrial and agricultural community. He quoted figures showing the tremendous increase in overall production and, more specifically, the increases in the production of minerals and electric power. The area of land under cultivation, and in consequence the yield of grain, had also increased enormously. Comparable achievements had been made in education. Illiteracy had been wiped out completely, and there had been a vast expansion in the number of schools, research institutions and institutes of higher education.

Those advances had laid the foundation for great progress in public health and medical science. He quoted further figures to illustrate the improvements in hospital organization and the availability of medical care. Smallpox, plague and cholera, once among the chief causes of mortality in Kazakhstan, had been eradicated, and only occasional cases of malaria and venereal disease were encountered. Considerable success had also been achieved in the control and treatment of tuberculosis. The most important task now facing the public health authorities was the prophylaxis and diagnosis of such degenerative diseases as cancer and cardiovascular disease. Considerable attention had been paid to improving maternal and child health and to the care of adolescents. He gave figures illustrating the increase in the number of maternity and children's

hospitals, clinics and nursery schools. Tremendous advances had also been made in the training of doctors and nurses and the ratio of doctors to the population now stood at 1 to 850. By 1956, the improvement in the standard of living and the development of the health services had reduced the general mortality rate to 7.6 per thousand. The health services had done a great deal for environmental sanitation and health education. The population now played an active part in matters of health and welfare and worked in close co-operation with the health authorities.

He closed his account of achievements in the Republic with an offer to extend information and assistance based on the experience of Kazakhstan to any country in the South-East Asia Region.

Dr SLIM (Tunisia) asked the Regional Director if he could provide any information on resistance in the Koch bacillus to the use of INH in isolation.

Dr MANI, Regional Director for South-East Asia, said in reply to the delegate of India that the Regional Office would be glad to do all that it could in regard to marginal malnutrition and rural filariasis. On the question of support for rural health activities in Thailand and Indonesia, he noted that the matter was under discussion at the Regional Office. The question of the malaria control board, which had been raised by the delegate of Indonesia, was under discussion at the moment. He was unable to supply any details for the time being, as the functions and regulations of that board were under study; he hoped that recommendations would be made within a few weeks.

He assured the delegate of Ceylon that the Regional Office would not devote its efforts in regard to environmental sanitation to restaurants. The Regional Office fully realized that first things must come first. In reply to the delegate of Tunisia, he said that trials were proceeding in order to ascertain whether INH alone should be the public health weapon in the domiciliary and ambulatory treatment of tuberculosis, or whether it should be used in combination with antibiotics. Experiments were still being carried out and a statistical analysis had been started, but it would be premature to anticipate the results of the investigation.

In reply to the delegate of Australia, he said that according to his information there had been an outbreak of cholera near Bangkok at the end of May; some 800 cases had been reported and about 80 deaths. All the agencies concerned were combining to provide assistance, and supplies of vaccine from the United States International Co-operation Admin-

istration and other sources had been brought in by air. Thailand had made a request to the WHO Executive Board Special Fund for 500 000 ml of vaccine.

Chapter 15: European Region

Dr VAN DE CALSEYDE, Regional Director for Europe, said that the transfer of the Regional Office to Copenhagen had been made without a hitch, largely owing to the helpfulness of the Danish authorities.

1957 had been a most important year for WHO in Europe. The activities, the budget, and the staff of the European Regional Office had all increased, chiefly because Albania, Bulgaria, Poland, Romania and the USSR, followed in 1958 by Czechoslovakia, had resumed active membership in the Organization. Their renewed participation was of great importance to international health co-operation. As a result, two inter-country meetings had been organized at the beginning of 1957, with the assistance of the Governments of the USSR and Poland. The first, held in Moscow, had been concerned with public health laboratories and the second, at Warsaw, had been devoted to veterinary public health and zoonoses. A total of 110 fellowships had been granted to health workers from those countries which had recently returned to active membership. Relations had been resumed in other fields and arrangements had been made for an exchange of information which would undoubtedly be of great benefit to the whole Region.

The Regional Committee had met at Copenhagen, at the invitation of the Danish Government. The Committee had approved some changes in the 1958 programme and the proposed programme for 1959, after making certain amendments to provide for more work on chronic diseases, virology and cancer. It had also reaffirmed the importance of inter-country projects in the European Region within the framework of Technical Assistance, and had noted with satisfaction the decision to increase the allocations to regional projects to a possible 12 per cent. That action had encouraged the Regional Office to open two new projects, one relating to communicable eye diseases and the other to a campaign against insect and animal pests. Those activities has been included in the programme for 1959. The Committee has also decided to use Russian at its meetings.

The Committee's technical discussions had been devoted to the integration of preventive, social, and curative medicine in health services. Points raised had included the need to improve the training of health workers in order to ensure a correct approach

to health problems. The Committee had stressed the importance of close co-operation among national health administrations in regard to the training of doctors, nurses, sanitary engineers, and members of related professions. Some countries had already undertaken experiments designed to bring about such integration, and an exchange of information in that respect and an evaluation of the results obtained would be most helpful.

The work of the Regional Office during 1957 had been remarkable for the large number of inter-country projects and the importance accorded to professional training. He would draw particular attention to three inter-country meetings organized during 1957: the conference at Milan on air pollution, the Oslo seminar on the mental health of the subnormal child, and the Amsterdam symposium on chronic diseases. Seventeen training courses had been organized by the Regional Office in 1957; among the most important were the training courses on protection against radiation and on virology. The training programme in health physics was particularly urgent in view of the growing number of countries which were constructing or purchasing atomic reactors and the increase in the practical application of nuclear energy. Two training courses had also been organized on virus and rickettsial diseases. Apart from inter-country activities, a new programme for the care of premature infants had been started in Austria and a programme for the training of public health personnel in Morocco. A project for gamma globulin production in Poland had been revived. All those programmes were being assisted by UNICEF. Special attention had also been paid to the campaign against brucellosis in Spain, as part of a Technical Assistance project for the control of communicable diseases which had been in operation since 1952. The Regional Office had also appointed a new medical officer to deal with social medicine.

Throughout 1957 the Regional Office had continued to enjoy the co-operation of the United Nations, ILO, FAO, UNESCO, the Office of the United Nations High Commissioner for Refugees, UNICEF, the International Children's Centre, the Council of Europe and a number of other European organizations such as the Organization for European Economic Co-operation.

In conclusion, he referred to the fellowships programme, which had expanded considerably in 1957. The importance of the European Region in professional training was illustrated by the fact that 285 WHO fellows from other regions had studied in the European Region in the course of the year. The

Regional Office had granted 537 fellowships within the framework of the European programme. In all, therefore, the fellowships section of the Regional Office was responsible for 822 fellows, which represented more than half the total number of fellowships awarded by WHO during 1957. Fellowships thus absorbed a large part of the Regional Office's resources, both in staff and money. Among the difficulties which the fellowships programme sometimes encountered, he mentioned particularly the language qualifications of candidates, which were sometimes inadequate, and the budgetary complications caused by applications which were received too late in the year. It had not been possible to make a detailed evaluation of the fellowships granted in 1957, owing to lack of staff. He was sure, however, that with closer co-operation with national health administrations, it would be possible to solve those problems. To sum up, 1957 had seen an expansion in the activities of the Regional Office which promised well for the future of international health activities in Europe.

Professor CANAPERIA (Italy) congratulated the Regional Director on his report and on the way in which he had directed the activities of the Regional Office in accordance with the best interests of the European Region.

The public health problems of most countries in the European Region were somewhat specialized. The exchange of ideas was therefore of great importance for the improvement of public health services and the training of health workers. In some regions there was a shortage of medical personnel, but some parts of the European Region were actually experiencing a surplus. It was therefore important in that region to provide for intensified training in the medico-social aspects of health work so as to ensure national utilization of that personnel.

The fellowships programme therefore was of particular importance in the European Region. Several fellowships had also been granted by the Regional Office for Europe to health personnel from other regions. The contacts and exchange of information which resulted from those fellowships had been of great value to the European Region.

Italy was grateful to the World Health Organization for its assistance in starting the post-graduate training school for sanitary engineers at the University of Naples. The programme had already yielded very good results and had been attended by a number of engineers from outside Italy.

The first European Conference on Air Pollution, which had been held at Milan, had reached some very important and specific conclusions regarding the

harmful effects to plant and human life of atmospheric pollution. It had also emphasized that it was possible to limit those dangers and to control pollution at the present stage of knowledge. There had been other important meetings, including one on rehabilitation, and some very interesting studies had been made of child development and the causes of neonatal death. He had been gratified to note the importance which had been accorded to work on chronic diseases, which were such an important cause of morbidity and mortality in the European countries.

Dr DJORDJEVIĆ (Yugoslavia) said that the report of the Regional Director showed once again what good work WHO was doing, in particular against communicable diseases. Yugoslavia had been happy to co-operate with the Regional Office during the past year. Its national health services had now developed to a point at which it was possible to make effective use of the assistance of WHO. Much work had been done in regard to tuberculosis, trachoma, maternal and child health, and social and industrial medicine, and the beginning of 1958 had seen Yugoslavia well on the way to solving its major national health problems.

In conclusion, he congratulated the Director-General on his programme and was sure that WHO would achieve still more in the future. Yugoslavia was determined to continue to co-operate to the fullest possible extent.

Dr WIÓR (Poland) expressed her delegation's thanks for the good work done by the Regional Office in 1957 and its congratulations to the Regional Director. Poland had played an active part in the work of the European Region in 1957. An important seminar had been held in Warsaw and Poland had also participated in fifteen inter-country projects. In some cases the specialized training courses offered by WHO had proved too short. She also considered that more prominence should be given to inter-country programmes, and that the number of subjects studied should be extended.

Dr ALAN (Turkey) endorsed the remarks of previous speakers in regard to the work done by the Regional Office during 1957. The Regional Director had visited Turkey, in company with other officials, and had thus had direct contact with the national health services. However, the Turkish delegation, while appreciating the value of such visits, would like to request the Regional Director to continue to see that they were limited to cases of real need.

The Regional Director and other speakers had already stressed the importance of the fellowships

programme. In that connexion, he hoped that in future it would be made clear that all requests for fellowships or for the extension of fellowships should be made through governments and not directly to WHO. Misunderstanding of that in the past had led on occasion to disappointment.

He paid a personal tribute to the Regional Director and his staff for their devotion to duty and sense of responsibility, and thanked them particularly for their interest in health programmes in Turkey.

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland) remarked that medical advances during the past thirty years had been greater than in any period in history. The morbidity and mortality rates for many communicable diseases had decreased. On the other hand new and complex problems had arisen. People were living longer—hence the greater importance assumed by the degenerative diseases. The decline in infant mortality had resulted in greater attention being paid to the causes of perinatal mortality. New problems had been created by the peaceful uses of atomic energy.

The Regional Director for Europe and his staff were to be congratulated on their progressive outlook and the way in which they had adapted their work to the changing health problems of Europe. That work would be useful not only inside the Region but also to other regions, once they had dealt with their more pressing present problems.

Dr BELEA (Romania) referred to the contribution to the very considerable activities of the Regional Office in 1957 of countries which had resumed active participation in the Organization. He paid a tribute to the work done by the Regional Director and his staff.

Romania had been particularly grateful for the fellowships awarded and especially for those connected with the rehabilitation of crippled adults. His country had benefited by participation in seminars such as that organized in Warsaw on the veterinary aspects of public health and the conference on malaria held in Belgrade. It would be glad to act as host for the symposium on malaria in 1958 and for the ninth session of the Regional Committee in 1959.

During the two preceding years, there had been an epidemic of poliomyelitis in Romania, mainly affecting very young children. All children between six months and three years of age been vaccinated. It was hoped to begin the manufacture of poliomyelitis vaccine in Romania very shortly, thanks to the collaboration of the Regional Office for Europe.

The Regional Office would be devoting increasing attention to chronic diseases and cancer in the future. Cancer called for special attention, being the second main cause of death in many countries, and the Organization could do a great deal by ensuring the widest possible degree of co-operation between European countries in their research on that disease.

Miss MESSOLORA (Greece) thanked WHO for the help given in training nursing and medical staff in Greece. The prevention of communicable diseases and the control of epidemics was the responsibility in Greece of the Ministry of Health and Social Welfare. Medical care throughout the country, however, was not provided through one uniform system but by a variety of public and voluntary organizations. In accordance with the Rural Social Security Act, the State provided home medical care for the rural population.

The health statistics and vital statistics services were being reorganized. Death-rates tended to drop, the main causes of death being heart and vascular diseases, malignant tumours and infectious diseases. Tuberculosis had been a serious problem before the Second World War. Between 1948 and 1956, 2 900 000 persons had been tested by mass radiography and BCG vaccination was used on a wide scale. In one series of 1 300 000 persons examined, 106 000 had been found to be infected. That represented a considerable decrease as compared with former figures.

Trachoma was endemic in Greece and its incidence had been increased by the influx of refugees; it was however, now decreasing.

The introduction of new insecticides in 1946 had led to a decrease in the incidence of malaria, the figures for 1954, 1955 and 1956 being respectively 16 000, 12 000 and 2700. Various new drugs—many of them supplied through WHO technical assistance—had helped to reduce the incidence of various other diseases. The Greek delegation was grateful for the United States proposal to provide poliomyelitis vaccine through WHO and UNICEF.

There was a grave shortage of accommodation for patients suffering from nervous disorders. The seminar organized by the Regional Office in the Netherlands had been very helpful, but a great deal had still to be done in regard to the training of medical and nursing staff capable of dealing with patients suffering from various mental disorders.

Dr TURBOTT (New Zealand) asked if he might amend the draft resolution he had proposed earlier in order to incorporate the suggestions made during the meeting.

The CHAIRMAN said it would be preferable if the amended text was submitted at a later meeting. (See minutes of the seventh meeting, section 3)

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) agreed with previous speakers about the contribution European countries could make towards improving health standards in other parts of the world. The second half of the twentieth century was marked by a changed attitude toward Asia and Africa, and many European countries had facilities which could serve as models for the training of medical personnel in other parts of the world. He had been very impressed by the work he had seen in Sweden, Denmark, England and Scotland. His own country had also considerable technical and educational achievements. The European countries, in conjunction with the United States of America, should make their facilities available to the greatest possible extent to the peoples of Africa and Asia.

Cancer was one of the gravest health problems in European countries and, as previous speakers had said, the Regional Office should help to co-ordinate investigation into its causes. It was extremely desirable, for example, that highly qualified experts from Sweden, Denmark, the United Kingdom, the Soviet Union and the Federal Republic of Germany should collaborate in cancer research. He had personally seen the very valuable work in biochemistry which was being done in Sweden; the role of viruses in the development of cancer was being investigated in the Soviet Union; all work along those lines should be co-ordinated, to avoid overlapping and waste.

The Salk vaccine had gone a long way towards solving the problem of poliomyelitis but further work was necessary on that and other diseases affecting the nervous system.

Dr VAN DE CALSEYDE, Regional Director for Europe, replied to some of the points which had been raised.

The delegate of Poland was perfectly right in saying that a fortnight allowed insufficient time for some of the training courses. He had noted the points which needed remedying and would ensure that they did not recur in the future.

He could also assure the delegate of Turkey that staff visits would be kept to an absolute minimum. When a visit was made to Turkey the team sent had included the Technical Assistance expert, a nurse, and medical experts on maternal and child health and tuberculosis. That had been done to take up as little time as possible and to obtain the maximum amount of information about local conditions.

He was not aware that anyone from the Regional Office had suggested that a Turkish citizen should apply directly to that office for a fellowship, but would make an inquiry into the matter. It was the invariable practice to refer any such requests directly to the government concerned.

He was grateful to all who had praised the work of the Office and would be glad to pass on those compliments to his staff. He was glad of the emphasis the delegates of Italy, Yugoslavia and the Soviet Union had placed on the desirability of Europe's helping the other areas of the world. One country in the European Region had received a considerable amount of help from various international organizations but was now providing sanitary engineers and other experts to help in carrying out projects in other countries. He wished, also, to thank all the countries for the invaluable support they had given to the Regional Office by undertaking the training of WHO fellows, by allowing the Regional Office to organize, with their assistance and in their countries, conferences and courses, and by providing for the Organization the experts and consultants it required.

Chapter 16: Eastern Mediterranean Region

Dr TABA, Regional Director for the Eastern Mediterranean, stated that the year 1957 had begun with the Regional Office operating from Geneva, where it had been temporarily transferred in early November 1956. Thanks to the collaboration of the Director-General and the staff at headquarters the work of the Regional Office had continued from Geneva with little disruption. The Regional Office had returned to Alexandria on 15 February 1957; and some of the field staff who had been withdrawn from certain projects in the Region had also returned to their stations in February and March. Thus the work of the Regional Office had been resumed normally by March.

The activities of the Region during the year 1957 were in conformity with the general programme of work for the specific period 1957-60, as outlined by the Health Assembly, and also followed the recommendations of the Regional Committee. They had tended mainly to concentrate on the eradication of debilitating communicable diseases, the training of medical, health and related personnel, and the strengthening of national and local health administrations and organizations. Some ninety projects had been in operation in the Region in 1957.

Communicable diseases still constituted major problems in the Region. Malaria eradication campaigns had begun in Iran, Iraq, Lebanon and Syria in 1957, and would extend to Egypt, Israel and

Jordan in 1958. The lack of adequate administrative machinery at national level was still a problem. To co-ordinate and supervise the regional malaria eradication programme, a special office had been set up in the Regional Office, staffed by two malaria experts, a sanitary engineer, an entomologist and some other technical staff. A very successful technical meeting on malaria eradication, attended by representatives of eight countries, had been held in Baghdad in December 1957. Important technical and administrative questions had been discussed there, among them the problem of DDT resistance developed by *Anopheles stephensi*, the main vector in the Persian Gulf area and of concern to Iran, Iraq, Saudi Arabia and other Persian Gulf territories. Considerable help was given, in connexion with malaria control and eradication in the Region, by UNICEF and the United States International Co-operation Administration.

He did not intend to go into detail about the work done on other diseases, but would mention smallpox, of which 177 000 cases had been reported to the Regional Office during the ten years ending in 1957; 140 000 of them were in Pakistan. The disease was still endemic in a number of countries, with sporadic outbreaks. Strong measures were planned by the Regional Office for assistance to governments in their smallpox control campaigns.

A large part of the activities of the Regional Office was devoted to education and training. Although training was an integral aspect of almost all WHO assistance projects, a number of projects were concerned exclusively with training and education covering almost all categories of medical and health personnel. Those projects varied from auxiliary training to assistance to post-graduate institutes. A seminar on maternal and child health had been held in Cairo in November 1957 and there was a large programme of seminars for future years. In 1957, 196 fellowships (20 per cent. of the total regional budget) had been awarded, the largest number since the Regional Office had been set up. During the past ten years, 992 fellowships in all had been awarded. Undergraduate fellowships were awarded only in countries which had no basic medical education; apart from medicine proper, they were also awarded for pharmaceutical and dental study and sanitary engineering.

Sub-Committee A of the Regional Committee had met in Alexandria from 23 to 27 September 1957; Arabic had been used as a working language for the first time, in addition to English and French. Sub-Committee B, which had been convened for 15 October in Geneva, had not met. Sub-Committee A

had considered the report of the Regional Director and emphasized the importance of education and training projects as well as inter-country programmes. It had discussed a number of technical points, such as smallpox control, malaria eradication, bilharziasis control, drug addiction, leprosy, trachoma, poliomyelitis and long-term planning. Environmental sanitation in rural areas had been the subject of the technical discussions. The Sub-Committee had emphasized the importance of assuring strong technical leadership by national health authorities in all sanitation programmes of the countries in the Region.

The lease of the Regional Office building had been prolonged for twenty years. He was grateful for the co-operation and hospitality received from the United Arab Republic, and also for the co-operation received from other agencies.

He was also glad to note the presence of his predecessor, Dr Shousha, at the present meeting. He wished him happiness for the future.

Mr TSEGHE (Ethiopia) congratulated the Regional Director on the excellent work done during the year and thanked him for the contribution made towards improving health standards in Ethiopia. The work done on malaria had provided data which would enable the Government to embark on an eradication programme. With WHO assistance and expert advice, it might be possible to eradicate malaria completely by 1960.

Dr RADJI (Iran) said it was a primary responsibility of national governments themselves to look after the health of their populations. Malaria eradication was receiving first priority among health projects in Iran and \$ 15 000 000 was being devoted to it; Iran was also very grateful for the help received from UNICEF.

Smallpox, tuberculosis and venereal diseases were also grave health problems in Iran. His delegation welcomed the Soviet Union resolution on the eradication of smallpox (see minutes of the fifteenth meeting, section 6) and would be glad to support it.

There was still a great need for more trained medical personnel. Over 600 Iranian students were attending medical schools in Iran, while there were some 6000 in Europe and 2800 in the United States of America. Until those students returned home, Iran would need expert medical advice. In that connexion he stressed the need for care in selecting experts; their function was not to fill a post but to train local people.

Iran was prepared to supply a site and help in building the proposed institute of nutrition for the Eastern Mediterranean.

His Government had expressed its interest in the meeting of Sub-Committee B. A representative had gone to Geneva, and returned only when he found that representatives from no other country had arrived.

He mentioned a news item which he had seen stating that British scientists had succeeded in isolating a trachoma virus. If that was true, the Organization should consider investing substantial sums in research with a view to finding a vaccine. Perhaps some of the \$ 300 000 which, as Dr Milton

Eisenhower had announced, the United States was very generously prepared to make available for research on cancer and heart diseases might be used for that purpose.

He expressed his gratitude to the Government of France for the collaboration received from the Institut Pasteur, and to the United States International Co-operation Administration for its generosity.

The meeting rose at 6 p.m.

SIXTH MEETING

Wednesday, 4 June 1958, at 9.30 a.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Review of Work during 1957: Annual Report of the Director-General (continued)

Agenda, 6.4

Chapter 16: Eastern Mediterranean Region (continued)

Dr NABULSI (Hashemite Kingdom of Jordan) congratulated the Regional Director on his excellent report.

He appealed for the Organization's help both in the recently inaugurated five-year malaria eradication programme and in work on the communicable eye diseases. Assistance was needed particularly in the establishment of a trachoma control demonstration centre, recommended by a short-term consultant in 1955 but not yet set up.

He then thanked those who had given financial, material or technical assistance to his country.

Dr AL-HAMAMI (Iraq) expressed his Government's appreciation of the visit made by Dr Candau and members of WHO staff to his country.

His Government fully recognized the importance of improving the general level of health, and that had been given high priority in the allocation of government funds. After reviewing progress in the expansion of the health services, the malaria eradication campaign, maternal and child health, smallpox eradication, and research and practical work on nutrition, he joined previous speakers in asking the Organization to concentrate more effort on

bilharziasis research and control work. He associated himself with the delegate of Liberia in his remarks on the selection of experts.

In conclusion, he expressed his Government's gratitude for the assistance of all kinds provided by WHO, the United States International Co-operation Administration and UNICEF.

Dr KHAN (Pakistan) said how much his Government appreciated the efforts of the Regional Director and his staff.

In regard to malaria, he explained that although systematic control campaigns with international help had been in progress since 1952, the presence of other urgent health problems and material difficulties had prevented his Government from passing from control to eradication. That transition was, however, under consideration.

He thanked WHO for the assistance it was providing in many fields of health work and conveyed his Government's particular gratitude to those countries which had provided assistance during the recent outbreaks of smallpox and cholera in the eastern part of his country.

Dr EL TAHER (Saudi Arabia) called attention to the fact that many Technical Assistance projects in the less developed countries failed to achieve maximum success because of the lack of local qualified personnel. He therefore suggested that priority should be given to fellowships and training projects in such countries.

He thanked the Organization and the Regional Director for the excellent work, particularly on malaria control.

Dr ABU SHAMMA (Sudan), after expressing appreciation of the work of the Regional Office, paid a tribute to Dr Shousha for his foresight, wisdom and sympathy and congratulated Dr Taba on his appointment, wishing him every success in his work.

He explained the importance to his country of assistance from international organizations with particular reference to the reduction of infant mortality, much of which could be attributed to malaria. Co-operation was also most important at the international level, particularly between adjacent countries, for the eradication of communicable diseases such as onchocerciasis and sleeping sickness.

He suggested that, in view of the adequate network of hospitals and dressing stations, and sufficient numbers of qualified local personnel, international assistance should in the future take the form of drugs and equipment only. That would make it possible to release funds for the implementation of other projects.

Dr EL-HALAWANI (United Arab Republic) joined previous speakers in paying a tribute to Dr Shousha and in congratulating Dr Taba on his appointment.

He welcomed the use of Arabic in the Regional Committee as being of great practical value, and looked forward to the time when WHO publications would be systematically translated into Arabic.

Bilharziasis was not receiving the attention it deserved. He urged the Organization to do more on bilharziasis than establish pilot demonstration research projects. Projects should be undertaken on a larger scale, covering perhaps one million or so of the population, in collaboration with UNICEF and the national health administration concerned.

He expressed his anxiety at the prospect of continued exposure to the risk of reintroduction of cholera or smallpox as a result of modern methods of communication. A real effort should be made to control or even eradicate those diseases.

He urged the Organization to undertake research and surveys on the virus diseases, with particular reference to encephalitis and West Nile viruses. The services of an expert in virology had been offered, in connexion with the programme for the production of poliovirus vaccine, but that programme of assistance might need expansion in view of the great demand for vaccine.

He also singled out the following for more attention on the part of the Regional Office and the Organization: environmental sanitation, with particular reference to water supplies and waste disposal; insect control; expansion of hospital services; disposal of radioactive wastes; research into the influence of radioactivity on foods; and the problems arising from the rapid increase of population in countries where the economy could not support the added strain.

With regard to the therapeutic uses of radiation, he stressed the need for guidance on both the practical and the legal aspects of the protection of the population and for aid in the form of cobalt units for the treatment of cancer and fellowships for cancer research.

In concluding, he suggested that the project lists in future Annual Reports should contain some evaluation of each project. He expressed his Government's appreciation of the assistance being provided by WHO and the Regional Office, under the leadership of Dr Taba.

Dr SLIM (Tunisia) said that when in a country endemic tuberculosis affected five to ten per cent. of the population, it should be given high priority. He expressed the hope that, in view of the widespread social and economic consequences of tuberculosis, the expense of campaigns would not have to be met by governments alone but that, in the near future, a special international fund would be set up as for malaria. Meanwhile experimental pilot projects should be taken over entirely by WHO and other international organizations. At present, in order to qualify for such assistance projects had to conform to the standards laid down by the UNICEF/WHO Joint Committee on Health Policy. Since it was extremely difficult for the less developed countries to reach those standards, particularly in regard to health personnel, he appealed to the Organization to make the rules more flexible and to pay more heed to the spirit than to the letter in deciding whether or not to start new projects.

Dr KHATRI (Libya) reviewed the situation in his country in regard to: the training of health personnel; tuberculosis and trachoma; bilharziasis; medical installations and facilities; environmental sanitation, with particular reference to drinking-water supplies; typhus; and vital statistics. There were a few pockets of malaria in Libya and the

Government was waiting for a survey team to examine the affected areas before embarking on an eradication programme. Preliminary nutrition surveys had indicated the prevalence of rickets, anaemia, and deficiency of vitamins A, B and C. A tuberculosis project and a further nutrition survey were being launched by the Libyan Government.

In view of the lack of trained personnel, Libya had to depend on WHO, both for international experts and for directors of national projects, until such time as trained Libyan staff became available. Particular thanks were due to UNICEF for providing equipment for maternal and child health centres, nursing schools and schools for health assistants and sanitarians. While thanking WHO for its assistance and advice, he conveyed his Government's special appreciation of the efforts made to select experts with the necessary linguistic ability and to obtain their release.

In conclusion, he suggested that the Regional Director and his public health advisers should visit the countries of the Region more frequently, as such visits were one of the best ways of promoting close collaboration between the Regional Office and health administrations and an understanding of the problems on either side.

Dr ANOUTI (Lebanon), after mentioning the tuberculosis control, rural health and malaria eradication projects in progress in his country, said that his Government was actively engaged in work on health education of the public, maternal and child health, the prevention of communicable diseases, and the education of health personnel. The main responsibility was borne by his Government.

He acknowledged the help received from WHO and the Regional Office under the leadership of its most competent and understanding Director.

Dr TABA, Regional Director for the Eastern Mediterranean, thanked the delegates for their tributes.

In reply to the delegate of Iran, he confirmed that the Organization had been considering the advisability of setting up an institute of nutrition in the Eastern Mediterranean, similar to the Institute of Nutrition of Central America and Panama. He suggested that the subject be placed on the agenda of the FAO/WHO seminar on nutrition which was to be held in Cairo during the current year.

In reply to the delegate of the United Arab Republic in connexion with bilharziasis, he explained that the importance of the problem was fully recognized, but in view of the still incomplete state of knowledge as to the most effective method for the control and treatment of the disease it was necessary to continue with pilot projects, which could provide a great deal of information and data. Bilharziasis work in the Region was being expanded and would continue to include the evaluation of molluscicides as control measures, and the study of irrigation problems, especially their engineering aspects.

There was also to be an increase in the programme of work on smallpox. A regional survey team, including an epidemiologist and a laboratory expert, was to start operations in October 1958. It was hoped that the team would visit all countries in the Region and advise governments and the Regional Office on eradication measures. Assistance was also being provided for the production of dried vaccine, which was more suitable for use in the Region than the lymph. The Regional Office was providing lyophilization apparatus and sending an expert with it to advise national health administrations on its use. The Office was also granting fellowships in that field. It hoped to continue the programme until all countries in the Region were producing their own dried vaccine.

In reply to the delegate of Sudan, he agreed that close co-ordination was required with adjacent countries having similar problems, if onchocerciasis and sleeping sickness were to be controlled and subsequently eradicated. There was already a free exchange of information with the African Region on those problems, and it was hoped that the projects in Sudan would also provide useful information.

In regard to malaria eradication in Ethiopia, he said that control teams and pre-eradication teams would be providing the required preliminary information. He hoped that a campaign would be inaugurated as soon as it was known to be feasible.

In reply to the delegate of Jordan on the subject of communicable eye diseases, he said that the report of the WHO expert had also confirmed the importance of that problem in Jordan and a project was being planned to assist the Government in the control campaign starting in 1959.

Answering the delegate of Tunisia on the question of endemic tuberculosis, he pointed out the difficulty caused by the fact that reliable statistical data on incidence rates were not available. A survey of

various countries in the Region was to begin towards the end of 1958 in order to ascertain the exact incidence of tuberculosis in the Region. After referring to the pilot project in Tunisia on the evaluation of chemotherapy and chemoprophylaxis of tuberculosis, he said that a project was planned to start on a control and demonstration basis in 1959.

He assured the Committee that all the suggestions made would be taken into account in preparing future projects. He thanked delegates for their words of appreciation of the work of the Regional Office.

Chapter 17: Western Pacific Region

Dr FANG, Regional Director for the Western Pacific, noted that, in spite of geographical, social and political difficulties, the first seven years of the Western Pacific Regional Organization had seen progress and an increasing awareness in the Region of the importance of planning, which had contributed, in some countries, to a more definite pattern of health administration, and in others to a decentralization of services. Lack of funds and personnel had, however, made long-term planning difficult in many countries. More interest was also being shown in comprehensive rather than specialized programmes, and services were slowly being extended to rural areas as more personnel became available.

The appointment of area representatives had led to closer contacts with governments and a better and more realistic understanding of their needs, which in turn had led to better co-ordination of aid received from the different agencies and to the determining of priorities when all government requests could not be granted.

The Regional Committee had frequently recognized the importance of inter-country programmes. Such programmes had included visits to a number of territories by a mobile advisory team on yaws, which had resulted in the emergence of a pattern of yaws eradication suitable for future application elsewhere. Other inter-country programmes were : zonal environmental sanitation seminars; a successful health education seminar organized in collaboration with the South Pacific Commission; and the first venereal-disease control seminar, which had taken place in March 1958.

A public health conference and study tour had been held after the eighth session of the Regional Committee. The study tour had aroused so much interest that the Government of the Philippines had

agreed to arrange a similar tour after the ninth session. Such arrangements might become part of the routine activities of the Regional Committee in future years.

Seven malaria control programmes were in operation, two being eradication campaigns. The importance of malaria control in adjacent territories had been recognized and two inter-country boards had been established.

He then reviewed programmes on maternal and child health and nursing, where lack of personnel was the chief difficulty. Almost every country in the Region had received WHO assistance for the improvement of nursing and education services.

After describing current trends in education and training programmes and the range of fellowships granted, he said project evaluation had become an important regional activity during the past year. Periodic evaluation made it possible to adapt projects to the changing needs of governments and so ensured maximum effectiveness. It was felt that in a number of projects the time was approaching when international staff could be withdrawn, leaving national staff to carry on. Visits by short-term consultants would supply any expert advice required. In that way, it was hoped to free funds for new activities hitherto impossible in view of the number of continuing projects.

In the Western Pacific Region, assistance was still required in almost every field of public health. With the continued co-operation and interest of Member States it was expected that progress would be even greater in the years to come.

Mr PRUOCH VANN (Cambodia) expressed his Government's gratitude to WHO for its assistance, particularly in the field of public health, communicable diseases, social diseases and maternal and child health services. He gave an account of those activities in 1957 and of work in malaria eradication, school health, medical education and the development of rural health demonstration centres.

He expressed his particular concern at the impending termination of assistance in the BCG vaccination of children, in spite of his Government's determination to make the programme nation-wide.

After thanking the Regional Director for the assistance which he had been able to provide, he pointed out that problems arising from lack of personnel and environmental sanitation remained to be solved. Lack of personnel was particularly acute in public health. His country still needed international assistance with those problems.

Dr LE-VAN-KHAI (Viet Nam) informed the Committee that all the programmes in his country had proceeded satisfactorily during 1957 and particularly those assisted by WHO and UNICEF, for whose help the Government was most grateful.

After mentioning the two main projects—those for the eradication of malaria and the development of rural health—he expressed the hope that a secretary would be appointed as soon as possible to the Antimalaria Co-ordination Board. His Government had agreed that the Co-ordination Board should be in Saigon. He would welcome the Regional Director's comments on the appointment.

His country had made good use of the seminars, conferences, and study tours arranged by the Regional Office and he congratulated the Regional Director on his devoted service to WHO and to the cause of health in the Western Pacific.

Dr YEN (China) agreed with the Regional Director that the study tour held after the eighth session of the Regional Committee had been most valuable. Not only the visitors but also the hosts had benefited by the experience. He welcomed the promise of similar arrangements for the future.

He thanked WHO for its assistance during the past year, in particular in malaria control and eradication, and outlined the year's activities in malaria eradication, tuberculosis control, trachoma treatment, and environmental sanitation, acknowledging WHO assistance. It would be a mistake, in his view, to assess the value of WHO's assistance in terms of the funds allotted, since it was natural that much of the Organization's contribution should take the form of technical advice. That was the present practice and it should be continued.

At earlier meetings there had been some discussion regarding the responsibility within a country for water supply. Members of the Committee might be interested to note that, in his country, the construction, maintenance and operational control of water supplies were the responsibility of the Department of Public Works, while purity and health control were the province of the health authorities.

He expressed his thanks to the Australian Government for its generous contribution towards the cost of the Regional Office building and asked the Regional Director about the progress of the building operations.

Dr BIERDRAGER (Netherlands) expressed his appreciation of the work done by WHO during the past year in the Western Pacific Region, particularly in connexion with the campaigns for the eradication

of malaria, yaws, tuberculosis and leprosy, and also for the advice received from the experts of the Regional Office in regard to Netherlands New Guinea. The campaign against the major communicable diseases was well established, and his Government was at present concentrating on health education, nutrition, maternal and child health services, and the training of nurses.

The third environmental sanitation seminar, recently held in Port Moresby, Papua, had proved beneficial. The Government of the Netherlands New Guinea would heartily welcome the participants in the nursing seminar in Hollandia in 1959. Useful work had been done by the South Pacific Commission in the social and economic health fields. The Regional Director and his staff had contributed considerably to the strengthening of the health services in the Region, particularly in New Guinea. The study tour in 1957 for senior administrators, which had included visits to Japan and China, had been most enlightening.

He was looking forward with keen interest to the meetings in the new regional office building in Manila, which was now under construction, thanks to the generosity and co-operation of the Philippines and other countries that had contributed.

Dr GARCÍA (Philippines) expressed his Government's appreciation of the support extended to its proposal for the construction of the regional office headquarters in Manila. He understood that the headquarters building would be used for the next regional committee meeting; the conference hall would be completed, though the rest of the building might be delayed for a month or so.

He expressed satisfaction at the co-operation extended by the Regional Director and agreed with him that steady and orderly progress had been made. That there were problems was understandable when one realized the wide area of the Region and the fact that it included such a large number of islands. The decisions of the Regional Director seemed to be taken upon a basis of decentralization, which was both sound and practical.

Although co-operation between his Government and the Organization had been most satisfactory during the past five years, he requested that there should be more co-operation between personnel of the Regional Office and the non-governmental professional and non-professional associations in the various countries. Medical associations naturally regarded statements coming from regional office staff as authoritative and carrying a certain moral compulsion. He suggested also that the educational survey made in his country two years previously be followed

up. It was necessary that medical education in the Western Pacific Region be consistent with the most modern standards, and that undergraduates who would be going into the public health field realize the ethics of public service and assimilate the values of the merit system at an early stage.

As an illustration of the interest of the administration of his country in the work of the Organization, he would like to repeat certain statements he had made to the scientific and health committee of the Philippines Senate. With regard to malaria, there had been a substantial reduction of the disease in the Philippines as a result of the residual house-spraying which had taken place in the years 1954-1957. In addition, a quarter of a million people had been given medical treatment each year. Such progress had been made by 1956 that the estimated target date for completion of malaria eradication in the country had been set for 1962. The Philippines Government had provided about 11 000 000 pesos to finance that programme. The United States of America had provided technical and material assistance in helping to free the people from the scourge that was malaria.

During the past four and a half years, more than 4000 new cases of leprosy had been discovered and sent to sanatoria, and more than 4000 new patients has been discovered and treated in mobile and stationary skin clinics. Nearly 2000 patients had become negative and been discharged, but there were still more than 1400 negative patients awaiting discharge. There was an increasingly enlightened attitude on the part of the people towards leprosy. The segregation law had been liberalized, and the disease was better understood. However, in many countries there was still the problem that negative cases were not readily accepted back into the community, and it was desirable that the public be educated in that regard so that such cases would not remain a burden on the community.

During the past four and a half years the laboratory diagnostic services had examined more than half a million specimens. Nearly 82 000 000 ml of vaccines, sera and toxoids had been produced for health agencies in the Philippines and neighbouring Asian countries; they included human rabies, veterinary rabies, dried vaccine, virus vaccines, anti-tetanus, antidysenteric, anticobra venom sera, BCG vaccine, tuberculin dilution, diphtheria toxoid and tetanus toxoid.

Teams from different parts of the world, including one from the Communicable Diseases Center, Pittsburgh, had visited the Philippines and had found that the people living in that part of the world

enjoyed partial inherent immunity from poliomyelitis.

He expressed his Government's appreciation of the contributions made by international organizations, particularly WHO, and by the United States International Co-operation Administration. The fact that his Government had increased by four times its budget for health purposes since 1954 was a manifestation of its support for the international agencies.

Because of the technical assistance given by WHO it had been possible to build an additional sixteen buildings to alleviate the congested conditions at the mental hospital, and it was hoped that soon every hospital would have a few beds for acute mental cases.

He extended his thanks to the Government of Australia for its contribution of \$50 000 towards the construction of the Regional Office in Manila, and expressed his appreciation of the co-operation of other delegations in that regard.

Dr LEE (Republic of Korea) expressed his gratitude for the outstanding services rendered to his country by WHO through the Regional Office for the Western Pacific and also for the humanitarian assistance given by UNICEF, particularly in child nutrition.

The most striking improvement in recent years was the remarkable decrease in acute communicable diseases, particularly smallpox. By means of compulsory vaccination with vaccine produced by the National Institute in Seoul, the number of smallpox patients had decreased remarkably and was now less than ten a year out of a population of 23 000 000. However, poliomyelitis, epidemic encephalitis and influenza were becoming more significant. The incidence of tuberculosis was still very high: active cases were estimated at 3.5 per cent. of the entire population. Although over 2 000 000 children had been immunized with BCG vaccine since 1952 and 176 out-patient clinics were operating throughout the country as a project of the United States International Co-operation Administration, many problems still remained to be solved technically, particularly the production of BCG vaccine and proper methods of ambulatory treatment with effective protective measures for contacts.

He expressed his gratitude to the Organization for extending the malaria eradication campaign to his country. A survey had been made in his country in preparation for the arrival of the WHO malaria specialists.

With regard to the control campaign against clonorchiasis, that disease might be more important than malaria as far as morbidity was concerned;

more than a million patients were affected. Problems of health education, control of the intermediate host and proper method of treatment remained to be solved, but he was grateful for the steps already taken by the Regional Office.

Dr TURBOTT (New Zealand) expressed his appreciation, on behalf of the South Pacific Health Board, for the assistance given to the Suva Medical School. His Government was grateful for the assistance given, by means of the health education training course, to Samoa, the Cook Islands and Niue, and for the assistance in regard to yaws control in Western Samoa.

Reference had been made to the dangers of atomic radiation. The subject was to be discussed later, and delegates would probably be thinking of fall-out rather than of the peaceful uses of atomic energy. However, on the basis of nineteen years' experience, New Zealand had found that the radiation danger within a country from the use of x-rays and radioactive substances, unless controlled, was greater than the danger from fall-out. New Zealand had been watching for genetic hazards, and had made a three-month analysis of the use of diagnostic x-rays to assess the genetic load of radiation from x-rays used on people. It offered its services to other countries for training in safety protection techniques and generally watching that aspect of public health. His Government had passed the Radioactive Substances Act in 1949 and had set up the Radiological Advisory Council, which had drawn up regulations for radiation protection. Those regulations laid down the principle of a maximum permissible dosage and made the licence holder responsible for any ill effects if they were not carried out. A widespread educational campaign was being carried out among all the users of diagnostic x-rays. The physicists had set out to educate radiation workers in the safety aspects for themselves and for others. A reduced dosage to patients was accomplished by such means as added filtration, the use of higher kilovoltage, and faster films. In some cases the dosage received by the patient was reduced to about one-twentieth of the original figure, while still retaining all the diagnostic detail in the resultant film. Films were worn by all radiation workers and they were analysed over seven years. The analysis showed a gradual reduction in the amount of radiation received by the workers, which was now remarkably low.

Users of radioactive substances were all licensed, and wore films which were analysed. Fall-out was continually monitored. Collecting stations carried out chemical processing and dosimetric evaluation

of samples of rain-water, atmosphere, soils and biological materials such as fish and plankton.

In the field of therapy, equipment such as deep x-ray and cobalt beam units was all calibrated at least twice yearly, and the test film service was provided to all workers.

Although the Government had the necessary powers to control radiation danger, it had not been necessary to use them because safety had been achieved not by laws and regulations but by the co-operation of understanding workers. New Zealand offered its experience and facilities in regard to radiation studies to other countries wishing to take advantage of them.

Dr RAE (United Kingdom of Great Britain and Northern Ireland) felt that the activities of WHO during 1957 had been amply shown and merely wished to express his appreciation of the work of WHO throughout the world and his sincere thanks to all the regional directors for their tremendous efforts.

Dr SULIANTI (Indonesia) regretted that the delegate of the Netherlands had brought up the controversial issue of West New Guinea. On behalf of her Government, she wished to state that West New Guinea, i.e., the area west of 141° E longitude, was part of the Republic of Indonesia, constituting part of the province of Irian Barat. The occupation of that easterly part of Indonesia by the Government of the Netherlands continued to prevent its population from enjoying the rights and privileges of the Indonesians living in the other parts of her country.

Dr LEE (United States of America) complimented the Director-General and the regional directors and their staffs on their excellent reports and the work they had done during the past year. He was particularly pleased that such emphasis was given to malaria eradication, and in that connexion there were indications of considerable progress.

He supported the comments by the New Zealand delegate on the importance of Member governments developing controls and standards on the effects of radiation used in communities. His Government also had been carrying out fall-out tests on rain, soil and water in the Pacific, and was embarking on a programme to establish standards and regulations regarding the use of such equipment as x-ray machines.

Further evidence of the value of the various health services rendered by WHO was to be found in the establishment of the Centre for Authentic Chemical Substances in Stockholm and in the translation into

Spanish of the International Pharmacopoeia. Other valuable developments were the preparation of tables for use in determining the potability of water and the preparation of a guide to statistical methodology in malaria work.

Dr BIERDRAGER (Netherlands) regretted that it should be necessary to reply to the statement by the delegate of Indonesia, who had made an observation about the status of the Netherlands New Guinea. He wished to point out that that observation was of a political nature, and the discussion of political issues was outside the competence of the Committee. He would confine himself to saying that sovereignty over the western part of New Guinea had been specifically excluded from the transfer of sovereignty from the Netherlands to the Republic of Indonesia in December 1949 and that consequently the sovereignty over the Netherlands New Guinea rested with the Netherlands, which therefore rightfully exercised the right to fulfil obligations resulting from that sovereignty.

Médecin-Colonel BERNARD (France) associated himself with the congratulations that had been extended to all the regional directors for the manner in which they had carried out their work.

The CHAIRMAN asked Dr Fang to answer the questions put to him during the discussion.

Dr FANG, Regional Director for the Western Pacific, acknowledging the words of praise for himself and his staff, replied that the successes achieved had been largely due to the co-operation and understanding of Member governments.

In regard to the question raised by the delegate of Viet Nam about the arrival of the secretary of the Antimalaria Co-ordination Board, he apologized for the delay in the matter, but said it was necessary to have not only a first-class malariologist but one who was bilingual. Such a person had been found but could not come to his duty station until October 1958.

On the question of study tours, raised by the delegate of China, he was in favour of their being a feature of future regional committee sessions. Arrangements were being made for a two-day tour in the vicinity of Manila during the session to be held in September 1958.

With regard to the regional office building in Manila, he reported that the ground had been broken on 14 March and the work was making considerable progress. It was hoped that the conference hall would be ready for the regional committee session in September and that the main building would be ready before the end of 1958.

The questions raised by the delegate of the Philippines were rather complicated, and to save the time of the Committee, and because of his close contacts with the Secretary of Health in Manila, he would prefer to discuss those matters with him in person.

The CHAIRMAN thanked all the regional directors for their valuable work in their respective regions.

Chapter 18 : Co-ordination of Work with Other Organizations ; and Chapter 19 : Expanded Programme of Technical Assistance for Economic Development

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that chapters 18 and 19 contained essentially material presented in other parts of the Report, as they covered the various activities of the Organization. Item 6.13 of the agenda also dealt with co-operation with other organizations, and that would give an opportunity to discuss that subject in more detail. Similarly, item 6.6 of the agenda dealt with the Expanded Programme of Technical Assistance, which the Committee might leave to be reviewed when that item was taken up.

The CHAIRMAN suggested that, if there were no comments on the two chapters, the Committee might proceed to consider the draft resolution.

Draft Resolution on the Annual Report for 1957

Dr KAUL drew attention to the fact that the Committee on Administration, Finance and Legal Matters had dealt with those parts of the Annual Report of the Director-General dealing with administrative and financial matters and had recommended, in its second report to the Committee on Programme and Budget (for text, see page 389), a paragraph to be incorporated in whatever resolution might be proposed to the Health Assembly on the Annual Report. He read to the Committee a draft resolution which included that paragraph.

Decision: The draft resolution was approved (for text, see first report of the Committee, section 1).

2. Statement by the Representative of the International Union against the Venereal Diseases

Dr CLARK (International Union against the Venereal Diseases and the Treponematoses), speaking at the invitation of the Chairman, said that the Union was composed of a large number of national member agencies and individuals interested in the

venereal diseases and treponematoses. The Union had enjoyed official relations with WHO since the inception of the Organization and was in complete agreement with the Venereal Diseases and Treponematoses Section of WHO that the diseases were still important health problems. It was essential that WHO, UNICEF and the Union continue to co-operate if progress was to be made towards eradication of those diseases, the Union contributing by developing the understanding and support of the public for the programme.

Despite the downward trend of total rates of venereal syphilis and yaws in many nations, there was evidence of continuing problems in smaller local areas. The occurrence of syphilis was usually higher in ports than in inland cities and that showed the importance of the problem of transfer of infection from one country to another. The Union heartily supported the recommendation made to the Health Assembly by the WHO Executive Board in its resolution EB21.R17, adopted in January 1958, that it request the Director-General to undertake a study of the nature and extent of health problems of seafarers, and to indicate possible further needs and ways by which health services could be provided in major ports. He emphasized the importance of the international spread of communicable diseases.

The decline in reported total syphilis had been continuous until recently, and the success in control had no doubt been due to constant vigilance, the use of penicillin, adequate diagnostic and treatment facilities, and a general interest in controlling the disease. However, vigilance must not be relaxed. There was evidence that the post-war decline in the incidence of venereal diseases had inspired a false confidence, and he warned against over-optimism in areas where great progress had been made in yaws control. He quoted correspondence with experts in different countries substantiating the

importance of supporting action on an international basis.

Even in areas where national data were available, it was possible that important local problems were concealed by the national figures. An example was the United States of America, where in 1957 primary and secondary syphilis had declined slightly in the country as a whole but had risen in twenty-five cities and twenty states. Early latent syphilis had shown a very slight rise in the United States as a whole, but there had been increases in nineteen cities and twenty-one states.

The main objectives of the International Union were to facilitate the study of questions relating to venereal diseases and treponematoses from the international point of view; to ensure the carrying-out of measures designed to prevent the spread from country to country; to aid in the centralization of information relating to research; and to disseminate educational information on those diseases. Those objectives led the Union to make the following recommendations: constant surveillance of venereal disease conditions, with awareness of the dangers of over-optimism; standardization of diagnostic and treatment procedures; the institution of a world-wide programme designed to eradicate yaws by an extensive case-finding and treatment programme before people in the affected areas developed sensitivity to penicillin; emphasis on more rigid vigilance against syphilis in areas where great progress had been made in yaws control; more emphasis on co-ordination of research in the venereal disease and treponematoses field; periodic regional seminars on venereal diseases and treponematoses; and present-day renewal of the Brussels Agreement.

The CHAIRMAN thanked Dr Clark for his valuable statement.

The meeting rose at 12.15 p.m.

SEVENTH MEETING

Wednesday, 4 June 1958, at 2.30 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Review and Approval of the Regular Programme and Budget Estimates for 1959

Agenda, 6.5

The CHAIRMAN said that the Committee would find its terms of reference in resolution WHA11.2,

paragraphs (1) (b) and (1) (c). He called upon Mr Siegel to clear up one point of procedure before the discussion began.

Mr SIEGEL, Assistant Director-General, Department of Administration and Finance, recalled to the

Committee that paragraph (4) of resolution WHA11.2 provided that item (c) under paragraph (1) should not be considered by the Committee on Programme and Budget until the Committee on Administration, Finance and Legal Matters had completed its work on item (b) of paragraph (2), namely the scale of assessment for 1959. Owing to a clerical error in the proposed 1959 scale of assessment, for which the Secretariat took full responsibility, the assessment for Korea had been shown as 16 units. Resolution WHA9.15 had in fact established the scale for Korea for five years at the minimum assessment of .04 per cent., the assessment to be reviewed in 1961. The Director-General would therefore ask the Committee on Administration, Finance and Legal Matters to reconsider the scale of assessment for Korea for 1959, in order to implement the resolution of the Ninth World Health Assembly (see minutes of the seventh meeting of the Committee on Administration, Finance and Legal Matters, section 1).

The DIRECTOR-GENERAL introduced the proposed programme and budget estimates of the Organization for 1959. Details of those estimates would be found in *Official Records* No. 81, and the report and recommendations of the Executive Board thereon in *Official Records* No. 84.

He proposed an effective working budget for 1959 of \$14 287 600. That was an increase of some \$721 000, or 5.32 per cent., over the effective working budget approved by the Tenth World Health Assembly for 1958. The increase was in the main composed of two items; field projects to the amount of \$530 000, and statutory staff costs of \$227 000. The latter amount was partly offset by decreased requirements for organizational meetings (regional committees) and certain activities at headquarters. An analysis of the net increase of \$721 000 was given in the report of the Executive Board (*Official Records* No. 84, pages 27 and 28) and further details were given in Appendix 5 to that report (*Official Records* No. 84, pages 78 and 79).

The suggested increase for 1959, apart from statutory requirements, would be sufficient only to allow the implementation of field activities at the level which he has proposed for 1958, and which the Tenth World Health Assembly had felt unable to approve. So modest an increase might seem disappointing to some delegations in view of the very substantial number of additional projects requested by governments, as given in Annex 5 to *Official Records* No. 81, and amounting to some \$1 656 000, not to mention projects requested under the Expanded Programme of Technical Assistance in Category I and Category II for 1958 and 1959, amounting to

some \$3 500 000, which did not seem likely to be implemented in view of the amount of Technical Assistance funds at present expected to become available in 1959.

He would not elaborate on his programme and budget proposals since the report of the Executive Board (*Official Records* No. 84) analysed them in considerable detail, but would merely commend to the Committee's approval the proposed effective working budget for 1959 as set out in *Official Records* No. 81 and recommended by the Executive Board.

Sir John CHARLES, representative of the Executive Board, said that the Committee had now arrived at the crucial point of the whole of the Assembly's deliberations, namely the review and approval of the regular programme and budget estimates for 1959. The most important document for the Committee's purpose was the Executive Board's report on the proposed programme and budget estimates (*Official Records* No. 84).

As indicated on page 1 of the report, the Executive Board's Standing Committee on Administration and Finance had met during the week prior to the twenty-first session of the Board and on two occasions during that session. The Executive Board owed a great deal to the Standing Committee and in particular to its Chairman, Professor Canaperia, and its Rapporteur, Dr Regala. In accordance with its terms of reference, the Standing Committee had presented the Board early in the session with a preliminary report on its detailed examination and analysis of the Director-General's proposed programme and budget estimates. The Standing Committee had subsequently issued a report setting out in detail its findings and recommendations on those estimates and its suggestions regarding questions of major importance for consideration by the Executive Board. In that way the Board had been able to take into account the Standing Committee's observations and also certain additional information which had reached it in the course of its review.

He believed that it would be of assistance to the Committee on Programme and Budget if he outlined briefly the contents of the Board's report. Chapter I of the report contained up-to-date background information on the approved programme for 1957 to 1960, within the framework of which the 1959 proposals had been developed. It also described the content of the services of general international interest provided by the Organization and the types and conditions of services afforded to governments. Subsequently it explained the structure of the World Health Organization and the sources of finance to which it had access. He drew the Committee's

attention to table 5 on page 10, which gave a very clear picture of the way in which all integrated international health programmes for the years 1953 to 1958 had been financed. Lastly, the chapter described the budgetary processes and practices governing the planning and implementation of programmes financed from various sources.

Chapter II described the contents of the 1959 programme document and the form of presentation which the Board had found it necessary to follow. The form of presentation conformed generally to the requirements of resolution WHA7.36. The chapter also referred to the effective working budget level proposed by the Director-General for 1959. It contained a number of highly informative tables and charts, and referred finally to the programme trends reflected in the Director-General's proposals. He drew the Committee's attention at that point to the fields of definite increase, namely malaria, venereal diseases and treponematoses, endemo-epidemic diseases, public health administration, nursing, maternal and child health, mental health and nutrition. The chapter also set out the proposed programme and the estimated expenditure in 1959 under the Expanded Programme of Technical Assistance and the projects proposed for joint assistance by UNICEF and WHO. It also listed additional projects requested by governments and not included in the proposed programme and budget estimates.

Chapter III described how the estimates were computed, giving details of the techniques used. It also described how staff costs were adjusted and gave the effects of the implementation of new projects and of staff turnover.

Chapter IV was a detailed examination of the proposed programme and budget estimates. The first part of the chapter outlined the main items involving increases over the approved estimates for 1958 and the second part gave details of the proposed estimates for 1959 and recorded the observations of the Standing Committee as well as the conclusions of the Executive Board in regard to the proposals. In discussing the programme, the Executive Board had benefited from consultations with the Regional Directors.

Chapter V was devoted to operations planned for financing from sources other than the regular budget, with particular reference to the Malaria Eradication Special Account and the Expanded Programme of Technical Assistance. In regard to the former he drew the Committee's attention to the Board's conclusions, given in section 1.2, page 58, of the report and the three resolutions adopted by

the Board (*Official Records* No. 83, pages 17 and 18). Resolution EB21.R39 was directed towards the effective co-ordination of all resources for malaria eradication. Resolution EB21.R40 recommended that the Eleventh World Health Assembly should adopt a simplified procedure for accepting voluntary contributions to the Malaria Eradication Special Account between sessions of the Board. Resolution EB21.R41 recommended that the Twelfth World Health Assembly should convene an ad hoc committee to announce pledges to the Special Account for 1960.

Chapter VI gave an account of the questions of major importance considered by the Board in accordance with resolution WHA5.62 and set out the conclusions it had reached on the four questions posed in that resolution. The chapter also set out the Board's recommendations on the text of the proposed Appropriation Resolution and Working Capital Fund Resolution for 1959. In section 3 (page 63), the Board, while calling attention to a minor modification in the 1959 programme for the European Region, recommended to the Eleventh World Health Assembly the approval of the Director-General's proposed programme and budget estimates for 1959. The minor modification in question related to the abandonment of a project to hold a seminar in anaesthesiology. The Executive Board suggested that the amount allocated to it should not be removed from the budget, but should stay in the European section for use at the discretion of the Director-General. In paragraph 2.3 (page 63), the Board had made a positive suggestion that with due regard for field activities a larger percentage of the budget should go to technical services at headquarters.

Chapter VII contained the Board's recommendations on the establishment and proposed terms of reference of the main committees of the Eleventh World Health Assembly, including the procedure for the consideration of the 1959 programme and budget estimates, which had already been implemented.

In conclusion, he directed the Committee's particular attention to the Board's conclusions as summarized in Chapter VI. The Board, having studied the amounts proposed by the Director-General, had considered the level reasonable and recommended its approval. Finally, in regard to the intensive campaign for malaria eradication, the Executive Board hoped that governments which were willing and able to do so would make their contributions to the Malaria Eradication Special Account, so that the resources necessary for the planned operations for malaria eradication would be available.

Mr SAITA (Japan) said that his Government had studied the Director-General's proposals with care and that he had listened with great interest to the introductory statements of the Director-General and the representative of the Executive Board. He regretted that the additional projects requested by governments, listed in the green pages of the proposed programme and budget estimates (*Official Records* No. 81), could not be included in the budget which the Director-General wished to have authorized. However, the programme and estimates as presented by the Director-General were well conceived and satisfactory from the point of view of administration. He would therefore support the budget as presented, with the slight modification recommended by the Executive Board.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) associated the United Kingdom delegation with the Executive Board's findings on the proposed budget level and supported the Director-General's proposals.

Sir Arcot MUDALIAR (India) supported the Director-General's budget on behalf of his Government and delegation. He was gratified to note the absence of criticism and argument and he suggested that the budget should be passed by acclamation.

Dr van Zile HYDE (United States of America) said he had pleasure in expressing his delegation's approval of the Director-General's proposals as supported by the Executive Board. He associated himself with the suggestion of the delegate of India that the budget should be approved by acclamation.

Dr EVANG (Norway) said he was pleased to note the absence of discord on the budget but regretted somewhat that the expansion of the work of WHO, as suggested by the relatively small increase in the 1959 budget over the 1958 figure, was rather slow. Nevertheless, he would be happy to vote for the budget as it had been proposed and endorsed.

Dr TOGBA (Liberia) said that in previous years there had been some difficulty in reaching unanimity on the programme and budget estimates. He was therefore gratified by the approval expressed by the previous speakers, although he regretted that the budget was not larger. He supported the suggestion of the delegate of India that the budget should be adopted by acclamation.

Dr AL-WAHBI (Iraq) said that, although he was somewhat disappointed that the Director-General and Executive Board had not recommended a rather higher budget level, so as to include at least

some of the valuable projects requested by governments and listed in the green pages, he would nevertheless support the Director-General's proposals.

Dr REGALA (Philippines) associated himself with the support expressed by other delegations for the Director-General's proposals for 1959.

Mr BRADY (Ireland) endorsed the general support of the Director-General's proposals expressed by previous speakers. He was glad that the new decade of work upon which WHO was entering had begun with such evidence of unanimity. He did not think that the Members of the Organization need be ashamed of their budget. The Organization had started ten years before with a budget of about \$5 000 000. The budget had now been increased to over \$14 000 000, and that figure represented only part of the expenditure on international health work. He believed that, counting money from other funds, Technical Assistance, UNICEF and extra-budgetary funds, about \$48 000 000 would be spent in 1959. He felt that that figure was cause for pride, although not for complacency, and he hoped that future years would see a further increase at a reasonable pace and level.

Professor ZHDANOV (Union of Soviet Socialist Republics) said that the fact that every delegate who had spoken in the debate so far had supported the Director-General's 1959 budget proposals was evidence that the Director-General and his staff and the Executive Board had done very good work. He also was in favour of the proposal.

Decision: The Committee agreed to recommend that the effective working budget for 1959 should be US \$ 14 287 600.

The CHAIRMAN, after drawing attention to the recommendation in the first report of the Committee on Administration, Finance and Legal Matters to the present Committee (see page 389) that casual income in the amount of \$400 000 be used to finance the 1959 budget, proposed the following draft resolution :

The Eleventh World Health Assembly

DECIDES that :

- (1) the effective working budget for 1959 shall be US \$14 287 600;
- (2) the budget level for 1959 shall be established in an amount equal to the effective working budget, as provided in paragraph (1) above, plus the assessments on inactive Members and on China; and

(3) the budget level for 1959 shall be financed by assessments on Members after deducting casual income available for 1959 in the amount of US \$400 000.

Decision: The Committee unanimously agreed to recommend the adoption of the draft resolution (see second report of the Committee).

The CHAIRMAN announced that the Committee would be asked to discuss details of the Director-General's proposed programme and budget estimates for 1959 at a later meeting (see minutes of the eleventh meeting, section 3).

The meeting was suspended at 3.35 p.m. and resumed at 3.55 p.m.

2. Adoption of Second Report of the Committee

The CHAIRMAN read the draft second report of the Committee and put it to the vote.

Decision: The report was adopted unanimously (for text, see page 372).

3. Review of Work during 1957: Annual Report of the Director-General (continued from the sixth meeting)

Agenda, 6.4

Environmental Sanitation: Draft Resolution

The CHAIRMAN invited comments on the following revised text of the draft resolution proposed by the delegation of New Zealand at the Committee's fifth meeting:

The Eleventh World Health Assembly,

Having noted during the discussions on the Annual Report of the Director-General for 1957 the emphasis placed upon environmental sanitation,

REQUESTS the Director-General:

(a) to make a comprehensive review of the work and achievements of the World Health Organization in assisting governments in the environmental sanitation field, with particular reference to the provision of potable water supplies and the adequate disposal of human wastes, and

(b) to submit this review to the Twelfth World Health Assembly, together with such suggestions or proposals for further activities in this field as may seem to him to be desirable, including ways and means of financing this work.

Dr SULIANTI (Indonesia) said she supported the draft resolution in its entirety. She was grateful to the New Zealand delegation for the change it had made.

Dr LE-VAN-KHAI (Viet Nam) said that he strongly supported the draft resolution. He would, however, suggest the insertion of the words "or improvement" after the word "provision" in the phrase "the provision of potable water supplies", since in most places there already were potable water supplies.

Dr TURBOTT (New Zealand) said he gladly agreed to that change.

Dr AUJALEU (France) said that the word in the French version of the draft resolution corresponding to the word "provision" in the English version did not mean exactly the same thing. The difficulty was, however, removed by the change just agreed to.

Dr METCALFE (Australia) proposed the deletion of the words "including ways and means of financing this work" from sub-paragraph (b) of the draft resolution, saying that the financing of the work in question was outside the Committee's terms of reference.

Dr AMOUZEGAR (Iran) said he was opposed to the proposal of the delegate of Australia. The financing of the work was the crux of the matter; it was not outside the Committee's terms of reference.

Dr WOLMAN (United States of America) said he also was opposed to the proposal. If the Committee adopted it, it would be acting unrealistically and showing that it did not understand the reasons for the slowness of the progress made in the provision of potable water supplies and of adequate facilities for the disposal of human wastes; and it would be failing to seize a good opportunity of possibly disclosing means of financing their provision.

Dr DU PRÉ LE ROUX (Union of South Africa) thought that the question of financing the work internationally should be excluded, but not national means of financing it. He proposed the substitution of the words "for national governments to finance" for the words "of financing".

Mr OLIVERO (Guatemala) said he was in favour of adopting the draft resolution in the form proposed by the New Zealand delegation.

Dr EVANG (Norway) said he agreed with the United States delegate. The Committee should not discuss the different means of financing the work which might be used; nor should it exclude any of those means.

Dr DÍAZ-COLLER (Mexico) supported the proposal of the delegate of the Union of South Africa.

Sir Arcot MUDALIAR (India) said he agreed with the delegates of the United States and of Norway. It might be necessary for the Director-General to consider the different means of financing the work which might be used. More attention should be paid by both national and international bodies to the provision of potable water supplies and the adequate disposal of human wastes.

Decision :

- (1) The amendment proposed by the delegate of Australia was rejected by 57 votes to 4, with 4 abstentions.
- (2) The amendment proposed by the delegate of the Union of South Africa was rejected by 55 votes to 7, with 4 abstentions.
- (3) The draft resolution, with the amendment suggested by the delegate of Viet Nam and adopted by the sponsor of the draft resolution, was adopted by 63 votes to none, with 3 abstentions (see second report of the Committee, section 2).

Report on a Review and Appraisal of WHO Fellowships

The CHAIRMAN invited comments on the report on a review and appraisal of the WHO fellowships submitted by the Director-General (see Annex 12).

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that the report had been prepared in accordance with wishes expressed by the Committee on Programme and Budget at the Tenth World Health Assembly. The information it contained regarding the assessment by the Director-General of WHO's fellowships programme brought the information on that subject in reports submitted by the Director-General in previous years up to date.

During the years 1947 to 1957 WHO had awarded 7796 fellowships. There was a detailed analysis of those awards in Appendices 1 to 4. There had been a progressive increase in the number of fellowships awarded by WHO each year; in 1947 WHO had awarded 199 fellowships; in 1957 it had awarded 1400. Those 1400 fellowships had been distributed among nationals of 117 countries and territories. As could be seen from Appendix 2 more than 50 fellowships had been awarded to nationals of each of the 57 countries listed during the period 1947 to 1957. Fifty-nine per cent. of the total number of fellowships awarded by WHO during that period had been for training in various aspects of the organization of health services; 28 per cent. had

been awarded for the study of communicable diseases.

Table 1 showed that the appraisal had been based on follow-up reports on 1053 WHO fellows together with utilization statements regarding them obtained from governments two or more years after the fellows had returned home. Of the fellowships awarded to those persons, 92 per cent. has been successful. Included in the number of fellowships listed as failures were fellowships awarded to persons who had not returned to their countries, or who had left their countries after their return, and a few fellowships awarded to persons who had been unable to complete their studies.

The report contained a detailed description of the evolution of WHO's fellowships programme, the procedure which was followed and the ways in which the results of the fellowships were appraised and also the conclusions which had been drawn.

In addition to doing the work for which they had been specially prepared during their fellowships, the fellows were introducing new knowledge and training others to expand and create health services, carrying out research work and acting as leaders in the health field in their countries, and doing other useful things. The relatively few failures were inevitable with a world-wide programme. The constant review of the Organization's fellowships programme was directed at ensuring that the same mistakes were not made twice, at improving the planning and the methods of selecting candidates, and at ensuring better working conditions for the fellows on their return.

The Committee might wish to take the present opportunity to express its appreciation of the assistance it had received from all those public health officials, teachers of medicine and research workers who were devoting part of their time to training WHO fellows. Without their co-operation it would be impossible to carry out the programme.

Dr LE-VAN-KHAI (Viet Nam) recalled that, three years ago, the Regional Office for the Western Pacific had sent two midwives from his country to take a course in maternal and child welfare in New Zealand. That had proved eminently successful and both the midwives had taken up important, responsible posts on their return. Training in the home country could accomplish much, but it could not confer the authority which was the mark of the student who had received a fellowship for study abroad. Moreover, many countries suffered from a lack of equipment and facilities for training. He shared the view expressed by the Rockefeller Foundation that few activities were of such general and

lasting value as study fellowships. Many delegations had already expressed their appreciation of the fellowships programme and he hoped the Health Assembly would officially thank the countries that had received WHO fellows.

Dr SYMAN (Israel) said that the report was a most valuable document. He emphasized the importance of the fellowships programme and referred to the encouraging trend towards a growing demand for fellowships and a corresponding decline in the demand for foreign experts.

He had had personal experience of study abroad and was aware of the difficulties encountered by the student, both in adapting himself to the different environment and in applying the results of his studies on his return home. That aspect of the question was not fully covered in the report and he was glad that an expert committee was to study it during 1958.

The fellowships programme had evolved as a process of trial and error and it was gratifying that only 8 per cent. of the cases studied had proved to be failures. He hoped that the evaluation would continue, not only at headquarters, but also at the regional level, and he suggested that it would be useful for governments to receive the evaluation summaries.

Mr LE POOLE (Netherlands) agreed with the suggestion that governments should receive the evaluation summaries and expressed his appreciation of the very valuable report.

Mr OLIVERO (Guatemala) commented on a few points of detail in the report. It was stated in the first paragraph of section 3 that "the best results may be expected from a good selection of both the individual and the educational experience". Experience in his country had shown that the best results were always achieved when the fellow had some prior experience of his field of study. In the fourth paragraph of section 3 reference was made to the fellowships granted to professors of schools of public health to visit some of the countries from which they had been receiving foreign students. Such fellowships were most valuable as they helped the teachers to understand their students' problems and thus to establish better relations with them.

With regard to the various difficulties mentioned in the sixth paragraph of section 3, he thought that too much emphasis was placed on the language problem. He had known fellows whose desire to learn was so strong that an insufficient knowledge

of the language at the outset could not be regarded as an insuperable barrier. It would be helpful in such cases if a short language course could be given before the fellow started on his technical studies.

It was of course very difficult to reach any numerical conclusions regarding the success or failure of a fellowship. It appeared to him from Table 1 that only 14 per cent. of the fellowships granted for "new activities for which training was obtained through the fellowship" had been evaluated as successful. The Organization should therefore be very careful in its selection for such fellowships and should make sure that there was really scope for the exercise of the new activities in the country concerned.

Finally he asked whether the figure of 8 per cent. referred to the total of the fellowships awarded or only to those awarded up to 1954.

Dr KAUL said that the analysis of the results of the fellowships programme was to be submitted to the Expert Committee on Professional and Technical Education to which the delegate of Israel had referred. That committee, which was to meet later in 1958, would be composed of people who had a great deal of experience of the fellowships programme, people from centres which received large numbers of fellows, and public health administrators who handled large fellowships programmes. A thorough, comprehensive review of the programme would be undertaken. In addition, the process of evaluation as described in the report would continue, both at the regional level, where the information was collected, and at headquarters. The arrangements for every fellowship included provision for the collection of follow-up information from the fellow himself and from his government. He believed that there was already some arrangement for sending the evaluation summaries to governments as suggested by the delegate of Israel, but it might be done on a more regular basis in the future.

In reply to the delegate of Guatemala, he said that he did not think too much emphasis was really placed on the language requirements. In order to derive benefit from his studies, the fellow must have an adequate knowledge of the language of the country where he was sent. It would be very difficult for WHO to assist in giving language training as that would absorb the funds required for the actual technical training. In certain special cases some assistance was provided, and that would continue, but it would have to remain on a limited basis.

The figure of 8 per cent. mentioned by the delegate of Guatemala referred to the 1053 fellowships which

had so far been evaluated and not to the total number awarded. The evaluation could not be completed until two years after the end of the fellow's studies, when the final follow-up report was submitted.

The CHAIRMAN read out a draft resolution on the item under discussion and announced that it would be circulated in writing and discussed at the next meeting.

The meeting rose at 4.55 p.m.

EIGHTH MEETING

Thursday, 5 June 1958, at 9.30 a.m.

Chairman: Professor N. N. PESONEN (Finland)

1. First Report of the Committee

Dr IBRAHIM (Iraq), Rapporteur, read the draft first report of the Committee.

Decision: The report was adopted unanimously (for text, see page 371).

2. Review of Work during 1957: Annual Report of the Director-General (continued)

Agenda, 6.4

Report on a Review and Appraisal of WHO Fellowships (continued)

The CHAIRMAN invited the meeting to consider the following draft resolution :

The Eleventh World Health Assembly

1. NOTES the report on the review and appraisal of fellowships awarded during the period 1947-1957;
2. EXPRESSES its satisfaction with the efforts made to keep the fellowships under constant review and to develop simple methods of appraisal, with a view to further improvement of the programme;
3. INVITES the attention of all Member States to the need for further improvements in the planning of requests, the selection of candidates, and the proper employment and full utilization of fellows on return; and
4. THANKS all public health officials, academic teachers and research workers who, in institutions, all over the world, are giving of their time to the training of WHO fellows, and without whose co-operation this large programme of international training and exchange of scientific information would not be possible.

Dr LE-VAN-KHAI (Viet Nam) proposed the insertion, after the word " THANKS " in paragraph 4, of the words, " all countries which have received WHO fellows and ".

Decision: The amendment was adopted unanimously.

Professor CANAPERIA (Italy) thought that it would be useful for governments to know the contents of reports fellows made to WHO after their return home. He accordingly suggested that a new paragraph be added after paragraph 3 of the resolution, requesting the Director-General to arrange for the results of appraisal to be communicated to the Member States concerned.

The CHAIRMAN, after some discussion, proposed the following wording :

REQUESTS the Director-General to convey to the Member States concerned the appraisal results of the individual fellows.

Decision: The amendment was adopted, and the draft resolution, as amended, was approved unanimously (see third report of the Committee, section 1).

3. First Report on the World Health Situation

Special Report Reviewing All the Activities of the World Health Organization during Past Years, including the Period of the Interim Commission

Agenda, 6.2 and 6.3

The CHAIRMAN recalled the terms of resolution WHA9.28, which provided that the special report reviewing all the activities of the Organization should be considered by the Eleventh Assembly at the same time as the First Report on the World Health

Situation, with the aim of subsequently developing the activities and programmes of WHO on the basis of the experience acquired and taking into account the new possibilities of international co-operation. He suggested that as far as possible the debate should be on general lines and avoid consideration of details. The Secretariat would introduce the two reports separately and, when the discussion had concluded, separate draft resolutions on each would be presented to the Committee for consideration.

Dr KAUL, Assistant Director-General, Department of Advisory Services, said he would begin with the First Report on the World Health Situation,¹ which covered the period 1954 to the end of 1956 in so far as information had been made available in accordance with resolution WHA9.27. It was a new approach to world health, attempting to give a picture of health throughout the world as reported by the nations themselves in relation to their social and economic development, summarizing their efforts and achievements, their evaluations of results and, in some cases, their hopes and plans for the future.

On behalf of the Director-General he expressed gratitude to Member governments, and particularly to the national health administrations, for the data provided. Specific information had been provided by practically all Member States, so that the report contained 157 reviews of countries or territories, covering approximately 76 per cent. of the world's population.

As it was a first report, the first seven chapters were devoted to a rather detailed consideration of various factors influencing public health, the ways in which the health services developed, and the ways in which it was hoped to improve health in the future. An attempt had thus been made to consider world health as a collective function—to be achieved only if each nation made its best possible contribution to the collective effort. Information on the experience gained in some countries might prove valuable to others in developing their health services. In subsequent reports it would not be necessary to devote so much space to those particular topics; the report would confine itself rather to essential changes and progress made.

A large part of the report was devoted to the review of individual countries included in Chapter VIII. The 157 countries and territories covered were all dealt with in the same way, on the basis of information made available by each of the governments concerned. Such individual country reviews

would enable countries and territories both to understand each other's health problems and to develop an idea of health as a world concept.

As a background to its health situation, a brief description of the general conditions was given for each country or territory. That information had been obtained from official sources such as the United Nations demographic and statistical yearbooks, and official reports—from governments or recognized by them. Many governments had already been kind enough to check the reports before their inclusion in the document.

No attempt had been made to make comparisons between one country or territory and another; because of differences in social and economic development, that was not feasible at present. Tables had been avoided, as tabular presentation might imply some underlying comparison.

The health of each country was considered as it altered over a period of time.

The report represented a pioneering effort on the part of Member States; through such reports national health administrations would collaborate in a periodical assessment of the health of the world. The present report was a first effort, and no doubt corrections would be necessary and further data would have to be added. Professor Mackintosh, who, as a special consultant to the Director-General, had assisted the Secretariat in preparing the report, was present at the meeting and would note comments, which would be borne in mind in preparing the report for publication. It was not expected that the country reviews would be amended at the present meeting; delegations should preferably send corrections and supplementary information in writing to the Director-General by mid-July 1958.

Turning to the volume, *The First Ten Years of the World Health Organization*,² Dr Kaul said it represented an attempt to place on record, within the framework of historical continuity, the work of the Organization during the past decade. The report was divided into three parts.

Part I described international public health developments, which had begun just over a century earlier with the International Sanitary Conference that had opened in Paris on 23 July 1851.

Part II gave the history of the establishment of the Organization, describing how the Interim Commission had assumed the functions of earlier health organizations, developed central technical activities and established field services. Chapters 7,8 and 9

¹ To be published

² World Health Organization (1958) *The first ten years of the World Health Organization*, Geneva

outlined policy-making, planning and administrative action during the first decade.

Part III of the report reviewed the actual work of the Organization and reflected the hopes and aspirations of countries represented at the present Assembly, their problems and difficulties, and the solutions and remedies they had endeavoured to apply. The programmes adopted at successive Assemblies had been effective steps on the way to achieving the aims set out in the Constitution. The experts provided by countries, the confidence they had shown in the Organization, the work they had done in the field and the research they so willingly submitted to international co-ordination had all helped to mould the pattern of services which WHO was now providing.

During the decade, WHO had passed through three distinct phases : an initial phase of extemporization; an interim phase of providing ad hoc aid; and a more recent third phase of planned, comprehensive assistance.

During the early years there had necessarily had to be a certain amount of trial and error, which in time had led to a better concept of international assistance, as it became possible to appreciate more fully both the usefulness and the limitations of international aid. The growing confidence of Member States, and in particular of the recipient governments, had been a source of constant encouragement during the early period. As experience accumulated, the recommendations of expert committees and members of panels had begun to have their effects on the programme. More thorough surveys had preceded planning; mobile mass campaigns had become integrated in more permanent services; the single project had become more comprehensive in scope; regional work had been broadened to include inter-country projects and seminars; out of the single fellowship award a system of fellowships planned to meet the needs of a country as a whole had arisen; out of the experience gained in single subjects had grown the comprehensive approach through which the entire curricula of teaching institutions were modified to suit local needs.

At the same time, there had been a heartening change in the international climate in which WHO programmes developed. People became increasingly conscious of the importance of health and there was a growing acceptance by all governments of their responsibility and obligations in regard to health. The nature and scope of international health work became better understood everywhere, and support came on an ever-increasing scale from Member

States and governmental and non-governmental organizations.

The purpose of the volume under consideration was to describe the experiences of the Organization as objectively as possible, to indicate some of the lessons learned, and to present some tentative conclusions, pointing the way to the future. In prospect, the problems that had lain ahead ten years previously had seemed to defy solution; in retrospect, the Organization, without indulging in self-congratulation, could look back on its accomplishments as a source of strength and self-confidence for the enormous task that still lay ahead.

International co-ordination of research, the exchange of technical information, and the sharing of experience in the practical application of medical discoveries for the benefit of all mankind, were in the best tradition of medicine, and the Organization had done its best to promote them during the last decade. With the continued support of the Member States, the Organization could look forward confidently to even more fruitful collaboration and an even greater measure of success in the years to come.

Dr NEUJEAN (Belgium) emphasized the importance and usefulness of the work undertaken by WHO and congratulated the Director-General on the First Report on the World Health Situation. He thought, however, that there should be an opportunity for the texts relative to the individual countries to be revised and if necessary corrected by the appropriate national authorities. It would therefore be desirable, before printing the report, to give countries sufficient time to prepare any amendments they considered necessary to the sections which concerned them. The proposed date of 1 July would certainly be too early. The published report should mention, with respect to each country, whether the information given had been officially approved by the government concerned.

Dr DAELEN (Federal Republic of Germany) complimented the Director-General on the very clear and vivid picture given in the First Report on the World Health Situation. The German delegation welcomed the importance the Organization attached to the annual reports of the national public health administrations, which encouraged local officers to report on their activities as well as providing governments with valuable information. The reports were often of great interest also to neighbouring countries.

Dr AUJALEU (France) said his delegation had nothing but praise for the volume, *The First Ten Years of the World Health Organization*, but

unfortunately could not say the same for the First Report on the World Health Situation. He had not had time to study it in detail but had gone through the section in Europe and read the part concerning France with special care. While statistics could be used to prove practically anything, the four and a half pages devoted to France seemed somewhat inadequate, and he had some difficulty in recognizing the services he had directed wholly or partially for some fourteen years.

He had been astonished by certain statements and omissions. For example, there was no reference to 120 000 beds for mental patients in France. Above all, there was no mention whatsoever of the Departmental Health Directorate (*Direction départementale de la Santé*) which carried out vaccinations, dealt with environmental sanitation and public health, directed the preventive medical services, had responsibility for hospitals, and so on. He did not know upon what documents the report had been based, but hoped none of his colleagues would base their study of French health services on it. The information would have to be completely revised before the document was prepared for publication.

Dr EVANG (Norway) congratulated the Secretariat on the volume entitled *The First Ten Years of the World Health Organization*.

He also congratulated the Secretariat and Professor Mackintosh on the excellence of their work on the First Report on the World Health Situation. He particularly welcomed that report in that it was the direct fulfilment of Article 2 (*p*) of the Constitution. The great need of the present day was to put existing knowledge into practice. The report would enable governments to compare the organization of public health in various countries and to decide what was feasible and what was not. He hoped that, when more statistics were available, it would become possible to compare results, since there were clearly differences in the extent to which present-day knowledge was applied in various countries, even when allowance had been made for special difficulties.

He drew attention to the fact that the volume was a report drawn up by expert outside observers, so that it was natural for the picture not to include necessarily the same details as the government concerned would have given, although factual errors had to be avoided. In that connexion, it was important that any revision should be carried out by the same group of experts.

Dr SYMAN (Israel) joined previous speakers in congratulating the Secretariat on the First Report on

the World Health Situation. The first seven chapters, which constituted an excellent work—almost a textbook on public health and the organization of medical care—were a background to the compilation contained in Chapter VIII.

Referring to Chapter I, section 3, he suggested that the effect of cultural background and attitudes on health was much greater than was indicated in the report. In consequence, he thought that the report when published should contain a more extensive description of those factors. If the revised version could incorporate the comments made by delegates, he thought that it would prove to be of great practical value.

In regard to the preparation, he was not sure that the editorial process had been as strict as the delegate of Norway had presumed. He would welcome an explanation of how the report had been compiled.

As it was the intention of the Director-General to allow time for governments to send in amendments, he suggested that their comments and amendments should be solicited in writing. He agreed with the delegate of Belgium that a rather later time limit should be fixed.

He said that he had been struck by the existence of many common problems suitable for solution by WHO. The report would be particularly useful in providing countries with information about countries outside Europe.

Sir Arcot MUDALIAR (India) expressed his appreciation and thanks to the Secretariat for the two reports.

Only those connected with the under-developed countries could appreciate the progress made in the past ten years. The commemorative volume had roused in him vivid recollections of the difficulties met with and the efforts made to overcome them.

Of the eight chapters which made up the First Report on the World Health Situation, the first seven constituted the more important part, as the information given in Chapter VIII was more ephemeral.

He suggested that the limit for the submission of amendments be 1 September 1958, to allow time for governments to supply the necessary information.

In regard to Chapter I, section 2, he commended the references made to town-planning. Public health authorities were not consulted often enough in regard to town-planning, and in particular on the sites for new industrial plant, which should be away from already congested areas. The preservation of open spaces in urban districts was becoming an important problem, destined to become more and more acute unless more attention was paid to it in the future. It was a public health problem,

and as such should receive more attention in the revised edition.

The definition of a slum appearing in the last paragraph of Chapter I, section 2, was the best he had seen. He also welcomed the wider definition given to occupational health in Chapter IV, section 4.

In connexion with the water-borne transmission of virus diseases, he said that the epidemic of infectious hepatitis which had occurred in New Delhi in November 1955 had revealed the necessity for more study of the propagation of virus diseases by piped water. The point should be given emphasis in the revised edition.

With regard to rural water supplies, he suggested that it would be more satisfactory and, in the long run, more economical to envisage bringing piped water to entire districts rather than individual villages, even though that could entail very much larger networks of pipes.

Mention was made in Chapter V, section 5, of the situation in regard to food additives and transportation of food. That was not the only aspect of transportation which deserved attention in the report. He referred to the contamination of food by other substances, such as insecticides, during transportation, and suggested that WHO might consider drawing up regulations for the transport of food.

In Chapter VI, it was very satisfactory to see that the interdependence of undergraduate and post-graduate training had been recognized.

He hoped that the report would be only the first of many.

Dr BOULOS (Haiti) joined previous speakers in congratulating the Secretariat and Professor Mackintosh on the Report on the World Health Situation. However, he was relieved to hear that it was a preliminary document only, as the information concerning Haiti was incomplete and for the most part erroneous. It should not be published until governments had been given an opportunity to submit corrections.

Dr RAE (United Kingdom of Great Britain and Northern Ireland), referring to the paragraph on trypanosomiasis in Chapter II, section 3, said that reference should be made in the final edition to trypanosomiasis in cattle as a cause of protein deficiency in Africa.

Dr ALLARIA (Argentina), while congratulating the Secretariat and Professor Mackintosh on their work, joined previous speakers in commenting upon the number of errors of fact that appeared in Chapter VIII of the First Report on the World Health Situation. The rest of the report met with his

whole-hearted approval as being a magnificent synthesis of modern public health concepts. However, he would have liked to see a little more emphasis on the part played by social services, with particular reference to the role of the social worker in all combined health programmes.

Chapter VIII gave the impression that the questionnaire on which the country reports were based had not been sufficiently analytical. All those reports would gain by being presented in a more uniform manner. Again, the health situation in the various countries was presented without enough background data; it was thus impossible to envisage clearly present-day problems or to obtain adequate guidance towards their solution. He suggested that the Secretariat should work out a more adequate questionnaire and that the source of information should be indicated in every case.

He agreed with the delegate of India on the time limit for the submission of corrections.

Dr BELEA (Romania) agreed with previous speakers that the report was a most valuable document. However, the report on his own country was inadequate. No reference had been made to the development of occupational health, and dates vital to the understanding of the situation in regard to maternal and child health had been entirely omitted. Again, it was not true that Departments of Health in the People's Councils were headed by laymen.

He joined other delegates in urging the Secretariat to allow enough time for governments to submit corrections.

Dr ROYAARDS (Netherlands) congratulated the Secretariat on an extremely readable report.

The document would gain by the insertion in Chapter IV of a section on the care of the aged. That was becoming an increasingly important public health problem, involving questions of personal and social adaptation, nutrition and mental health. The necessity for collaboration between public health authorities and family doctors should be mentioned. In that connexion, he welcomed the decision of the Regional Office for Europe to convene during 1958 a study group on public health aspects of the aging of populations.

He had been gratified to see the importance of service to the individual stressed throughout the report.

Professor CANAPERIA (Italy) said he did not consider the report to be an evaluation by experts, as he has understood the delegate of Norway to suggest, but rather an objective assessment of the world health situation. There were, of course, a number

of errors, and he associated himself with the previous speakers in their inquiries as to the sources from which the information had been drawn.

In regard to the first seven chapters of the report, he congratulated the Secretariat on the approach to the factors influencing the health of the population and the organization of public health services. He would nevertheless welcome an additional section in Chapter IV, on nutrition. Section 9 of that chapter, on the control of disease, should also be expanded to give greater emphasis to chronic diseases and the medical and social problems of the aged.

Greater prominence should also be given in Chapter VI to the training of public health specialists and members of public health teams and to the activities of schools of public health.

In conclusion, he expressed the hope that *The First Ten Years of the World Health Organization*, which he considered to be an excellent review, would be distributed as widely as possible.

Dr VARGAS-MÉNDEZ (Costa Rica) associated himself with previous speakers in their appreciation of the reports under consideration. He agreed that Chapter VIII of the First Report on the World Health Situation would have to be carefully reviewed and amended by Member States themselves.

One of the purposes of resolution WHA9.27 had been to find a form of presentation for reports submitted to the Organization under Article 61 of the Constitution which would make long statements at the beginning of each session of the Health Assembly unnecessary. Efforts to that end had not yet met with success, and so he suggested that the Director-General should continue to study how the information could be conveyed to delegates in such a way as to save the time of the Health Assembly.

Professor CLAVERO (Spain) expressed his approval of the volume entitled *The First Ten Years of the World Health Organization*.

With regard to the Report on the World Health Situation, he agreed with the previous speakers who considered that the country reports were not presented in a sufficiently uniform manner.

As regards the reliability of sources, he understood that public health administrations had been asked to submit information but that data from other sources had also been included. Some of the latter had perhaps proved unreliable. He felt that some of the more general background information, obtainable from other sources, might be omitted. The information on Spain was not entirely accurate; for instance, the facts concerning health edu-

cation of the public related to the year 1947. It should be understood that the report before the Committee was provisional and that all corrections would come from reliable sources.

Dr SULIANTI (Indonesia) congratulated Professor Mackintosh and the Secretariat on their work. The body of the Report on the World Health Situation would no doubt be improved if the relevant details which delegates had given in the course of the discussion on the Annual Report of the Director-General could be included in Chapter VII, on "Future Developments". She agreed that Chapter IV should include a section on nutrition.

She endorsed the suggestions of previous speakers that the Director-General should write to governments and invite their amendments, indicating 1 September 1958 as the final date.

Dr DJORDJEVIĆ (Yugoslavia) said that the Report on the World Health Situation bore witness to the capacity for work of the Secretariat and the strength of the Organization. It would be extremely useful, in future, for the development of collaboration among countries in medical research, medical education and public health. It confirmed that public health was entering a new phase and noted the improvements already made.

Some of the figures quoted in the report on Yugoslavia in Chapter VIII were incorrect, but that was understandable in view of the rapidity with which public health services were developing.

Dr WIÓR (Poland) thanked all who had cooperated in the preparation of the documents under review.

The assessment of the world health situation was most valuable and a similar report should be published at regular intervals. Being the first of its kind, the report naturally contained a large amount of detail. After time had been allowed for the correction of errors, she hoped that it would be published and distributed widely. As regards the first seven chapters of the report, she suggested that more information should be given on present trends, with particular reference to the integration of curative and preventive services, which was hardly mentioned. In regard to Chapter VIII, she suggested that an account be given of the underlying organizational principles of national health administrations. That would provide useful guidance to readers.

She fully agreed with the delegate of Argentina on the need for a more uniform presentation of data. Care should be taken, in editing, to see that a clear division was made for each field of public health

activity. That would help to produce a clearer impression in fewer pages.

Her Government would be glad to submit the necessary amendments to the country report, and particularly to the statistics, which had not been supplied by the Government.

Dr DÍAZ-COLLER (Mexico) pointed out that, in the case of medical schools, schools of homeopathy has been included in the figures for medical schools in some cases and not in others, with the result that the data were not comparable from country to country. He therefore warmly supported the suggestion of the delegate of Argentina.

Dr ALAN (Turkey) shared the opinion of the delegate of Belgium, in particular regarding the time limit for amendments. He suggested that a period of three months be allowed.

Dr METCALFE (Australia) pointed out the importance of bearing in mind the requirements of the reader. He would want to know, primarily, what was the general pattern of disease in other countries and what the public health authorities were doing about it. Though accuracy of detail was important, detail should be given sparingly, especially where statistics were concerned. Again, only a limited amount of general information was required in a report of that kind. The document gave a good general idea, in a sketchy way, of the health situation throughout the world. Obviously it could not give a full picture—that could only be done by an encyclopaedia running into many volumes—but if any specialized information was wanted, the volume indicated where it could be obtained. So far as his own country was concerned, the report did not present a very clear picture of the situation; but that could only be done if ten times more space was used.

Dr INCHÁUSTEGUI (Dominican Republic) shared the views of the delegate of France and requested

that the report be revised before publication. In that connexion he asked that the final date for submitting amendments be very clearly specified.

Dr WOLMAN (United States of America) warmly congratulated those responsible for preparing the First Report on the World Health Situation. It was the first time that such information had been collected. He hoped that it would be distributed as widely as possible and made available, particularly to those not engaged in public health activities, to bear witness to a degree of international co-operation which had no equal in any other field. In that respect, its significance went far beyond its subject.

That was also true of the commemorative volume, *The First Ten Years of the World Health Organization*, in which he had been amazed to see the geographical coverage, variety of activities and progress achieved. No delegate to the International Health Conference in 1946 could have foreseen such development, which had been achieved with exceedingly modest outlay in time, money and staff.

The editors of the First Report on the World Health Situation were particularly to be congratulated on the philosophical concepts set out in Chapter IV, section 8. They were the most comprehensive of any he had seen.

He warmly supported the suggestion of the delegate of India regarding the public health aspects of town-planning.

In connexion with the remarks in the fifth paragraph of Chapter IV, section 8, on the water-borne transmission of virus diseases, he said the statement that “treatment sufficient to remove bacteriological contamination was not sufficient to inactivate the virus of infectious hepatitis” had extremely dangerous implications if it were not confirmed, or if it were less than true. It should not be allowed to stand unless some authoritative basis for it was given.

The meeting rose at 12 noon.

NINTH MEETING

Thursday, 5 June 1958, at 2.30 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. First Report on the World Health Situation (continued)

Special Report Reviewing all the Activities of the World Health Organization during Past Years, including the Period of the Interim Commission (continued)

Agenda, 6.2 and 6.3

Dr EL-HALAWANI (United Arab Republic) associated himself with the remarks of previous speakers in appreciation of the reports produced by the Secretariat. The First Report on the World Health Situation in particular was a credit to the Director-General and to Professor Mackintosh. Certain passages might need some revision, such as the section on the contamination of potable water supply and the consequent risk of epidemic hepatitis (Chapter IV, section 8). He felt that it would be very useful if all national health administrations could communicate their comments to the World Health Organization in writing within the next two months.

Referring to the accidental contamination of food products by poisonous insecticides in the course of transportation, mentioned by the delegate of India at the previous meeting, he thought it would be desirable for WHO to recommend special precautions in the use of the new insecticides in respect of food products moving in international transport.

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) also associated himself with the remarks of previous speakers regarding the value and importance of the First Report on the World Health Situation and the volume *The First Ten Years of the World Health Organization*. His delegation was particularly pleased to note that the principles upon which the health regulations of the USSR were based were reflected in the first of those reports. The importance accorded to economic and social factors in matters of public health found some echo in Chapter III on health services and activities. Chapter I discussed the influence of climate and other geographical conditions and of environmental conditions on the health of the peoples. Chapter IV, on the distribution of functions in the health services, might well be expanded. More attention should be paid to such widespread degenerative diseases as

cancer and cardiovascular diseases, which became gradually of greater importance as the life span of the peoples was extended. Other important aspects of public health to which more space might be devoted were neonatal health and industrial medicine. The definition of mental health in Chapter IV was not completely satisfactory, and a number of positive and negative factors had not been taken into account; mental health was of great importance to all countries and an improved definition would be of great value. Chapter VII of the report, on future developments in world health, was not as full as the previous chapters. He realized that any future might seem problematical in the atomic age, but his own country was optimistic. It believed in a great future for the world and a great future for public health.

He was glad that a part of Chapter VII had been devoted to long-range planning for public health. It was always useful to define aims and to set up time-tables. A plan for the eradication of malaria had already been made, but there were other diseases whose eradication would have an equally beneficial effect upon the health of the world as a whole. His delegation would be presenting a proposal concerning the eradication of smallpox at a later date. It ought to be possible to draw up a time-table for the eradication of all the communicable diseases which plagued mankind. He hoped, therefore, that in subsequent editions of the report on the world health situation, Chapter VII would be expanded.

Certain corrections would have to be made in the material relating to specific countries. However, any errors which had been made were the fault of the public health authorities which had submitted the information. When those corrections had been made and Chapters IV and VII had been enlarged, the report should be printed and circulated as a work of first-class importance in the teaching of public health.

Dr GARGOV (Bulgaria) congratulated the Director-General and his staff on the valuable report which they had produced in implementation of resolution WHA9.27. The Report on the World Health Situation gave a picture of the main problems of public health on a world scale, and would undoubtedly

serve as a most useful guide for future activities. The report did not always agree fully with the most modern theories on certain aspects of public health, in particular social and economic influences on health, but it was, nevertheless, a very useful piece of work. Bulgaria had drawn up a long-term plan for the development of its own public health services, and it would profit from much of the information and many of the conclusions contained in the report.

His delegation would have liked, in the first seven chapters of the report, to find a more detailed description of the principles of health administration of the various groups of countries with similar social and economic conditions. And it reserved, of course, the right to correct any errors or omissions which might have slipped into Chapter VIII "Country Reviews".

In regard to the volume *The First Ten Years of the World Health Organization*, he wished to draw attention to "Map 5. Notifications of Cases of Smallpox, 1948 to 1957", on page 272, where Bulgaria was marked with "Data not available". Bulgaria had had compulsory vaccination against smallpox for a century, and no cases of smallpox had been reported since 1928.

Dr ENGEL (Sweden) associated himself with the other delegations present in congratulating the Director-General and his staff on the reports under discussion. He believed that they would remain standard works of high value for many years. He wished to remind the Committee that all the countries represented had a great deal of responsibility for the reports. The Secretariat was to be warmly commended on the results of its work. Nevertheless, the First Report on the World Health Situation in particular might gain from review by Member States, as had been suggested. He had one slight criticism to make of the section on maternal and child health: it did not place enough emphasis on modern trends in those activities. He suggested that governments should be given the necessary time to submit their comments, and that the deadline for the submission of corrections should be postponed as far as possible so as to enable all countries to co-operate to the fullest possible extent in a work of such fundamental importance.

Dr JAVIER (Honduras) recalled that Article 61 of the Constitution of WHO provided that each Member State should report annually to the Organization on the action taken and the progress achieved in improving the health of its people. It was not made clear, however, exactly when that information should be submitted and what period it should

cover. He felt that the Assembly might consider making a recommendation establishing a fixed period for the submission of annual reports. He supported the suggestion of the delegate of Argentina that a uniform questionnaire should be drawn up. Although no specific comparisons would be made, a uniform questionnaire would help Members to appreciate their own advances or shortcomings in the field of health.

Dr DOUBEK (Czechoslovakia) said that the First Report on the World Health Situation would give all countries a better knowledge of world problems and would help them with their public health plans at home. He thought that the very novelty of the project was perhaps responsible for its shortcomings, which would undoubtedly be eliminated in the final edition. He reserved his Government's right to correct some of the information on Czechoslovakia given in the report. He suggested that 1 September 1958 would be a suitable closing date for the submission of additional information by the various countries, so that the completion of the report could be expedited. It might perhaps be advisable to enlarge the group responsible for drafting the report; Czechoslovakia would be glad to participate if required.

Dr ALLARIA (Argentina) said that his delegation had submitted a draft resolution to the Secretariat combining the views of several delegations on the procedure for preparing a uniform questionnaire.

Dr FRANDSEN (Denmark) was full of admiration for the work done by the Secretariat and Professor Mackintosh. He was sure that, given time, Member States would be able to provide corrections and give Professor Mackintosh the material he needed to carry out his task to the best possible effect. He was sure that the information provided by Denmark, for example, could be improved. In conclusion, he supported the suggestion that a questionnaire should be sent out for the purpose of corrections.

Dr LAYTON (Canada) noted that many speakers wanted the Report on the World Health Situation to be brought up to date and printed. However, since that would require a great deal of time and money, the Assembly might well give serious consideration to the question of the usefulness of publishing the document in its present form. It was, of course, a valuable and comprehensive work, but he wondered whether its actual publication, particularly the country reviews in Chapter VIII, would really help public health authorities. He would like the Director-General to give his views on that point, and also to

supply an estimate of the cost of compiling and reproducing the document as it stood, as well as the costs of final printing and publication.

Professor JANZ (Portugal) agreed with the suggestion made by previous speakers that the questions of nutrition and health education should be given more importance in the report. He supported the Belgian proposal that governments should be given time to correct the information given in the country reviews, and had no objection to the proposed date of 1 September. He thought it important that the sources of the information supplied should be indicated.

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland) regretted that the two reports produced by the Secretariat contained relatively little on hospital services and their relationship to public health. Largely as a result of the efforts of the International Hospital Federation, hospitals were now recognized as positive agencies of health and not merely repositories of sick persons. Those advances had been recognized by WHO, which had given much assistance to national services and improved co-ordination between hospitals and other facilities for the care of the sick. In 1956, an Expert Committee on the Organization of Medical Care had discussed the relationship between hospitals and the community, and it had been concluded that the preventive activities of hospitals should be developed, as well as research, training and rehabilitation. It was significant that WHO had granted a hundred fellowships in hospital administration in ten years. He hoped, therefore, that more attention would be given to hospital services in relation to public health and the community.

Dr SÁNCHEZ-VIGIL (Nicaragua) thought that *The First Ten Years of the World Health Organization* was an almost perfect production. The First Report on the World Health Situation was also of very great interest. He felt, however, that such details as climate, altitude, distribution of population and religion might be included in the country reviews, as having a very great bearing on public health. He agreed with the suggestion that more attention should be paid to nutrition, and he would also have liked to see more emphasis on the link between veterinary medicine and public health.

Mr CHEHADE (Lebanon) endorsed the comments of the United States delegate at the previous meeting in regard to infectious hepatitis and water purification. He also supported the suggestion made by the delegate of Argentina about a uniform ques-

tionnaire, and agreed with that of the delegate of the Soviet Union that a time-table should be drawn up for the eradication of the various communicable diseases.

Many delegates had proposed the inclusion of more material in the report. In order to prevent its becoming too unwieldy, he suggested that it might be divided into separate reports on the several sectors of public health—environmental sanitation, public health education, hospitals, etc.—each of which would be published separately.

Mr OLIVERO (Guatemala) agreed that steps should be taken to revise the details given in the country reviews. In the section on Guatemala, for example, there was a reference to the Medical School of the University of San Carlos as being under government control. In fact, the University was quite independent.

A number of suggestions had been made regarding dates and procedures. He felt that it would be preferable merely to adopt a resolution congratulating the authors, the Secretariat and the Director-General, and, as a corollary to the discussion, asking the Director-General to take steps to have the details concerning the individual countries revised by those countries.

Dr VALENZUELA (Chile) agreed, while congratulating the Director-General and the Secretariat on the Report on the World Health Situation, that it could be improved in some of its details. He supported the suggestion of the delegate of Argentina that a uniform questionnaire should be sent out so that the country reviews could be corrected. It might be possible to postpone a final decision to the Twelfth World Health Assembly.

Dr AL-WAHBI (Iraq) highly commended the documents under discussion as another positive and important step towards attaining the aims and goals of the World Health Organization. He agreed with the delegate of Australia that the Report on the World Health Situation was not meant as an encyclopaedia. Although figures and statistics were important, patterns of health administration and methods of coping with divergent health problems were more important in such works. In regard to the editing of the country reviews, he concurred with the delegations of India, the United States of America, Norway, Australia, Italy, the Soviet Union and the United Arab Republic.

Miss MESSOLORA (Greece) associated herself with the congratulations expressed by previous speakers. All countries would undoubtedly benefit from the

co-operation advocated by the Director-General in his preface to the First Report on the World Health Situation.

Dr SLIM (Tunisia) and Dr SÁNCHEZ MORENO (Peru) associated themselves with the praises addressed to the report, while supporting the proposal that it should be revised and corrected.

The DIRECTOR-GENERAL thought that the lengthy and detailed discussion had shown the importance which was attached to the First Report on the World Health Situation. The criticism that had been made of the information given on the different countries was by no means unexpected, as the report was a first attempt. The Organization had been trying to obtain such information for the past ten years. Many resolutions had been passed and questionnaires prepared, but the material under discussion was the first to be produced for examination and criticism. When the Ninth World Health Assembly had requested the report, it had been suggested that a single questionnaire should be used. That had proved impossible, however, and the regional committees had prepared individual questionnaires for the different regions. The product of those questionnaires was not final; it rested with governments to correct the information compiled.

Originally, the First Report on the World Health Situation was to have been published before presentation to the Health Assembly, and money had been set aside for that in the budget approved for 1958 : the sum of \$22 000 had been allocated for the publication of *The First Ten Years of the World Health Organization* and the report. He could not tell the delegate of Canada exactly how much of that sum now remained. The important point was that the report had actually been produced. It was the result of ten years' efforts to compile information. Despite its shortcomings, it would be a basic document and would encourage all countries to co-operate in the production of the next one.

It would be impossible as yet to obtain annual reports in accordance with the provisions of the Constitution. It might, however, be possible to obtain the information necessary to produce a second report on the world health situation covering the next four or five years. The report as it stood would stimulate governments to supply the information that was needed, and it would also supplement the reports on other aspects of the world situation prepared by the United Nations and the other specialized agencies. Its improvement would depend on the goodwill of governments. In conclusion, he emphasized to those delegates who had suggested

the preparation of a single questionnaire that ten years had already been spent on that matter and no final agreement was foreseeable within the next three or four years.

The CHAIRMAN noted that a draft resolution prepared by the delegation of Argentina had been distributed to the Committee. It read as follows :

The Eleventh World Health Assembly,

Recognizing the extent of the effort represented by the publications on the world health situation;

Considering that the magnificent work done by the Secretariat of WHO unfortunately does not give an exact picture of the health situation in the different countries,

1. CONGRATULATES the Director-General and the Secretariat on the work done in the preparation of the provisional documents on the world health situation;
2. ENTRUSTS an ad hoc committee, in conjunction with the Secretariat, with the establishment of a questionnaire to be circulated to the countries in order to serve as a uniform guide in drawing up the reports;
3. POSTPONES until 1 October the date for receipt of the reports from the different countries;
4. RECOMMENDS that, in the final volume, the source of the information be inserted so as to ensure the accuracy of the data obtained.

As an alternative to the above, the Chairman now submitted the following text :

The Eleventh World Health Assembly

1. NOTES the First Report on the World Health Situation prepared by the Director-General in pursuance of resolution WHA9.27;
2. THANKS the Member governments for their assistance in providing material for this report;
3. REQUESTS the Member governments of WHO to submit before 1 September 1958 all amendments they wish to include in this report before it is finalized;
4. INVITES the Members of the World Health Organization to prepare, as a further step towards fulfilment of their obligations under Article 61 of the Constitution, a second report covering as far as possible the period 1957 to 1960; and
5. REQUESTS the Director-General to prepare for the Fifteenth World Health Assembly the second report on the world health situation.

Regarding the volume, *The First Ten Years of the World Health Organization*, he suggested the following draft resolution :

The Eleventh World Health Assembly,

Having reviewed the report of the Director-General on the first ten years of WHO,

1. NOTES with satisfaction the progress achieved in the development of health services, the reduction of communicable diseases all over the world, and the initiation of programmes of eradication of certain communicable diseases, notably that of malaria;
2. EXPRESSES the hope that in the next decade Member governments and the Organization will take further steps towards reaching the goals laid down in the Constitution; and
3. COMMENDS the Director-General for the preparation and presentation of this report and for the work thus far accomplished.

He suggested that the above draft resolutions be considered at the next meeting.

It was so agreed (see minutes of the tenth meeting, sections 1 and 2).

2. Study to Plan an Intensified Research Programme

Supplementary Item 1

Dr van Zile HYDE (United States of America) in introducing the working paper submitted by his delegation (see Annex 11), explained that the proposal that was being put forward by the United States of America was not for a programme; it was for a study, the results of which might be considered at the next Health Assembly, for developing a programme of extended activity in medical and scientific research. Underlying the proposal was a recognition of the fact that one of the chief functions of WHO was to meet the need for the extension of scientific knowledge. It was also hoped that solutions would be found to operational problems, such as those raised by resistance to insecticides, where it had been necessary to embark upon co-ordinated research.

The entire medical community looked upon WHO with confidence and respect, and that was important if WHO was to continue to receive the support of the best scientific personnel throughout the world. One way to retain that support was to render greater services to those scientists; and there was more and more recognition of the need for increased services from WHO in the field of medical research.

As stated in the document before the meeting, WHO research policy was set forth in a resolution of the Second World Health Assembly (WHA2.19). It was now a matter of initiating a study to see how WHO could develop its role in research along the lines stated in the paper. An example of what WHO could do was its work of co-ordination of research in the recent influenza epidemic. Useful work might also be done in indicating where gaps existed in public health research. Once those gaps were discovered it should be possible to agree on the allotting of specific groups or agencies to cover them. Another area was the facilitation of communications between scientists and research institutions. The Chairman of the present committee himself, as a member of the Executive Board, had pointed to the need for greater circulation of knowledge concerning the research being carried out in various countries. The training of research personnel was of the greatest importance. It was necessary to have competent personnel and provide adequate opportunities for training in research work.

The United States delegation did not presume to explore all the ways of intensifying the role of WHO in that field; that could best be done by the Organization itself. One thing that could be done was to bring together a small staff of highly experienced medical research administrators who had specialized knowledge and had administered research on a large scale. Such a group, working with expert committees or directly with counterparts in the various countries, and with the non-governmental organizations and other agencies, could explore the field and prepare a plan for the Health Assembly. The United States Government was prepared to make a special grant to the Organization of \$300 000 to enable it to make that study and to develop such a plan. As Dr Eisenhower had pointed out at the Commemorative Session, the United States was prepared, if such a plan should be accepted by the Health Assembly, to participate in giving substantial support to it. He hoped that the Health Assembly would see fit to institute the study so that its results could be examined at the Twelfth World Health Assembly.

Dr AUJALEU (France) said that in matters of research there were two attitudes possible for national health services and for WHO: either to await the results of research carried out haphazardly, or to determine the subjects on which research should be concentrated and then institute or co-ordinate it. Of course, research could not be directed as easily as, say, preventive medicine; sometimes the most useful discoveries originated in fields far removed from public health. However, if one were

to wait passively for the results of research undertaken in a haphazard manner, one might have to wait a long time before any discoveries of benefit to public health were made. So far WHO had been a little timid with regard to research and had engaged in it with some hesitation. He welcomed the initiative taken by the United States delegation as compelling WHO to take a clear stand, one way or the other, on the question. He had no particular criticism to offer with regard to the proposal, except that it might be a little naïve to believe that great results could be expected from scientific congresses. Apart from that minor comment, he fully agreed with what was proposed in the United States working paper, and his delegation would be happy to support any attempt to stimulate research along the lines indicated.

Dr ENGEL (Sweden) expressed appreciation of the initiative taken by the United States delegation for the promotion of research in public health. Medical research was in fact preventive medicine at the highest level. Keeping abreast with advances in science was one of the most important and most difficult tasks facing health administrations. Co-ordinating research in public health was one way of recruiting the best brains of the medical profession into the public health field. His delegation would support any draft resolution along the lines of the United States proposal.

Dr SÁNCHEZ-VIGIL (Nicaragua) also congratulated the United States delegation on its initiative. In the past, various countries had undertaken medical research programmes but WHO, unhampered by national boundaries, was able to do much more in that field. With the necessary financial support, it could carry out, for example, studies on malnutrition. In that connexion he referred to work that has been done by the Institute of Nutrition of Central America and Panama and by the Rockefeller Foundation. He welcomed the United States proposals as one that opened up new vistas of public health.

Sir Arcot MUDALIAR (India) supported the United States proposal for a study to plan an intensified research programme. The demand for research was growing everywhere, and WHO must now reconsider its position in that regard. Medical research was linked to scientific research in other fields, and medical research workers must be enabled to keep in closer contact with the research carried on in the physical and biological sciences. He was glad to note that one of the areas of activity mentioned in the proposal was the standardization of

scientific terminology and methods. Moreover, in a world where vastly differing conditions existed, and where the disease factors were often attributable to climatic conditions, a knowledge of those factors would be very useful in solving some of the problems connected with disease.

Dr DJORDJEVIĆ (Yugoslavia) expressed the support of his delegation for the United States proposal, which should be of considerable benefit to the Organization.

Professor MUNTENDAM (Netherlands) was grateful to the United States Government for its proposal. However, he wondered whether it would be feasible to make a general approach to the problems of research in such a large field. Would it not be better to give priority to a limited field of research, e.g., methods of epidemiology in chronic diseases, for which there were already recommendations from different parts of the world?

Dr METCALFE (Australia) thought the project was important and a valuable contribution by the United States delegation. However, it would be one of extraordinary difficulty in administration. In his own country, the following considerations determined the granting of funds for research: whether the project was worth while, whether the applicant was capable of carrying it out, whether the facilities were suitable for the project, and whether there was adequate supervision. Research on an international basis was even more difficult than in an individual country. A project such as that in question would cost a minimum of \$2 000 000 a year to get under way, and if such a sum were not available would not get very far.

He supported the United States proposal provided that it was limited to a study of the possibilities in the matter. He would ask the United States delegation whether the offer was contingent on the passage of the amendment to the Act providing for United States participation in WHO, mentioned in the working paper before the Committee. He also suggested that if such a project were put into effect it should not be limited in the main to such diseases as cancer and heart disease; they were of extraordinary complexity, and there were many other diseases which should receive prior attention.

Dr GARCÍA (Philippines) heartily supported the United States proposal. It was well known that in the less-developed countries there was a tremendous lag in research. While some diseases would require large sums of money for research, there were others on which it could be carried out at the national

level for a few thousand dollars; but even then the money was not available in the countries concerned. A good deal of such research could be carried out with the \$300 000 being made available through the proposal. He expressed the gratitude of his Government and people for the gesture on the part of the United States of America.

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) welcomed the initiative of the United States of America and its offer of special funds to initiate a research programme. His delegation understood the desire to promote medical research. In his country science and medical research were closely linked. However, more research was needed on certain types of diseases, and the broadening and stimulating of medical research was extremely useful. He would be interested to hear if the United States delegation could present concrete ways and means of utilizing the funds. The needs were great—previous speakers had mentioned cancer, malnutrition and many other questions. The funds were not overabundant, and it was necessary to use them in the most useful direction. He proposed that the Director-General and the United States delegation, perhaps with the Executive Board, should together work out a complete programme for utilizing the funds.

Dr SLIM (Tunisia) thanked the United States delegate for the outline he had given of the proposal in regard to research. There were three requirements for scientific research: the subject for study, the equipment for carrying out the study, and the people to do the work. The subject for study, which would be a disease of some kind, was unfortunately still the privilege of the under-developed countries. The equipment would come from the economically developed countries. The people were to be found in both the developed and under-developed countries—scientists in the former, their pupils in the latter. It could be a fine example of international co-operation. He suggested that it was rather in the under-developed countries that the research laboratories should be instituted, so that those countries might learn from the experience of the more advanced countries.

Dr EL-HALAWANI (United Arab Republic) supported the United States proposal. International research should cover every important communicable disease and not be confined to a few. WHO had already helped in that field by sending experts to laboratories in various countries, including his own, where considerable work had been done on insects and insecticides. Research work in the laboratory was also closely connected with control work in the

field. The organization of research should be at two levels: at the national level, each country should be required to organize its own programme of medical research; and, at the international level, all Member States should co-ordinate research among themselves as far as possible.

Professor CANAPERIA (Italy) associated himself with the congratulations extended to the United States delegation on its proposal. The research policy of WHO, established by the Second World Health Assembly, included the provision that the Organization should not consider the establishment, under its own auspices, of international research institutions. That principle should be retained. While the activity of the Organization had been modest, there had been co-operation between research workers and laboratories, as in the case of the campaign against influenza. In the document submitted by the United States delegation there were certain proposals tending to strengthen the role of WHO in research. To determine gap areas in medical and public health research would be easy; to find means of bridging the gaps would be more difficult. It would be left to the work and the imagination of individual research workers. However, the proposal was of great interest, and his delegation would support it enthusiastically.

Dr TURBOTT (New Zealand) said that there appeared to be two interpretations of the proposal. One was that out of the fund a local administrator would be able to get help to carry out a project, as had been suggested by the delegate of the Philippines. His own interpretation was the opposite: that the proposal of the United States Government was to give \$300 000 for a study of what might be the future functions of WHO in the field of research. Meanwhile no one was asked to do anything but wait for the results of the work of the small expert group, for which the \$300 000 would be paying. When the group's conclusions were ready, a plan would be put before the next Health Assembly for its consideration. There would be no obligation on the part of any other country to contribute until then. He trusted that that interpretation was the right one.

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland) understood that the project was strictly limited at the moment to a study by the Director-General of methods of co-ordinating research and the other items mentioned in the working paper, and that there was no question of any country being committed to make contributions to locally instituted research or to any organization of

international research institutions. So long as it was clearly understood that there was to be merely a study of the items mentioned in the paper, his delegation supported the proposal whole heartedly.

Dr van Zile HYDE (United States of America) in answering the various questions raised, expressed gratification at the manner in which the proposal had been received. As the delegates of New Zealand and the United Kingdom had indicated, the proposal was one for a study in the first place. It was entirely consistent with the policy adopted in 1949 and did not contain any suggestion that WHO should establish international research institutions under its own auspices. Nor was there any suggestion that WHO should embark upon a programme of grants to any greater extent than at present. Certain grants were made in connexion with present programmes, in line with the subparagraph (2) of resolution WHA2.19, but there was no suggestion that WHO should embark on a large grant programme.

Nor was the proposal limited to any disease or group of diseases. It called for a study of research needs and resources to determine where international assistance was most urgently needed. Global epidemiology might be one of the areas that the study group would consider as of first importance. He presumed also that the group would give consideration to what might be done in some of the social sciences as well as the principal sciences, and even the question of research administration and how best to administer public health programmes. When the plan was presented, it would probably call for consideration of increased expenditures in the field of research, and it might offer several alternative proposals.

The reference in his delegation's working paper to the proposed legislation had been added as an indication of the great interest in the matter on the part of the United States administration and also of Congress. It would not be necessary to go to Congress for the \$300 000; that would be a grant from the Public Health Service. However, if a project should be presented and approved by the Health Assembly, it would be necessary for the United States Government to seek an appropriation to support it.

It was expected that the study would be made by people of high standing, that it would reflect the competence that had characterized WHO and its Director-General, and that a sound plan would be presented to the next Health Assembly.

The DIRECTOR-GENERAL expressed his gratitude to the United States Government for its offer aimed at stimulating the work of WHO in research. It

should be realized that the offer was a consequence of ten years of work by WHO. At the beginning the Organization had not known how far it could go in the matter of research. Efforts had been made to stimulate certain types of research, without building up a real programme to be carried on by the Organization. It would be a mistake to think that from now on the Organization had plenty of money to spend all over the world for research. As shown from past experience, the work done by the national research organizations was most important, and the offer by the United States Government should stimulate national governments to carry on more and more research in medicine and related fields on a co-ordinated basis. The United States Government was offering WHO an opportunity to analyse what its problems were and what could be done to stimulate research in their direction.

Research could not be imposed. Nor could one tell what the results would be. It was a field where even a negative result was as important as a positive one. Research should not be judged in the same way as an eradication programme or a demonstration programme. It should be realized that some of the investments would not bring, at least outwardly, the results that were expected. The Director-General was being asked to find the ways and means of studying what the Organization could do to develop a special type of work, namely, the stimulation and co-ordination of health research all over the world.

The CHAIRMAN proposed the following draft resolution for the consideration of the Committee :

The Eleventh World Health Assembly,

Having studied the proposal submitted by the delegation of the United States of America for the development of a plan for an intensified research programme and their offer of additional funds for this purpose;

Noting that WHO, under its Constitution, is required to promote and conduct research in the field of health;

Realizing that the Organization is already playing an important role in stimulating and co-ordinating research in medical and scientific fields such as influenza, poliomyelitis, rabies, chemotherapy of tuberculosis, brucellosis, the treponematoses, resistance to insecticides in disease vectors, efficacy of vaccines, preparation of standards for pharmaceutical preparations, sera and vaccines, nutrition and others;

Considering that further knowledge is needed on the etiology, treatment and prevention of certain diseases common to mankind, including

chronic diseases such as cancer and heart disease and other diseases;

Recognizing that the Organization has established a system of co-ordination of research through collaboration with laboratories and institutions on a world-wide scale; and

Recognizing that a well designed plan for expanding the role of WHO in research would merit the support of many Member States,

1. THANKS the United States of America for this initiative and for the contribution of funds to enable the Director-General to prepare a plan for a programme of co-ordinated international research;

2. BELIEVES that within the policies established by WHO the Organization can profitably expand its role in research in the following areas of activity among others :

- (1) co-ordination of research on an international scale through integrated laboratory networks;
- (2) the identification and definition of gap areas in medical and public health research;
- (3) standardization of scientific terminology and methods;
- (4) facilitation of communication between scientists and research institutions;

(5) determination of unmet requirements for facilities and equipment;

(6) training of research personnel;

(7) promotion and support of scientific congresses, seminars and other meetings of medical scientists;

(8) stimulation and advice to national and international official and voluntary agencies in the research area;

3. REQUESTS the Director-General :

(1) to organize and arrange for a special study of the role of WHO in medical and health research and of ways in which the Organization might assist more adequately in stimulating and co-ordinating research and developing research personnel;

(2) to prepare a plan on the basis of such study in the furtherance of research for transmission to the twenty-third session of the Executive Board and to the Twelfth World Health Assembly, with cost estimates.

The text of the draft resolution would be circulated and he suggested that it be considered at the next meeting.

It was so agreed.

The meeting rose at 5.25 p.m.

TENTH MEETING

Friday, 6 June 1958, at 4.50 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. First Report on the World Health Situation (continued from the ninth meeting, section 1)

Agenda, 6.2

The CHAIRMAN invited the Committee to consider the two draft resolutions, one proposed by the delegate of Argentina and the other by himself, to which he had drawn attention at the previous meeting.

Dr ALLARIA (Argentina) agreed to withdraw his draft resolution in favour of the one proposed by the Chairman, provided that an additional para-

graph was inserted after paragraph 3 of the Chairman's text. The suggested paragraph, which would become paragraph 4, would read as follows :

REQUESTS the Director-General to prepare a questionnaire on public health and demographic aspects, so that it may be used by Member States as a guide for the preparation of their future reports.

Professor HURTADO (Cuba) proposed to amend paragraph 3 of the Chairman's draft resolution

so as to postpone the final date for submission of amendments from 1 September 1958 to 30 September 1958.

With regard to paragraph 5 of that resolution, which requested the Director-General to prepare for the Fifteenth World Health Assembly the second report on the world health situation, he questioned whether that would allow enough time for the preparation of such a document.

Médecin-Colonel BERNARD (France) expressed agreement with the draft resolution submitted by the Chairman and also with the amendments proposed by the delegates of Argentina and Cuba.

Professor CANAPERIA (Italy), commenting on the amendment proposed by the delegate of Argentina, observed that a questionnaire had already been sent to Member States for the preparation of the first report. It had been found difficult to adopt a uniform questionnaire suitable for every area, and the same difficulty would arise in the case of the second report.

He supported the amendment proposed by the delegate of Cuba.

Dr KAUL, Assistant Director-General, Department of Advisory Services, took the additional paragraph proposed by the delegate of Argentina to mean that the Director-General would try to devise a questionnaire in the light of the experience that had been gained in the preparation of the first report. Since the second report would cover the period 1957 to 1960, and it was expected that governments would submit information on that period during the course of 1961, the report would be prepared at the end of 1961 or at the beginning of 1962 and could be examined by the Fifteenth World Health Assembly in May 1962.

Decision: The draft resolution proposed by the Chairman, with the amendments proposed by the delegations of Argentina and Cuba, was approved unanimously (see third report of the Committee, section 2).

2. Special Report Reviewing all the Activities of the World Health Organization during Past Years, including the Period of the Interim Commission (continued from the ninth meeting, section 1)

Agenda, 6.3

The CHAIRMAN invited the Committee to consider the draft resolution to which he had drawn attention at the previous meeting.

Médecin-Colonel BERNARD (France) felt that the words "EXPRESSES the hope" at the beginning of paragraph 2 were insufficiently strong and proposed that they be amended to "IS CONVINCED".

Decision: The draft resolution, with the amendment proposed by the delegate of France, was approved (see third report of the Committee, section 3).

3. Study to Plan an Intensified Research Programme (continued from the ninth meeting, section 2)

Supplementary Item 1

The CHAIRMAN called upon the delegate of the United States of America to introduce the revised draft resolution proposed by his delegation, and which read as follows :

The Eleventh World Health Assembly,

Having studied the proposal submitted by the delegation of the United States of America for the development of a plan for an intensified research programme, and its offer of additional funds for this purpose;

Noting that WHO, under its Constitution, is required to promote and conduct research in the field of health;

Realizing that the Organization is already playing an important role in stimulating and co-ordinating research in medical and scientific fields;

Considering that further knowledge is needed on the etiology, treatment and prevention of certain diseases common to mankind, including chronic diseases such as cancer, heart disease and other diseases;

Recognizing that the Organization has established a system of co-ordination of research through collaboration with laboratories and institutions on a world-wide scale; and

Recognizing that a well-designed plan for expanding the role of WHO in research would merit the support of many Member States,

1. THANKS the United States of America for this initiative and for the contribution of funds to enable the Director-General to prepare a plan for a programme of co-ordinated international research;

2. BELIEVES that, within the policies established by WHO, the Organization can profitably expand its role in research along the lines proposed;

3. REQUESTS the Director-General :

(1) to organize and arrange for a special study of the role of WHO in medical and health research and of ways in which the Organization might assist more adequately in stimulating and co-ordinating research and developing research personnel;

(2) to prepare a plan on the basis of such study in the furtherance of research, for transmission to the twenty-third session of the Executive Board and to the Twelfth World Health Assembly, with cost estimates.

Dr LEE (United States of America) said that the revised proposal presented by his delegation was more generally worded than the draft resolution proposed by the Chairman at the previous meeting. The changes that had been made were in the main the deletion of some of the more specific references to diseases and areas of activity. He hoped that they would meet with the approval of delegates.

Dr ALLARIA (Argentina) hoped that some of the funds in question, offered so generously by the United States of America, would be devoted to social, educational and economic areas of research. He suggested that the words "medical and health" in subparagraph 3 (1) should be deleted.

Dr TURBOTT (New Zealand) thought that the reference in paragraph 2 to "the lines proposed" might tie the Director-General too closely to the programme outlined in the working paper. It would be preferable to leave the planning committee free to determine its own programme. He suggested, therefore, that the words "along the lines proposed" should be deleted.

Dr TEWARI (India) thought that the words "certain diseases" in the fourth paragraph of the preamble might be taken to imply that the last word could be said on the etiology, treatment and prevention of diseases other than those specified. The scope of the resolution would be broader if the word "certain" was deleted. The word "international" in paragraph 1 of the draft resolution should also be deleted, as it might imply that research under national auspices would not be entitled to assistance.

Dr EVANG (Norway) thought that it would remove all doubt as to the scope of the resolution if the United States delegation would agree to substitute the words "the provisions of its Constitution" for the words "the policies established by WHO" in paragraph 2.

Dr LEE (United States of America) accepted all the proposed amendments on behalf of his delegation.

Decision: The draft resolution, as amended, was approved unanimously.

The CHAIRMAN said that the resolution just adopted would be referred to the Committee on Administration, Finance and Legal Matters for the completion of the financial arrangements, as decided by the Health Assembly. The resolution would thus constitute the report of the Committee on Programme and Budget to the Committee on Administration, Finance and Legal Matters (see page 378).

4. Developments in Activities Assisted Jointly with UNICEF

Agenda, 6.14

The CHAIRMAN asked the Assistant Director-General, Advisory Services, to introduce the Director-General's report on developments in activities assisted jointly with UNICEF (see Annex 13).

Dr KAUL, Assistant Director-General, Department of Advisory Services, drew attention to three major points in the report. The position in regard to malaria eradication and joint assistance in that field was set out in detail in section 4.1 of the report. Joint activities in that field included some 47 projects all over the world. It would be noted that about \$8 000 000 had been allocated by UNICEF for malaria eradication in 1957. At an earlier stage, the UNICEF Executive Board had decided that it would participate in the programme to the extent of \$10 000 000. That figure had almost been reached in 1957, if certain pending allocations were taken into account. He drew the Committee's attention to the fact that future arrangements had been discussed at the last session of the UNICEF Executive Board. UNICEF apparently intended after 1960 to reduce its expenditure on malaria eradication to some \$4 000 000 or \$5 000 000. The WHO representative at the meeting had drawn attention to the probable needs of the programme beyond 1960 and has recalled resolution EB21.R45 of the WHO Executive Board.

Details regarding the procedure for collaboration in social activities with the Bureau of Social Affairs of the United Nations were given in section 5.3 of the report. In essence, the procedure was that jointly assisted social activities should obtain the technical approval of the Bureau of Social Affairs. It was also intended that in broad programmes, such

as community development, all elements of the programme should receive technical approval from the competent technical agencies.

The establishment of the FAO/UNICEF Joint Policy Committee was described in section 7 of the report. For the time being that decision had been taken as a provisional measure : it would be reviewed by the FAO Council and the UNICEF Executive Board. It had been agreed that the Director-General of WHO should be invited to be represented at meetings of the FAO/UNICEF Joint Policy Committee and to participate in the discussions. Documentation for the Committee bearing on WHO's interests was to be cleared with WHO.

Dr BIERDRAGER (Netherlands), referring to section 6 of the report, on nutrition, observed that the problem of malnutrition and deficiency diseases existed in many parts of the world. The nutritional conferences sponsored by FAO and WHO in Africa and Asia had demonstrated the need for improvement in that field. Tuberculosis and intestinal diseases *inter alia*, would not affect general health to the extent they did if standards of nutrition were higher. Indeed, programmes for the control of those diseases depended very largely on improvements in nutrition. Nevertheless, the organization of nutritional services had been somewhat neglected; for example, there was no regional adviser on nutrition in the Western Pacific Region. Much of the field had been left to FAO, but nutrition had many aspects, of which the agricultural aspect was only one. Basically, nutrition was a clinical problem which required medical investigation. Only WHO could provide a sound scientific and medical basis for the co-ordination of activities in nutrition. There should, for instance, be follow-up surveys on the supplementary feeding programmes administered by UNICEF. FAO could not counsel countries on the organization of subsistence agriculture without advice on the nutritional requirements of the country in question. He was therefore very pleased to note that the appointment of nutritional advisers was under consideration and that WHO wished to be closely associated with UNICEF activities in nutrition in the future.

Miss RADIĆ (Yugoslavia) said that her delegation would like to express its satisfaction at the happy development of the relations between WHO and UNICEF. Yugoslavia had long been a member of the UNICEF Executive Board and had had an opportunity to take an active part in the planning of joint projects. There were few spheres of co-operative activity within the United Nations that had proved as successful.

The joint work on malaria eradication was one of the more satisfactory instances of that co-operation and her delegation hoped that it would be continued in the future.

Yugoslavia believed it would be best to retain the existing procedure, whereby WHO was responsible for the technical approval of joint projects and the UNICEF Executive Board, as the policy-making organ of UNICEF, had the final decision on the work to be undertaken.

The Yugoslav delegation would welcome more emphasis in the future on activities for the training of all categories of professional and auxiliary medical staff.

Dr ALLARIA (Argentina) congratulated the Director-General on the excellent report before the Committee. He particularly welcomed the outline of activities in maternal and child welfare (section 5) in which governments might look to WHO and UNICEF for help. They would be of great assistance to the Argentine authorities in drawing up plans for the immediate and more distant future.

Argentina had for some time past been considering the idea of co-ordinating maternal and child health services with other community development work, and the guiding lines laid down in the report would be of great help in putting that idea into practice.

He wondered whether there was any possibility of WHO and the other organizations concerned considering a change in the existing definition of maternal and child health to cover the child and the family as a whole. That would be more in line with present-day ideas on integrated community development.

Dr DÍAZ-COLLER (Mexico) remarked that the reason for the failure of many health programmes in the past had been the inadequate training of doctors in public-health measures for the control of communicable diseases. Any funds UNICEF might invest for training, in co-operation with WHO, key staff for chairs of paediatrics and preventive medicine would bring the most abundant return in terms of better health for children. He accordingly suggested that UNICEF and WHO, acting together, should find ways and means of subsidizing medical schools for the purpose of setting up or improving departments of preventive medicine and paediatrics wherever the need existed.

Dr AUJALEU (France) said he was glad to have the opportunity of expressing his delegation's appreciation of the joint efforts of WHO and UNICEF. In the early years, UNICEF activities had appeared to be a little apart from those of WHO, but as time

had gone on the two had become more or less complementary. Accordingly, countries such as France which gave financial support to UNICEF were able to feel that they were at the same time supporting WHO.

While UNICEF, as an independent organization, could use its funds in line with its own policy alone, it was nevertheless more and more coming to associate itself with WHO's health policy. In certain spheres it was even doing pioneering work.

The relations between the secretariats of WHO and of UNICEF were excellent. The desire of UNICEF to have a policy of its own and to decide how its funds should be utilized was not in itself a disturbing factor. He trusted that on WHO's side too, nothing would be allowed to hamper the joint activities which were of such great benefit to children all over the world.

Dr AKWEI (Ghana), referred to the title of section 4.2.1. of the report—trachoma and related eye diseases—and asked what exactly the related eye diseases comprised. He also wondered what UNICEF's attitude was towards bilharziasis programmes.

He wished, too, to have some explanation of the position of WHO in regard to possible joint activities of FAO and UNICEF in nutrition. Ghana and other countries were getting assistance in a number of ways from international bodies and it was essential for governments to know the precise sphere of competence of each body. Nutrition was a part of health, and it was clearly stated in the Constitution that WHO should be the directing and co-ordinating authority in health matters. He would therefore like to be assured that WHO's competence in the matter of nutrition would be safeguarded in respect of those new activities.

Dr SÁNCHEZ-VIGIL (Nicaragua) endorsed the views expressed by the delegate of Mexico as being very pertinent. If health programmes were to be carried through to success, better training in public health was essential in the medical schools.

The work of raising living standards in countries like his own was obviously a long-term endeavour. In the past, the efforts of the Rockefeller Foundation in Nicaragua over many years had made but a slight impression on the basic health situation because of the ignorance of the people on how to help themselves, poor sanitation, and low standards of training and lack of knowledge of preventive medicine among the health personnel. A similar situation prevailed in respect of agriculture, where a vast work of educating the people to improve cultivation, marketing of produce, and so on, was still to be done.

If WHO and UNICEF were to take the lead in encouraging greater emphasis on preventive medicine by subsidizing chairs in the subject in the medical schools, that would undoubtedly give a great impetus to the work in the future, and the ensuing improvement in health would have repercussions on social and economic standards as well. Consideration might also be given to similar action in respect of health statistics.

Professor CLAVERO (Spain) expressed gratitude to WHO and UNICEF for their joint work in helping to raise health standards in his country. In the past few years, much had been done with their help to improve milk supplies for children and to set up services designed to reduce infant mortality. Trachoma was another disease affecting children especially and, again, work in a wide area in eastern Spain was being actively pursued now that funds had been released by the disappearance of malaria from the country. Work on congenital syphilis was also proceeding apace, with the setting-up of well-equipped laboratories, and a start had been made on rehabilitation of physically handicapped children.

Mrs SINCLAIR, Deputy Executive Director of UNICEF, thanked delegates for the many kind and encouraging references made to UNICEF in the discussion.

Much had been said in the discussion about the importance of training. UNICEF was well aware that the provision of supplies and equipment was not sufficient without adequately trained staff to administer the programmes. The Executive Board of UNICEF was very interested in increasing its assistance to training programmes and had given instructions to that effect at its last session. Furthermore, UNICEF was already authorized to give assistance on request for the development of chairs of paediatrics and preventive medicine in medical schools.

Nutrition was another sphere in which UNICEF interest was growing. UNICEF was seeking ways, in conjunction with WHO and FAO, to develop its activities on the subject. It had asked FAO and WHO to carry out a survey on the UNICEF milk distribution projects with the object of evaluating that work to date and of having some guidance for its future activities of the kind. The results of the survey should be available within the next year or two.

UNICEF assistance to malaria eradication programmes had also been stressed in the discussion. The Executive Board of UNICEF had the duty of

deciding how the funds made available to it should be spent, and the problem usually was that the various spheres of activity and the needs were larger than the funds. In 1955 WHO has asked UNICEF to participate in malaria eradication programmes. The Executive Board of UNICEF, recognizing the urgency of the problem and its special character in regard to time, had agreed that, for the period that was foreseen, it would be prepared to establish a certain imbalance—both financial and geographical—in its allocations for health work in favour of malaria, on the understanding that the imbalance would be redressed in suitable ways once the urgency was over. In that connexion, she would like to correct an impression that might have been given by Dr Kaul : UNICEF had not agreed to allocate \$10 000 000 a year for malaria, but had decided that not more than \$10 000 000 could be allocated in any year.

The records of the UNICEF Executive Board would show that, great as was the interest in malaria eradication, there had been reminders from time to time of the importance of aid to basic services, such as nutrition and maternal and child health. WHO had been greatly concerned at the decision of the UNICEF Executive Board at its last session to reduce the amount allocated for malaria eradication programmes after the year 1960. The reasons for that decision were, in the first place, financial : UNICEF was supported by voluntary contributions from governments and private sources and hence could not accurately forecast its income for any particular year. It was accordingly bound to exercise caution in undertaking future commitment of funds. Secondly, it had been based on forecasts made by WHO of the probable duration of the eradication campaigns, according to which the peak of the operations would be reached in 1960, and if all went according to plan there was reason to expect a reduction in the costs after that year.

If the expectations were not fulfilled, the matter would have to be referred again to the UNICEF Executive Board, and she was not in a position at the present moment to predict the outcome of such an approach. It would probably depend on UNICEF resources, other funds available for malaria eradication and the general success of the campaigns. UNICEF, because of its inclusion with WHO and the United States International Co-operation Administration in the committee for overall planning, would be in close touch with developments in malaria eradication. There was therefore every reason to hope that the programmes would be brought to a successful conclusion and

that UNICEF would be able to play a reasonable part in them.

The institution of more precise relationships between UNICEF and FAO and the United Nations Bureau of Social Affairs brought in its train some problems. As UNICEF was now extending its work into a number of spheres that were of interest to more than one agency, the procedure for technical approval and joint consultation would be more complicated. She would accordingly plead for retaining the simplest possible procedures in the joint planning of projects, so as to cut to the minimum the delay in the execution of projects.

UNICEF had already received a number of requests from governments for assistance on bilharziasis programmes. The question had been referred to the UNICEF/WHO Joint Committee on Health Policy. WHO had informed the Joint Committee that knowledge of eradication methods was not yet such as to warrant the institution of eradication programmes and until that situation changed UNICEF was unable to meet such requests.

In conclusion, she expressed on behalf of her colleagues in UNICEF warm appreciation to the staff of WHO, at headquarters, in the regional offices and in the field, and to the WHO advisers in UNICEF offices, for the tremendous help given to UNICEF in the carrying out of the joint work. The combined efforts of the two organizations went far beyond what each one separately could accomplish.

The CHAIRMAN thanked Mrs Sinclair for her statement. He had great pleasure in expressing WHO's gratitude to UNICEF for its helpful co-operation in health work throughout the world.

Dr KAUL noted, in reply to the Netherlands delegate, that the Director-General was expanding the activity of WHO and its staff to the extent that nutritional activities were being developed in the field. It has been recognized by FAO that WHO should take a larger share in activities in nutrition in the future.

In reply to the delegate of Ghana, he said that the words "related eye diseases" in section 4.2.1 of the report meant principally septic conjunctivitis. In regard to the concern expressed by that delegate about the representation of WHO on the FAO/UNICEF Joint Policy Committee, he referred him to the terms of reference of the Joint Committee, given in section 7 of the report. Paragraph (a) seemed to refer specifically to FAO's sphere of competence. The clinical aspects of nutrition would normally come to the UNICEF/WHO Joint Com-

mittee. It was hoped that within the established procedures for inter-agency co-operation arrangements would be made for the clearance of documentation, and planning would be so co-ordinated that any duplication would be avoided.

In regard to the point raised by Mrs Sinclair, he said that it had been very difficult in previous years to estimate the cost of the world programmes for the eradication of malaria. He could not recall that WHO had ever given a formal estimate. There had been tentative suggestions and discussions, but it would be too definite to say that an estimate had been given on which forward planning had been based. It was now possible to give a better estimate of costs than it had been two or three years previously; those estimates were given in the malaria eradication programme which was before the World Health Assembly at the moment.

Dr TEWARI (India) remarked that the Director-General's report on co-operation with UNICEF made very pleasing reading. India had always had the most cordial relations with both UNICEF and WHO and was proud of the fact that with their assistance it has been able to carry out public health programmes which were already beginning to show good results.

It was entirely fitting that UNICEF's activities should now be expanded in collaboration with other United Nations bodies to cover nutritional and social matters—matters which were so closely linked with health. Care would nevertheless have to be taken to ensure the development of those new relations on the right lines, so as to avoid possible conflict of interests and overlapping. Much would undoubtedly depend on the personal contacts maintained among the heads of the different agencies.

It would be noticed from the table in section 4.1 of the Director-General's report that the UNICEF outlay on malaria eradication tended to increase

from the eastern to the western hemisphere, whereas the expenditure on malaria control rose in the opposite direction. There should, he believed, be a shift of emphasis in the placement of those funds.

In regard to reaching the ceiling of \$10 000 000 that had been set by UNICEF for malaria eradication, India was in a position to help in that matter by absorbing as much assistance as could be given.

It should be borne in mind that malaria eradication required a large capital investment on the part of the governments concerned and India, for instance, had already invested large sums in the initial operations. Owing to a certain amount of delay at the outset, there was a possibility that operations would have to be extended beyond the original period envisaged. He accordingly hoped that, once the programme was launched in earnest, there would be no difficulty in making available the necessary funds for its completion.

He went on to comment on other health programmes now in progress in his country—in trachoma control, tuberculosis control and maternal and child health. Training was, of course, an essential part of the maternal and child health programme and every effort was being made to give a bias to the preventive side of public health measures.

Lastly, he trusted that the importance of environmental sanitation for health programmes in general would be borne in mind by UNICEF in considering its future activities.

The CHAIRMAN submitted for the Committee's consideration a draft resolution, which Dr BIERDRAGER (Netherlands) proposed should be approved for transmission to the Health Assembly.

Decision: The draft resolution was approved unanimously (for text, see third report of the Committee, section 4).

The meeting rose at 6.55 p.m.

ELEVENTH MEETING

Saturday, 7 June 1958, at 2.30 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Third Report of the Committee

Dr KAUL, Assistant Director-General, Department of Advisory Services, drew attention to an error in the English text of the draft third report.

Dr IBRAHIM (Iraq), Rapporteur, read the draft report.

Decision: The report, as corrected, was adopted unanimously (for text, see page 372).

2. Report of the Committee to the Committee on Administration, Finance and Legal Matters

Dr IBRAHIM (Iraq), Rapporteur, read the draft report of the Committee on Programme and Budget to the Committee on Administration, Finance and Legal Matters.

Decision: The report was adopted unanimously (for text, see page 378).

3. Review and Approval of the Regular Programme and Budget Estimates for 1959 (continued from the seventh meeting section 1)

Agenda, 6.5

The CHAIRMAN noted that the Committee was called on to consider only the Operating Programme, contained in Part II of the Proposed Programme and Budget Estimates (*Official Records* No. 81). Parts I and III had been referred to the Committee on Administration, Finance and Legal Matters.

He suggested that the Committee take up Part II section by section.

It was so agreed.

Central Technical Services

Dr TIMMERMAN, Assistant Director-General, Department of Central Technical Services, explained that his comments on the plans for 1959 would necessarily be brief and incomplete. He nevertheless hoped to be able to give some idea of the next steps WHO had in mind in the work of the Central Technical Services.

In the Division of Epidemiological and Health Statistical Services, the routine function of supervising the world-wide application of the International Sanitary Regulations would be continued and countries would be encouraged to notify the presence of quarantinable diseases promptly and fully, in order that the broadcasting system of WHO and its weekly epidemiological reports might be fully effective.

The programme on health statistics included a further meeting of the Sub-Committee on Cancer Statistics to consider the results of studies on the reliability of diagnosis of malignant tumours, for proper interpretation of comparisons of mortality from one country to another and in successive periods within a given country.

In the work on statistical methodology, emphasis would be laid on suitable methods of providing health information in countries and territories where the lack of adequate administrative machinery and

the shortage of physicians as yet precluded the application of the standard methods of computing mortality and morbidity.

Morbidity statistics were still far from attaining the degree of international comparability achieved by mortality statistics. Further intensive work would therefore be done towards the adoption of uniform definitions and methods of sickness surveys and recording of diseases. The WHO Centre for Classification of Diseases and the headquarters staff concerned would be devoting much time to work designed to secure application of the International Statistical Classification to morbidity.

Epidemiological studies were essential in order to determine the etiology of diseases. Studies of the kind should apply to selected groups, and should take advantage of clinical and laboratory investigations, and take account of environmental conditions, so as to permit a detailed analysis of as many factors as possible. In accordance with the recommendation of the Tenth World Health Assembly, a study group on the epidemiology of cancer was planned for 1959. It was further planned to associate epidemiologists with projects on such matters as the diarrhoeal diseases and the effects of air pollution, as likely to provide very useful information.

WHO would continue its work on biological standardization, by drawing up international standards and making recommendations on assay methods and requirements for biological substances. It was hoped to establish finally a number of new standards during the year. Special attention would be given to problems of standardization in the complicated area of snake venoms and antivenoms.

It was hoped to be able to issue definite recommendations on assay methods and requirement levels for several vaccines and other preparations, and it was also the intention to study more general requirements, such as sterility and pyrogenicity.

Pharmaceutical work would continue to include the preparation of specifications and assay methods for determining the quality of pharmaceutical preparations, and those specifications would be issued, it was hoped, on information sheets for the use of the appropriate authorities and laboratories in the different countries. They would also be published in the International Pharmacopoeia. Radioisotopes used in medicine would be discussed by a study group with the object of drawing up specifications for such substances.

With respect to addiction-producing drugs the Organization's normal task of providing technical advice to the United Nations would continue to be fulfilled. It was expected that requests would be

received, in connexion with resolutions of the Economic and Social Council, for technical assistance in narcotics control, e.g., for the provision of consultants and for seminars. WHO was also to participate in a programme of studies on drug addiction, agreed upon by the United Nations Commission on Narcotic Drugs.

Work on the preparation and publication of recommended health laboratory methods would continue. Further study would be given to the design, construction, equipment and staffing problems of public health laboratories in different parts of the world, so that WHO might be in a position to give appropriate advice on those matters. The work on the histopathology of cancer would also continue, and it was hoped that enough experience would be gained by 1959 to serve as a basis for expanding the Organization's activities on cancer in the future. Information was to be collected with a view to finding appropriate means of evaluating the carcinogenicity of chemicals used as food additives. A study was to be made, too, of the use of antibiotics as food preservatives. It was hoped that the collection of physical, chemical and biological data on antimicrobials and antioxidants would be completed during 1959.

The Division of Editorial and Reference Services would, in addition to its normal publications, bring out a number of special issues of the *Bulletin* on specific problems. It was intended, too, to publish comprehensive studies on individual activities of the Organization in the *Chronicle*. Other changes in the *Chronicle* were contemplated; in particular, an increase in the number of final reports on field projects and an improvement of their quality. A number of monographs were also expected to be published during the year.

It was encouraging to note that requests for information on health legislation were increasing in number. As a consequence, the publication of comparative studies would be continued, three being planned for 1959.

The reference services supplied by the WHO Library would be maintained and the Library's bibliographical work would continue.

The malaria eradication campaigns in progress would probably call for the constant interchange of information and WHO would be responsible for its collection and distribution. A great deal of translation work would be involved. It was also worthy of mention that the increased use of the Spanish language and the use of Russian had resulted in a corresponding growth in the work of the Division.

Section 4.0: Office of the Assistant Director-General

There were no comments.

Section 4.1: Epidemiological and Health Statistical Services

Mr WYATT (United States of America) thanked the Assistant Director-General for his valuable review of the proposed programme.

By resolution WHA10.17, the Tenth World Health had requested the Director-General to consider the measures by which the Organization could most effectively continue to assist in the development of health and vital statistics systems and had further requested him to submit reports to the Executive Board on his findings and recommendations.

The Executive Board, at its twenty-first session, had considered the interim progress report made by the Director-General.¹ In accordance with the Health Assembly resolution a more definitive report was to be submitted to a subsequent session of the Executive Board.

The report in question was a valuable first step towards the general re-examination of the Organization's work in statistics, on which the United States delegation laid much stress. It outlined the previous work done by the Organization as well as a number of additional projects planned for the immediate future. The United States delegation was of the opinion that all those projects represented a substantial contribution to the quantitative aspects of public health planning and administration. WHO was now in a strong position to develop further its programme in health and vital statistics, embracing the various aspects of the scientific quantitative measurement of problems and progress in public health, both national and international.

Many new avenues were opening out for the use of statistical methods in public health, as, for example, the application of biometric methods in medical laboratory research work, new techniques for studying the relation of health to various factors—demographic, geographical, social and economic—and new methods of obtaining data on health services. For decades past, the lack of reliable and comprehensive measures of morbidity had hampered public health administrators. That obstacle might be in process of removal with the recent progress in scientific sampling methods and health survey techniques.

In the past few years, the new statistical methods had been used in a number of countries as aids in

¹ Unpublished

the planning and administration of national health activities. The United States had recently established a permanent National Health Survey, the task of which was to secure by survey statistical information on the amount, distribution, and effects of illness in the United States, and on the services received for or because of illness.

That use of health-survey methodology was only one of the advances made on many fronts in vital and health statistics. WHO now had the opportunity to play a progressive role in the determining and exploiting of appropriate methods of all types, and in the analysis and exchange of all types of information, in order to assist countries to the greatest possible extent in their own studies.

A well-rounded programme of activities in health and vital statistics should, of course, continue to embrace technical matters such as standards, definitions, and statistical techniques. It might well go beyond those to include assistance in developing and strengthening administrative systems and procedures that were adapted to various social and organizational frameworks, as well as the appraisal and exchange of information on the broad range of experience existing in many countries. A programme of that kind might become a fundamental element in WHO's work of helping countries in all stages of economic development to improve their health programmes.

The United States delegation had submitted for the consideration of the Health Assembly a draft resolution reading as follows :

The Eleventh World Health Assembly,

Recognizing the importance of the scientific quantitative measurement of the health status of populations to the continued progress of public health programmes throughout the world; and

Noting that, in accordance with resolution WHA10.17, the Director-General has submitted a progress report to the Executive Board, which deals especially with the past and present work of WHO in vital and health statistics, and is to submit a further report to the Executive Board,

REQUESTS the Director-General :

- (1) to continue this study in the field of health and vital statistics, with appropriate expert consultation, with a view to making a further report at an early session of the Executive Board; and
- (2) to include in this report recommendations on a forward-looking and balanced WHO

programme for the development and strengthening of systematic procedures for the securing of adequate vital and health statistics, such recommendations to include specific proposals

- (a) on how WHO can appraise and assist in the development of administrative and technical procedures best adapted to various social and organizational frameworks;
- (b) on how WHO can evaluate and disseminate information on the systems in effect in different countries, and
- (c) on how WHO can further the development and adoption of international standards in health statistics.

He drew attention in particular to a number of items enumerated in subparagraph (2) of the draft resolution which the Director-General might usefully cover in his definitive report to the Executive Board. His delegation hoped that the considerations put forward might be of assistance to the Director-General in making plans for the Organization's future programmes as well.

Mr JOLL (United Kingdom of Great Britain and Northern Ireland), on behalf of the United Kingdom delegation, gave general support to the observations just made by the delegate of the United States of America. In the last ten years, the subject of health statistics had come up repeatedly in the Health Assembly and in the Executive Board and had also been studied by the Expert Committee on Health Statistics, its sub-committees and other groups. The United Kingdom delegation looked forward with interest to the further report on the subject which the Director-General was to make.

There seemed to be general acceptance that WHO, while maintaining and strengthening its established role in vital and health statistics, should now take more active steps to encourage the acquisition of up-to-date statistical data on health and disease from all feasible sources. The vast amount of preparatory study and work in both developed and less developed countries that would be entailed in fulfilment of that aim was recognized. WHO had already encouraged study of that kind by individual countries and had brought together experts to explore and define the problems involved. A certain caution in regard to the new sphere of work had been and would continue to be justified, but the United Kingdom delegation felt that the time had come for WHO to take more specific and positive steps. That view should not be taken as in any way detracting from the excellent work that was now being done by the Secretariat.

Examples of the kind of work the United Kingdom delegation had in mind included :

- (1) the adoption and promulgation of standardized definitions of morbidity rates and measurements for international use;
- (2) the publication of a manual, or series of manuals, on the various types of health statistics that could be developed in varying conditions;
- (3) further study of systems of cancer registration and of other methods of acquiring data in the incidence, prevalence and follow-up of cancer cases; and
- (4) summarizing and comparative analysis of national committee and governmental reports relating to developments in health statistics.

His delegation would also like to see ever-increasing collaboration between the Advisory Services and the Central Technical Services, as well as between headquarters and the regions, in the use of statistics in planning, in evaluating results of projects and in the study of the epidemiology and etiology of disease generally. The need for a forward-looking and wide-ranging policy in health statistics was amply illustrated by the serious gaps in quantitative measurement displayed in the first report on the world health situation.

The promotion of health statistics was an area in which there was no conflict of interest between the developed and the less developed countries. It was accordingly to be hoped that there would be general acceptance of the views put forward by the United States delegation.

If the already large number of recommendations on health statistics, and further recommendations that might be forthcoming, were to be effectively co-ordinated and implemented, adequate and continuing effort in the Secretariat itself would be required. No doubt the Director-General, in drawing up future budgets, would give due consideration to that aspect, and to the suggestion made by the Executive Board at its twenty-first session that a greater percentage of the Organization's 1960 budget should be provided for the technical services at headquarters (*Official Records* No. 84, page 63, paragraph 2.3).

Dr PRÍNCIPE (Venezuela) remarked that the notable progress made in the past ten years in the use of vital and health statistics had made a significant contribution to the health of the peoples of the world. As a result countries had gained a more precise knowledge of their health problems and had been able to direct their efforts usefully and evaluate results.

From its inception, WHO had taken a marked interest and had given the lead in stimulating work on health statistics. The notable results obtained were universally recognized. There was still much to be done, however, in expanding health statistics in most countries of the world and there was a growing interest in collecting statistical data on health and illness from the many sources available, with a view to making the best possible use of the information thus gained. WHO thus had the opportunity of expanding its role of leader and guide in those fundamental activities. For those reasons, his delegation supported the draft resolution put forward by the delegate of the United States of America.

Dr LAYTON (Canada) expressed his delegation's general support for the United States draft resolution. The valuable and productive work of the epidemiological and vital statistical services of WHO in the area of traditional statistics and in preliminary study of certain aspects of non-traditional statistics, as well as in other activities, was generally recognized and appreciated. However, the Canadian delegation also hoped that WHO would take a forward-looking attitude in the study and development of methods for the acquisition of morbidity data and, in fact, that it would take positive steps to collect information on such methods where it existed in Member countries. Such action would be of benefit to those countries contemplating surveys of various types.

Dr WIÓR (Poland) supported the United States draft resolution and emphasized the great importance of vital statistics for national health services and for any research into the general health of the population.

Professor CANAPERIA (Italy) also supported the United States proposal. Health statistics were undoubtedly essential for the planning and evaluation of health services, and there undoubtedly existed certain gaps that must be filled, especially in regard to mortality. He drew attention to the discussions that had taken place in the Standing Committee on Administration and Finance of the Executive Board on the subject (*Official Records* No. 84, page 31): a member of the Standing Committee had suggested that the Board might undertake a study of health statistics to see if the organizational structure corresponded to present needs. That suggestion might be taken up when the Committee came to discuss item 6.12 of the agenda, "Future organizational study by the Executive Board".

Dr YEN (China) also emphasized the importance of health and vital statistics and supported the United States draft resolution, drawing attention to the need for a uniform method of collecting statistics in order to facilitate comparison of the situation in the different countries.

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) emphasized the extreme importance of the question and supported the United States proposal. He also agreed with the remarks made by the other delegations, in particular that of the United Kingdom of Great Britain and Northern Ireland.

Mr JOLL (United Kingdom of Great Britain and Northern Ireland) said that the Seventh Revision of the International Lists of Diseases and Causes of Death had recently been published. The next revision would not take place until about 1965, but it was not too soon to consider the procedure for examining proposals for that revision. Such proposals would come from many sources and he suggested that, in some regions at any rate, there might be advantage in sifting them through the medium of regional meetings of experts—including seminars where desirable. Such regional meetings of experts had been of special value to the United Nations secretariat in finalizing the "Principles and Recommendations for National Population Censuses". The meetings might also facilitate the study of the various forms of health statistics which were appropriate to the different countries or parts of countries.

He then drew attention to the proposal for a meeting of a study group on the epidemiology of cancer, involving an appropriation of \$5000, and the proposed meeting of the Sub-Committee on Cancer Statistics, at an estimated cost of \$6300. He asked whether the Director-General was still satisfied, taking into account everything said at the last meeting of the Executive Board, that there was sufficient justification for holding both those meetings.

Dr TIMMERMAN, Assistant Director-General, Department of Central Technical Services, said that the Director-General was very grateful for all the valuable suggestions made in the course of the discussion. He fully realized the great importance of health and vital statistics and he would give careful study to all the suggestions made.

In reply to the remarks just made by the delegate of the United Kingdom, he said that planning for the next revision of the International Lists of Diseases and Causes of Death had already begun.

The suggestion made by the delegate of the United Kingdom would receive careful consideration.

On the second point made by the delegate of the United Kingdom, he said that the Sub-Committee on Cancer Statistics had met in 1957 and made a number of recommendations on methods of collecting mortality and morbidity statistics. At its 1959 meeting the Sub-Committee would consider what action WHO should take on those recommendations and give advice for further work. The study group on the epidemiology of cancer, on the other hand, would review the information collected on the epidemiology of cancer and suggest what further work should be done in that domain. The Director-General was fully satisfied that both meetings were justified and that they would not overlap.

The DIRECTOR-GENERAL suggested that, in the second paragraph of the preamble to the United States draft resolution and in subparagraph (1), the word "further" should be replaced by "final". That would be more in line with resolution WHA10.17.

Mr WYATT (United States of America) accepted that amendment.

Decision: The draft resolution, as amended, was approved (see fourth report of the Committee, section 1).

Section 4.2: Therapeutic Substances

There were no comments.

Section 4.3: Editorial and Reference Services

There were no comments.

Advisory Services

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that two organizational changes had taken place in the Department of Advisory Services. The first was designed to deal with the growing responsibilities of the Organization in the field of malaria eradication, and to that end a Division of Malaria Eradication with two sections had been created. The second change was the establishment of an Office of Programme Co-ordination, which had been accomplished by internal transfers of staff.

With regard to the control of communicable diseases, the aim of the proposed programme was to achieve greater integration of mass campaigns into existing rural health services. Systematic epidemiological research into endemic infections was

continuing, and increasing importance was being given to the co-ordination of research in virology and zoonoses.

The success of assisted campaigns in clearing up endemic treponematoses from the high-prevalence rural areas of under-developed countries was now making it possible for WHO to assist governments in planning campaigns for low-prevalence regions. For that purpose a treponematoses advisory team was to be created to conduct sample surveys in order to ascertain the true prevalence of yaws infections. The stage was now set for a world-wide eradication campaign if funds became available.

The plans for leprosy control included a meeting of a WHO expert committee to review the progress made; a conference in Africa to follow that held in Asia in 1958; an advisory team to assist the regions in planning and organizing projects and in assessing their results; and an international training course.

The trend in the Organization's public health services was towards the study and development of rural and local health services. A sustained effort would be made to improve the training of staff in all aspects of public health and to broaden the scope of WHO's activities in the field of social and occupational health, the organization of medical care services, chronic degenerative diseases and accident prevention. The results of the local health survey initiated by the Organization would be reviewed by an expert committee which was to meet in 1959. It was hoped that its discussions would reveal a general model for local health services and that valuable information would be brought to light concerning the health of the population in relation to their living and working environment.

A second meeting was planned for the Expert Committee on the Organization of Medical Care, in order to study the problem of the organization of ambulatory health care. In addition, an international study was to be undertaken in co-operation with the United Nations and ILO on the cost of financing medical care services.

With regard to training, the programme included a conference on post-basic nursing education and a meeting of an expert committee to study the question of preparing teachers for health education and the promotion of school health.

The mental health programme included a meeting of an expert committee on the epidemiology of psychiatric disorders.

There were four aspects to the work on environmental sanitation. In the first place, an attempt would be made to meet the perennial problem

created by the shortage of trained personnel, and priority would be given to those who could themselves become teachers and instructors. In the second place, great importance was attached to the supporting role of sanitation in other health programmes. In the third place, the work for 1959 would include urban sanitation, especially urban water supply, although rural sanitation would continue to be an item of great importance. The proposal of the 1956 Study Group on International Standards of Drinking-Water Quality to create a quality standard for public water supplies that would be applicable in all countries had stimulated much national research. WHO was to co-ordinate the work by publishing a guide on urban water supplies. The fourth feature of the environmental sanitation programme was the Organization's intensive efforts to co-ordinate research activities of chemists, geneticists, physiologists and other specialists engaged in a world-wide programme of research into the resistance of insects to certain common insecticides.

With regard to education and training, a new approach was now being made in the assistance given to countries wishing to develop teaching institutions. The principle was now to review the overall needs of such institutions and to provide them with an integrated plan rather than to send visiting experts in response to isolated needs. Furthermore, an expert committee of medical educators was to be convened to study the possibilities of including a preventive approach in undergraduate pre-clinical studies.

He would make some introductory remarks on the malaria eradication programme later in the discussion.

Section 5.0: Office of the Assistant Director-General

There were no comments.

Section 5.1: Communicable-Disease Services

Dr METCALFE (Australia) drew attention to the problem caused by the abuse of antibiotics and the consequent growth of staphylococcus infections. In ten years' time those infections might become one of the most important health problems. He suggested that WHO should bear that in mind and possibly set up an expert committee at some future date.

Dr DOULL (International Leprosy Association) speaking at the invitation of the Chairman, congratulated WHO on its remarkable achievements in the past ten years. His Association wished to reaffirm its policy of assisting to the limits of its

capacity in the implementation of any programme for leprosy control on which WHO might embark. Several delegates had mentioned leprosy as one of the important problems of their countries, but the full impact of the disease on the economy, the health and the happiness of the world was far from being generally appreciated. The total number of cases was estimated at from three to more than ten million. About one-third of all victims were moderately or severely disabled. It was also pertinent that leprosy was most prevalent in countries where the *per caput* income was low.

Dr Doull went on to describe the two principal types of leprosy and what could be achieved by sulfone therapy. He emphasized, however, that the sulfones had gained a reputation which was only partially deserved; they could arrest the disease in some cases but they could not cure it. Consequently his Association wished to emphasize the importance of an educational programme in order to avoid arousing false hopes.

From the epidemiological point of view, however, the outlook was encouraging. Leprosy was an example of an infectious disease in which the balance between man and microbe was nearly equal. A preventive measure need not therefore be perfect provided that it was accurately directed. If the more infectious patients could be reached and if, in a substantial proportion of them, treatment could be continued until ulceration was healed, there was a good prospect of success.

In conclusion, he wished to draw the attention of WHO to three points. Firstly, the statistics on the prevalence of leprosy were notoriously incomplete. He therefore suggested that in all countries to which WHO assistance was given steps should be taken to ascertain the prevalence of each type of the disease by geographical region. That could be accomplished by sample surveys and, to determine the incidence and trend of the disease, such surveys should be repeated in the same areas at intervals of about five years. Efforts should also be made to keep a current register of active cases as a part of the countries' health statistics.

Secondly, the eradication of leprosy would be achieved much more surely and expeditiously if governments would devote part of their leprosy budgets to research.

Thirdly, success in the eradication of leprosy also depended upon education, since the greatest handicap at present was delay in seeking treatment. That could be overcome to a considerable degree by a properly organized programme of health education of the public.

The CHAIRMAN thanked the representative of the International Leprosy Association for his valuable statement.

Dr KAUL, replying to the delegate of Australia, said that no direct steps had yet been taken to study the problem of staphylococcus infections, but the general problem of sensitization to antibiotics was being followed closely. If the evidence showed the need for a further study of the problem in relation to staphylococcus infections, that would certainly receive the necessary attention.

He had been interested to hear the suggestions made by the representative of the International Leprosy Association. Some of those points were already under consideration for inclusion in the Organization's future programmes.

Section 5.2: Organization of Public Health Services

Miss BURNS (United States of America) congratulated the Director-General on the programme proposed under section 5.2. She was particularly pleased to note the number of fellowships proposed for nurses in order to improve teaching, supervision and administration in the nursing services. She was also glad that there were to be training courses for auxiliary personnel and that the effective use of volunteer workers was to be encouraged with a view to developing community health programmes. Such workers could be very helpful in spreading information on questions of public health. She also referred to the appointment of an expert committee on nursing, and she was glad to note that five countries had sent nurses as delegates to the Health Assembly.

Dr GILBERT (Canada), referring to section 5.2.4, Health Education of the Public, congratulated the Director-General on having included in the budget for 1959 funds for the preparation of teachers for health education in schools, for regional seminars and for international meetings on the health education of the public.

All those activities were indispensable because there still existed much confusion of principles, techniques and practice in health education. The necessary distinction was not always made between the responsibilities of specialized public health personnel and of other health workers; between private and public bodies; between work on the local, the provincial and the national levels; and between work addressed to individuals, groups and collectivities. It was possible to see clearly in the matter, and to distinguish the guiding principles

of health education, only after a number of years' study.

He then outlined the programme of the Montreal University School of Health and the Quebec Province Ministry of Health, with particular reference to the work of nurse-hygienists. Fifteen years' experience of the system had shown its advantages, not the least of which was an exceptional stability in staff.

It was clear that no programme or pattern of administration could be borrowed from one country and applied to another. Even the methods used had to be adapted to local conditions and to the social, cultural and economic characteristics of the region. It was, therefore, particularly important that in sending out consultants or teams, and in organizing meetings, WHO should refer to as many sources as possible in order to have a very wide experience of current practices in the health education of the public. That would ensure that technical advice given and methods recommended were always flexible and well-adapted to the purpose and country for which they were intended.

Dr DÍAZ-COLLER (Mexico), referring to section 5.2.1, Public Health Administration, asked for more information on the work which had led up to the suggestion that an expert committee should meet in 1959 to examine the progress of five pilot studies on local health services.

Dr HILLEBOE (United States of America) said that in section 5.2.3, Social and Occupational Health, reference was made to the medical rehabilitation of the physically handicapped, which an expert committee was to discuss during 1958. That committee was to consider the most frequent physical disabilities, in the main countries of the world, and to determine the scope and area where medical rehabilitation could be worth while, as well as the reorganization of rehabilitation services. He congratulated the Director-General on the decision to call the meeting, since that coincided with the recommendations of the Seventh World Congress of the International Society for the Welfare of Cripples (London, 1957), which had pointed out, in particular, that medical rehabilitation was the complement to diagnosis and treatment and could be undertaken even in countries with limited medical resources.

Dr ENGEL (Sweden) stressed the importance of studying malformations as a basis for any epidemiological study of prenatal lesions, which affected one to two per cent. of all children born alive. The incidence of lesions was determined by environmental and genetic factors, including virus infections,

intoxication, and ionizing radiation. Those factors could be studied only if there was an efficient system of registration of prenatal lesions. Such a study was a suitable basis for a more intensive programme of maternal and child health, which could start at a very early stage of pregnancy. He did not wish, at that stage, to propose the inclusion of a new item in the 1959 programme, but only to give notice of his intention to raise the matter at the forthcoming session of the Regional Committee for Europe. In view of the fact that the matter touched on so many existing WHO activities, the Regional Committee might wish to recommend it for the future.

Dr KAUL thanked the Committee for the useful comments regarding nursing, health education of the public and maternal and child health.

In reply to the delegate of the United States of America, he said that the Expert Committee on Medical Rehabilitation had met early in 1958 and had made certain recommendations.

Answering the delegate of Mexico, he said that the Director-General had convened a study group, in 1954, to consider the problems facing many countries in the development of their local health services. On the recommendation of that study group, five pilot field studies had been started, in 1955, in collaboration with the authorities of the United Kingdom of Great Britain and Northern Ireland, India, the Netherlands, Puerto Rico, and Sweden. The results of those pilot projects were in process of being collected and analysed for submission to the Expert Committee on Local Health Services, which it was proposed to convene in 1959.

Section 5.3: Environmental Sanitation

There were no comments.

Section 5.4: Education and Training Services

There were no comments.

Section 5.5: Programme Co-ordination

There were no comments.

Section 5.6: Programme Evaluation

There were no comments.

Section 5.7: Supply

There were no comments.

Regional Offices

There were no comments.

Expert Committees

There were no comments.

*Regional Schedules**Africa*

There were no comments.

The Americas

There were no comments.

South-East Asia

There were no comments.

Europe.

Dr LAYTON (Canada) pointed out that, at its twenty-first session, the Executive Board had recommended the deletion of the \$10 050 included in the budget estimates for a seminar on modern trends in anaesthesiology (*Official Records* No. 84, page 49). The Board had also recommended that the funds thus released be used at the discretion of the Director-General for activities in the European Region. Could the Director-General say for what purpose he intended to use those funds?

The DIRECTOR-GENERAL said that, until confirmed by the Health Assembly, the suggestion remained a recommendation of the Board to the Health Assembly, on which he was not entitled to act. If the Health Assembly confirmed the Board's recommendation, he would confer with the Regional Director for Europe on the use to be made of the funds.

Dr MÉTALL (International Labour Organisation) referred to projects EURO 163 and EURO 164 (*Official Records* No. 81, page 240). He hoped that the International Labour Organisation would be invited to participate in the preparations for and conduct of the training course for industrial medical officers on the psycho-social environment in industry, as well as the study group on implications for the medical field of the use of automation in Europe, in both of which ILO was interested in virtue of its Constitution. His organization would welcome an invitation to take part in preliminary consultations before projects of that kind were submitted to the Health Assembly.

Dr VAN DE CALSEYDE, Regional Director for Europe, explained that the projects to which Dr Métall had referred had still to be discussed by the Regional Committee. He was sure that at the appropriate time his colleagues of the International Labour Organisation would be invited to participate in the work.

Dr BEN-ABUD (Morocco) pointed out that no mention was made of malaria under "Morocco"

in the text (*Official Records* No. 81, page 232), although an eradication programme was planned for 1959 and malaria control was included in the country schedules. Was there any particular reason for the omission?

Dr VAN DE CALSEYDE explained that, at the time when the proposed programme and budget estimates had been sent to press, there had been no malaria consultant in the Regional Office. Fortunately, since that time, a consultant had been appointed and he was to visit Morocco during June 1958 to assist the Government of Morocco in the preparation of its eradication programme, which had already been the subject of preliminary discussions.

The CHAIRMAN put the Board's recommendations regarding the seminar on modern trends in anaesthesiology (*Official Records* No. 84, page 49) to the Committee.

Dr EVANG (Norway) warmly advocated the adoption of the Board's recommendations. As public health administrators, members of the Committee were aware of the difficulty of meeting emergencies when their budgets allowed no margin. Although the amount involved was small, the principle was important. He therefore urged the Committee to allow those funds to be used, at the Director-General's discretion, for activities in the European Region.

Decision: The Board's recommendation that the provision of \$10 050 for the seminar on modern trends in anaesthesiology be deleted from the estimates was approved. The Committee agreed to recommend that the funds be used by the Director-General at his discretion for activities in the European Region.

Eastern Mediterranean

There were no comments.

Western Pacific

There were no comments.

Inter-Regional and other Activities

There were no comments.

Technical Assistance Summaries (Annex 3)

The CHAIRMAN suggested that the Committee should defer discussion of Annex 3, containing the Technical Assistance summaries, until it took up item 6.6 of the agenda, WHO Participation in the Expanded Programme of Technical Assistance (see minutes of the twelfth meeting, section 2).

Malaria Eradication Special Account (Annex 4)

Dr KAUL reminded the Committee that, in accordance with resolution WHA8.30, a world-wide malaria eradication programme had been planned for the period 1958-62. The programme provided for assistance either from the Malaria Eradication Special Account or from the Special Malaria Fund of the Pan American Sanitary Organization to 64 countries or territories, and for 6 inter-country programmes, making a total of 70 projects, covering all areas where eradication was technically and economically feasible. It also included study of methods which might make it possible to extend the programme to other areas such as Africa and those outside Africa where *Anopheles gambiae* was the vector. Provision had also been made for field research on problems closely connected with eradication, such as nomadism, elusive vectors, studies and surveillance and experimental trials of Pinotti's method—the administration of chloroquinized or pyrimethaminized salt.

He then summarized the coverage of the eradication programme at the end of 1957, as set out on page 2 of *Official Records* No. 81, Annex 4, and noted that at present 68.1 per cent. of the 1105 million persons living in malarious areas were covered by eradication programmes.

Encouraging though the figures were, malaria eradication was proving a serious challenge to public health administrations because it was a relatively new public health technique for which the only textbook so far available was the sixth report of the Expert Committee on Malaria.¹ However, WHO was now better equipped to give assistance, on request, by supplying experienced and qualified

personnel of the types required in the preparation or conduct of eradication campaigns.

If all went well, it was estimated that, by the end of 1962, it should be possible either to declare eradication achieved, or at least to cease large-scale spraying operations in Europe, the Americas, Egypt, Tunisia, Libya, the southern part of Africa, and Asia (except Pakistan and Malaya). Many other countries would have been covered by spraying operations with a view to eradication, including a large proportion of Africa north of the Sahara and south of Tanganyika and Northern Rhodesia.

The entire malaria eradication programme had been based on the assumption that the Malaria Eradication Special Account would be used to supplement, and not to replace, funds earmarked for the purpose in the WHO regular budget or under the Expanded Programme of Technical Assistance. Account had also been taken of the part played by UNICEF and the very considerable aid received by Member States under bilateral agreements. It was hoped that aid would continue to be forthcoming from those sources as in the past. Every effort had also been made to see that the funds for the world-wide programme were used with maximum efficiency and economy and to arrange for the closest co-operation between UNICEF, WHO and the United States International Co-operation Administration.

The funds at present in the Malaria Eradication Special Account would be sufficient for the 1958 programme, but it was difficult to give any estimate for the future. At the moment, it seemed that the Special Account was likely to receive just over \$32 million, which would mean that about \$15 million still remained to be found.

The meeting rose at 5 p.m.

TWELFTH MEETING

Tuesday, 10 June 1958, at 9.30 a.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Review and Approval of the Regular Programme and Budget Estimates for 1959 (continued)

Agenda, 6.5

Malaria Eradication Special Account (Annex 4)
(continued)

¹ *Wld Hlth Org. techn. Rep. Ser. 1957, 123*

Dr NEUJEAN (Belgium) congratulated WHO on having undertaken a task which might, on the face of it, appear superhuman. There were, however, a number of weapons which could be deployed against malaria—the new synthetic chemicals and the old sanitation procedures as well as prophylactic measures. All those methods should be taken into

account in the overall programme of malaria eradication.

Another important point to be borne in mind in undertaking eradication work on a continental scale was the constant vigilance necessary to prevent the recurrence of malaria in areas from which it had been eradicated. At the present time about two-thirds of the world could be occupied by malaria-carrying anopheline mosquitos, but in that vast area there were a number of what might be called "free" zones. Those zones, free either from malaria or from mosquitos, constituted a kind of natural barrier. While unfortunately those barriers between malaria-infested areas did not always correspond to political frontiers, it was essential to take them into account in planning eradication campaigns. It was particularly important to guard against the danger of the reoccupation by malaria, through the unavoidable halting of an eradication campaign, for budgetary or other reasons, of a region in which the population might have lost its natural immunity and the mosquitos have become partly or wholly resistant to insecticides.

Dr DJORDJEVIĆ (Yugoslavia) voiced his delegation's support for the proposed programme. He considered that research both in the field and in the laboratory had formed a solid basis for world strategy in the eradication of malaria. Antimalaria activities in several countries during the past years had provided a good deal of experience and had shown that eradication was possible. He announced that Yugoslavia had decided to contribute to the Special Account and to offer the services of its trained personnel.

Dr CAMPBELL (United States of America) reaffirmed the support of the United States for the malaria eradication campaign. At the Tenth World Health Assembly, the United States had announced that President Eisenhower had requested the United States Congress to appropriate funds to increase support for malaria eradication activities. That appropriation had since been made, and a Bill was now before Congress to provide a further appropriation for 1959.

The United States was glad to be associated with other countries in contributing to the Special Account. It hoped that even more countries would recognize the importance of the campaign, and would make significant contributions to the Account in order to sustain vital WHO participation and leadership in the campaign.

In his State of the Union message to Congress, in January 1958, President Eisenhower had again

emphasized the importance of malaria eradication to mankind, first because it would remove an age-old scourge, and secondly because it could be a work of peace, requiring international co-operation against a common enemy. An important start had already been made in mobilizing the necessary resources through the efforts of the nations affected, of WHO and of other agencies providing international assistance. In view of the further development of anopheline resistance to insecticides, the world-wide campaign must be pursued constantly and vigorously. Fortunately, the opportunity for an effective pooling of resources existed through WHO and the Special Account.

He quoted a portion of resolution EB21.R39, in which governments were recommended to establish national co-ordinating committees. Since it was only at the World Health Assembly that representatives of all countries could meet the regional directors and the representatives of various organizations involved in malaria eradication, the United States International Co-operation Administration thought that the Secretariat might like to discuss WHO policy in regard to such co-ordinating committees. The United States delegation had on previous occasions emphasized the importance of WHO's activities as a clearing-house for research on malaria. Considerable progress had been made in that respect, but he urged that, in view of the rapidly widening interest in malaria eradication, increased efforts should be made to spread knowledge on research and special investigations widely and rapidly.

In the last paragraph of section 4.1 of the Director-General's report on "Developments in Activities Assisted Jointly with UNICEF (see Annex 13), it was stated that the UNICEF Executive Board had requested information on the economic impact of malaria eradication, including its effects on productivity. In view of the economic advantages noted in the United States as a result of malaria eradication, his delegation wished to join in UNICEF's request and to urge that the information should be widely distributed among Members of WHO.

In conclusion, he emphasized once more the importance of surveillance and resistance. To a large extent the success of the malaria eradication campaign would depend upon intensive studies of new methods of surveillance and prompt identification of mosquito resistance to insecticides.

Dr RAMÍREZ (Ecuador) said that two difficulties had arisen in the malaria eradication campaign being carried out in his country with the assistance of

UNICEF, WHO and the United States International Co-operation Administration.

In the first place, the very success of the intensive control measures already carried out had permitted immigration into areas that had formerly been uninhabitable. In consequence the number of houses had increased, and plans made on the assumption of a given number of houses had had to be revised.

The other difficulty was that during the rainy season mosquitos bred very rapidly and the people used rapid-action phosphorus insecticides to kill them at once instead of waiting for the residual spraying campaigns to take effect. Experts in his country believed that such phosphorus insecticides when sprayed on walls interfered with the action of DDT and dieldrin and might cause the failure of the campaign. He wondered if anyone could say whether that was in fact the case.

Dr SÁNCHEZ-VIGIL (Nicaragua) said that Nicaragua had carried out an intensive antimalaria campaign between 1948 and 1951. It has been so successful that in recent years there had been only eight or ten cases of malaria among a population of one and a half million.

He gave an account of the number of advantages which had ensued in regard to the sugar cane, coffee, grain and cotton harvests. In tropical countries in which malaria was rife, there could be no doubt that malaria eradication campaigns were beneficial from all points of view, including the health of young children and the national economy.

The problem of anopheline resistance to insecticides would require constant vigilance. In certain circumstances it might perhaps be better to concentrate upon long-term chemoprophylaxis.

Dr AKWEI (Ghana) asked for information regarding the future of the *Anopheles gambiae* research team in Ghana. His delegation felt that the work being done by the team was very important and that the project should not be wound up until the eradication of malaria from the African Region was in sight. On the subject of resistance, he observed that drug resistance was also a hazard which might need watching if there were more extensive use of the Pinotti method. That point should be borne in mind in planning malariological research.

Dr FAQUIRI (Afghanistan) associated his delegation with the support for the malaria eradication programme expressed by other delegations. The programme was of great importance to Afghanistan.

Dr KAUL, Assistant Director-General, Department of Advisory Services, assured the delegate of Belgium that the important principles which he had referred to in connexion with the planning of the eradication programme would be kept in mind. In point of fact, all his points had been taken account of in planning the global programme, in particular the question of due attention to problems of resistance. Co-ordinated research was being carried out on anopheline resistance with the help of many laboratories all over the world. Investigations were being made into the possibility of finding other insecticides which might be effective if present types were to become ineffective in certain areas or against certain species. The question of the reinfestation of cleared areas was under consideration by the Expert Committee on Malaria and the Committee on International Quarantine, and possible measures of attack were being studied.

The United States delegation had drawn attention to the importance of co-ordinating activities at the national level. At its twenty-first session, the Executive Board had adopted a resolution on that subject (resolution EB21.R39) paragraph 2 of which recommended that governments establish national co-ordinating committees as an essential requirement for the utilization of all financial and technical resources available to the government concerned for the malaria eradication programme. One of the basic principles of the eradication programme, as opposed to other activities in the control field of public health, was that eradication must be country-wide. There must be a single programme for a particular area; there could be no question of several different approaches. It was also vital that all available resources, both national and outside, should be co-ordinated in order to avoid waste of money or effort. In order to produce the maximum effect, research must also be concentrated.

The second point made by the United States delegation had been UNICEF's request for a study of the economic impact of the eradication programme. Some information on that subject was available but it would be necessary to obtain much more. The information would be compiled and made available to UNICEF and all Member States.

In reply to the delegate of Ghana, he said that there was no intention of winding up the activities of the *Anopheles gambiae* research team at the present stage. If and when all the answers to the problem under investigation were found, the point would be reconsidered.

Dr PAMPANA, Director, Division of Malaria Eradication, noted that the delegate of Ecuador

had said that because of the high density of *Anopheles* after the rainy season in Ecuador the population were using phosphorus insecticides on walls that were sprayed with DDT or dieldrin, and had asked whether the mixture would be incompatible. In Italy, for the past few years, a paste had been successfully used for fly control which was a mixture of an organic phosphorus insecticide and DDT. However, he did not know whether that could be done with dieldrin.

Dr NEUJEAN (Belgium) drew attention to the importance, in connexion with chemoprophylaxis, of recent experiments made in the use of a 4-aminoquinoline in association with an 8-aminoquinoline.

Dr PAMPANA said that WHO had been chiefly advising a single dose for suspicious cases of malaria found by surveillance, but not a mixture of the kind referred to by the delegate of Belgium. Formerly, long-term effects had been entrusted to pyrimethamine. Now in many countries a single dose of chloroquine and pyrimethamine was being administered and experiments were being carried out in regard to the long-term effect.

Dr VARGAS-MÉNDEZ (Costa Rica) said that the experience accumulated in the Caribbean zone in malaria eradication had shown that the most important feature of an eradication programme was administrative procedure. As the United States delegate had said, there must be international as well as national co-ordination; and if the administrative machinery did not function properly, such co-ordination would be impossible. It was essential, therefore, that local organization and national administrative machinery should be given special attention at the start of a new programme. Countries in other parts of the world which were now reorganizing their antimalaria services should bear that point in mind and organize their administrative machinery as perfectly as they could within the general practice of their government services.

It was not always possible to find real experts to give technical advice on the organization of national programmes. Some of the advisers sent were malariologists of very recent standing, who had been through accelerated training courses. The problem might perhaps be solved by not specifying a minimum number of technical advisers for each national programme but instead sending a travelling group of highly qualified people to cover a wide area.

There was also a need to send a group of investigators to zones—either countries or parts of countries—in order to take stock of the degree of eradication

achieved. He did not mean an evaluation team of the kind referred to in the chapter on the Americas in Annex 4 to *Official Records* No. 81 (page 13), but a group which could certify the zones which had already achieved eradication. There were some such zones in the Americas, chiefly in Venezuela. A country which had achieved eradication in part or all of its territory needed such a technical investigation so that it could be internationally accepted as an eradicated zone.

He felt that it would not be honest for public health administrations hoping to engage in malaria eradication programmes to approach their governments with requests for money, saying that the need would cease at the end of five years. A territory in which the fight against malaria had been won could not be abandoned at the end of the campaign. The public health services must stay and carry out other obligations. More workers would arrive, more schools would have to be provided, and assistance would be required to the individual agricultural programmes that would start after malaria had been eradicated. Thus, government investment would not end after a five-year period but would go on as part of the general programme of public health.

Dr DÍAZ-COLLER (Mexico) said that the experience of Mexico in evaluating the results of its malaria eradication campaign might be of value to the Committee. The Mexican programme was about half-way to completion. About one-eighth of the national budget for public health was being devoted to malaria eradication. The unprecedented sum of \$5 000 000 per annum was being spent, and the amount was due to increase.

The success of the programme was being evaluated in two different ways. On the one hand, there was the *Oficina de Valorización*, which operated as part of the campaign and made periodic investigations to see whether the programmes were developing as planned. On the other hand, there was the *Oficina de Evaluación* which was outside the campaign, as it were, and looked at the programmes without the personal interest of the staff actually engaged in the campaign. Mexico had found that dual evaluation extremely valuable and would recommend the system to other countries and also for international purposes, as referred to by the delegate of Costa Rica.

Dr ESTRELLA RUÍZ (Peru) said that it would be useful to codify the rights of countries in regard to malaria eradication as well as their obligations. It should be clearly stated what were the rights of those countries in which eradication had been completed

in relation to other countries in which the disease still existed.

Dr KAUL agreed that the three points mentioned by the delegate of Costa Rica were fundamental to the operation of eradication programmes. Eradication programmes depended on effective control and effective methods covering an entire country and able to operate over the whole area in which the disease prevailed. Emphasis had been laid, therefore, on the development of detailed plans of action by each country. He recalled that for every activity, there must be a plan of operation covering such vital details as personnel requirements, logistics, the distribution of supplies, and the type of transport to be used.

The second point mentioned by the delegate of Costa Rica had been the question of minimum requirements for technical advisers. However, the malaria eradication programmes were operations carried out according to certain basic scientific principles already laid down. In each case, therefore, it was merely necessary to find out the local geographical extent and epidemiology. Basically the programmes could be operated by technical personnel of sufficient standing but not necessarily highly qualified or experienced, who might be given the title of malaria operators. Provided that there were a few well-qualified technical advisers to assist or supervise, that system worked well. It was impossible to procure a full complement of highly qualified malariologists, but it was possible to train a large number of subordinate officers.

The third point made by the delegate of Costa Rica was very important to the eradication programme. It was a clear principle that there should be a programme of surveillance in order to ensure that the infection had been not merely reduced but eliminated. Investigations under such programmes would afford a final evaluation of the success of the work as a whole. The pattern of evaluation described by the Mexican delegate had certain advantages. It was necessary for governments to undertake evaluation programmes in order to obtain full and complete data on the different stages of eradication, to indicate where and when transmission had been interrupted, and to reach a stage at which transmission was impossible. WHO, through headquarters and the regional offices, was prepared to assist governments which had reached that stage in evaluating their achievements or in developing national machinery to carry out the task for themselves.

The CHAIRMAN, noting that there were no further speakers, submitted a draft resolution for the Committee's consideration.

Decision: The draft resolution was unanimously approved for submission to the Health Assembly (for text, see fourth report of the Committee, section 2).

General

In reply to a question from Mr OLIVERO (Guatemala), the CHAIRMAN said that, before closing the discussion on the item as a whole, he would give delegates a chance to make any general remarks on the programme and budget estimates for 1959 that they might wish.

Dr EVANG (Norway), speaking on a point of order, said it was his understanding that the Committee had agreed at the previous meeting to complete the discussion on the item. It would therefore require a two-thirds majority of the Members present and voting to reopen the discussion as the Chairman was suggesting (Rule 65 of the Rules of Procedure). He himself was opposed to any such suggestion, in view of the late stage reached in the Committee's work and the number of important items still remaining to be considered.

The CHAIRMAN explained that, in closing the discussion on the separate sections, it had not been his intention to close the discussion on the item as a whole. He would accordingly rule that statements of a general nature were in order, unless the Committee was definitely opposed to that procedure.

Noting that there were no further objections, he called on the delegate of Guatemala to speak.

Mr OLIVERO (Guatemala) said his first remarks concerned the relationship between the total effective budget of WHO and the total amount of that budget allocated to the Region of the Americas. He cited figures to show that in the past three years, whereas the Organization's total budget had been increasing steadily, the proportion allocated to the Americas had been progressively decreasing. His delegation was concerned at that trend.

Secondly, he would like in future budget documents to see the tables showing activities in the countries expanded to show the percentage of the total budget allocated to each activity. If that were done, it would be possible to see the general trends in the emphasis given to each activity.

Dr KAUL stated that resources for the integrated international health programme for the years 1953-58 were summarized in *Official Records* No. 84,

Table 5 (page 10). In the same volume, there was a chart giving a breakdown of the estimated net costs of regional activities in 1958 and 1959 (page 21, Chart 5). That chart showed the absolute trend in respect of each of the regions.

If the delegate of Guatemala was suggesting that the budget document in future years should show the proportionate increase or decrease in regional activities as compared with the total effective working budget, the Director-General might wish to comment on the proposal.

Mr OLIVERO (Guatemala) explained that his suggestion related to the percentage of the total effective budget assigned to each of the fields of activity of the Organization in the countries.

The DIRECTOR-GENERAL observed that it was somewhat difficult to understand the normal evolution of WHO's budget without taking into account the evolution in the different regions. The Western Pacific and African Regions had started work later than the other regions and, consequently, had been allocated a larger proportion of the total budget increase in the past few years. That was an entirely normal consequence of their late start. Another factor causing a certain imbalance in the proportion allocated to the different regions was the provision which had to be made for continuing projects, varying in number in each region each year.

In those circumstances, it was unavoidable that the allocations to some regions should from time to time show an increase as compared with others. The allocations to regions had always been the concern of the Director-General and of the Executive Board, and the distribution of the Organization's budget among the regional offices, field work etc., could be plainly seen in the report of the Executive Board on the proposed programme and budget estimates for 1959, which included a chart for that purpose, referred to by Dr Kaul (*Official Records* No. 84, page 21, Chart 5). Similar information would continue to be given in the future.

If by any chance the delegate of Guatemala had in mind the setting of country targets, he would strongly advise against that course. A flexible approach was needed in international health work, so that the right help could be given to each country at the appropriate time in its development. Rigid country targets would not allow for that.

Mr OLIVERO (Guatemala) said he had not intended to suggest that any mention should be made of individual countries. What he wanted was to have an indication given in the budget document of the

percentage of the total budget allocated to each activity for all the countries of each region.

The CHAIRMAN, noting that there were no further speakers, declared the discussion on the item closed.

Dr KAUL noted that the programme and budget estimates for 1959 relating to administration were still to be discussed by the Committee on Administration, Finance and Legal Matters. That committee would be transmitting the completed text of the Appropriation Resolution for the Financial Year 1959 to the Committee on Programme and Budget for its consideration once that discussion was completed.

(For approval of Appropriation Resolution, see minutes of the fourteenth meeting, section 3.)

2. WHO Participation in the Expanded Programme of Technical Assistance

Agenda, 6.6

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that the Director-General had already submitted a report on the subject of WHO participation in the Expanded Programme of Technical Assistance to the Executive Board at its twenty-first session (*Official Records* No. 83, Annex 15). The present report (see Annex 16) was submitted for the purpose of bringing the information up to date.

During 1957, no major problems had been encountered in the operation of the Expanded Programme of Technical Assistance. The provision of project staff and fellowships in that year had been very much of the same volume as in 1956. The funds available for Technical Assistance in 1958 has been reduced by some 3 per cent. as compared with 1956 and 1957, and WHO's allocation had been reduced accordingly. Nevertheless, planning for the 1958 programme was proceeding on the assumption that more funds would be forthcoming. Some of the reasons for that optimism had been given in a statement by the Executive Chairman of the Technical Assistance Board (reproduced in section 4 of the report). For the same reasons, the planning targets for 1959 had been set at some 14 per cent. above the estimates for 1958.

At its March session the Technical Assistance Board had reconsidered its decision of the previous year to postpone, as an interim measure, the consideration of assistance in any new programmes for European countries. WHO's view that that would be an unwise restriction had been accepted.

At its twenty-first session, the Executive Board had adopted resolution EB21.R48, which dealt with the following aspects of the Technical Assistance Programme: the system of allocating administrative and operational services costs between regular and Expanded Programme funds; the importance of regional projects; and local subsistence costs of internationally recruited personnel engaged on Technical Assistance projects.

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) observed that WHO's participation in the Expanded Programme of Technical Assistance was one of the most important questions to be considered at the Health Assembly. The Expanded Programme was a sign of international co-operation and, if carried out in accordance with the principles of the United Nations Charter, would also serve to strengthen peaceful relations throughout the world. In line with their policy of peaceful co-existence and international collaboration, the Soviet Union, beginning in 1953, and the Ukrainian and Byelorussian Soviet Socialist Republics, beginning in 1954, had contributed to the financing of the Expanded Programme; their combined contribution for the years 1953-58 had amounted to 27 500 000 roubles.

The Soviet delegation believed that the less satisfactory financial position of the Expanded Programme for the years 1958 and 1959 made it essential to eliminate excessive expenditure on administrative costs, so that more might be done by way of providing qualified experts and expanding the training of national health personnel. Planning on rational economic lines would help to ensure that available resources were used to the best advantage, which was not the case at the present time.

Secondly, the Soviet delegation considered that the time had come for WHO to give serious consideration to applying the principle of geographical distribution in the selection of experts to give assistance to Member countries. So far only nationals of a limited number of countries had been used. But the under-developed countries themselves might well possess experts in certain subjects whose services might be used with advantage.

In addition to collaborating in public health work through bilateral arrangements Soviet Union was actively participating and would continue to participate in the Expanded Programme of Technical Assistance. During 1957, it had supplied medical equipment to the value of 1 140 000 roubles to a number of countries. On the other hand, the possibilities of using Soviet medical specialists in a number of spheres, including malaria eradication, had not

been fully exploited, although the services of the experts made available thus far had been greatly appreciated by the recipient countries.

His delegation would accordingly like to stress that the Soviet Union was ready and willing to take part in Technical Assistance to under-developed countries, by sending qualified experts and by receiving fellows for specialized training in the medical sciences. Co-operation in such a programme would, the Soviet delegation believed, lead to a more rapid development of public health work in the under-developed countries and at the same time contribute to greater understanding among the peoples.

The CHAIRMAN, noting that there were no further speakers, invited Dr Kaul to answer the points raised.

Dr KAUL thanked the delegate of the Soviet Union for the offer of assistance in providing experts and organizing training under the Expanded Programme of Technical Assistance. The Organization was already using Soviet experts and negotiations were in progress for taking further advantage of their help.

The Director-General has always followed the principle that the funds made available under the Expanded Programme of Technical Assistance should be used to the maximum possible extent for assisting the under-developed countries in improving their national health services and health conditions. The administrative costs of WHO were, in fact, among the lowest of all the participating agencies, and every effort was made to keep those costs down to the lowest level consonant with efficient operation of the programme.

The CHAIRMAN submitted the following draft resolution for the Committee's consideration.

The Eleventh World Health Assembly,

Having studied the report of the Director-General on the Expanded Programme of Technical Assistance for 1959, as well as resolution EB21.R48, adopted by the Executive Board at its twenty-first session,

1. NOTES the report of the Director-General;
2. ENDORSES the opinions expressed by the Executive Board in that resolution.

Médecin-Colonel BERNARD (France) said that, for reasons it had already stated on several occasions, his delegation was unable to endorse the view of the Executive Board, expressed in resolution EB21.R48,

part V, that the requirement under the Expanded Programme of Technical Assistance that governments contribute to the local subsistence costs of internationally recruited personnel engaged in Technical Assistance projects should be removed. Moreover, his delegation believed that there was little practical value in again asking the Director-General to communicate that opinion to the Technical Assistance Board and Technical Assistance Committee.

For those reasons, his delegation would vote against the draft resolution.

Dr LEE (United States of America) suggested that the Committee should have the text of the draft resolution before it in writing, before voting.

The CHAIRMAN agreed. The vote on the draft resolution would be deferred until a later meeting. (See minutes of the fourteenth meeting, section 4.)

3. Co-operation with United Nations and Specialized Agencies and their Decisions affecting WHO's Activities

Agenda, 6.13

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that the Director-General's report (see Annex 14) reviewed developments in WHO's co-operation with the United Nations and the specialized agencies that had occurred in the past year. The references to the peaceful uses of atomic energy might perhaps more usefully be considered in connexion with item 6.10 of the agenda, which would be coming up for consideration later (see minutes of the thirteenth meeting, section 2).

He drew attention to the items of major importance covered by the report, including : (1) reports on the world social situation (paragraph 6); (2) establishment of the Economic Commission for Africa (paragraph 11); (3) report of the Administrative Committee on Co-ordination on possibilities of concerted action in broad social programmes¹ (paragraph 18) with particular reference to community development, water control and utilization and related fields, housing, building and planning, industrialization and productivity, and urbanization.

A concerted programme had already been worked out on community development. In regard to water-resource utilization, the Administrative Committee on Co-ordination felt that the approaches of the various agencies were at present too dissimilar and the concrete problems in which they were interested were too disconnected to allow of the establishment

of a unified programme at the present stage. The domain which particularly commended itself for concerted action was integrated river-basin development, including problems of ground water and water-pollution control. An inter-agency body was already at work drawing up a programme in these matters for concerted action.

Similar action was suggested in regard to housing and it would be recalled that the Executive Board, at its twenty-first session, had recommended WHO participation in that programme (resolution EB21.R15).

Exploratory work was already going on in regard to industrialization and productivity. Those were basically economic problems and hence were of less direct interest to WHO. Again, the Administrative Committee on Co-ordination felt that urbanization did not at the present stage of development meet the criteria for programmes of concerted action. It strongly supported, however, the continuation of joint seminars on the subject. The report of the Administrative Committee on Co-ordination also reviewed suggested procedures for the elaboration and execution of plans of concerted action, including steps to be taken by the governing bodies of the specialized agencies. It would be recalled that both the Executive Board and the Tenth World Health Assembly had adopted resolutions authorizing WHO to participate in those programmes and had asked the Director-General to study the procedure whereby the Executive Board might decide on the appropriate priority to be given to the work.

Reverting to the Director-General's report, he directed attention to the reference to an international administrative service (paragraphs 33 to 35). The Director-General had made known to the Economic and Social Council that WHO still believed that so far as its work was concerned an international administrative service was unnecessary; WHO had always acted in accordance with the policy of helping States to help themselves, and had based all its assistance on the training of local personnel.

WHO had presented individual reports on its observation of health conditions in the trust and non-self-governing territories (paragraphs 36 and 37). The Organization was also collaborating with the United Nations in preparing the chapter on health for the report of progress achieved by the non-self-governing territories during the period 1949 to 1955, which was to be considered by the United Nations General Assembly in 1959 (paragraph 38).

In addition, at the last session of the Committee on Information from Non-self-governing Territories,

¹ Annex I to the twenty-second report of ACC (reproduced in the appendix to Annex 14)

WHO had presented three papers, on long-term health planning, population and public health, and maternal and child health.

By its resolution 665 C (XXIV)¹ the Economic and Social Council had requested WHO, and other specialized agencies, to make an appraisal of the scope, trend and cost of their programmes during the next five years in the economic, social and human rights fields, as part of a general survey of the work

of the United Nations and the specialized agencies in those areas. An indication of how the question had been approached by the Administrative Committee on Co-ordination was given in Annex II to its report (see appendix to Annex 14). The views of the Executive Board on the study were set out in the same annex (paragraph 14).

The meeting rose at 11.55 a.m.

THIRTEENTH MEETING

Tuesday, 10 June 1958, at 3.10 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Co-operation with United Nations and Specialized Agencies and their Decisions affecting WHO's Activities (continued)

Agenda. 6.13

Dr ENGEL (Sweden) said that the twenty-second report of the Administrative Committee on Co-ordination (see appendix to Annex 14) showed the importance which the ACC attached to problems of urbanization. His delegation agreed that the subject was most important and had first raised it at the Eighth World Health Assembly, mentioning, in particular, the excess mortality among the male population in large towns; excess mortality from cancer, especially cancer of the lung; the psychobiological aspects of urban life; stress and strains; and the problems arising from air pollution. Since modern technological developments were gradually causing the urbanization of increasingly large areas in many countries, the health problems to which he had referred were giving rise to more and more concern. Although the Administrative Committee on Co-ordination did not consider that urbanization met the criteria for concerted action (as formulated in paragraph 7 of Annex I to its report), it strongly supported (in paragraph 17 of Annex I) "the continuation of joint seminars in which, for example, the United Nations, ILO,

FAO, UNESCO and WHO participate, as well as co-ordinated field projects and over-all reports on this subject".

What was the Director-General's policy regarding the health problems of urbanization to be and what action did he intend to take in the light of the recommendation of the United Nations Economic and Social Council?

Dr AUJALEU (France) said that resolution EB21.R19, although politely phrased, might be construed as unreceptive to the invitation of the Economic and Social Council in its resolution 665 C (XXIV) on programme appraisals for the period 1959-64.¹

His delegation felt that the request from the Economic and Social Council was not unreasonable in principle, and that WHO would not lose prestige by submitting to a certain amount of co-ordination. He therefore submitted the following draft resolution:

The Eleventh World Health Assembly,

Having examined resolution EB21.R19, adopted by the Executive Board at its twenty-first session, relating to the desire shown by the Economic and Social Council to establish a forecast of the scope and trend of programmes and expenditures of the United Nations and the specialized agencies during the period 1959-64;

Believing that, although there cannot be any definite estimate of the cost of future programmes, all possible efforts should be made towards a

¹ Reproduced in *Off. Rec. Wld Hlth Org.* 83, 114. A summary of the relevant part of the resolution will be found in this volume, in the introduction to Annex II to the twenty-second report of the ACC (see p. 468).

general forecast of expenditure in connexion with the implementation of such programmes,

EXPRESSES the hope that the Director-General will be able to prepare such a forecast as a contribution towards the joint study referred to in resolution EB21.R19.

Dr BEN-ABUD (Morocco) said that it was very much in the interests of countries benefiting by the work of specialized agencies that their representatives should be able to deal with their problems as a whole in order to harmonize their solutions rather than prepare separate programmes which might not fit in with each other.

Dr DU PRÉ LE ROUX (Union of South Africa) associated himself with the views of the previous speakers and supported the draft resolution.

Mr BUXTON (United Kingdom of Great Britain and Northern Ireland) said that his Government had supported the initiative of the Economic and Social Council on the grounds that an attempt to forecast long-term programme trends would help to show the world how the programmes of the specialized agencies were expected to develop and would provide the specialized agencies themselves with a picture which would enable them to achieve maximum efficiency.

He did not consider that resolution EB21.R19 was a polite indication of non-compliance. Paragraph 1 was in compliance with the resolution of the Economic and Social Council and paragraph 2 requested the Director-General to proceed on those lines.

The Executive Board had made it clear that WHO would not be able to say anything about the cost of future programmes—a view with which his Government fully agreed. However, it considered that a forecast, in broad outline, might be possible and should be attempted. It was the practice in planning programmes, at both the national and the international level, to bear some tentative estimates in mind, and it was those which the Economic and Social Council wished to receive. He hoped that the Organization would do all it could to provide such estimates and so comply with Economic and Social Council resolution 665 C (XXIV).

The DIRECTOR-GENERAL noted some doubt prevailing in the Committee on the nature of the question before it.

Resolution EB21.R19, and particularly its paragraph 3, should be read with paragraphs 3, 4, 5 and 6 of resolution 665 C (XXIV) of the Economic and

Social Council,¹ with special attention to the chronological order of meetings. The ACC's report to the Economic and Social Council on programme appraisals appeared in Annex II of its twenty-second report to the Council (see appendix to Annex 14) and the outcome of the discussions in the ACC was recorded in section II, under the head "Approach to the Question by the ACC".

The draft resolution proposed by the delegate of France and supported by the delegates of the Union of South Africa and the United Kingdom of Great Britain and Northern Ireland deserved very clear discussion. The Executive Board had not included forecasts of costs in its recommendation but had merely declared its intention of reconsidering the entire question of appraisals after the forthcoming sessions of the Administrative Committee on Co-ordination and the Economic and Social Council.

As the draft resolution before the meeting expressed the hope that the Director-General would be able to produce forecasts of costs, it was necessary to give further details of the discussions in the Administrative Committee on Co-ordination.

Many of the executive heads of the specialized agencies had made it abundantly clear during those discussions that it would be impossible to provide forecasts of costs without further guidance from the Economic and Social Council. Doubts had been expressed whether it was constitutionally possible to submit the budget of an agency for discussion in the Economic and Social Council. The International Labour Organisation, as a tripartite organization, had been particularly firm on that point. On behalf of WHO he, in his turn, had suggested that although WHO might be able to provide estimates for certain parts of its programme, it would almost certainly be unable to do so for its programme as a whole. It would, of course, be easy to provide a forecast by extrapolating the trends of the past five years, but that was probably not what was required. Again, most of the executive heads of the agencies foresaw with concern that an attempt to provide a five-year budgetary forecast might lead to an unwelcome rivalry between agencies on the size of their budgets; that would be harmful to the harmony and to the co-ordination of activities among members of the United Nations family.

In short, the Organization was facing a new step forward in the consolidation, under the aegis of the United Nations, of the budgets of the various specialized agencies. That was the point to bear in mind during the discussion. The Board had felt that

¹ Reproduced in *Off. Rec. Wld Hlth Org.* 83, 114

more light was likely to be shed on the subject at the twenty-sixth session of the Economic and Social Council, and so had decided to return to the matter after that time.

In the Administrative Committee on Co-ordination, the representative of the Secretary-General of the United Nations had been of the opinion that it would not be possible to obtain advance information on the size of the budget of the United Nations. He pointed out that the Secretary-General could not challenge the position of one of his governing bodies. The executive heads of the agencies, however, were under no such obligation to the Economic and Social Council. They had doubts and had been obliged to put them on record. His opinion was that it was at least premature to come to a decision or even to express the hope that an attempt at such an appraisal should be made.

Dr AL-WAHBI (Iraq), recalling the difficulty of producing estimates for individual projects, even after careful study by specialists, doubted whether it would be feasible to undertake such a study of the entire budget. He therefore disagreed with the delegate of France. Many members of the Committee were acquainted with the Board's thoroughness in such matters and as it was the Board's considered opinion that it should not be dealt with at the present stage, he submitted the following draft resolution :

The Eleventh World Health Assembly,

Having considered the reports of the Executive Board and the Director-General on co-ordination with the United Nations and specialized agencies and their decisions affecting the activities of the World Health Organization, in particular with reference to Economic and Social Council resolution 665 C (XXIV),

1. NOTES the report of the Director-General; and
2. ENDORSES the conclusions of the Executive Board as expressed in resolution EB21.R19, relating to the above-mentioned resolution of the Economic and Social Council.

Dr TEWARI (India), in the light of the Director-General's remarks, doubted the wisdom of adopting a resolution on a subject on which the last word had not been said. In the case of the Economic and Social Council resolution, the conditions attached and the manner indicated were not such as to produce the required result. Again, though there was much to be said for uniformity and co-ordination of approach, that should be related to practicability and suitability and any temptation to place the emphasis on falling into line should be resisted. He felt that

the nature of WHO's work was not such as lent itself to the proposed procedure. There were so many social and political imponderables, as well as unknown developments in health, that an appraisal was unlikely to elicit information commensurate in value with the time, money and labour involved. For those reasons he considered that an activity of the type proposed would serve no useful purpose.

Dr EVANG (Norway) said that, in view of the constitutional difficulties involved in obtaining information of the kind envisaged on the national level from government departments, he could not imagine how the Organization could be expected to commit itself in advance. From the technical point of view, he agreed with the delegate of India that health work did not lend itself to appraisal in advance.

While his Government favoured co-ordination to avoid overlapping, to avoid the proliferation of international bureaucracy and to enable each specialized agency to concentrate all its powers on positive action in its own way, he seconded the motion of the delegate of Iraq, which was as far as the Organization could go at present, and did comply with the intentions of the Economic and Social Council.

Dr SHOIB (United Arab Republic) said that after mature consideration his Government had come to the same conclusion as those of Iraq, India and Norway.

Dr BOULOS (Haiti) said that a five-year forecast of budgetary trends would paralyse not only the advisory services but also the governments of the various countries. The need for flexibility was evident in that the programme had to be reviewed and modified, sometimes considerably, every year. That flexibility had to be preserved; he therefore supported the draft resolution proposed by the delegate of Iraq.

Dr PRÍNCIPE (Venezuela) also supported the proposal of the delegate of Iraq.

Miss LUNSINGH MEIJER (Netherlands) said that her delegation had already expressed its approval of the suggestion contained in Economic and Social Council resolution 665 C (XXIV) and so it also welcomed resolution EB21.R19, in which the importance of the proposed appraisal was recognized. The latter resolution did not cover all points requiring co-ordination and for that reason her delegation supported the French proposal.

Difficulties would of course arise, but as budgetary appraisal was a part of all planning, there was no reason why they should not be overcome. The

existence of a five-year plan for WHO's main activities need not necessarily lead to programme rigidity.

Dr ALLARIA (Argentina) said that, although the proposal of the delegate of France was made in the interests of co-operation and co-ordination, both of which were most important to the peace of the world, resolution EB21.R19, if read with the Director-General's report on the implementation of resolution 665 C (XXIV) of the Economic and Social Council (*Official Records* No. 83, Annex 9) was in no way incompatible with or opposed to co-operation and co-ordination. That being so, he would support the recommendation of the Board and of the delegate of Iraq.

Dr ABU SHAMMA (Sudan) said, in reply to the delegate of the Netherlands, that it was not too difficult for governments to maintain flexibility in their five-year plans, because they were controlled by a single body. That would probably not be the case at the international level, where plans were controlled jointly by a large number of Member States. For that reason, and for the reasons the Director-General and other delegates had mentioned, he would support the proposal of the delegate of Iraq.

Dr AUJALEU (France) said that his draft resolution was not intended to detract from or supersede resolution EB21.R19, which would still stand, but only to provide a clearer declaration of WHO's intentions in the matter.

Decision:

- (1) The draft resolution proposed by the delegate of France was rejected by 26 votes to 18, with 4 abstentions.
- (2) The draft resolution proposed by the delegate of Iraq was adopted by 46 votes to none, with 11 abstentions.

Dr KAUL, Assistant Director-General, Department of Advisory Services, in reply to the question raised at the beginning of the meeting by the delegate of Sweden on WHO's policy on urbanization, stated that WHO was participating in inter-agency meetings concerned with long-term organizational problems and problems connected with the growth of towns as a result of the influx of population from other areas or the development of industries. The Organization would continue to participate in such inter-agency meetings held under the aegis of the Administrative Committee on Co-ordination, and would also take part in a joint seminar which was being organized in Latin America.

2. Peaceful Uses of Atomic Energy (Item Proposed by the Union of Soviet Socialist Republics)

Agenda, 6.10

The CHAIRMAN invited the Soviet Union delegation to introduce item 6.10 of the agenda.

Professor KROTKOV (Union of Soviet Socialist Republics) said that, as a result of the extensive development of radiochemical industrial enterprises, the construction of atomic reactors and the utilization of radioisotopes in various branches of science and technology, industry, agriculture and medicine, the number of persons exposed to risks from ionizing radiation was constantly increasing. At the same time, there was evidence of increased radioactive environmental contamination, as a result of which chronic small-dosage radiation was spreading to large sections of populations. A perceptible local and general change in the natural background radiation was observable in all countries.

Local radioactive contamination of the air, water and soil, and consequently of fodder and crops, occurred only where the requisite safeguards against radiation were crudely violated and sanitary control was lacking. The danger could be removed by strict control measures and the corresponding sanitary legislation.

That, unfortunately, could not be said of radioactive contamination of an inhabited environment as a result of the testing of atomic weapons. Radioactive fall-out in that case was a source of radiation for the whole population of the world. It was true that radioactive waste might be one of the sources from which small doses of radiation derived; there was an increase in the level of such radiation, largely as a result of the use of long-lived radioisotopes which were a source of gamma radiation. From the health point of view, however, that was less important than the penetration of strontium 90 into the human organism as a result of radioactive fall-out.

A second scientific conference on the peaceful uses of atomic energy was to be held in Geneva in September 1958, at which a number of questions directly related to public health problems would be discussed. Amongst the many problems of medical radiology, the most topical was that of preventing further radioactive contamination of the environment, and of soil, water and foodstuffs.

In that connexion, particular importance was attached to the correct solution of the complicated problem of disposing of radioactive waste. The real danger of the inclusion in the biological cycle of long-lived isotopes called not only for the technical, but also the hygienic regulation of all processes for

the disposal of radioactive waste and for rendering it harmless.

The report of the Preparatory Commission of the International Atomic Energy Agency indicated that it would be responsible for the study of problems connected with the disposal of radioactive waste in the sea and in the soil, as well as the disposal of liquid and gaseous radioactive products in the atmosphere and water-courses. That did not mean, however, that WHO should hold aloof from participating in the study of those problems in so far as they were concerned with preserving the health of populations. Admittedly, the number of countries directly concerned was relatively small, but the construction of reactors, the erection of power plants utilizing atomic energy, and the development of radiochemical industry in many countries pointed to the need for international health regulations governing the disposal of radioactive waste and methods of rendering it harmless. There must be strict control by the public health authorities also.

The Organization should take the initiative in organizing systematic research into the accumulation of radioactive substances in the air and in water, in the soil and in foodstuffs of vegetable and animal origin. Such research should be organized on the basis of a plan recommended by WHO, using a single uniform technique. In that connexion, the Soviet Union delegation suggested that contact should be established with the United Nations Scientific Committee on the Effects of Atomic Radiation and with the International Atomic Energy Agency.

Even at the first Geneva conference, the question of the influence of small doses of ionizing radiation on the health of populations, and in particular on heredity, had come sharply to the fore. The problem of somatic effects and, more particularly, the genetic influence of small doses of ionizing radiation on human beings merited special attention. WHO had taken the first, serious step by convening a group of outstanding scientists to study the effects of radiation on human heredity. Their report, published in Geneva in 1957, and entitled *The Effect of Radiation on Human Heredity*, represented a serious scientific contribution. The work so successfully begun on WHO initiative should be continued internationally and on a broader scale.

There were certain indications that radiation might be having an adverse effect on the average length of human life. So far, that problem had been little studied. There might, for example, be deposits of strontium in certain bone tissues which provoked radioactive effects on the tissues. The problem

needed study both nationally and internationally.

In the matter of health regulations, the question of the maximum permissible concentration of radioactive substances in the air, in water and in foodstuffs could not yet be considered finally settled. Tables had been drawn up in various countries of permissible concentrations of radioactive substances in relation primarily to persons exposed to the effects of radioactive aerosols under industrial conditions. It was now necessary to determine scientifically and regulate the maximum permissible level of radioactive substances in regard to the general population.

The knowledge and experience acquired by medical services regarding the large number of persons occupationally exposed to radiation indicated the need for a reconsideration of standards with a view to a considerable reduction of the permissible dose of external radiation, taking into due account the long-term internal effects on the organism. The questions of health standards and security measures were interconnected. Health standards should be the basis for preventive measures designed to ensure collective protection. The solution of the various problems involved in protecting those working in scientific and technical establishments and the population as a whole called for co-ordinated international measures—work which the Soviet Union delegation urged the Assembly to undertake.

While noting with great satisfaction the work done by the Executive Board and the Director-General in the training of health personnel, in helping countries with their national programmes, in co-ordinating international efforts to protect present and future generations against the harmful effects of radiation, and while approving and supporting the measures contemplated by the Director-General, the Soviet Union delegation proposed that the World Health Assembly should recommend that the Executive Board of WHO and its Director-General draft a long-term plan of public health measures in connexion with the greatly increasing use of atomic energy for peaceful purposes.

In the drafting of the long-term plan it would be desirable to give a special place to the study of the following questions :

- (a) the genetic effects of small doses of radiation on present and future generations;
- (b) the scientific determination of permissible doses of radiation for the population;
- (c) the study of the somatic and genetic consequences of the use of roentgen methods (for curative and diagnostic purposes) with a view to the standardization of those methods at the international level;

(d) the compilation and preparation of the necessary data for the health regulation of all questions connected with the disposal and the rendering harmless of radioactive waste in order to ensure the protection from radiation of urban and rural populations;

(e) the devising of standard methods for the radiochemical analysis of air, water, soil and foodstuffs for the laboratory determination of the accumulation of radioactive substances in the environment.

The very successful participation of the World Health Organization in the first Geneva conference on the peaceful uses of atomic energy gave grounds for proposing that the Director-General of WHO should submit to the second scientific and technical conference at Geneva a report on the public health problems involved in the peaceful use of atomic energy. It was the view of the Soviet Union delegation that that report should deal with the most important questions of radiation protection which called for legislative measures, namely :

(a) maximum permissible doses of occupational irradiation in the light of the latest scientific information;

(b) scientifically based proposals for establishing the limits of permissible irradiation for the population;

(c) the review of permissible concentrations of radioactive substances in the air, in water and in foodstuffs.

The vital importance for health of the systematic observation of increases in the natural background radiation in all countries made it urgently necessary to work out a single plan of research and standard methods of study of that important problem. WHO should take the initiative in drawing up such a plan of study and should, for that purpose, invite the participation of the United Nations Scientific Committee on the Effects of Atomic Radiation and of the International Atomic Energy Agency.

The Soviet Union delegation accordingly wished to propose the following draft resolution, which was now also jointly sponsored by the Governments of Albania, Australia, Belgium, Brazil, Bulgaria, Canada, Cuba, Czechoslovakia, the Federal Republic of Germany, France, India, Italy, Japan, Netherlands, Norway, Poland, Romania, Saudi Arabia, Switzerland, the United Arab Republic, the United Kingdom of Great Britain and Northern Ireland, and the United States of America :

The Eleventh World Health Assembly,

Having regard to the fact that atomic energy is being more and more used for peaceful purposes, whereby the number of persons exposed to the effects of radiation is increasing;

Noting the resolutions of previous World Health Assemblies and of the Executive Board concerning the need to continue the study of health problems connected with the peaceful uses of atomic energy, and in particular resolution WHA9.54;

Taking into account the necessity for safely protecting present and future generations against the harmful effects of ionizing radiations of all kinds, and expressing the hope that the increased utilization of atomic energy will be accompanied by a corresponding improvement in methods of protection and by the holding of levels of ionizing radiation from all sources within internationally accepted limits.

Considering in this connexion that the Scientific Committee on the Effects of Atomic Radiation, established by resolution 913 (X) of the General Assembly of the United Nations, will transmit to the thirteenth session of the General Assembly by 1 July 1958 a report dealing, amongst other problems, with the short-term and long-term effects of ionizing radiation upon man and his environment, including data on radiation levels and radioactive "fall-out";

Noting that the International Atomic Energy Agency has adopted a programme of work which includes studies in the fields of health and safety and considerations of technical assistance, including the use of radioisotope and other radiation sources; and that other international organizations are, or may be, engaged in related activities,

1. REQUESTS the Director-General, taking full account of the results of his negotiations with the IAEA, and the necessity for avoiding harmful duplication and overlapping with the latter and with the United Nations, the other specialized agencies and competent non-governmental organizations, to prepare a programme of concrete measures in the field of the health aspects of the peaceful uses of atomic energy and their long-term implications in radiation hygiene, in such a programme early reporting being desirable upon, *inter alia*, the following items;

(a) methods for the reporting of radiation exposure of individuals;

(b) methods for notification of congenital defects due to radiation to the public health administration;

(c) research design for determining the relationship between radiation dosage and congenital defects;

2. REQUESTS the Director-General, in the light of the concern of governments about duplication and overlapping, to expedite negotiations with the IAEA looking towards the preparation of a draft agreement of co-operation between WHO and IAEA in those fields of mutual interest to both organizations, for submission to the Twelfth World Health Assembly;

3. REQUESTS the Executive Board to establish a committee to be available for consultation by the Director-General in his further negotiations with the designated representatives of the International Atomic Energy Agency in preparing a final draft agreement;

4. INVITES the Director-General to initiate consultations with the governments concerned and with the IAEA for the purpose of organizing, in the very near future, assistance to under-developed countries in the matter of the use of radioactive isotopes in medicine; and

5. INVITES the Director-General to study the effect of radiation on human heredity and to recommend measures to be taken for studying the relationship between radiation and health, and for research on effective measures for the treatment of diseases attributable to radiation as well as for establishing, on a scientific basis, hygienic standards for radiation exposure.

Dr ANDERSON (United States of America) said his delegation was pleased to join in sponsoring the resolution just proposed, which drew attention to existing atomic energy activities of WHO and rapidly developing additional responsibilities.

Some four years previously, the World Health Assembly, the Executive Board and the Director-General had clearly recognized that WHO, as the international health agency concerned, had important responsibilities in regard to the health aspects of the peaceful uses of atomic energy. WHO had accordingly organized a programme involving professional training, technical assistance and education.

At successive Assemblies the United States delegation had pledged its enthusiastic support for those programmes. As it had stated in Geneva in 1957, the Organization's close links through its regional bodies with the responsible health authorities throughout the world placed it in a pre-eminent position to disseminate information on the health aspects of the development of atomic energy, while affiliations with non-governmental organizations brought it

into direct contact with physicians, sanitary engineers and other health groups.

The provisions relating to collaboration between WHO and the International Atomic Energy Agency were a particularly valuable feature of the draft resolution; a committee of the Executive Board could be most helpful to the Director-General in advising on negotiations with the Agency.

The resolution was further evidence of the dynamic nature of WHO, which was providing leadership and technical services to cope with the new problems; the Organization was providing internationally the same sort of vision which people expected of their national health administrations. The United States delegation was glad to be among the sponsors of the resolution and urged its adoption.

Mr BUXTON (United Kingdom of Great Britain and Northern Ireland) believed that two main points required consideration in regard to atomic energy: firstly, WHO measures to study the peace-time hazards of atomic energy, and secondly, co-ordination with other international agencies concerned with it.

The development of nuclear power in many countries had led national administrations to consider measures necessary to safeguard personnel and the general public. Those matters were receiving urgent attention in his own country and reports had been made by the Medical Research Council and by a special committee under the chairmanship of Sir Alexander Fleck. The Medical Research Council believed that one of the main hazards to health arose from the extensive use of ionizing radiations in diagnostic radiology, and that fall-out from explosions was of much less significance.

Radiation received by individuals could come from a variety of sources and attention should be directed to those which were of major importance. A committee under the chairmanship of Lord Adrian was considering the somatic and genetic effects of various forms of diagnostic radiology and radiotherapy. Data collected from hospitals and other sources would be of use in evaluating risks and devising protective measures.

The development of nuclear power and the increased use of radioisotopes in industrial and medical undertakings added another exposure hazard. In assessing potential somatic and genetic effects, the amounts of radiation received by persons so exposed had to be measured and recorded.

The problem had many facets and needed comprehensive treatment. The draft resolution, while mentioning certain specific questions for study, left the Director-General free to make a general review

of the whole problem—a proposal his delegation supported.

On the second point, of co-ordination with other international agencies, it was obvious that there was a serious danger of overlapping unless the respective responsibilities of WHO and the International Atomic Energy Agency were defined as far as possible. If the Agency was to deal with certain medical or health aspects of the uses of atomic energy—and the remarks of the representative of the Agency at the third meeting seemed to indicate that it would—there was an obvious need for the closest co-ordination.

His delegation believed that the draft resolution would ensure that attention was devoted to the two important problems he had referred to, and would accordingly support it.

The DIRECTOR-GENERAL said he would like some further clarification about the proposed resolution, as it would obviously be very important in providing guidance to him. From what had been said by the last speaker, he understood that the draft resolution implied no fundamental changes from what had been set out by the Ninth World Health Assembly in resolution WHA9.54.

He felt that the wording of paragraph 4 might give rise to some difficulty, as it crystallized something which should preferably be discussed in negotiating WHO's agreement with the International Atomic

Energy Agency. The application of radioisotopes in medicine was obviously a matter of the utmost importance to WHO, and the proposed wording, if adopted, might make it difficult to define the respective responsibilities in that regard of WHO and the Agency.

The CHAIRMAN asked if the proposer of the resolution wished to reply to the points raised by the Director-General.

Professor KROTKOV (Union of Soviet Socialist Republics) thought that the draft resolution, proposed by his delegation and supported by many others, gave a clear idea of the tasks which WHO had to deal with in regard to the various public health problems which arose in connexion with the development of atomic energy for peaceful purposes.

Professor CANAPERIA (Italy), in view of the difficulty of defining congenital defects, suggested that subparagraph 1 (b) of the draft resolution should be altered to read: “(b) methods for the notification to public health administrations of congenital defects which could be due to radiation”; He also suggested that subparagraphs (b) and (c) be then interchanged.

The CHAIRMAN asked that the amendment just suggested be submitted in writing.

The meeting rose at 5 p.m.

FOURTEENTH MEETING

Wednesday, 11 June 1958, at 9.30 a.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Peaceful Uses of Atomic Energy (Item proposed by the Union of Soviet Socialist Republics) (continued)

Agenda, 6.10

Professor KROTKOV (Union of Soviet Socialist Republics) said he would like to add to the reply he had made to the Chairman at the previous meeting, because at the time he had made it he had not fully understood the Chairman's question.

The draft resolution sponsored by his and twenty-two other delegations was not intended to take the place of the decisions regarding the peaceful uses of

atomic energy taken at the Ninth and Tenth World Health Assemblies. The draft resolution was entirely in accordance with those decisions: it provided for the continuation and development of the activities which had resulted from those decisions. There was nothing strange in that, for the progress of scientific research continually gave those concerned with international health problems new tasks to perform. There had been a time when only a small group of scientific workers concerned with x-rays had been interested in protection against radiation; at present so many industrial workers, engineers,

experts and health workers were exposed to ionizing radiation that protection against radiation had become a general public health problem. That had been taken into account when drafting the text.

There were clauses in the draft resolution relating to the more immediate effects of small doses of radiation on human beings and the congenital defects brought about by radiation, to methods of calculating and registering the amounts of radiation and methods of notifying public health administrations of congenital defects due to radiation, and to research for determining the relationship between radiation dosages and congenital defects. The draft resolution provided for assistance to be given to under-developed countries in the use of radioisotopes for curative purposes. It applied not only to workers in the atomic industry, but to all the people of the world. It dealt with entirely new problems which the Ninth and Tenth World Health Assemblies had not discussed.

At the previous meeting there had been considerable discussion on paragraph 4 of the draft resolution, relating to consultations with IAEA and the governments concerned. That paragraph was to some extent a repetition of clauses in resolutions adopted at the Ninth and Tenth World Health Assemblies; but it should be remembered that IAEA had not been in existence when those resolutions were adopted. The essential problem, however, had not changed notwithstanding that fact. The spirit and substance of the draft resolution would not be affected if paragraph 4 were deleted. Or it might be advisable to delete the reference to consultations with the governments concerned and with IAEA from paragraph 4 (in view of the contents of the preamble) and merge paragraphs 4 and 5 into a single paragraph. Perhaps it would also be wise to delete the last paragraph of the preamble, which was concerned with the activities of IAEA, since consultations were at present taking place with a view to defining the different functions of WHO and IAEA, and that paragraph if adopted by the Health Assembly might deprive the Director-General of some of the freedom of action which he should enjoy when engaged in such consultations.

Dr GARCÍA (Philippines) said he agreed with what was stated in the report¹ submitted by the Soviet Union delegation. It was an excellent report, which covered the whole field of radioactivity.

The known sources of radiation were divided into two categories. The first category consisted of natural sources of radiation, namely cosmic, earth,

atmospheric and internal radioactivity—alpha, beta and gamma—and the second category consisted of man-made sources of radiation, which included medical, dental and occupational sources of radiation and radioactive fall-out; that category included radiation from television sets, isotope-tagged products, and certain types of glassware which were radioactive.

Radiation brought about genetic changes, cancer, leukaemia, the shortening of life, ulceration, sterility and death. The changes brought about by small dosages of radiation were insidious, slow and cumulative. The way in which radiation caused mutation of the genes was particularly alarming. It was an accepted scientific truism that that might cause hereditary aberrations, but, as stated in the report submitted by the Soviet Union delegation, the quantitative relationship between the frequency of mutations and the doses of ionizing radiation was not yet known.

As a student of radiology, he supported the draft resolution sponsored by the Soviet Union and other delegations. WHO should do more to help ensure the implementation of protective measures and request international and national bodies concerned with radiological protection to prevent the indiscriminate use of x-rays. Radiation had done great harm to professional and non-technical personnel throughout the world. In the United States of America alone there were about 500 registered physicians whose health had been undermined by x-rays. He possessed no data regarding the harm they had caused to the health of non-professional personnel in that country.

Those disastrous effects were largely due to prolonged fluoroscopy, carelessness in regulating machinery and lack of knowledge regarding the capacity of machinery, and also to the lack of adequate protection in rooms in hospitals and private clinics used for radiological work. Because adequate precautions were not taken, patients, particularly children, pregnant women and women suspected of being pregnant, were exposed to the harmful effects of radiation. Patients suffered harm from radiation during pelvimetry, placentography, gynaecological radiography, and obstruction, gastrointestinal and gall-bladder examinations, retroperitoneal examinations, the preparation of arthrograms of the hip joints, etc.

None of those kinds of examination should be prohibited; for the carrying out of such examinations was, in vast numbers of cases, in the patient's general interest, provided the radiologist took adequate precautions. The medical profession could not

¹ Unpublished

provide either the best possible diagnostic services or the best possible therapeutic services without the help of x-rays. What was necessary was that x-rays should be used with discrimination and only by experienced persons. Then the good derived from the use of medical radiation would far outweigh its hazards, and it would be as innocuous as making intravenous injections to obtain information for diagnoses. The people of the world should not be alarmed by the present discussion. The good brought about by medical radiation for diagnostic and therapeutic purposes since the time of Professor Roentgen and Madame Curie was enormous, and far, far greater than the harm caused by failing to take adequate precautions in applying medical radiation techniques.

WHO should provide guidance for governmental and non-governmental organizations to ensure the observance of protective radiological principles recommended by international and national bodies long before WHO had come into existence. The only regrettable thing where medical radiation was concerned was that institutions, hospitals, clinics and individual radiologists had failed to observe those principles faithfully. If it took the lead, WHO, by virtue of its prestige and moral influence on governmental and non-governmental bodies throughout the world, could ensure much greater compliance with those recommendations.

He associated his delegation with the recommendations made by the Soviet Union authorities to WHO regarding other aspects of the item under discussion.

His delegation greatly appreciated the work done by the Director-General, the Executive Board and the Tenth World Health Assembly on the peaceful uses of atomic energy.

Dr PENIDO (Brazil) supported the revised draft resolution in its entirety.

Dr ANDERSON (United States of America) supported both the amendment proposed by the delegate of Italy and the amendments suggested by the delegate of the Soviet Union.

Dr EVANG (Norway) also supported those amendments.

He hoped that among the members of the committee provided for in paragraph 3 of the draft resolution there would be experts and health administrators from countries in which the public health authorities bore responsibility in regard to the effects of radiation on health.

Dr SAUTER (Switzerland) said that in Switzerland, as in other countries, steps were being taken to

complete legislation on protection against radiation and to draw up rules for the application of that legislation. For that it was necessary to have standards regarding the maximum permissible radiation dosage, the maximum permissible amount of radioactivity in the earth, in water and in the air, etc. He had noted the following statement in section 4.7 of the Director-General's report (see Annex 17): "Much of the work of the International Commission on Radiological Protection is concerned with the recommendation of maximum permissible levels of radiation of various types, and is therefore in a somewhat different category from that performed by WHO." It was highly desirable that the recommendations of that commission, which was a non-governmental organization, should be communicated to Member States through WHO, and he had therefore been glad to note the statement in the Director-General's report to the effect that he intended to inform Member States of the Commission's recommendations as soon as they were published.

He also supported everything in the draft resolution, and because of what he had just said, was particularly glad to support paragraph 5.

Mr LE POOLE (Netherlands) supported the Soviet Union delegation's suggestion that paragraphs 4 and 5 of the draft resolution be combined, but doubted whether it would be wise to follow the suggestion that the last paragraph of the preamble be deleted, because he thought that it would be useful to include a reference to IAEA, of which most of the States represented at the present meeting were members. He would suggest that the whole of the paragraph be retained except for the words "and considerations of technical assistance, including the use of radioisotope and other radiation sources".

Dr AL-WAHBI (Iraq) said his delegation had not been satisfied with the original draft resolution; but he thought that the revised version with the changes in paragraph 4 and the preamble suggested by the Soviet Union delegate should satisfy everyone.

Dr LAYTON (Canada) said that as a member of one of the delegations which were sponsoring the draft resolution, he agreed to the amendments proposed by the delegates of Italy and the Union of Soviet Socialist Republics.

He suggested that the Committee might defer taking a decision until the amendments were circulated in writing.

It was so agreed. (See minutes of the fifteenth meeting, section 1.)

2. Report of the Sub-Committee on International Quarantine

The CHAIRMAN requested the Vice-Chairman of the Sub-Committee to introduce its report.

Dr TURBOTT (New Zealand), Vice-Chairman of the Sub-Committee on International Quarantine, said that the Sub-Committee had met on 5 and 10 June 1958. It had discussed three items of the agenda 6.7(b), 6.7(c) and 6.7(d), which could all be described as little more than routine matters, and it had agreed to recommend to the Committee a draft resolution on each of those items. The three draft resolutions were contained in the Sub-Committee's report (see page 379).

Decision: The Committee agreed to recommend the adoption of the three draft resolutions in the report of the Sub-Committee (see fourth report of the Committee, sections 4, 5 and 6).

3. Review and Approval of the Regular Programme and Budget Estimates for 1959 (continued from the twelfth meeting, section 1)

Agenda, 6.5

Approval of Draft Appropriation Resolution

Dr KAUL, Assistant Director-General, Department of Advisory Services, read the fourth report of the Committee on Administration, Finance and Legal Matters to the present Committee (see page 390). He explained that the Committee on Administration, Finance and Legal Matters had left it to the present Committee to fill in the figures for Part II (Operating Programme) in section I of the draft Appropriation Resolution included in the report. He said that the figures which should be inserted in that part of the resolution were: \$1 914 890 for the Central Technical Services, \$8 651 391 for the Advisory Services, \$1 849 260 for the Regional Offices, \$181 100 for expert committees, and the total figure, \$12 596 641.

Decision: The Committee agreed to recommend the adoption of the draft Appropriation Resolution, as thus completed (see fourth report of the Committee, section 7).

4. WHO Participation in the Expanded Programme of Technical Assistance (continued from the twelfth meeting, section 2)

Agenda, 6.6

The CHAIRMAN invited comments on the draft resolution that he had submitted at the twelfth meeting.

Dr LAYTON (Canada), recalled that the delegate of France had taken exception to paragraph 2 of the draft resolution, endorsing the opinions expressed by the Executive Board in resolution EB21.R48. He had objected particularly to part V of the Board's resolution, on the payment of local subsistence costs. The Canadian delegation associated itself with that objection, and proposed that the draft resolution should be amended by the deletion of paragraph 2.

The CHAIRMAN put to the vote the Canadian proposal to delete paragraph 2 of the draft resolution.

Decision: The proposal was rejected by 33 votes to 15 with 11 abstentions.

The CHAIRMAN put to the vote the draft resolution as a whole.

Decision: The draft resolution was approved by 44 votes to 5, with 13 abstentions (see fourth report of the Committee, section 8).

5. International Agreement of Brussels, 1924, respecting Facilities to be given to Merchant Seamen for the Treatment of Venereal Diseases

Agenda, 6.8

The CHAIRMAN called on the representative of the Executive Board to introduce the item.

Sir John CHARLES, Chairman of the Executive Board, said that the admirable report of the Study Group on the 1924 Brussels Agreement¹ would absolve him from the necessity of a lengthy statement. From some points of view, the 1924 Brussels Agreement was a by-product of the First World War. That war had increased the pool of venereal infection and because of the facilities which seafarers had for extending the margin of that pool, and their difficulties in obtaining treatment, it had become obvious that some action would have to be taken. The first body to take up the matter had been the Office International d'Hygiène Publique. In 1920, the Permanent Committee of the Office had made a detailed study of the question and had produced a report which contained the whole gist of subsequent action. In essence, the report had recommended the institution of effective, free and continued treatment of venereal diseases for merchant seamen. In due course, the Brussels Agreement of 1924 had come about. From the historical point of view, the Agreement was of great international significance: it was the first appearance of an international

¹ *Wld Hlth Org. techn. Rep. Ser.* 1958, 150

instrument making available free treatment for disease, and it constituted a major step forward in international co-operation.

The Brussels Agreement had been in operation for some twenty years with only slight modifications and extensions. However as time went on, various significant changes had occurred in the world. The time spent between ports had grown consistently less. On the other hand, the merchant seaman was no longer, as it were, a problem child but a respected and well-established person. Moreover, the treatment of venereal diseases had been revolutionized. Thus it had become clear that something must be done about the Brussels Agreement; the question was whether it should be abrogated, changed or enlarged. As the world had grown smaller, so the attitude of the public to various health problems had changed. The public attitude towards venereal disease in particular had grown more enlightened and the social conscience of the public had grown broader. The world's idea of responsibility for the health of communities, and of particular groups within communities, had become more comprehensive. Various bodies had considered those factors in conjunction, including the Study Group appointed by the Director-General, and the general conclusion had been that the Brussels Agreement in itself should stand, but that there should be a broader international approach to the health problems of merchant seamen, covering the whole question of the health of seafarers: preventive medicine, treatment and rehabilitation.

After considering the report of the Study Group, the Executive Board had been persuaded that more should be done. It had therefore proposed the draft resolution set out in resolution EB21.R17, which it hoped that the Committee on Programme and Budget would transmit to the World Health Assembly for adoption.

Dr EVANG (Norway) said that several attempts had been made since the First World War to widen the scope of health services for merchant seamen on an international basis, but that little had been accomplished in fact. The document under discussion was therefore of the greatest importance. He drew the Committee's attention to two points in that connexion. First, the title of the report and the heading of the agenda item did not quite cover the subject under discussion, which was more than the continuation of the Brussels Agreement, being rather suggestions for the extension of health services for merchant seamen. Secondly, it was not necessary for governments to await the proposed report of the Director-General before starting work

on the subject. Several countries had already taken effective steps, and in various ports health services for merchant seamen had been in operation for over ten years. In that connexion, he thanked the Governments and public health services of the United States of America, the United Kingdom of Great Britain and Northern Ireland, Canada, India, and most particularly Belgium, for their positive and constructive attitude, which had made it possible to meet certain of the health problems experienced by Norwegian merchant seamen.

It was felt in some quarters that the problem was not big enough to warrant international action. That was a mistake. There had been a tremendous expansion in merchant tonnage, which now stood at over one hundred million tons, and there were between 750 000 and 1 000 000 seafarers. They constituted a very vulnerable group, and they not only carried disease back to their homes but also represented a considerable health risk to the countries they visited. The risk was not only of somatic disease but also of such mental diseases as, for example, alcoholism. The Norwegian delegation, therefore, wished to urge friendly co-operation in immediate practical action, so that the expert group to be appointed would have various already operating solutions to study.

While he agreed perfectly with the substance of the resolution recommended by the Executive Board, he suggested two amendments to the text. WHO had co-operated with ILO in a Joint Committee on the Hygiene of Seafarers; it would be only just, therefore, to include in the preamble a paragraph thanking ILO for its co-operation in that field. Also, subparagraph (3) of the recommended resolution should be amended in such a way as to ensure immediate action; he proposed therefore that the phrase "to present a progress report to the Twelfth World Health Assembly" should be substituted for the Executive Board's wording.

Professor CANAPERIA (Italy) associated himself with the views of the previous speakers on the Study Group's report and the resolution recommended by the Executive Board. It was essential to keep up the positive and practical international action represented by the Brussels Agreement. There had been a tendency in some national health administrations to reduce venereal disease services after the drop in the incidence of venereal diseases brought about by the use of antibiotics. Nevertheless, venereal diseases still constituted an enormous problem, as was shown by recent statistics. Penicillin alone could not eliminate what was in essence a social disease requiring medico-social measures.

It was in fact an appropriate time to revise the Brussels Agreement and to consider the problem of the health of seafarers on a wider scale, in keeping with the general trend towards providing polyvalent services relating to general welfare. He would therefore support the resolution recommended by the Executive Board with the amendments proposed by the delegate of Norway.

Dr SLIM (Tunisia) congratulated the Study Group on its excellent report. While he realized that the report contained the collective views of an international group of experts and did not necessarily represent the policy of WHO, he would like to see corrected a point on page 52 of the report, under the heading "Reservations", where there was a declaration by the French Government that the agreement would apply to Tunisia only as regards the port of Tunis. In fact, medical facilities were provided at the ports of Bizerta, Sousse, Sfax and Gabès as well as Tunis. In addition, of course, any such declaration would be made henceforward by the Government of Tunisia.

Dr RAE (United Kingdom of Great Britain and Northern Ireland) noted that the delegate of Norway had already referred to the interest of ILO in the working conditions of merchant seamen. It would be appropriate for the Director-General to carry out the proposed study in close co-operation with ILO.

Dr AUJALEU (France) concurred with the delegate of Tunisia in regard to the present application of the Brussels Agreement. He endorsed the views of previous speakers on the importance of the subject under discussion and the value of the report. He would support the draft resolution as amended by the delegate of Norway.

Dr ALLARIA (Argentina) commended the work of the Study Group. Argentina was not yet among the adherents to the Agreement but he felt sure that action would soon be taken to that effect. He would support the amendments of the delegate of Norway to the draft resolution.

Dr GOOSSENS (Belgium) thanked the delegate of Norway for his kind reference to the Belgian Government and said that he would support the proposed amendments to the draft resolution.

Dr TEWARI (India) endorsed the resolution recommended by the Executive Board, together with the amendment proposed by the delegate of Norway. His country hoped that when recommendations were made concerning the services to be instituted, due account would be taken of the development of

health services in the country concerned, so as to avoid any disparity between the services proposed for merchant seamen and those provided by the national public health service for the people in general. WHO should not lay down standards impossible of achievement by the country concerned.

Dr MÉTALL (International Labour Organisation) noted that the Executive Board of WHO, at its twenty-first session, had recommended that the World Health Assembly should ask the Director-General to undertake a study of the nature and extent of the health problems of seafarers, to indicate possible ways and means by which health services could be provided on a wider scale, and to report thereon to the World Health Assembly (resolution EB21.R17). The Joint Committee on the Hygiene of Seafarers had recommended in 1954 that WHO should make such a study and the question was on the agenda for the Joint Committee. He was sure that the omission of any reference in the Executive Board's draft resolution to co-operation with ILO was not deliberate. In fact, when the Executive Board had been considering the question, the Director-General had been congratulated on laying a foundation for the proposed studies in close collaboration with ILO. Nevertheless, the absence of any reference to ILO co-operation was regrettable, and could compromise the work of the Joint Committee on the Hygiene of Seafarers. He hoped, therefore, that the draft resolution would be amended so as to repair the omission.

At the 41st (maritime) session of the International Labour Conference, a resolution had been adopted unanimously (on 12 May 1958) on health and hygiene on board ship. The resolution paid a tribute to the Joint Committee on the Hygiene of Seafarers and called for an early meeting of that committee. He wondered whether, in the light of that information and the statement of the delegate of the United Kingdom, the delegate of Norway would agree to change his proposal and to put a reference to future collaboration between the Director-General and ILO in the operative part of the draft resolution.

Dr EVANG (Norway) noted that the ILO resolution dealt only with medical problems on board ship, whereas the matter under discussion was much broader. However, he would be glad to change the paragraph he proposed for inclusion in the preamble to run as follows: "Thanking ILO for its collaboration and expressing the desire to continue joint action in the field of the hygiene of seafarers."

Dr KAUL, Assistant Director-General, Department of Advisory Services, said that the title of the item under discussion and of the report arose out of the fact that at the First World Health Assembly it had been decided that the question of the continuation of the Brussels Agreement should be reviewed. The new developments had arisen out of that study. If the Health Assembly adopted the Executive Board's recommendation, the title of the item would have to be revised in the future.

With regard to the point raised by the delegate of Tunisia, he said that future reports would take into account any statement officially notified by the governments concerned. He assured the delegate of India that in developing health services for seafarers the general pattern of health services in particular countries would be taken into account. In regard to the remarks of the representative of ILO, he said that the Director-General fully intended to co-operate closely with ILO in the proposed study, to the extent that ILO was involved. Relations with ILO over the last ten years clearly indicated that WHO intended to continue its collaboration on joint problems.

The CHAIRMAN put to the vote the amendments proposed by the Norwegian delegation.

Decision: The amendments were adopted unanimously.

The CHAIRMAN put to the vote the draft resolution as a whole, as amended.

Decision: The draft resolution, as amended, was approved unanimously (see fourth report of the Committee, section 9).

6. Sports Medicine

Agenda 6.11

Dr KAUL, Assistant Director-General, Department of Advisory Services, recalled that the question before the meeting had been raised at the First World Health Assembly, when it had been referred to the Executive Board for consideration. At its second session the Executive Board had adopted the proposal of the Director-General to continue the collection of scientific information on physical training from appropriate sources, including governments and competent non-governmental organizations, with a view to possible integration of the subject into the programme of the Organization for 1950. The Second World Health Assembly had requested the Director-General to proceed with the collection of information, and in 1950 the Third World Health Assembly had eventually decided that

physical training did not constitute a priority subject and had therefore requested the Director-General to postpone further action in the matter.

The subject had been raised again by Denmark, Finland and Norway and had been considered by the Executive Board at its twenty-first session. The preliminary report¹ had been submitted in response to a request by the Executive Board. It included information collected from various sources, in particular the Fédération internationale de Médecine sportive. The report dealt with the effects of sports on the health of man, medical supervision of sportsmen, and sports medicine as a medical specialty, and made some suggestions on practical problems which deserved further study.

Dr ENGEL (Sweden) said that he had studied the preliminary report with great interest. It was obvious that sports medicine was not a well defined branch of medical science; it involved many problems of applied physiology, its clinical applications were very far-reaching, and at the same time it had certain educational aspects. He agreed with the conclusion reached in the report that certain problems in the field of sports medicine deserved further research. The relationship between sports and health was so important that the subject should be included in WHO's programme, but funds were limited and it would not perhaps be possible to give it priority in view of the other very important programmes which had been started.

The trend in modern life was to relieve man of the burden of hard physical work so that a considerable amount of his physical capacity remained unused. Consequently he stressed the importance of sport and physical exercise in modern life, and considered that it would be desirable for WHO to study the question. On the other hand, the scope of the study should be carefully selected and limited. His delegation would like to ask the Director-General to undertake a further study on the type of programme on sports medicine which could suitably be carried out by WHO.

Dr METCALFE (Australia) agreed with with much of what had been said by the delegate of Sweden and congratulated the Secretariat on the excellent preliminary report. In his opinion sports medicine was a subject on which WHO should not undertake any further material action. A non-governmental organization which had recently been brought into relationship with WHO was particularly interested in the subject and he suggested that it should be

¹ Unpublished

asked to take the Director-General's report into account when pursuing its further studies.

Professor BREITENECKER (Austria) noted that a number of research centres in sports medicine were listed in the report. He informed the Committee that there was a special sports and physical education service in the Austrian Federal Ministry of Social Administration. That service was in the charge of a doctor and one of its functions was to organize training courses for specialists in sports medicine. There was also an institute of sports medicine attached to the University of Vienna which was equipped to study sports physiology.

Dr LE-VAN-KHAI (Viet Nam) said that the relationship between sport and medicine varied in importance from country to country. The role of sport would also vary according to whether the country was industrialized or agricultural. In any event it would be useful if WHO were to conduct physiological studies into the effect of sport on health and to co-ordinate the studies on that subject carried out by the various research institutes. Information could be obtained from the Fédération internationale de Médecine sportive, which had recently been admitted into official relations with WHO, or else WHO could set up an expert committee on sports medicine and ask the Fédération to participate in the work.

Dr BELEA (Romania) thought that the report before the Committee set forth some very interesting problems. In his country, the development of physical training and sport had led to the creation of specialized medical institutes to deal on the one hand with medical examinations for sportsmen and on the other hand with physical exercise as a therapeutic measure. He referred to the seventy-six sports medicine centres which had been set up in Romania and to the many physiotherapy centres attached to hospitals and thermal establishments.

Statistics showed an increase in cardiovascular diseases and many doctors considered that physical training could have important prophylactic and therapeutic implications in that field. He thought it would be very useful if a WHO expert committee were to study the problem and he emphasized the need for collaboration between those specialized in sports medicine and other specialists.

Dr LAYTON (Canada) said that sports medicine was virtually unknown as a medical specialty in Canada. He had studied the report with care and he did not wish his delegation's attitude to be misinterpreted as a lack of interest in the subject. He

must point out, however, that some of the most important problems facing WHO in the field of communicable diseases still remained unsolved. At the First World Health Assembly malaria had been recognized as a problem of top priority and now, ten years later, it was still a problem of outstanding importance in spite of the efforts made to eradicate it in the interval. He feared that some governments which might be contemplating making a contribution to the Malaria Eradication Special Account might reconsider the matter if even a small amount of money were diverted to projects of less immediate importance. In view of the limited resources available to the Organization he did not think that WHO should be called upon to do more than hold a watching brief on the subject at present.

Dr ROYAARDS (Netherlands) said that in his country it was the Minister of Education and not the Minister of Public Health who was responsible for physical education and sports. In the Netherlands, as in Norway and other countries, provision was made for a voluntary medical examination of competing sportsmen and also for periodical re-examination.

He congratulated the Director-General on the excellent report but, although he recognized the importance of sports medicine, he felt that there were at present too many more important problems facing the Organization. He therefore suggested that pilot studies should be carried out in certain countries in order to obtain more information on the influence of specific branches of sport on health. For example a study might be made of the average duration of life and the possible causes of death of sportsmen. WHO might recommend that such studies should be carried out without allocating any of its own funds for the purpose. The subject could then be considered later, and if funds became available the information collected would prove useful as a basis for further studies by WHO.

Dr DOUBEK (Czechoslovakia) supported the suggestion that WHO should include the study of sports medicine among its activities, since the results of such studies could have a substantial effect on the general health of the community. He mentioned in particular the need for research into the role of physical exercise as a therapeutic measure and as a means of influencing the development of children and adolescents, improving co-ordination and reducing accidents, and prolonging the active period of life. Those subjects were already being studied by special institutes in many countries and it would be most helpful if WHO were to co-ordinate the work.

Dr RIPPLINGER (Federal Republic of Germany) said that his delegation could give its full support to the Director-General's preliminary report on this item. He emphasized that a basic distinction must be drawn between sport for children and adolescents and sport for adults. Nowadays there was a tendency to increase academic work in schools without paying sufficient attention to physical exercise. A survey in his country had shown that only one-third of the schoolchildren had normal posture, while the others had slight or serious defects of posture. For adolescents, physical exercise should be varied; it should be considered as a game and be interspersed with rest periods. Medical examinations should take place at least once a year and should be a prerequisite for admission to competitions.

There were three ways in which sport could serve the cause of public health: (1) in childhood and adolescence it could compensate for the compulsory sedentary posture at school; (2) it could serve as a

preventive measure in avoiding cardiac and other diseases; and (3) it could prove useful for purposes of rehabilitation, for example, after paralysis.

In the Federal Republic of Germany research in sports medicine was encouraged in the Länder and assisted by the public health services. For the most part, however, it was carried out by doctors who had enjoyed their own sporting activities and gave up their leisure to study the subject. The problems were many and their importance was such that it would now seem appropriate for the universities to include compulsory courses in sports medicine in their curricula. Only if doctors were fully trained in the subject would it be possible to derive the full benefits of sport for the health of the population.

(For further discussion, see minutes of the fifteenth meeting, section 2.)

The meeting rose at 12 noon.

FIFTEENTH MEETING

Wednesday, 11 June 1958, at 2.30 p.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Peaceful Uses of Atomic Energy (Item Proposed by the Union of Soviet Socialist Republics) (continued from the fourteenth meeting, section 1)

Agenda, 6.10

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) said that, although his delegation did not oppose the Netherlands amendment (see page 251), the aim of which was to ensure co-operation between the International Atomic Energy Agency and WHO, he thought that it would expedite a unanimous decision by the Committee if the delegate of the Netherlands would withdraw it.

Mr LE POOLE (Netherlands) said that in view of what the delegate of the Soviet Union had said, he would be pleased to withdraw his delegation's amendment.

Dr AUJALEU (France) recalled that he had spoken at the thirteenth meeting in favour of the principle of proper co-ordination between WHO and other organizations dealing with related questions. Never-

theless, WHO should be the Organization primarily concerned with the effects of atomic radiation on health.

Mr GALAGAN (International Atomic Energy Agency) said that the problem of protecting health which arose from the widespread use of atomic energy was a very important one. It was therefore natural that various international organizations, including WHO, were dealing with the problem, and he hoped that it would be solved.

He had no observations to make on the substance of the Soviet Union draft resolution. It was very important that IAEA and WHO should work in close collaboration, since both organizations had considerable responsibilities in the field of health. In October 1957, IAEA had adopted a programme relating to matters of public health, the main objective of which was to create safety standards for atomic energy projects. The programme was already in operation, and a special group of experts had recently started to discuss regulations governing

safety standards in work in which radioisotopes were used. Since radioisotopes were widely used in many countries, many people were exposed to danger, and IAEA was therefore attempting to help countries to apply safety standards wherever radioisotopes were used.

Even more important were safety standards in work involving atomic energy. IAEA was at work on that problem, and had taken into account what was being done in the same field by other organizations like WHO and ILO. IAEA did not intend to try to take over WHO's responsibility in that field, but to promote co-operation and co-ordination. There was sufficient work for both organizations.

He reminded the Committee that in the near future WHO and IAEA would be concluding a formal agreement. Before IAEA had come into existence, there had been contacts between the Preparatory Commission of the Agency and WHO, but, since the Preparatory Commission had not had the power to conclude agreements, only the main guiding principles had been discussed. Those principles had been approved by the first General Conference of the Agency.

Since its foundation, the Agency had discussed the question of agreements with the other specialized agencies and in December 1957 it had created a special committee to assist the Director-General in all matters connected with such agreements. It had been agreed that there should be close collaboration between the Secretariats of WHO and IAEA with the aim of defining the responsibilities of the two organizations.

In January 1958, the Agency's Secretariat had started discussions with WHO, ILO, FAO and other organizations. The discussions with WHO had continued in April, when members of the WHO Secretariat had visited Vienna, and good contacts had been established.

Formal agreements which the Agency entered into had to be ratified by its Board of Governors and General Conference. The Board would next meet at the end of June and beginning of July, and the next General Conference would not take place until September. It was hoped that a draft agreement with WHO could be presented to the next meeting of the Board of Governors.

Nevertheless, regardless of whether a formal agreement would be signed between the two organizations in the current year, it was important that the contacts which had been established should be maintained. IAEA was anxious to sign an agreement, but the mere signing of an agreement would not solve all problems. While there were certain areas

of responsibility which could easily be divided, there were others which would need close co-operation with the United Nations and other organizations.

He reminded the Committee that the headquarters of both WHO and IAEA were in Europe, which meant that there was every opportunity for close contact between the two organizations. Such contact would be both necessary and helpful in eliminating duplication and overlapping. He was sure that the work of WHO and IAEA in the field of protecting the health of the peoples of all nations would continue on a basis of close co-operation, and would shortly achieve positive and valuable results.

Decision: The draft resolution, as amended by the delegations of Italy and the Union of Soviet Socialist Republics, was approved unanimously (see fifth report of the Committee, section 1).

2. Sports Medicine (continued from the fourteenth meeting, section 6)

Agenda, 6.11

Professor CANAPERIA (Italy) said that his delegation had studied with great interest the Director-General's preliminary report on sports medicine.¹ Sports medicine, as defined in the Statutes of the Fédération internationale de Médecine sportive, was a branch of medicine which dealt with sports in the widest sense of the word. In the Director-General's report, however, stress seemed to have been laid on competitive or professional sport. He thought that the main interest of the Organization should be directed towards amateur sportsmen—young people who engaged in physical recreation, which was of considerable importance in combating the strains of present-day life. Moreover, sports should be considered from the public-health point of view.

The aspects of the subject covered in the section of the report that dealt with the effects of sports on the health of man seemed to be treated too negatively. There was too much concentration on the harmful effects of sports. He believed that the stress should be laid on the positive aspects such as the beneficial effects of sports on the general well-being of the individual. The study of the longevity of athletes was not the best way of evaluating the effects of sports. With regard to the effects of sports on mental health, there were several studies in existence, which showed that they were mainly beneficial. From a social point of view, sports were important in training young people to be good citizens and in keeping them from harmful recreations. In the section of the report that

¹ Unpublished

dealt with the medical supervision of sportsmen, the stress once again seemed to have been laid on the negative aspects, such as the need to eliminate tiring sports. The whole idea of medical supervision should be seen from the point of view of public health. Supervision should be directed towards ensuring that young people took part in the kinds of sports which were most suited to their physical capacity. He pointed out that certain sports had a corrective effect on physical defects. The section concerning the research centres in sports medicine, and the annex listing the available literature on the same subject, were both incomplete.

He supported the draft resolution on sports medicine which had been proposed by the delegations of Denmark, Finland, Norway and Sweden. He agreed that WHO should not as yet adopt active measures of its own in the field of sports medicine, but should closely collaborate with the Fédération internationale de Médecine sportive, with a view to drawing up a co-ordinated programme. He particularly welcomed the reference to "physical exercise and training as a constituent of a constructive health programme".

Dr EVANG (Norway) said that the statements which had been made at the fourteenth meeting by the delegates of Canada and Australia indicated that there had been some misunderstanding of his own remarks. Sports medicine did not apply exclusively to professional sportsmen but to every kind of sportsman. Even manual labourers were to some extent included in the area covered by sports medicine. He hoped that the delegates of Canada and Australia would not find it difficult to convince their Governments that the problems connected with sports medicine related to a very wide range of people. He felt that WHO should take an active part in the field of sports medicine in close collaboration with the Fédération internationale de Médecine sportive.

Dr GOOSSENS (Belgium) said that his Government attached great importance to the question of physical education and sport, which was important in the training of men and citizens, and also played an important part in health education. He was thus glad to associate himself with the views expressed by the delegate of Italy. In Belgium, problems connected with health education and sport were the responsibility of the Ministry of Health, and in recent years large sums of money had been assigned to those activities. He supported the resolution on sports medicine proposed jointly by the delegations of Denmark, Finland, Norway and Sweden.

Dr WARMANN (Ghana) said that his delegation had studied the preliminary report and congratulated the Director-General on it. He agreed that sports medicine was an important matter, but felt that there were other matters which required more urgent attention by the Organization and which should be given priority. He therefore supported what had been said by the delegates of Canada and Australia.

Dr LULL (United States of America) said that there were many organizations and agencies in the United States concerned with physical education and sports. The previous week had been set aside by the President of the United States of America as Youth Fitness Week, and the previous week-end the fourth annual meeting of the Conference on Sports Medicine had taken place in New York. His delegation agreed with the Swedish delegation that the Director-General should make further studies in the field of sports medicine, but he felt that no special study group on the subject should be set up for the time being.

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) said that physical culture was very widespread in the Soviet Union. An international conference on sports medicine would meet later in the year in Moscow, which was further sign of the great international interest in the question. He supported the draft resolution proposed by the delegations of Denmark, Finland, Norway and Sweden.

Decision: The draft resolution on sports medicine proposed by the delegations of Denmark, Finland, Norway and Sweden was approved by 35 votes to 4, with 16 abstentions (see fifth report of the Committee, section 2).

3. Future Organizational Study by the Executive Board

Agenda, 6.12

Sir John CHARLES, representative of the Executive Board, said the Board had had before it a study on regionalization, but had considered that it could not be brought to an appropriate conclusion until the Board had had the opportunity of studying the report on the first ten years of WHO. Now that that report had appeared, the Board would resume consideration of the matter at its twenty-second or twenty-third session. In view of the fact that a year's notice had to be given of proposed organizational studies, it was recommended that the next subject for study should be the WHO publications programme.

Dr AUJALEU (France) said that his delegation was not opposed to the Executive Board's resolution EB21.R16, recommending a further study of the WHO publications programme, and had in the past given ample evidence of its interest in WHO publications.

His delegation felt, however, that problems connected with personnel were of such importance that they should be chosen for study. The personnel he had in mind were the internationally recruited members of WHO's staff. Personnel problems had a number of aspects—administrative, financial, etc.—but once those were solved the crucial problem was the adaptation of the staff to its various responsibilities. It was not too much to say that the future of WHO depended on the way in which the problems connected with personnel were solved. If the Director-General agreed, he suggested that the necessary documentation should be assembled to form a basis for the study of personnel problems and that the Executive Board should be requested to make the study later on.

Dr LE-VAN-KHAI (Viet Nam) said that his delegation supported the Executive Board's recommendation that publications be chosen as the subject of its next organizational study.

The Executive Board should consider both the *Official Records* and technical publications. It would be a great advantage if the number of *Official Records* and similar publications could be reduced. Was it for example necessary to reissue the *Handbook of Resolutions and Decisions* every two years, or would it be possible to issue a new edition every three or four years? If that could be done, it would leave more money available for the publication of technical works, which were not only more valuable in themselves but could be expected to increase the income accruing to the Publications Revolving Fund, owing to their potentially larger sale.

The DIRECTOR-GENERAL, in answer to the delegate of France, said that the subject of publications proposed by the Executive Board was a very important one because publications were perhaps the most important means by which the Organization could spread information. The subject called for early study, involving as it did many problems such as languages, distribution and regional publications. WHO was not certain that its publications were used to the maximum, and perhaps some changes might be indicated in the policy laid down by the Executive Board.

As for the problem of personnel, he agreed with the delegate of France that it was more than a simple

administrative problem. The Executive Board had on its agenda a study of the question of salaries and allowances, and the regional committees were to be asked for guidance on the question of recruitment of staff and so on, but the question that would have to be faced very soon was how to improve the quality of the personnel. It was his intention to bring proposals to the next World Health Assembly on the question of training of personnel. WHO had since 1951 allowed personnel to take leave of absence for refresher courses and post-graduate training, with the assistance of certain foundations such as the Kellogg Foundation and the Rockefeller Foundation. In an international organization it was extremely important that personnel should have, besides technical qualifications, the personal qualities that would enable them to work with people from other countries and to transmit their knowledge. It should be realized that a staff member who had been on a project in a certain country for five or six years needed something more than merely to be transferred to another project, and that was a vital problem for the Organization.

He would like to see more time allowed for the preparation of the study of problems connected with personnel in order that the Assembly might give guidance as to how the study was to be carried out by the Executive Board, and he thought that the Board might well take up the subject in 1960. The Board could deal immediately with the question of publications, but the whole question of the technical level of the staff would require preliminary studies. He was prepared to make such studies and report thereon.

Dr AUJALEU (France) said that what was most important was not how the question should be studied but that it should be studied. He was pleased to note that the Director-General was ready to undertake a study of personnel policy.

Decision: The draft resolution recommended by the Executive Board in resolution EB21.R16 was approved without change (see fifth report of the Committee, section 3).

4. Special Fund for improving National Health Services (Report on Resolution 1219 (XII) of the General Assembly of the United Nations on Financing of Economic Development)

Agenda, 7.17

Dr KAUL, Assistant Director-General, Department of Advisory Services, presented the Director-General's report on resolution 1219 (XII) of the

General Assembly of the United Nations on financing of economic development (see Annex 18).

He drew attention to the provisions of resolution 1219 (XII) of the United Nations General Assembly, appended to the report. That resolution had been brought to the attention of the Executive Board at its twenty-first session, along with the views and suggestions of the Director-General as to the kinds of activities that might be financed from the Special Fund established by the resolution. The Executive Board had established a working party composed of all members of the Board and had adopted resolution EB21.R49. Subsequently, the Director-General had forwarded his views and suggestions to the Preparatory Committee set up by resolution 1219 (XII); and those were set forth in Appendix 1 to the report. The Director-General had stated that WHO was ready and willing to provide such assistance as was requested in its field of competence, and he had given his views as to the health programmes which might appropriately be financed from the Special Fund. He had also given his views with regard to the administrative and operational machinery. He had suggested, among other things, that no complex machinery should be created, in view of the machinery already existing in the United Nations and the specialized agencies. In Appendix 1 to his report he had set forth detailed examples of health projects suitable for financing from the Special Fund, including yaws eradication, bilharziasis control and environmental sanitation. The Director-General had felt that, since a global programme for malaria eradication had been instituted, it was perhaps not necessary to include projects in that subject for possible financing from the Special Fund.

He drew attention to the recommendations of the Preparatory Committee, including those relating to organization and management of the Special Fund, reproduced as Appendix 2 to the Director-General's report. The "Illustrative list of types of projects" included projects in the health field, and such other items as human resources. The report of the Preparatory Committee would be submitted to the Economic and Social Council at its twenty-sixth session, in July 1958.

PROFESSOR GRASHCHENKOV (Union of Soviet Socialist Republics) informed the Committee that he had received notification that his Government had released a thousand tons of DDT for use in the malaria eradication campaign.

Dr SULIANTI (Indonesia) said that during the discussions in the General Assembly of the United

Nations her country had strongly supported the establishment of the Special Fund. The report of the Preparatory Committee indicated that there would be a governing council and a managing director for the Special Fund and so on, and she wished to know whether health problems would be submitted to the Economic and Social Council or would be discussed in the Health Assembly.

Dr AKWEI (Ghana) drew attention to the statement in the Director-General's report with regard to the technical training of public health engineers. He recalled that the *World Directory of Medical Schools*, which was referred to in the Annual Report of the Director-General for 1957, contained in its annexes a survey of the available medical manpower and its distribution throughout the world. That did not indicate that there was an adequate number of doctors to strengthen the staffs in individual countries by mere deployment. The Director-General might wish to comment on the subject of medical manpower as related to the administration of the Fund.

Dr TEWARI (India) was gratified to note that environmental sanitation was one of the items tentatively suggested by the Director-General as appropriate to receive assistance from the Special Fund. The need for the improvement of environmental sanitation was colossal. India was spending about one-third of its total resources, under the five-year plan, on water supply and sanitation schemes, but it was likely to take at least twenty-five years to make a reasonable impression on the environmental sanitation conditions of the country. The question arose whether it was desirable to distribute funds becoming available to WHO over a large number of schemes or to restrict the number of schemes as much as possible so that effective results might be produced in the shortest possible time. The use of resources available from the special fund might be confined to the programme of environmental sanitation and the related programme of training of public health engineers.

With regard to the recommendations that assistance be provided in connexion with specific disease conditions, he observed that there was no disease condition that did not have economic repercussions. If some diseases were included, there was no reason for omitting others. Perhaps the scope of the Fund could be reduced so that one or two of the most important problems would be successfully solved before others were tackled.

The question of human resources was one that varied greatly in its implications in different parts of the world. With regard to the population studies

being carried out, he wondered if it would be possible to continue to make the studies without giving some attention to their logical conclusion—that some measure for the control of population would become necessary. Perhaps more attention might be given to that question, particularly in view of decreasing mortality and morbidity rates.

Mr KITTANI (Iraq) said that his delegation had presented some of its views on the question in the Committee on Administration, Finance and Legal Matters during the discussion of the Malaria Eradication Special Account (see minutes of the third and fourth meetings of that committee). As a delegate from a less-developed country, he felt that there was too much optimism about the possibilities of the Special Fund. He had participated in the discussions in the Second Committee of the General Assembly that had led to the adoption of resolution 1219 (XII). The establishment of the Special Fund had been adopted as a compromise when the proposal for the Special United Nations Fund for Economic Development (SUNFED) had failed to receive the support of the countries that were expected to be major contributors. The Special Fund had been established as a practical approach to the problem and as something distinct from the Expanded Programme of Technical Assistance. He believed that the Special Fund should concentrate on special projects, which would pave the way for the establishment of SUNFED and encourage further contributions, whether private, public or international. During the debate on the question, the possibilities discussed had included, for example, surveys of the economic capabilities of under-developed countries and the establishment of regional training centres. The Committee would be mistaken in thinking that large sums of money would be available from the Special Fund for the regular programmes of WHO.

Dr KAUL pointed out that the Preparatory Committee had made certain recommendations and that they were still to be considered by the Economic and Social Council. An indication of the point of view of the Preparatory Committee was contained in section V of its recommendations under the heading "Procedures", where the procedures for the formulation and the evaluation of requests were set out. It was understood that the various activities would be implemented through the existing channels of the United Nations or the specialized agencies.

With regard to the point raised by the delegate of India, the guiding principles and criteria were enunciated in section I of the recommendations of the Preparatory Committee. There it was stated that

the Special Fund should concentrate, as far as practicable, on relatively large projects and avoid allocation of its resources over a great number of small projects. The reason why the Director-General had made a number of recommendations, instead of only one, was that the problems of the various regions differed. For a particular country, one disease or one aspect of a problem might be of paramount importance at a given moment, and if assistance were not provided in that direction it might not be possible to proceed in any other direction. The activities listed were in some of the most important health fields where the most direct impact on economic development would be made. It was not the intention of the Director-General to suggest that every country would engage in all the activities listed, nor that every government would request all of them, but one or other of them might be of interest to a requesting country.

The CHAIRMAN presented the following draft resolution for the consideration of the Committee :

The Eleventh World Health Assembly,

Noting the report of the Director-General on the Special Fund for improving National Health Services,

1. APPROVES the action already taken; and
2. REQUESTS the Director-General to submit a report on this subject to the twenty-third session of the Executive Board.

Dr SULIANTI (Indonesia) questioned the correctness of the wording in view of the statement by the delegate of Iraq that the fund in question was a special fund for economic development.

Dr KAUL explained that the title "Special Fund for improving National Health Services" had arisen as a result of a proposal several years ago by the Government of Ceylon for the establishment of a fund described in those terms. At that time, negotiations had been under way with regard to SUNFED, and it had been decided to postpone a decision on the question until the United Nations had taken a decision on SUNFED. Now, instead of SUNFED a special project fund had been established under resolution 1219 (XII) but the item on the agenda of the Health Assemblies had remained the same. Perhaps the title could now be changed to "Special Project Fund for Economic Development" and, in the preamble of the resolution, a suitable reference made to the previous wording of the agenda item, such as :

The Eleventh World Health Assembly,

Noting the report of the Director-General on the subject of the Special Fund for improving National Health Services, and relating to the report on resolution 1219 (XII) of the General Assembly of the United Nations on the financing of economic development . . .

Dr SULIANTI (Indonesia) indicated her satisfaction with that wording.

Decision: The draft resolution, as amended, was approved (see fifth report of the Committee, section 4).

Mr KITTANI (Iraq) believed that the point which had been raised by the delegate of Indonesia was a very important one. It was clear from the Director-General's report that the Special Fund was not only related to SUNFED, but confined to it; it would accordingly be a misnomer to continue to use the existing title.

The DIRECTOR-GENERAL said he fully agreed with the delegate of Iraq that the title might be misleading, but the question of whether or not there should be a special fund for improving national health services was still open. That was quite clear from paragraph 2 of resolution WHA8.21 of the Eighth World Health Assembly. The point raised by the delegate of Iraq could be borne in mind by the Executive Board when it next considered the subject.

5. Fourth Report of the Committee

The CHAIRMAN invited the Committee to consider the draft fourth report.

Decision: The report, with minor drafting amendments, was adopted unanimously (for text, see page 373).

6. Eradication of Smallpox (Item proposed by the Union of Soviet Socialist Republics)

Agenda, 6.9

Professor GRASHCHENKOV (Union of Soviet Socialist Republics) said that the eradication of smallpox was a matter of paramount importance. It was a disease which was severe both in its incidence and in its consequences, and its prevalence in some countries made it a constant threat. It was not necessary to go fully into the present situation, which had been very adequately covered in the documents distributed (see Annex 19). He did wish, however, to draw attention to a number of points.

First, the total number of cases throughout the world had fallen only very slightly during the past decade. Secondly, a considerable number of cases were imported every year into countries which were declared free from the disease, so that the problem was an international as well as a national one. Thirdly, the number of deaths was significant. Fourthly, eradication would not be particularly difficult, smallpox being one of the few diseases which could be eradicated in a relatively short time. Man was the only reservoir of the virus, which remained for about a month, and the period of contagion was even shorter. One infection gave life-long immunity, and immunization given artificially lasted for several years. The technique of vaccination was simple and inexpensive. Accordingly, eradication did not require the simultaneous vaccination of the whole population of the globe; it would be enough to vaccinate periodically in endemic areas. The total number of persons involved would probably be seven to eight hundred million. Eradication could then be completed by additional vaccination and effective quarantine measures. The practical application of that programme, however, would require a very determined effort on the part of governments and of the World Health Organization.

It might be objected that massive vaccination on the scale required was possible only where there were highly-developed public health services. He disagreed. The technique of vaccination could be taught in about a week to locally recruited people, and existing medical legislation did not constitute an obstacle in any country.

What had been done in the Soviet Union, in a territory involving one-sixth of the globe, could be quoted in support of his proposal. Some ninety million people had been vaccinated in the years 1934-35 and, starting from that, smallpox had been eradicated as an endemic disease.

The draft resolution proposed by the Government of the Soviet Union read as follows :

The Eleventh World Health Assembly,

Noting that smallpox still remains a very widespread and dangerous infectious disease and that in many regions of the world there exist endemic foci of this disease constituting a permanent threat of its propagation and consequently menacing the life and health of the population;

Having regard to the economic aspect of the question, which shows that the funds devoted to vaccination against smallpox throughout the world exceed those necessary for the eradication of smallpox in its endemic foci and consequently the

destruction of the sources from which the infection arises and spreads and clearly indicates that, with the eradication of smallpox, vaccination and all expenditures involved in its application will be redundant;

Taking into account the level of development reached by medical science and the health services in the control of infectious diseases and in particular of smallpox and the manifest tendency of the morbidity of smallpox to diminish in recent years;

Having regard to the decisions and pertinent practical measures adopted by WHO for the control and eradication of smallpox, in particular resolutions WHA3.18; EB11.R58; WHA6.18; EB12.R13; EB13.R3; WHA7.5; WHA8.38; WHA9.49; and

Considering it opportune to raise the problem of the world-wide eradication of smallpox in the next four to five years,

1. REQUESTS the Director-General to carry out in 1958 preparatory work, which shall include :

- (a) search for means of ensuring the world-wide eradication of smallpox,
- (b) preparation during 1958-1960 of the necessary amount of smallpox vaccine in national laboratories and institutes,
- (c) training of vaccinators among the local population in countries in which mass immunization campaigns will be conducted, and
- (d) the pooling of experience and the formulation of recommendations for the production of a sufficient amount of thermostable smallpox vaccine suitable for prolonged storage and use in tropical and sub-tropical regions of the world;

2. RECOMMENDS to Member States

- (a) that during 1959-1960 the population be vaccinated in countries in which principal endemic foci of smallpox exist; and
- (b) that during 1961-1962 the eradication of smallpox be completed by means of the additional vaccination of the population in foci where the disease persists, that subsequently revaccinations be given to the extent it becomes necessary in accordance with the experience acquired in each country;

3. RECOMMENDS that all countries in which smallpox vaccination is compulsory continue to give smallpox vaccinations during the eradication of this disease throughout the world; and

4. CALLS upon medical scientists and scientific institutions active in the field of microbiology and epidemiology to stimulate their efforts towards

improving the quality and the technology of the production of satisfactory smallpox vaccine resistant to the influence of temperature.

Professor Grashchenkov said that the general lines which his delegation proposed should be followed were indicated in the draft resolution, namely, the preparatory work would be carried out in 1958, the main campaign would take place in 1959 and 1960 and the eradication would be completed in 1961 and 1962.

The Committee would remember the discovery of Jenner and the fact that Jefferson had been one of the first to appreciate its potentialities. Here and now, on American soil, measures could be taken to realize the dream of those two outstanding figures.

He was happy to state that the Government of the Soviet Union was prepared to release twenty-five million doses of vaccine for the proposed campaign.

Dr VARGAS-MÉNDEZ (Costa Rica) stated that his delegation warmly supported the Soviet Union draft resolution. The delegation of Costa Rica had made a similar proposal to the 1950 Pan American Sanitary Conference with a view to eradicating smallpox in the Americas. That programme had developed somewhat slowly, but continuously and, from 1954 onwards, there had been no smallpox in any country north of Panama and the Caribbean. Mexico, which had had cases previously, had succeeded in eradicating the disease. Each country should have systematic revaccination and, for that purpose, vaccine had to be available for transport to all parts of the country without having to be kept frozen.

The Regional Office/Pan American Sanitary Bureau had encouraged the production of dried vaccine in six or seven laboratories in Latin America and several countries were already using such vaccine, which was particularly suitable for use in rural areas. His delegation believed that vaccination programmes must be systematic.

What he had said would show that a programme on the lines advocated was already in operation in Costa Rica, and his delegation hoped that it would soon be possible to say that smallpox had been eradicated from the Americas.

Dr ABU SHAMMA (Sudan) said his delegation fully and unconditionally supported the draft resolution. Sudan was one of the endemic foci of smallpox, being a crossroads of Africa through which great numbers of people passed on pilgrimages and on business. Its borders, thousands of miles long, were too extensive to permit adequate quarantine measures and many travellers did not follow routes where they could be intercepted and examined.

Very heavy expenditure was necessary to protect the population living along the borders, in addition to what was spent on enforcing quarantine measures—where that could be done.

Primary vaccination was compulsory within the first six months of life. Revaccination was compulsory in any area designated as an infected area, i.e., one in which three or more cases of smallpox had occurred; other administrative measures were taken in addition to revaccination. In spite of the precautions taken, outbreaks continued to occur, involving restrictions on travel, work and public gatherings, so that additional social and financial burdens had to be borne by the population. National control measures were insufficient if the disease existed in neighbouring countries. His delegation accordingly supported the proposal to attempt eradication on a world scale.

In any national campaign, there had to be arrangements for the supply of dried vaccine or for its preparation locally, for the training of vaccinators and for the appropriate selection of times and places for vaccination. There had also to be arrangements for revaccination, interpretation of results, repetition when necessary, and storage of adequate quantities of vaccine for use when needed.

The Organization could do a great deal to co-ordinate services in neighbouring countries, arrange for an exchange of information and ensure the supply of dried lymph vaccine. The Organization could very appropriately start its second decade with a campaign to eradicate smallpox.

Dr RAMÍREZ (Ecuador) believed that the eradication of smallpox was just as important as the eradication of malaria and his delegation accordingly gave its full support to the Soviet Union proposal.

Thanks to a large-scale campaign, supported by international organizations, the incidence of smallpox had been brought down to very reasonable limits in Ecuador but there had been a large outbreak in the capital city the previous year: some two hundred cases had appeared in a fortnight and the outbreak had continued even after vaccination. As almost the whole population of the capital had been vaccinated, it was thought that the epidemic must have originated in some of the villages where people were opposed to vaccination. It was noteworthy that in the port of Guayaquil, which was the most highly populated town in Ecuador, no infection had occurred, thanks to intensive vaccination in previous years.

The situation was all the more alarming because of the neighbouring countries, Peru had had no smallpox for several years and Colombia had carried

out a large-scale campaign and had almost eradicated the disease.

Ecuador had signed an agreement some six years previously with the Pan American Sanitary Bureau with a view to eradicating smallpox. The National Institute of Health at Guayaquil had then been equipped for the manufacture of dried vaccine; it was one of the centres to which the delegate of Costa Rica had referred. The vaccine was now being employed in a systematic campaign organized with technical assistance from the Pan American Sanitary Bureau, which was providing transport to permit vaccination in every house, even in the most remote villages.

Dr KIVITS (Belgium) stated that his delegation shared the uneasiness of the Soviet Union delegation in regard to the persistence of foci of smallpox and the reappearance of the disease through imported cases in countries where it had been eradicated by systematic vaccination. His delegation supported the proposal to intensify vaccination programmes, and was grateful for the generous offer to provide WHO with quantities of vaccine whose qualities were described in the excellent Soviet Union report.

It might, however, be too optimistic to speak about eradication within four or five years, and it would certainly be dangerous to consider abandoning systematic vaccination in the near future. It was precisely systematic vaccination that had led to the disappearance of the disease in countries with adequately developed health services; such vaccination was perfectly acceptable both to the population and to the medical profession, and was not costly. Even if no case were reported to the health authorities, there was no proof that foci did not continue to exist.

Moreover, there were certain problems which had not been solved. For example, why did smallpox persist in certain tropical and sub-tropical regions in spite of systematic vaccination? Another problem was post-vaccinal encephalitis and, although the proportion of such accidents was slight, the subject was worthy of study by WHO, in order to avoid public mistrust of vaccination.

For those various reasons, the Belgian delegation wished to make the following amendments to the draft resolution:

Second paragraph of the preamble: After the words "and clearly indicates that" delete the remainder of the paragraph and replace by: "the complete eradication of smallpox might in future make vaccination and all expenditures involved in its application redundant".

Fourth paragraph of the preamble : Replace the words "control and eradication of smallpox" by "smallpox control and the intensification of antismallpox programmes".

Fifth paragraph of the preamble : Delete the words "in the next four to five years".

Add to paragraph 1 (a) : "and for reasons why smallpox persists in certain areas despite repeated vaccination campaigns".

Add to paragraph 1 a new sub-paragraph (e) worded as follows : "(e) study of the measures to be taken in order to avoid complications which might result from smallpox vaccination".

Amend paragraph 2 (b) to read : "(b) that during 1961-1962, additional vaccination of the population should be carried out in foci where the disease persists".

Dr BELEA (Romania) recalled that progress already made towards the eradication of smallpox was such that the disease was a closed chapter in the medical history of many countries. The disease had been completely eradicated in Romania, where no cases had occurred during the last twelve years. Eradication had been based on good public health organization, systematic vaccinations and other prophylactic measures.

The Romanian delegation agreed with the Soviet Union view that the total eradication of smallpox was not only possible but a matter of urgency and of vital importance to public health throughout the whole world.

His Government was prepared to make specialized medical staff available for a limited period to help where necessary in the eradication of smallpox in countries which would take part in the proposed programme. Until the total eradication of smallpox, all existing prophylactic measures would be maintained in his country.

Dr BAIDYA (Nepal) said his delegation warmly supported the Soviet Union proposal. If sufficient vaccine could be made available, Nepal intended to begin an eradication campaign.

Dr LE-VAN-KHAI (Viet Nam) stated that on 10 May 1954 his Government had made vaccination obligatory during the first year of life, with revaccination every five years. Some two to three million people were vaccinated free of charge yearly. In view of the fact that, in 1957, new outbreaks had occurred in eighteen countries through infection brought in by international traffic, his delegation sincerely hoped that smallpox could be completely eradicated.

The recommendations contained in paragraphs 2, 3 and 4 of the Soviet Union draft resolution did not greatly vary from those adopted previously by the Executive Board and the Assembly. His delegation believed that the new recommendations could not be implemented unless the necessary authority was given to the Director-General, who, under Article 33 of the Constitution, was entitled to get in touch directly with governments, national health administrations and national and international health organizations.

His delegation accordingly suggested that the following changes be made :

In paragraphs 2 and 3, replace the word "RECOMMENDS" by the words "REQUESTS the Director-General to recommend".

In paragraph 4, replace the words "CALLS upon" by "REQUESTS the Director-General to call upon".

Add a new paragraph 5, as follows :

5. REQUESTS the Director-General to report to the Twelfth World Health Assembly on the progress made and the results obtained.

The delegation of Viet Nam also supported the amendments proposed by the Belgian delegation.

Médecin-Colonel BERNARD (France) stated that, so far as France was concerned, smallpox was a problem mainly in its overseas territories, in all of which vaccination was compulsory. A quarter of the population was vaccinated yearly, and the process began again after it had been completed at the end of four years. It had given very varied results. In Madagascar, for instance, the last known case of smallpox had been in 1918. Vaccination was continuing and vaccination certificates were required of everyone who entered the island. Results had been much less satisfactory in continental Africa. The incidence had dropped notably after systematic vaccination, but there had been outbreaks in recent years, the cause of which had naturally been investigated.

Three main causes had been found. First, the dried vaccine normally used deteriorated very rapidly under certain conditions in tropical countries. Dried vaccines had undoubted advantages but had to be used more rapidly than most manufacturers indicated. Secondly, the vaccinator was a source of difficulty. Vaccination was extremely simple, but could not be done mechanically; the scarification should not be too superficial or too deep, and after vaccinating a few persons the technician must not go for a rest leaving the vaccine in the sun, or the

persons vaccinated afterwards would not be properly immunized. The third obstacle was caused by those vaccinated. Many either wiped off the vaccine or exposed it to the sun, so reducing or nullifying the effectiveness of the vaccine. Moreover, large sections of the population were in constant movement in certain parts of Africa. At the annual vaccination, the same people might appear time after time, while others never appeared at all.

Those points might serve to show that mass vaccination was not as simple as it might appear on paper. He was grateful to the Soviet Union delegation for the resolution, but felt that he would probably support the Belgian amendments to it once he had had an opportunity to examine them more closely.

Dr LAYTON (Canada) proposed that, at the beginning of subparagraph 1 (b), the words "encouragement of the" be inserted.

Dr METCALFE (Australia) believed that the eradication of smallpox would not be as easy as it might appear on paper. In practice, all countries where the disease was endemic would have to be both willing and able to carry out vaccination systematically, year after year, and co-operate to the fullest extent in international measures. It would be interesting to know if any countries where smallpox was endemic actually had practical eradication schemes. It should also be borne in mind in any mass campaigns that vaccine could give rise to complications which were more dangerous than the disease itself. In spite of all that, his delegation was very much in favour of the proposed draft resolution.

Dr DU PRÉ LE ROUX (Union of South Africa) said that, while his delegation was in full sympathy with the idea behind the Soviet Union proposal, experience in South Africa seemed to indicate that eradication might be a slower process than was hoped. Vaccination had been carried out in South Africa for almost 150 years, but it was only very recently that smallpox had been eradicated. Even today there was the problem of people who had conscientious objections to vaccination. He also believed that dangers were involved in having vaccination carried out by untrained staff.

Dr AKWEI (Ghana) said that vaccination was compulsory in Ghana; health education on the subject was being intensified; mobile units and other aids were being employed in a vaccination campaign

but, nevertheless, periodic outbreaks of smallpox continued to occur.

He fully agreed with the delegate of the Soviet Union that vaccination was a very simple technique which could be taught even to illiterates. During the past ten years, non-medical technicians had even been shown how to do lumbar punctures in connexion with sleeping-sickness campaigns—an indication of the extent to which untrained staff could be utilized.

It might be true, as had been said, that only man harboured the virus, but in Ghana a certain unexplained association seemed to exist between cerebrospinal meningitis and smallpox.

He doubted if it were wise to impose too rigid a time-table on the proposed eradication campaign. His own country would continue to do everything possible to achieve eradication in Ghana, but he felt that the amendments proposed by the Belgian delegation would be found to be reasonable.

Dr BIERDRAGER (Netherlands) stated that his delegation was in general agreement with the draft resolution, which might help to speed up campaigns aimed at the total eradication of smallpox. It might be easier and less costly to eradicate smallpox in a relatively short time than it would be to eradicate malaria.

The delegation of the Soviet Union had rightly pointed out that countries which had no smallpox had nevertheless to spend considerable sums on vaccination. It would seem a good investment for such countries to contribute part of their expenditure for that purpose to a total eradication scheme to be carried out by WHO. In 1957, 200 000 cases of smallpox had been reported and more had undoubtedly occurred. The reduction of smallpox incidence in countries still affected would automatically reduce the risks in the countries free from the disease and so lessen the cost of the preventive measures they had to take. There thus seemed a case for progressively increasing the contribution to WHO on the lines he had suggested. It was a suggestion he made to his fellow delegates as one which they might wish to recommend to their governments; the proposed contributions would be a welcome addition to the generous offer made by the Soviet Union to provide a considerable quantity of vaccine.

(For continuation of discussion, see minutes of the sixteenth meeting, section 3.)

The meeting rose at 5.40 p.m.

SIXTEENTH MEETING

Thursday, 12 June 1958, at 9.30 a.m.

Chairman: Professor N. N. PESONEN (Finland)

1. Announcement by the Director-General

The DIRECTOR-GENERAL announced that he had received a formal letter from the Government of the Union of Soviet Socialist Republics offering the World Health Organization a thousand tons of DDT for the Malaria Eradication Special Account and twenty-five million doses of dried smallpox vaccine.

The CHAIRMAN expressed his satisfaction and pleasure, on behalf of the whole Committee, at the generous offer of the Government of the Soviet Union.

2. Fifth Report of the Committee

Dr IBRAHIM (Iraq), Rapporteur, read the draft fifth report of the Committee.

Dr METCALFE (Australia) proposed that the word "harmful" should be deleted from paragraph 1 of the resolution on the peaceful uses of atomic energy.

Decision: The fifth report, with the amendment proposed by the delegate of Australia, was approved unanimously (for text, see page 376).

3. Eradication of Smallpox (Item proposed by the Union of Soviet Socialist Republics) (continued from the fifteenth meeting, section 6)

Agenda, 6.9

The CHAIRMAN invited the delegate of Ireland to introduce the amendment submitted by the delegations of Ireland and New Zealand to the draft resolution of the Government of the Soviet Union (see page 263).

Mr BRADY (Ireland) said that his delegation and the delegation of New Zealand had felt that it would be desirable to outline the procedure for the further consideration of the very interesting item under discussion. The question of the control and eradication of smallpox was undoubtedly very important

and all delegations were agreed that any intensification of measures to that effect was a most desirable objective. However, the programme set forth in the Soviet Union draft resolution presented some difficulties. Although a number of preventive procedures had been available for a considerable time, more time still would have to elapse before an ideal position was reached in regard to eradication. Paragraph 1 of the Soviet Union draft resolution covered a great many aspects of smallpox control and eradication and it would seem desirable for the Director-General to be given an opportunity to study the proposal in greater detail, particularly as it would involve financial and administrative problems.

The delegations of Ireland and New Zealand, therefore, proposed that the beginning of paragraph 1, reading :

1. REQUESTS the Director-General to carry out in 1958 preparatory work, which shall include :

should be deleted and replaced by :

1. REQUESTS the Director-General to study and report to the Executive Board at its twenty-third session on the financial, administrative and technical implications of a programme having as its objective the eradication of smallpox, the study to include the various problems involved in carrying out the following activities :

The procedure indicated in the proposed amendment was the general routine in WHO affairs. Rule 13 of the Rules of Procedure of the World Health Assembly required the Director-General to report on the technical, administrative and financial implications of all agenda items submitted to the Health Assembly. He was sure that the effect of the amendment would not be to delay action on the problem of the eradication of smallpox in any way.

Dr SAUTER (Switzerland) said that he had not wished to speak on the question of the eradication of smallpox before hearing the views of the delegates of countries in which smallpox was still endemic. He would now, however, comment briefly on the position in his own country, where the problem of

smallpox had been replaced by the problem of smallpox vaccination. In the last thirty years, two cases of smallpox had been imported into Switzerland. Both cases had been cured and there had been no secondary cases. On the other hand, in the same thirty years there had been thirty deaths from post-vaccinal encephalitis. It was understandable, therefore, that the authorities should be finding it increasingly difficult to impose compulsory vaccination. Physicians were fully aware of the danger presented by constantly increasing air traffic, but at the same time they realized that they were exposing their patients to a greater risk through vaccination. It was thus becoming more and more difficult to maintain the immunization of the population at a satisfactory level and the Swiss delegation wished, therefore, to give its wholehearted support to any effort to eradicate smallpox in the countries in which it was still endemic.

Dr LE-VAN-KHAI (Viet Nam) withdrew the part of his delegation's proposal (see page 266) relating to paragraphs 2, 3, and 4 of the Soviet Union draft resolution.

Dr KIVITS (Belgium) said he supported the revised amendment of the delegation of Viet Nam and the amendment of the delegations of Canada and of Ireland and New Zealand.

Sir Arcot MUDALIAR (India) said he greatly appreciated the Soviet Union authorities' bringing the question of smallpox eradication to the forefront at the current World Health Assembly and offering so large an amount of smallpox vaccine to WHO for use in countries where it was needed. Since in India smallpox was endemic and there were occasional smallpox epidemics there, and since the disease was often imported from India into other countries, he was particularly glad that a world-wide smallpox eradication campaign had been proposed. That proposal was a milestone in world health work. He hoped that smallpox eradication work would proceed as quickly as the work on the problem of malaria eradication. The Indian authorities did much to combat smallpox; environmental sanitation was a useful means of reducing the incidence of the disease, but it was not, of course, sufficient in itself. He was glad that provision had been made for appointing a WHO expert on smallpox endemicity for the South-East Asia Region. There had been compulsory vaccination in India for a long time. Research was being conducted there into questions relating to the potency of vaccine, in particular the question of whether vaccine strains became less potent over the years. The Indian authorities would like WHO to provide

answers to the questions of why smallpox epidemics varied in intensity, why during some smallpox epidemics there was a larger percentage of haemorrhagic cases than in other epidemics and why in some there was a larger percentage of confluent cases than in others. The Indian authorities were also confronted with the problem of the disease being spread by pilgrims who journeyed to Mecca and other centres. Whatever methods were chosen, the proposed eradication of smallpox throughout the world should be completed as quickly as possible. He hoped that a time-limit would be set for its completion, because otherwise the necessary steps might not be taken as expeditiously as was desirable.

He therefore supported the general principles of the Soviet Union draft resolution. He thought that some of the amendments proposed to it were quite acceptable.

Dr AL-WAHBI (Iraq) said he entirely agreed with the general principles of the Soviet Union draft resolution.

He suggested that, since a large number of amendments had been proposed, the business of the meeting would be expedited if the Committee set up a working party composed of a member of each of the delegations which had proposed an amendment and one or two other delegations, which the Chairman might name, to draft a new resolution combining the various texts under discussion.

Médecin-Colonel BERNARD (France) said he had no objection to any of the amendments under discussion. He would suggest the deletion of the word "complete" from the wording proposed by the Belgian delegation for the second paragraph of the preamble, since it added nothing of substance to the text.

Dr KIVITS (Belgium) said he agreed that that change was desirable.

Dr SALADRIGAS (Cuba) said that there had been no smallpox epidemic in his country since the beginning of the current century. In 1906, and again in 1918, there had been one or two cases of the disease imported into Cuba, but it had not spread on either of those occasions since the whole population had been vaccinated. In the nineteenth century, smallpox had been a terrible scourge in Cuba. Soon after the beginning of the current century, when the Republic was established, a law had been passed making it compulsory for everyone to be vaccinated. That law was still in force. The very accurate statistics kept by the authorities showed that there had been only two or three cases of encephalitis due to smallpox vaccination in Cuba. The Cuban authorities considered that the danger of

smallpox infection was far more serious than the danger of possible complications due to smallpox vaccination and that, for that reason, smallpox vaccination should remain compulsory for everyone. For several years, under the aegis of the Director-General of Health, there had been a committee concerned solely with intensive progressive revaccination of the population. Cuba was manufacturing vaccine with scientific and economic help from PASB and was making great progress in the manufacture of dried vaccine. It could place at the disposal of WHO two million doses of smallpox vaccine a year, for use in any country where there was a shortage of vaccine. Since Cuba was a small country, it could not offer more.

He welcomed the proposal that smallpox be eradicated throughout the world. He supported all the amendments which had been proposed.

Dr SULIANTI (Indonesia) said she warmly supported the principle of the Soviet Union proposal that there should be a world-wide campaign to eradicate smallpox. At one time her country had been almost free from smallpox, but during the Second World War smallpox vaccination there had been interrupted, and, because of that, there were at present a number of endemic foci of the disease in Indonesia. She supported the proposal made jointly by the delegations of Ireland and New Zealand, since its adoption would ensure that before the proposed campaign was started there would be available sufficient data for determining how it could best be organized, where the most suitable stable vaccine could be obtained for it and what would be the most economical way of conducting the campaign. If WHO, after those data had been obtained, agreed that the campaign should be started, the Indonesian authorities would gladly take part in it and do all they could to ensure its success in the territory for which they were responsible.

Professor ZHDANOV (Union of Soviet Socialist Republics) supported the suggestion of the delegate of Iraq. He believed the working party could complete quickly the task which it would be given, because most of the proposals for amendment were very constructive and positive.

The CHAIRMAN suggested that the working party should be composed of members of the delegations of the Union of Soviet Socialist Republics, Belgium, Viet Nam, Canada, Ireland and New Zealand.

Professor ZHDANOV (Union of Soviet Socialist Republics) suggested that a member of the Indian delegation be appointed to the working party.

Dr GOOSSENS (Belgium) suggested that a member of the French delegation be included amongst the members of the working party.

Decision: The Committee set up a working party composed of members of the delegations of Belgium, Canada, France, India, Ireland, New Zealand, Union of Soviet Socialist Republics and Viet Nam, requesting it to submit a single text combining the Soviet Union draft resolution and the amendments proposed to it.

The meeting was suspended at 10.30 a.m. and resumed at 11.40 a.m.

The DIRECTOR-GENERAL announced that the Cuban delegation had made a formal offer to supply two million doses of smallpox vaccine annually for the world-wide eradication campaign.

The CHAIRMAN, speaking on behalf of all the members of the Committee, thanked the Cuban delegation for their valuable offer.

Sir Arcot MUDALIAR (India), Chairman of the Working Party, reported that the Working Party had considered the various amendments and had reached unanimous agreement on the following draft resolution:

The Eleventh World Health Assembly,

Noting that smallpox still remains a very widespread and dangerous infectious disease and that in many regions of the world there exist endemic foci of this disease constituting a permanent threat of its propagation and consequently menacing the life and health of the population;

Having regard to the economic aspect of the question, which shows that the funds devoted to vaccination against smallpox throughout the world exceed those necessary for the eradication of smallpox in its endemic foci and consequently the destruction of the sources from which the infection arises and spreads, and clearly indicates that the eradication of smallpox might in future make vaccination and all expenditures involved in its application redundant;

Taking into account the level of development reached by medical science and the health services in the control of infectious diseases, and in particular of smallpox, and the manifest tendency of the morbidity of smallpox to diminish in recent years;

Having regard to the decisions and pertinent practical measures adopted by WHO for smallpox control and the intensification of antismallpox

programmes, in particular resolutions WHA3.18, EB11.R58, WHA6.18, EB12.R13, EB13.R3, WHA7.5, WHA8.38, WHA9.49; and

Considering it opportune to raise the problem of the world-wide eradication of smallpox in the near future,

1. REQUESTS the Director-General to study and report to the Executive Board at its twenty-third session on the financial, administrative and technical implications of a programme having as its objective the eradication of smallpox, the study to include the various problems involved in carrying out the following activities :

(a) investigation of the means of ensuring the world-wide eradication of smallpox, taking into account the fact that smallpox persists in certain areas despite repeated vaccination campaigns;

(b) encouragement of the preparation during 1958-1960 of the necessary amount of smallpox vaccine in national laboratories and institutes;

(c) training of vaccinators among the local population in countries in which mass immunization campaigns will be conducted;

(d) the pooling of experience and the formulation of recommendations for the production of a sufficient amount of thermostable smallpox vaccine suitable for prolonged storage and use in tropical and sub-tropical regions of the world; and

(e) study of the measures to be taken in order to avoid complications which might result from smallpox vaccination;

2. RECOMMENDS to Member States

(a) that during 1959-1960 the population be vaccinated in countries in which principal endemic foci of smallpox exist; and

(b) that during 1961-1962 additional vaccination of the population should be carried out in foci where the disease persists, and that subsequently revaccinations be given to the extent it becomes necessary in accordance with the experience acquired in each country;

3. RECOMMENDS that all countries in which smallpox vaccination is compulsory continue to give smallpox vaccinations during the eradication of this disease throughout the world;

4. CALLS upon medical scientists and scientific institutions active in the field of microbiology and epidemiology to stimulate their efforts towards improving the quality and technology

of the production of satisfactory smallpox vaccine resistant to the influence of temperature; and

5. REQUESTS the Director-General to report to the Twelfth World Health Assembly on the progress made and the results obtained.

Sir Samuel MANUWA (Federation of Nigeria) said that his was one of the countries in which smallpox was endemic and from time to time epidemic. The disease, particularly in its endemic form, might perhaps be regarded as a reflection on the efficiency of the health service of the country. He wished, however, to add his assurance to that already given by other speakers from the African Region that there was by no means any complacency about the problems presented by smallpox. Nigeria was already producing vaccine for its own use and for its neighbours. The average annual production during the past few years had been twelve million doses and more than fifteen million doses had been produced during the past year. Dried vaccine was also produced in accordance with the method approved by WHO. The dried vaccine retained its potency at ordinary room temperature for over a year and it had been found particularly useful in the dry, hot conditions of the northern part of Nigeria. The aim was to vaccinate a specific proportion of the population each year, but the achievement often fell short of the aim. The delegate of France had mentioned the difficulties encountered in Africa, where there was not only the problem of procuring the vaccine but also that of locating and reaching the people to be vaccinated. He was glad to note that the draft resolution proposed by the working party took some of those difficulties into account. He supported the draft resolution and expressed his delegation's appreciation to the Government of the Soviet Union for its initiative in raising the matter. He hoped that the subject of smallpox control would be placed on the agenda of the Regional Committee for Africa, so that problems such as the co-ordination of vaccination campaigns across the frontiers of neighbouring territories could be considered. It might also be advisable to organize an inter-territorial conference, as had been done in the case of yaws, and the Committee could consider the desirability of appointing an adviser on smallpox for the Regional Office.

Mr PYMAN (Australia) referred to the statement in the second paragraph of the preamble to the draft resolution that the "funds devoted to vaccination against smallpox throughout the world exceed those necessary for the eradication of smallpox in its endemic foci". He was not sure that there was

sufficient evidence to support a statement in those terms and he suggested that the words "funds devoted to vaccination against smallpox" should be replaced by "funds devoted to the control of and vaccination against smallpox".

Sir Arcot MUDALIAR (India), Chairman of the Working Party, accepted that amendment.

Dr ALLARIA (Argentina) said that it might have been useful to have referred in paragraph 3 of the draft resolution to the advantages of an active campaign to educate the public.

Dr KAREFA-SMART (Sierra Leone) remarked that smallpox eradication was a worldwide problem and suggested that the recommendations in paragraph 2 of the draft resolution should not be restricted to Member States.

Dr LE-VAN-KHAI (Viet Nam) pointed out that, in the French text, the recommendation was not restricted to Member States. It had been his understanding in the Working Party that the recommendation was to be addressed to all governments.

Sir Arcot MUDALIAR (India), Chairman of the Working Party, accepted the proposal to amend the beginning of paragraph 2 of the draft resolution to read "RECOMMENDS to all governments".

Decision: The draft resolution, as amended, was approved unanimously.

The CHAIRMAN thanked the Working Party and its Chairman for their work. He proposed that the resolution just approved should be added as section 5 to the fifth report of the Committee, which had been adopted earlier in the meeting (see page 377).

It was so agreed.

4. Closure of the Session

The CHAIRMAN thanked all members of the Committee for their help and co-operation at all times. There had been many important items on the Committee's agenda, most of which had required very careful consideration. He referred in particular to the valuable report on the world health situation, which had been submitted for the first time to the World Health Assembly. The remarkable spirit of harmony which had prevailed in the discussions had made his task a pleasant one. He also wished to thank the Director-General and his staff for their co-operation.

Sir Arcot MUDALIAR (India) said that he was sure he was voicing the unanimous feelings of the delegates in conveying their gratitude and appreciation to the Chairman for the great patience and wisdom with which he had conducted the debates.

The CHAIRMAN announced that the business of the Committee was completed.

The meeting rose at 12 noon.

SUB-COMMITTEE ON INTERNATIONAL QUARANTINE

FIRST MEETING

Thursday, 5 June 1958, at 5.30 p.m.

Chairman: Dr O. VARGAS-MÉNDEZ (Costa Rica)

1. Election of Chairman

Dr TIMMERMAN (Assistant Director-General, Department of Central Technical Services), Secretary, taking the Chair temporarily, welcomed the members on behalf of the Director-General.

He called for nominations for the office of Chairman.

Professor CANAPERIA (Italy) nominated Dr Vargas-Méndez (Costa Rica) and a number of delegates seconded the proposal.

The SECRETARY, noting that there were no further nominations, declared Dr Vargas-Méndez unanimously elected Chairman.

Dr Vargas-Méndez (Costa Rica) took the Chair.

The CHAIRMAN expressed his appreciation of the honour done to him. He would do his best to carry through the business of the Sub-Committee expeditiously.

2. Election of Vice-Chairman and Rapporteur

Dr RAE (United Kingdom of Great Britain and Northern Ireland) proposed as Vice-Chairman Dr Turbott (New Zealand), and Dr BTESH (Israel), Dr PRÍNCIPE (Venezuela), Dr PENIDO (Brazil) and other delegates seconded the proposal.

In the absence of other nominations, the Chairman declared Dr Turbott unanimously elected Vice-Chairman.

He called for nominations for the office of Rapporteur.

Dr TEWARI (India) nominated Dr El-Halawani (United Arab Republic) as Rapporteur, and Dr IBRAHIM (Iraq), Dr RADJI (Iran) and Mr CALDERWOOD (United States of America) seconded the proposal.

There being no further nominations, the CHAIRMAN declared Dr El-Halawani unanimously elected Rapporteur.

3. Fifth Report of the Committee on International Quarantine

Agenda, 6.7 (b)

The CHAIRMAN asked the Secretary to introduce the report (see Annex 1).

The SECRETARY stated that, in accordance with the regulations for the Committee on International Quarantine, the report had been submitted to the Executive Board, at its twenty-first session, and the Board had transmitted it to the Health Assembly without discussion.

The largest part of the report was devoted to the review of the fifth annual report of the Director-General on the functioning of the International Sanitary Regulations and their effect on international traffic.

It would be seen from the section on smallpox (paragraphs 51-69) that seventeen countries—a relatively large number—had reported the importation of smallpox into their territories during the period under review. In at least six of those instances, outbreaks of the disease of greater or lesser importance had resulted. The Committee on International Quarantine had accordingly stressed the need for the use of potent vaccines, correct vaccination procedures, and the importance for medical and other personnel who came in contact with travellers to maintain a high level of immunity against smallpox by repeated vaccination. It had drawn especial attention to the advantages of dried smallpox vaccines.

A further section (paragraph 85) dealt with the question of the possible need for additional regula-

tions on malaria for the purpose of preventing reimportation of the disease into areas from which it had been eradicated. The Committee had taken the view that amendment of the International Sanitary Regulations in regard to that matter was not indicated at the present stage.

The Committee, after considering the first report of the Expert Committee on Yellow-Fever Vaccination,¹ had requested the Director-General to study the question of the implementation of the revised Minimum Requirements for Yellow Fever Vaccine to be used in completing an International Certificate of Vaccination or Revaccination against Yellow Fever and to report to the next meeting of the Committee (paragraph 86).

The report was discussed section by section.

Introduction

The CHAIRMAN drew particular attention to the dates of entry into force of the amendments to the International Sanitary Regulations adopted as Additional Regulations by the Eighth and Ninth World Health Assemblies (paragraph 4).

Dr IBRAHIM (Iraq) stated that his Government had notified WHO in March 1958 of the withdrawal of its reservations with regard to the pilgrimage clauses of the International Sanitary Regulations and the certificate of vaccination against smallpox. That action had not been recorded in the report now under consideration.

The SECRETARY explained that the communication in question had not come to hand until after the report had been issued; and for that reason had not been included in the report.

General Aspects

Dr KHAN (Pakistan) stated that Pakistan had not accepted the Additional Regulations of 26 May 1955, amending the yellow fever clauses of the International Sanitary Regulations, because it was a yellow fever receptive area. Although there was no yellow fever in Pakistan, conditions in the country were favourable to the spread of the disease, should it be imported there. The reservations of Pakistan to that clause would be maintained so long as the conditions in the country so required.

The Pakistan Government had accepted the Additional Regulations of 23 May 1956, amending the International Sanitary Regulations with respect to the form of the International Certificate of Vaccina-

tion or Revaccination against Smallpox, and with respect to the sanitary control of pilgrim traffic. The Pakistan Government also continued to apply the provisions of the India Merchant Ship Act of 1923 and the India Pilgrim Ship Rules of 1933 for the control of pilgrim traffic.

Dr WARMANN (Ghana) stated that his Government's position had already been made clear to WHO in respect of the Additional Regulations of 26 May 1955 (yellow fever clauses). Ghana had had to enter reservations in respect of Article 1 of those Additional Regulations and that reservation still stood.

Ghana had accepted the Additional Regulations of 23 May 1956 with respect to the sanitary control of pilgrim traffic.

He expressed regret that his Government had not stated its position earlier in regard to the Additional Regulations of 23 May 1956, amending the International Sanitary Regulations with respect to the form of the International Certificate of Vaccination or Revaccination against Smallpox. An official communication should now have reached WHO. Ghana accepted the Additional Regulations and would use the same form of International Certificate as the United Kingdom of Great Britain and Northern Ireland.

The SECRETARY thanked the delegate of Ghana for the information he had given. The communication from the Ghana Government had been received in Geneva just before his departure for the Health Assembly, and had already been notified in the *Weekly Epidemiological Record* 1958, No. 21.

Médecin-Colonel BERNARD (France), referring to the recommendation that the Director-General should undertake to keep the Annotated Edition of the International Sanitary Regulations up to date (paragraph 11), asked whether the Director-General was also contemplating publishing a new edition of CODEPID and the Map Supplement, as those were no longer up to date.

The SECRETARY answered that the question was under study but that as yet no decision had been taken.

Professor JANZ (Portugal) stated that, at the time of the adoption of the Additional Regulations of 26 May 1955 amending the yellow fever clauses of the International Sanitary Regulations, Portugal had agreed to be bound by those Regulations in respect of all its territories where the *Aedes aegypti* mosquito had already been eradicated. Since then the mosquito had been eradicated from São Vicente (Cape Verde

¹ *Wld Hlth Org. techn. Rep. Ser.*, 1957, 136

Islands) and the Portuguese Government now agreed to become bound by the Additional Regulations of 26 May 1955 in respect of that island as well. The importance of that decision lay in the fact that the island was a regular port of call for ships going to South America. São Vicente should therefore be deleted from the list of yellow fever receptive areas under Article 70 of the International Sanitary Regulations. The same also applied to the whole of the island of Sal in the Cape Verde Islands and not merely to its international airport area as was stated in the report (paragraph 13).

Professor CANAPERIA (Italy) noted the reference in the report to the preparation of the Manual on Hygiene and Sanitation in Aviation (paragraph 12). Work on the manual had been proceeding for a number of years and he wished to know exactly what progress had been made towards its publication. Also he thought it would be useful for the Sub-Committee to have before it the document on the manual referred to in the report.

The SECRETARY said that a WHO expert committee had met early in 1958 to examine the draft manual and, in accordance with the Organization's practice, its report was to be submitted to the Executive Board (at its forthcoming session) prior to submission to the Health Assembly.

The CHAIRMAN said there was general concern at the slowness with which work on the manual had proceeded. It was now more or less in final form, however, and would be considered by the Committee on International Quarantine at its next meeting.

The International Sanitary Regulations

Part I. Definitions

Dr SULIANTI (Indonesia) drew particular attention to the conclusion of the Committee on International Quarantine that an area where paracholera of the El Tor type was present should not be considered as a cholera-infected local area (paragraph 17).

Part II. Notifications and Epidemiological Information

Mr CALDERWOOD (United States of America) noted that attention was drawn, in paragraph 22 and elsewhere in the report as well, to the importance of prompt notification of the presence of a quarantinable disease. The Sub-Committee should, he believed, support those statements, and again stress the importance of prompt notification, particularly in the case of smallpox.

Dr BIERDRAGER (Netherlands) associated himself with the remarks just made by the United States delegate.

The Netherlands delegation wished to commend the Secretariat on the publication of the Annotated Edition of the International Sanitary Regulations. In the last analysis, however, application of the Regulations depended on the governments themselves and it would appear from the report that performance in the notification of the presence of quarantinable disease left much to be desired. There was accordingly room for emphasizing once again that the value of the International Sanitary Regulations derived from application of their provisions by Member States.

He referred also to the reports from the Indonesian and other governments on negligence in the administrative handling of certificates of vaccination. Netherlands officials had observed similar instances.

Part III. Sanitary Organization

There were no comments on paragraphs 35 and 36.

Part IV. Sanitary Measures and Procedure

Médecin-Colonel BERNARD (France), referring to paragraph 39, said that the practice of medically examining all passengers leaving by air or ship for destinations abroad might be going too far. Nothing in Article 30, paragraph 1, of the International Sanitary Regulations made such action obligatory. Systematic examination of the kind might, on the other hand, be desirable in specific epidemiological circumstances, and would meet the obligation to prevent the exportation of a quarantinable disease laid down in Article 30, paragraph 2.

Part V. Special Provisions relating to each of the Quarantinable Diseases

Plague

Dr SULIANTI (Indonesia) stated that, although the Committee on International Quarantine in its report had reaffirmed its opinion that the validity of Deratting Certificates and Deratting Exemption Certificates might be extended only once for a period of one month (paragraph 41), the Indonesian health authorities were still coming across cases where such certificates were being renewed for two months.

Yellow Fever, Smallpox and Typhus

There were no comments on paragraphs 45 to 71.

Part VI. Sanitary Documents

The CHAIRMAN noted that some countries appeared still to be maintaining the old practice of demanding bills of health from incoming ships, although the

International Sanitary Regulations no longer required such documents. Appropriate steps should be taken to have the practice eliminated.

Part VII. Sanitary Charges

The CHAIRMAN noted that some countries were still imposing a charge for medical examinations, especially outside normal working hours, and again thought that action should be taken to put a stop to the practice.

Part VIII. Various Provisions

Part IX. Final Provisions

Appendices

Other Aspects

There were no comments on paragraphs 75 to 88.

Mr CALDERWOOD (United States of America) said it was with some hesitance that he again drew attention to the composition of the Committee on International Quarantine. For the second year in succession the Committee had not included in its membership a legal expert, although his understanding of resolution WHA4.77 adopted by the Fourth World Health Assembly would seem so to require. The problems the Committee was called on to consider were primarily of a medical nature. Yet it was also dealing with a legal instrument of binding effect on the Member States and on occasions questions of interpretation of the legal obligations were likely to arise. It would therefore seem advisable for the Committee to include among its members someone qualified to deal with such matters. The Committee had, he was sure, profited from the work of the Legal Sub-Committee set up at an earlier stage to review the technical provisions of the draft International Sanitary Regulations, and would benefit again from the inclusion of a legal expert to take part in its work.

Having made his point, he was happy to move the adoption of the report as a whole. The Committee was to be commended on the form in which it had reported, as making for easy reference to all relevant information.

The CHAIRMAN said that the Sub-Committee might note the comments of the delegate of the United States of America and include a reference to the matter in its report to the Committee on Programme and Budget.

It was so agreed.

The CHAIRMAN proposed the following draft resolution for the Sub-Committee's consideration.

The Eleventh World Health Assembly,

Having considered the fifth report of the Committee on International Quarantine,¹

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

Decision: The draft resolution was unanimously approved for submission to the Committee on Programme and Budget (see section 1 of the report of the Sub-Committee).

4. Position of Countries under the International Sanitary Regulations

Agenda, 6.7 (c)

The SECRETARY introduced the Director-General's report on the position of States and territories under the International Sanitary Regulations as at 1 February 1958.² Some changes had occurred in the position of Iraq, Ghana and Portugal (as the Sub-Committee had already heard) since the report had been prepared.

The CHAIRMAN suggested that the Sub-Committee should note the report.

It was so agreed.

5. Periodicity of Meetings of the Committee on International Quarantine

Agenda, 6.7 (d)

The SECRETARY introduced the Director-General's report on the continuing need for an annual meeting of the Committee on International Quarantine.² The report had been prepared and was being submitted to the Health Assembly in accordance with a request made by the Executive Board at its twenty-first session (resolution EB21.R21).

The report outlined the functions of the Committee, gave a short summary of its activities during the period 1953-57, and, in an annex, listed the major subjects dealt with by the Committee during the past three years.

Should the Health Assembly consider making a change in the present procedure, an amendment of the Regulations for the Committee on International Quarantine would be required and that (under Article 11, paragraph 2, of those Regulations) entailed consultation with the Committee itself.

¹ See Annex 1.

² Unpublished

The Health Assembly might therefore wish to refer the matter to the Committee for its views and request the Director-General to report back, before taking any action.

The CHAIRMAN called attention to the financial implications of a change. Should an emergency arise during a year when no meeting of the Committee was scheduled, the budgetary provision for calling an urgent meeting might be lacking.

There being no comments on the matter, he submitted the following draft resolution for the Sub-Committee's consideration :

The Eleventh World Health Assembly,

Having considered the report of the Director-General on the periodicity of meetings of the Committee on International Quarantine, including, *inter alia*, the functions of the Committee as established by the Seventh World Health Assembly;¹

Recognizing the need for periodic review of the functioning of the International Sanitary Regulations and of annual reports thereon prepared under the provisions of Article 13 of those Regulations;

Recognizing the need for the Committee on International Quarantine to be able to deal with questions or disputes to which Article 112, paragraph 1, of the International Sanitary Regulations applies;

Having noted that the Regulations for the Committee on International Quarantine may be changed by the Health Assembly after consultation with the Committee on International Quarantine,

REQUESTS the Director-General to consult the Committee on International Quarantine and submit a report with recommendations to the Twelfth World Health Assembly on the future periodicity of meetings of the Committee on International Quarantine.

Decision: The Sub-Committee unanimously approved the draft resolution for submission to the Committee on Programme and Budget (see section 3 of the report of the Sub-Committee).

The CHAIRMAN noted that the Sub-Committee had finished its business. A further meeting would be called to consider the draft report.

The meeting rose at 6.40 p.m.

SECOND MEETING

Tuesday, 10 June 1958, at 5 p.m.

Chairman: DR O. VARGAS-MÉNDEZ (Costa Rica)

1. Adoption of the Report of the Sub-Committee

The CHAIRMAN drew attention to the draft report of the Sub-Committee, and said that the resolution in section 2, on the position of States and territories under the International Sanitary Regulations (see page 379), though not specifically discussed at the previous meeting, had been included after consultation between the Chairman and the Rapporteur.

Professor CANAPERIA (Italy) referred to paragraph (b) of section 1, on the fifth report of the Committee on International Quarantine, which read :

(b) The Sub-Committee supports the Committee on International Quarantine in stressing the importance of all health administrations' notifying the Organization promptly of the presence of quarantinable diseases, especially smallpox.

He said that the words "especially smallpox" laid too much emphasis on smallpox; the prompt notification of other quarantinable diseases was equally important.

The CHAIRMAN explained that those words had been included as a result of the suggestion by the delegate of the United States of America when the matter had been discussed at the previous meeting.

¹ *Off. Rec. Wld Hlth Org.* 56, 70-73, 92, 116

Mr CALDERWOOD (United States of America) said that the inclusion of the words would give an accurate representation of what had occurred in the Sub-Committee's discussion of the item, but he was agreeable to the deletion of the words if the other members of the Sub-Committee so wished.

Médecin-Colonel BERNARD (France) and Professor JANZ (Portugal) supported the proposal to delete the mention of smallpox.

Dr RAE (United Kingdom of Great Britain and Northern Ireland) suggested that the words "especially smallpox" might be deleted and another sentence added to explain that the matter was emphasized because in the past smallpox cases had not been notified promptly.

Mr BRADY (Ireland) was in favour of some reference to smallpox, but did not wish to press the point.

Dr WARMANN (Ghana) believed that smallpox should not be unduly emphasized but an explanation might be included to the effect that some cases of

quarantinable diseases had not been promptly reported in the past.

Professor CANAPERIA (Italy) drew attention to paragraphs 21 and 22 of the fifth report of the Committee on International Quarantine. In paragraph 22 that committee had stressed how important it was for all health administrations "to notify the Organization promptly of the presence of quarantinable disease". That referred to all quarantinable diseases, and therefore he suggested that the reference to smallpox should be deleted.

Dr RAE (United Kingdom of Great Britain and Northern Ireland) withdrew his proposal for the addition of a sentence.

Decision: The Sub-Committee adopted the draft report, with the deletion of the words "especially smallpox" (for text, see page 379).

The CHAIRMAN thanked the Rapporteur and the members of the Sub-Committee for their co-operation.

The meeting rose at 5.30 p.m.

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST MEETING

Friday, 30 May 1958, at 2.30 p.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Opening of Session

The CHAIRMAN expressed his thanks for the confidence shown in him and for the honour done to his country by his election to the Chair. His task was a difficult one, but he knew he could count on the co-operation of all present and, in particular, on help from the Assistant Director-General, Department of Administration and Finance.

2. Election of Vice-Chairman and Rapporteur

Agenda, 7.1

The CHAIRMAN drew attention to the proposal in the third report of the Committee on Nominations (see page 370) that Dr Goossens (Belgium) be elected Vice-Chairman and Dr Mellbye (Norway) Rapporteur of the Committee.

Decision: Dr Goossens and Dr Mellbye were unanimously elected Vice-Chairman and Rapporteur respectively.

Dr GOOSSENS (Belgium) thanked the Committee for electing him Vice-Chairman and expressed the hope that he would prove himself worthy of the confidence it had placed in him.

Dr MELLBYE (Norway) expressed gratitude to the Committee on Nominations for proposing that he be elected Rapporteur and to the present committee for having adopted that proposal.

3. Establishment of Legal Sub-Committee

Agenda, 7.2

The CHAIRMAN reminded the Committee that the Legal Sub-Committee's terms of reference were limited to the study of the legal and constitutional aspects of questions referred to it by the Committee.

It was expected that items 7.7 (Amendments to the Rules of Procedure of the Health Assembly) and 7.11 (Convention on Privileges and Immunities of the Specialized Agencies, Amendments to Annex VII) would be referred to the Sub-Committee. The Committee would be free to refer any other items it discussed to the Sub-Committee. He requested all delegations who wished to take part in the Sub-Committee's work to give in their names to the Secretariat.

4. Review of Work during 1957 : Annual Report of the Director-General

Agenda, 7.3

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, read the statement reproduced as an appendix to these minutes (see page 285).

The CHAIRMAN said that the statement just made by the Assistant Director-General was a very thorough stock-taking and that it provided grounds for contemplating WHO's future with confidence and hoping that the people of the world would lead a more healthy and tranquil life in the future.

Dr DE PINHO (Portugal) said that the Assistant Director-General had made a very valuable statement. The Annual Report of the Director-General (*Official Records* No. 82) must be considered in the context of the first ten years of the Organization's work.

It was an unquestionable fact that WHO had achieved success throughout the world, and the Health Assembly, as the sovereign body of the Organization, could take credit for that. However, the decisions of the World Health Assemblies would have been useless without the work done by the Executive Board and the Director-General and his staff to carry out those decisions.

Since he assumed that it was not intended that the Committee should discuss the Report in detail, he would say no more than that his delegation was fully satisfied with the Report and congratulated the Director-General on producing it.

Mr BRADY (Ireland) congratulated the Assistant Director-General on the valuable, highly philosophical and thought-provoking statement he had just made. Since he believed that delegates should consider it fully before they commented on it, he proposed that further discussion on the item be deferred until the next meeting.

Dr GARCÍA (Philippines) supported the proposal: there were many points in the Assistant Director-General's excellent statement which should be properly considered before the Committee proceeded further with the item.

It was agreed to postpone further discussion until the next meeting.

5. Reimbursement of the Executive Board Special Fund

Agenda, 7.20

Dr MOORE, representative of the Executive Board, recalled that late in 1957 emergency conditions had arisen in Ceylon as a result of floods and cyclones, and explained that the Regional Office for South-East Asia had received from that country requests for assistance in the form of vaccines to help deal with the emergency. Since those requests clearly fell within the scope of Article 28 (*i*) of the Constitution and of resolution EB15.R59, the Director-General, in accordance with the provisions of paragraph (8) of that resolution, had consulted the Chairman of the Executive Board and obtained his agreement to use the Executive Board Special Fund for the purpose. The Seventh World Health Assembly, when establishing the Executive Board Special Fund (resolution WHA7.24) had authorized the Executive Board:

to use this fund to meet emergencies and unforeseen contingencies, any amounts used under this authorization to be replaced by making specific provisions therefor in the next year's annual budget, except when expenditures made under this authority are recoverable from some other source.

The Board had endorsed the Director-General's suggestion of reimbursing the Special Fund from the cash balance available in the Assembly Suspense Account, rather than by means of a supplementary budget. The Board accordingly had recommended

the adoption by the Assembly of the draft resolution in Executive Board resolution EB21.R9.

Later the Government of Pakistan had requested the Organization to provide it with two million doses of dried smallpox vaccine to meet the emergency situation which had arisen in East Pakistan as a result of the large number of smallpox cases there. Since the request also fell within the scope of Executive Board resolution EB15.R59, the assistance requested had been given, at a total cost of \$30 000, after the Director-General had consulted the members of the Executive Board. A majority of the members of the Board had signified their agreement with the proposal of the Director-General that the Eleventh World Health Assembly consider replacing the amount used in the Executive Board Special Fund by transferring the \$30 000 from cash available in the Assembly Suspense Account. Should the Health Assembly approve that proposed method of reimbursing the Special Fund, it might wish to adopt an amended version of the Executive Board's draft resolution on the lines suggested by the Director-General in his second report (Annex 3, part 2) reading as follows:

The Eleventh World Health Assembly,

Having noted the actions taken by the Executive Board at its twenty-first session and by correspondence to provide emergency assistance from the Executive Board Special Fund to the Government of Ceylon in an amount not exceeding US \$20 000 and to the Government of Pakistan in an amount of approximately US \$30 000;

Having considered the reports of the Director-General;

Considering that the amounts used from the Executive Board Special Fund have to be replaced to bring the Fund to the amount of US \$100 000, as established by resolution WHA7.24 of the Seventh World Health Assembly; and

Noting that there is a sufficient cash balance available in the Assembly Suspense Account to replace the amounts used from the Special Fund,

AUTHORIZES the Director-General to transfer the amount necessary to reimburse the Executive Board Special Fund from the cash balance of the Assembly Suspense Account, taking into account any reimbursement of these costs received from the Government of Ceylon, thereby bringing the credit in the Fund to its established amount of US \$100 000.

Mr HANES (United States of America) suggested that the words "the Government of Ceylon" in

the final paragraph of the draft resolution be changed to "the Governments of Ceylon and Pakistan".

The SECRETARY explained that the Government of Pakistan had requested the vaccine as a grant and has not given any indication that it might reimburse the Executive Board Special Fund at all, whereas the Government of Ceylon, which had received the assistance it had been given as a result of two separate requests, had indicated that it would reimburse the Fund so far as one of those requests was concerned.

The CHAIRMAN suggested that if that change were made, the words "which may be" should be inserted immediately after the words "any reimbursement of these costs".

Dr TOGBA (Liberia) said he was opposed to the change advocated by the United States delegate, since, if it were made, it might be thought that the Health Assembly was suggesting that Pakistan should reimburse the Fund, and that might place the Government of that country in an embarrassing position. Every possible effort should be made to spare governments embarrassment. For the Organization to give assistance whenever possible without asking for reimbursement would be to its credit.

Mrs SHOHAM-SHARON (Israel) agreed with the delegate of Liberia. She thought that if the change suggested by the Chairman were made it might be thought that the Health Assembly doubted whether the Government of Ceylon would reimburse the Fund as it had promised to do.

Mr HANES (United States of America) said he did not wish to press the suggestion.

Mr BOTHA (Union of South Africa) said that before he could decide on his attitude to the draft resolution under consideration, he would like to know why the procedure indicated in the draft resolution had been proposed instead of making specific provision in the next year's annual budget—as was required in the terms of resolution WHA7.24.

Dr MOORE, representative of the Executive Board, said that the words in resolution WHA7.24 "any amounts used under this authorization to be replaced by making specific provisions therefore in the next year's annual budget" were qualified by the phrase "except when expenditures made under this authority are recoverable from some other source".

Mr BOTHA (Union of South Africa) said he was not satisfied with the explanation. While resolution WHA7.24 made an exception, he interpreted that exception as relating only to those cases where recipients repaid certain amounts—as in the case of

Ceylon. He could not agree with the reply of the Executive Board that "recoverable" meant the same as "available".

Dr MOORE, representative of the Executive Board, replied that he could only say that when the Executive Board had discussed the matter and the Director-General had suggested that the amount was recoverable from the Assembly Suspense Account, the Board had approved that suggestion in preference to recommending that the Fund be reimbursed by means of a supplementary budget.

Decision: The draft resolution in the report of the Director-General was approved by 49 votes to none, with 2 abstentions.

Mr PYMAN (Australia) said he had abstained from voting because the question raised by the delegate of the Union of South Africa was a relevant one and he could not say he was satisfied with the explanation of why the Executive Board had followed the Director-General's recommendation.

The Australian delegation had no doubt that the emergency action taken in Ceylon and Pakistan was very necessary and desirable. Nevertheless normal financial procedures should not be departed from, and the explanations given had not explained, in his delegation's opinion, the reasons for the departure from those procedures. The action taken could not be described as improper in view of the wording of resolution WHA7.24, but it was open to question whether the action was desirable. The procedure had been followed in two instances, within a short period, and that suggested that the action of recovering the amount from the Assembly Suspense Account was tending to be adopted as matter of course.

The SECRETARY said that the Director-General had proposed the procedure which had been followed because he had come to the conclusion that that course of action would be the easiest procedure for the Health Assembly. The alternative would have been to submit a supplementary budget. The sum involved was relatively small and a supplementary budget could have led to the need for a supplementary assessment against Member States. The effect of the two processes was identical.

Mr BOTHA (Union of South Africa) also wished to explain why he had abstained. The substance of the recommendation did not present any difficulty and he had no difficulty with the manner in which the Board used the funds. However, the procedure proposed for replenishing those funds was not proper and not in accordance with resolution WHA7.24.

**6. Review of Status of Assembly Suspense Account
Review of Status of Publications Revolving Fund
Financial Report and Accounts of WHO for 1957**

Agenda, 7.18, 7.19, 7.22

The CHAIRMAN pointed out that items 7.18, 7.19 and 7.22 (in so far as it related to miscellaneous income) were connected and could therefore be considered together.

The SECRETARY drew attention to the fact that the Committee had been asked to make recommendations, to be submitted to the Committee on Programme and Budget, regarding the amount of casual income to be used to help finance the programme and budget for 1959. The Director-General had prepared a report on the subject (and also a revision of that report which had been made necessary in consequence of the assistance given to Pakistan) setting out the amount of casual income which it was expected would be available and the amount which he recommended should be used to help finance the 1959 budget. (For revised figures, see table below.)

There now was, thus, over \$800 000 available, \$400 000 of which it was recommended should be used for the budget and \$32 000 of which would go to reimburse the Executive Board Special Fund. The balance would then be kept as a reserve.

Some years before, the whole sum of casual income had been used up in one budget period, and as a result it had been necessary the following year to increase the assessments on Members even to maintain the programme level of the year for which a large amount of casual income had been used. It was in an effort

to avoid a repetition of such a situation that the Director-General recommended that a part of available casual income should be kept in reserve.

Dr MOORE, representative of the Executive Board, pointed out that the Director-General also recommended that \$74 000 should be transferred from the Assembly Suspense Account to help finance the 1959 budget and that the balance of \$90 000 in the Publications Revolving Fund should be set aside for the 1960 budget.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) doubted if it was either appropriate or necessary for the Director-General to recommend that part of the available casual income should be kept in reserve or used to reimburse the Executive Board Special Fund. According to the normal financial structure of the Organization, the full amount of casual income available at the end of any year should be credited to Member States by way of reductions in their assessments for the budget of the following year. The recommendation to use half the amount available was based on past experience, when considerable fluctuations had occurred in casual income, largely as a result of contributions of new Members and the collections of large arrears of contributions. It was, however, unlikely that substantial amounts would be available in the future as a result of new admissions, and the status of contributions was particularly good. He recalled that the matter had been debated some years before—when large accretions were being received—and the suggestion of withholding part of the available

SUMMARY OF AVAILABILITY OF CASUAL INCOME AND RECOMMENDATIONS
OF THE DIRECTOR-GENERAL FOR ITS USE

	Total available	To help finance the 1959 budget	To reimburse the Executive Board Special Fund	Balance to be kept in reserve
	\$	\$	\$	\$
Assessments on new Members	2 090	2 090	—	—
Miscellaneous income	304 562	304 562		
Available by transfer from the cash portion of the Assembly Suspense Account	487 437	74 348	32 350	380 739
Available by transfer from the Publications Revolving Fund	19 000	19 000	—	—
	813 089	400 000	32 350	380 739

casual income was rejected. He could see no strong case to change that policy now.

Mr HANES (United States of America) agreed with the point of view put forward by the delegate of the United Kingdom. He could see that there would be some reason for establishing a procedure for setting aside part of the available casual income if its level was likely to fluctuate to any great degree. That, however, was unlikely, and as the amounts now in question were not large enough, in financial terms, to give rise to substantial alterations in the assessments on Members, he could not see any reason to deviate from the normal policy of using the whole of available casual income for the following year's budget.

The CHAIRMAN asked whether the United Kingdom and United States delegates wished to make a formal proposal.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said that his delegation's proposal could be expressed in the form of a resolution that, on the basis of the figures given by the Director-General, the amount of casual income to be used to help finance the budget for 1959 should be \$780 739. That figure comprised the \$400 000 which the Director-General had recommended should be used to finance the 1959 budget, together with the \$380 739 which he had recommended should be kept in reserve. The figure of \$780 739 could of course be increased if further sums were forthcoming in the course of the Assembly session.

Dr TOGBA (Liberia) asked if the Director-General could indicate what his position would be if the United Kingdom proposal were adopted.

The SECRETARY, replying on behalf of the Director-General, said that the whole matter of the use of available casual income had been discussed in the Standing Committee on Administration and Finance of the Executive Board.

For 1956, \$1 300 000 of casual income had been used to help finance the budget for the year. For 1957, the amount of casual income at the time of the Ninth World Health Assembly had dropped to \$335 000, with the result that Member States had had to make up the difference. In 1957 it had proved necessary to introduce a supplementary budget for staff requirements of over \$300 000. Fortunately, by that time further casual income had accumulated, so that it had not been necessary to call on Member States to provide the extra money needed. That showed the value of having a reserve.

For 1957, a total of \$680 000 of casual income had gone towards the budget and for 1958 the figure had been \$ 358 000. For 1959, the Director-General recommended the sum of \$400 000, which was roughly the same as the figure for the preceding year and one which it was hoped to maintain for one or two years more.

The Organization would not continue to receive large initial contributions in the future, which was a further reason for building up a reserve. During May, additional contributions amounting to \$79 000 had been received, and the situation as regards the total of casual income available was likely to vary almost from day to day. It would thus be better, when making estimates of the use to which casual income should be put, to do so in round figures, rather than attempt to quote precise figures as had been done by the delegate of the United Kingdom.

Dr TOGBA (Liberia) said that, in view of the explanation which had been given by the Secretary, the Committee should adopt the suggestion of the Director-General rather than the United Kingdom proposal. If the experience of 1957, as related by the Secretary, were to be repeated, it might give governments the false impression that the Organization was juggling its figures from one year to the next. Above all it was essential that a reserve of casual income should be available.

Mr SAITA (Japan) said that the question of casual income had frequently been discussed in the Executive Board, and that two views had always seemed to predominate: firstly, the view that any surplus should be returned to Member States by way of a reduction in their assessments; and the opposing view that a reserve should be set up. While appreciating the view that any surplus should be returned to Member States, he agreed with the Secretary that experience had shown the need for a reserve. He therefore supported the Director-General's recommendation that a balance of casual income should be kept in reserve.

The CHAIRMAN said that the proposal of the delegate of the United Kingdom, and the proposal of the delegate of Liberia to adopt the Director-General's recommendation, would be put to the vote.

Decision: The United Kingdom proposal, seconded by the delegate of the United States of America, was rejected by 27 votes to 11, with 11 abstentions. The Liberian proposal, seconded by the delegate of Japan, was adopted by 36 votes to 3, with 9 abstentions.

The CHAIRMAN drew attention to the draft resolution on the status of the Publications Revolving Fund recommended by the Executive Board in its resolution EB21.R43. Noting that there were no observations, he put the draft resolution to the vote.

Decision: The draft resolution was approved unanimously.

The CHAIRMAN noted that the decisions taken by the Committee also covered item 7.22 of the agenda, in so far as it related to miscellaneous income (see first report, section 2).

7. Scale of Assessment for 1959 Assessment of Ghana for 1958

Agenda, 7.13, 7.14

The SECRETARY said that the scale of assessment for 1959 was a further item which had to be dealt with by the Committee before the Committee on Programme and Budget came to discuss the budget for 1959. He suggested that the Committee might wish to discuss at the same time the assessment of Ghana for 1958, since the assessment of Ghana for 1959 would be presumably the same as for 1958.

He recalled that, according to resolution WHA8.5, the principle that the maximum assessment of any one Member must not exceed $33\frac{1}{3}$ per cent. should be progressively implemented in four annual stages. The Organization had now reached the fourth and final stage, so that the WHO scale of assessment would now be the same as that of the United Nations, taking into account the differences of membership between the two organizations.

He drew attention to the decision of the General Assembly of the United Nations (in resolution 1137 (XII)) that in principle, "the maximum contribution of any one Member State to the ordinary expenses of the United Nations shall not exceed 30 per cent. of the total". That figure was to be arrived at over a period of years, and for the year in which the decision had been adopted the maximum contribution had been fixed at 32.51 per cent. The Committee would also wish to take into account the United Nations decision to adopt the principle that no country should pay more per capita than the per capita assessment of the highest contributor.

With regard to the 1958 assessment of Ghana, the Organization, at the time of the Tenth World Health Assembly, had had no information on which it could base an assessment for Ghana pending a decision by the United Nations on the assessment it would make for that country. Such a decision had now been taken, and the United Nations assessment corresponded to 8 units in the WHO scale.

The figure of 26 units which had been fixed as the assessment of the Federation of Malaya was also based on the United Nations assessment for that country.

With regard to the assessment of the United Arab Republic, it had been suggested that a possible solution would be to add the former assessments of Egypt and Syria together.

The Director-General had prepared a report¹ setting out the various considerations he had just outlined and reproducing the relevant passages of resolutions WHA8.5 and WHA10.9. Annexed to the report were two resolutions of the United Nations General Assembly on the scale of assessment for the apportionment of the expenses of the United Nations—resolution 1137 (XII), and resolution 1213 (XII) containing the United Nations scale for 1958. Also annexed to the report was a projected scale of assessment for WHO for 1959, calculated (in accordance with the provisions of resolution WHA8.5) on the 1958 United Nations scale adjusted to take account of WHO membership. In the projected WHO scale, the assessment of the highest contributor was calculated as a percentage of the total assessments of Members actively participating in the Organization's work and the per capita limitation principle was fully applied.

He drew the Committee's attention to a communication to the Director-General from the permanent representative of the Hungarian People's Republic to the European Office of the United Nations in which the Government of Hungary requested that its contribution should be assessed at 50 per cent. of the present one for a period of five years from 1 January 1959.

Mr LE POOLE (Netherlands) said that the document containing the communication from the Government of Hungary had been distributed only that morning and, since the question of the reduction in the assessment of Hungary was one on which he needed to obtain instructions from his Government, he proposed that consideration of it should be deferred until a later meeting.

Mr BRADY (Ireland) agreed with the Netherlands delegate. Consideration of the Hungarian request should be deferred so that members of the Committee could clarify their positions on that question.

Decision: The Netherlands proposal to defer consideration of the Hungarian request was adopted.

The CHAIRMAN suggested that, as there appeared to be no comments on the projected scale of assess-

¹Unpublished.

ment, or on the assessments for Ghana and the Federation of Malaya, the Committee should proceed to vote on the draft resolutions suggested in the report of the Director-General.

Professor ZHDANOV (Union of Soviet Socialist Republics) proposed that the vote should be deferred until the following meeting.

It was so agreed.

The CHAIRMAN reminded the Committee that, since no delegate had wished to comment on the resolutions, the debate on them had been closed. It was thus only the vote that had been postponed and it would be taken at the outset of the following meeting. (For continuation, see second meeting, section 3.)

8. Distribution of Documents

Dr VITSAXIS (Greece) said that his delegation received the *Journal* only shortly before meetings,

and therefore had difficulty in preparing for discussions.

Dr SHOIB (United Arab Republic) asked whether it would not be possible for the *Journal* and other documents to be distributed directly to delegates' rooms.

Dr BOULOS (Haiti) said that he had so far not received any documents at all.

The SECRETARY said that it was not possible for the Secretariat to make arrangements for documents to be delivered directly to delegates' rooms, but that he would inform the distribution service of the comments which had just been made in an effort to expedite and simplify the delivery of documents to delegates.

The meeting rose at 5.5 p.m.

Appendix

STATEMENT BY THE ASSISTANT DIRECTOR-GENERAL, DEPARTMENT OF ADMINISTRATION AND FINANCE

Introduction

This year, on the occasion of the tenth anniversary of the World Health Organization it is a special privilege for me, on behalf of the Director-General, to address the Committee on Administration, Finance and Legal Matters. Over the years it has been the practice to provide the Committee with information supplementary to the Director-General's Annual Report and on recent developments in the current year. This year, the detailed information will be presented as each agenda item is discussed. I consider that it will be more appropriate and useful if the information I now present is in the perspective of the principles and philosophies of administration which have guided the Organization in its development thus far. I shall limit myself to a brief historical review, which I hope will be sufficient to illustrate the steady progress which the Organization has made in the administrative supporting services essential to its programme.

As you are aware, a special report on the activities of the Organization during the ten years of its existence, including also the period of the Interim Commission, has been produced, as requested by the Tenth World Health Assembly, and will be discussed in the Committee on Programme and

Budget. However, the administrative and financial aspects of the Organization's work which are reflected throughout that report may appropriately be discussed in this committee when it is discussing the Annual Report.

The Philosophy of Ideal Realism

It is customary for an organization to review the pages of its ledger—its experience and progress—after a ten-year period of existence. The process, however, may convey the erroneous impression that this is done only at intervals of a decade. The review in WHO is an on-going and consistent function. For the World Health Assembly, it is annual; for the Executive Board, it is semi-annual; for the Director-General and the staff, it is monthly, weekly and daily.

Ten years have passed and the Organization is at its first of many decennial plateaux. The panorama of progress shows the achievement of substantial and enduring values. Many of the values may be measured by the statistical and other techniques that are common in the field of health promotion. And the total may be presented to the world as a task well done.

The decade of progress exhibits another quality, a philosophy, that pervades the whole of the work of WHO. It is the philosophy which I should like to describe as "ideal realism". The words appear to convey the impression of opposing concepts, perhaps of conflicting forces, of incompatibility and strain. But the appearance is deceptive; the combination strikes a balance in which realism stabilizes the movement towards the ideal.

How does the philosophy express itself in WHO? It is not one of those rare elements whose presence may be described, in the words of the chemist, as "a trace". In fact, it would be hard to find an activity, a process or a policy in WHO that does not contain a heavy component of ideal realism.

The research scientist seeks complete or perfect knowledge; this is his ideal. The World Health Assembly, the Executive Board and the Director-General, facing the urgent needs that exist, must act upon the best information or knowledge that is available, even though at the time the knowledge is far from perfect. The choice must be made between no progress until the ideal of perfection is reached and some progress while the search for perfection continues. The decision in favour of some progress is the one most commonly taken; this action is an expression of the philosophy of ideal realism.

The development and approval of assistance projects provides a continuing example of the philosophy at work. The whole process is surrounded by requirements that are protective, both for the countries and the Organization, to the end that each project may achieve its maximum value. The cynic may smile at the thought of a philosophy applied in the form of "rules and regulations". By some, the rules for acceptance of a project or the formula for its evaluation may be interpreted as restrictive or, perhaps, obstructive. But when these and all other rules are viewed *in toto* they stand as a demonstration of ideal realism in daily practice.

Malaria eradication offers an outstanding instance of ideal realism. To the question, "Is knowledge perfect?", the scientists present qualified answers. For some areas of the world it is relatively adequate; for others, less so; for still others, it is inadequate. To the question, "Are sufficient resources likely to be available in manpower, materials, and money?", the answer was "Doubtful as yet, but the possibility exists of obtaining them". Nevertheless, viewing the total sum of knowledge and the resources required, the World Health Assembly three years ago concluded that the time to strive for malaria eradication had arrived. Thus, as an application of

the philosophy, malaria eradication moves realistically towards the ideal while the search for more perfect knowledge continues and efforts to obtain adequate resources are pursued.

Ideal realism emerges as the strong philosophy that influences the work of WHO. The past decade of progress attests to its significance; the next decade of progress will add to its impelling weight.

Major Developments over a Decade

I turn now to the major developments in administrative and financial matters over the last decade. It is essential when describing the major developments during this period to pay tribute to the fundamental importance of the ever-increasing support, both moral and material, given by the Member States to the Organization. This is evidenced not only by the increase in membership from 26 when the Constitution came into force in early 1948 to 88 in 1958, but also by the heartening interest of the Members and their willingness to meet their obligations, of which the Director-General is particularly conscious. It is our firm conviction that universality of membership is so close at hand as almost to be within our grasp. Not many Assemblies should pass before it comes about and a goal that has been earnestly pursued becomes an accomplished fact.

From the inception of the Organization, steps have been taken to ensure that the administrative and financial services should be so organized as to allow for immediate adjustments to growth, expansion and changes in emphasis of the Organization's programme activities. After a period of trial and error, the administrative and financial machinery was moulded into a pattern which experience had shown to be sufficiently flexible to embrace quite considerable swings in programme requirements while at the same time conserving a sound basic system.

In accordance with the constitutional requirements of the Organization, it was called upon to provide help to governments in strengthening their health services; to make this help available through a regionalized organization; and to utilize to this end available technical skills. It soon became apparent that the initial annual budgets of the Organization, starting with \$5 000 000, were not only inadequate to meet even a small fragment of the needs of the world but even to equip the Organization with those minimum tools without which it must inevitably fail in its task.

The Assembly and the Executive Board were not slow to recognize the fundamental importance of

ensuring an orderly solid growth of this instrument designed to bring about a healthier world. With conservative but steady development of the activities of the Organization, resulting from the understanding and generous support of its Member States, there has gradually been developed an administrative structure which is able to carry the burden of an expanding operation. The wisdom of this slow but steady growth is fully apparent from its fruits; for without the need to be unduly concerned with administrative implications, successive Assemblies have judiciously authorized increases in the programme until for this year it has reached the level of about \$24 500 000, of which some \$13 500 000 is financed from the regular budget, approximately \$6 000 000 from the Expanded Programme of Technical Assistance, and some \$5 000 000 from the Malaria Eradication Special Account. This does not include other extra-budgetary funds provided for international health programmes for which the Organization bears heavy technical co-ordinating responsibilities.

How has it been possible for the smooth assumption of additional tasks to be successfully accomplished? The answer is manifold and may be worth some analysis.

From the start it was recognized that the programme of work of the Organization must essentially be one of providing assistance and advice by using the technical skills of persons adequately qualified in a wide variety of specialized fields. The significance of this decision to concentrate on the application of human skills, on the development of administrative processes of the Organization, could scarcely be over-estimated. It has been by deliberate action that, through the budget process and other administrative devices, the rate of staffing has been restricted to that level of increase which could be effectively absorbed each year. An examination of the growth of the staff over the years will illustrate this point. It was believed, and experience has substantiated, that the long-term reputation of the Organization would rest largely on the calibre of its staff and that the calibre of staff could be assured only if recruitment were undertaken at a rate no faster than would permit of careful evaluation of candidates and orderly selection and appointment procedures.

It quickly became clear that, in order to secure a basis upon which to build sound administrative practices and procedures, steps must be taken to adopt universally applicable policies, laid down by the Health Assembly in the broad general lines of the Financial and Staff Regulations and developed in

greater detail in the Financial and Staff Rules. For the purpose of the detailed application and interpretation of these rules throughout the Organization standard procedures have slowly and with some pains been evolved, which have been incorporated into a manual for the use of staff. Needless to say, with growing experience and in the light of ever-changing circumstances this manual, which is the established vehicle for notifying staff in all parts of the Organization of new or amended policies and procedures, undergoes constant study and revision.

Without that unusual degree of continuity of staff which the Organization has enjoyed, and the consequent development of a wealth of experience, it is doubtful whether today's progress could have been achieved. We consider that in this continuity of staff, drawn from all corners of the earth, and in its unparalleled experience, lies perhaps the greatest single asset of the Organization. It is well worth ensuring not only that this most important asset is preserved, but that it is rendered ever more valuable by all possible measures.

The small beginnings of rotating staff among different offices of the Organization have proved their worth and it is the Director-General's belief that this policy should be energetically pursued; he sees in it an invaluable aid to the formation of a yet more highly trained and experienced cadre, capable of fulfilling any task that may be laid upon it. There are two other staff matters with which the Director-General hopes to deal in the immediate future: the first relates to leave of absence for advanced study, and the second to interchangeability with national services. The former has already proved its effectiveness but its scale had hitherto been all too small; the second presents the so far intractable problem of how to create opportunities for professional staff members to move back and forth between the national and international services as the needs of the two require and to the enrichment of both. There have been a few notable instances of this practice, to the merit of the few governments concerned, but these have been sporadic and ad hoc arrangements, whereas what is needed is an organized systematic interchange to which a large number of governments are willing to subscribe. Such an arrangement would provide very rich opportunities for the improvement of both the national and international services.

Regionalization of operations as conceived in the minds of the authors of the Constitution of WHO was completed in 1957 with the installation of the Regional Office for Europe in Copenhagen. Against this late completion must be set the bold inception

of regionalization in vast and important areas of the world almost before the Organization had had time to see in perspective the tasks that awaited it. There can be no doubt as to the effectiveness of regional organizations in the total work of the Organization. The provisions of the Constitution regarding regionalization and decentralization have been exploited as useful and desirable devices for more effective administration and have not just been treated as constitutional requirements. Through the ten years of WHO's existence, every aspect of administration has been critically examined with a view to the maximum decentralization of decisions and responsibilities for the field programme to the regional level. To help regional organizations reach their maximum usefulness, no rigid pattern of organizational structure or work arrangements were imposed. Each region has been given the largest possible degree of flexibility in organizational arrangements in the interest of enabling each to be as responsive as possible to the specific needs of the region.

While the constitutional provisions for regionalization have been fully implemented the entire staff of the Organization are constantly cognizant of the necessity for technical guidance and stimulation and for administrative support to be provided from headquarters. This attitude is necessary if we are to ensure that WHO continues as a *world* organization, and we must continue to be keenly aware of the necessity to resist vigorously any tendency for WHO to become a mere federation of loosely-associated regional organizations. The founders of the Organization emphasized the importance of universality of membership, and the fact that each regional organization shall be an integral part of the Organization. We must be vigilant to ensure that its universal aims are not jeopardized.

In the complex and evolving world in which the Organization has throughout the past ten years been striving to accomplish its objectives, WHO has constantly been working with other agencies whose aims and ideals are similar to its own and has consciously sought to promote to the full a fruitful contribution to the general good of the whole. This is especially true in relationships with the other members of the United Nations family, with whom the Organization has worked out in detail, with a good deal of mutual adjustment, common admin-

istrative practices through the use of the inter-organizational machinery established for the purpose, such as the Administrative Committee on Co-ordination, its sub-committees, the Technical Assistance Board, etc. There can be no doubt that this co-operation has resulted in mutually beneficial co-ordination over a vast field of essential common interest. This has not been an easy achievement and many members of this committee will recall the difficult problems which the Organization has had to face from time to time in the past, such as, for instance, those which arose when the Expanded Programme of Technical Assistance was introduced, bringing with it a set of requirements which were not completely compatible with those already in existence in the Organization's similar activities under its regular programme. Co-ordination with outside bodies would of course be meaningless without unity and complete co-ordination within the Organization. The Director-General has kept this need under constant watch and he is satisfied that the efforts of the past ten years have with few exceptions brought about this unity and co-ordination.

Finally, on this tenth anniversary of progress, viewing the past and looking to the future, let it be noted for the record that the Director-General is not yet satisfied with his administration. The firm foundation of the Organization has been built, but we must be constantly vigilant to see to it that the structure erected on that foundation is effectively improved and adapted to the current and developing needs of the Organization in its efforts to improve the health of the peoples of the world. In all of its work, the achievements of the Organization are received with pride and enthusiasm, but there is no meeting of the Health Assembly, of the Executive Board, or of the staff that does not exhibit the quality of critical analysis. Much has been accomplished, but much more remains to be done, and done better and better as the years pass. At no time has the Organization suffered from the gravest of all defects—the dismal spectacle of satisfied health workers.

And so we move into the second decade of the work of the Organization, in which WHO confidently looks forward to making greater contributions to the health of all peoples, which is fundamental to the attainment of peace and security.

SECOND MEETING

Saturday, 31 May 1958, at 9.30 a.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Distribution of Documents

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, said he was grateful for the understanding which had been shown by delegates in respect of the problems which faced the Secretariat in arranging the Assembly, particularly as regards the distribution of documents. He hoped that the difficulties would be solved shortly.

2. First Report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget

Dr MELLBYE (Norway), Rapporteur, read the draft first report of the Committee to the Committee on Programme and Budget.

Decision: The report was approved as read (for text, see page 389).

3. Scale of Assessment for 1959

Assessment of Ghana for 1958 (continued from first meeting, section 7)

Agenda, 7.13, 7.14

The CHAIRMAN recalled that, at its first meeting, the Committee had decided to defer the vote on the scale of assessment until the present meeting. He would therefore put to the vote the draft resolutions on the scale of assessment for 1959 (excluding the assessment of Hungary, which would be discussed later) and the assessments of Ghana and of the Federation of Malaya in 1958—all of which had been discussed at the first meeting.

Mr BOTHA (Union of South Africa) did not see how it would be possible to vote on the scale of assessment without previously deciding on the assessment of Hungary. The scale of assessment was based on the balance of units applicable to each Member State and that balance would be disturbed if no decision was taken on Hungary.

The SECRETARY explained that the scale of assessment was a unit scale. There would be no difficulty

in fixing the scale of assessment excluding Hungary and deciding on the assessment of Hungary at a later date. That would not affect the number of units which had been assigned to other Member States, but would affect only the amount of each country's contribution.

The three resolutions were put to the vote.

Decisions:

(1) The resolution on the assessment of Ghana for 1958 was approved by 55 votes to none, with 1 abstention (for text, see first report of the Committee, section 3).

(2) The resolution on the assessment of the Federation of Malaya was approved unanimously (see first report of the Committee, section 4).

(3) The resolution on the scale of assessment for 1959, with the addition of a note indicating that a decision on the assessment of Hungary would be taken later, was approved unanimously (see first report of the Committee, section 5; see also minutes of the seventh meeting, section 1; minutes of the eleventh meeting, section 2, and fourth report, section 4).

4. Review of Work during 1957 : Annual Report of the Director-General (continued from first meeting, section 4)

Agenda, 7.3

Dr GARCÍA (Philippines), after congratulating the Assistant Director-General on his excellent statement made on behalf of the Director-General, spoke with great appreciation of WHO's contribution during the past decade to the improvement of health throughout the world, especially in the Philippines where valuable assistance had been given for the control of bilharziasis and malaria, and for the improvement of sanitation and the teaching of public health. The value of WHO's work was perhaps most appreciated in countries such as those mentioned by Sir Arcot Mudaliar at the fifth plenary meeting, where masses of the population still suffered from communicable diseases and where health services were inadequate.

The concept of ideal realism which had been put forth by the Assistant Director-General was very appropriate. The development of projects all over the world was consistent with the universality of the purpose of the Organization.

While the goal set for WHO had not yet been reached, great progress had been made, particularly in the control of communicable diseases, the improvement of national health services and of education and training of all types of health workers. The budget of the Organization which had been remarkably modest at the outset had been greatly increased over the years and had made the steady and orderly growth of the Organization possible. His experience of working with the Organization and its Regional Office for the Western Pacific in his capacity as Secretary of Health led him to endorse particularly two points in the Assistant Director-General's report. The first was the need to create opportunities for professional staff to be transferred between the national and international health services and the second was the importance of decentralizing decisions and responsibilities for the field programme to the regional level.

The remarkable progress which had been made during the previous decade was due in large measure to the Director-General and his colleagues. He mentioned particularly the statesmanship shown by the Assistant Director-General, Department of Administration and Finance, during his visit to the Philippines to arrange for the permanent Regional Office for the Western Pacific.

Dr HAYEK (Lebanon) congratulated the Assistant Director-General on his reassuring report and on the emphasis which he had placed on ideal realism. His statement was a fitting commentary on the Organization's gradual and fruitful development over the past decade, for which much credit was due to the Director-General and his colleagues. The Organization with its regional offices had clearly achieved the stability necessary to enable it to carry out its humanitarian work in a world of insecurity.

He asked whether the Secretariat had prepared draft amendments to the Financial Regulations of the Organization to enable the cash balance of appropriations remaining at the end of a year to be carried forward to the following year. As had been mentioned frequently at previous Health Assemblies, the need to use the funds available by the end of December gave rise to difficulties in national health administrations and resulted in the hurried starting, towards the end of the year, of inadequately planned projects.

Dr VANNUGLI (Italy) said that the report presented by the Assistant Director-General deserved serious attention. It was a welcome surprise to find a philosophical statement in a report on administration. It was clear that the administration of WHO was in capable hands and that confidence in the Organization's future was well placed.

His delegation was in agreement with the Director-General on the value of the rotation of staff among the different offices of the Organization in spite of the difficulties involved, which were indicated in the report.

On the proposed scheme for granting leave of absence for advanced study, he asked for more information on the administration of such periods of leave and on their effect on the professional careers of the staff members concerned.

With regard to the suggested exchange of personnel between national and international health services, he thought it would be easier to second a national civil servant for work in an international organization than to fit an international civil servant into an established hierarchy of a national service. He hoped that more information would be available on both of those interesting proposals.

Mr BRADY (Ireland) said the Director-General's Annual Report for 1957 showed an improved financial position, with increased funds available for programme purposes and a high rate of payment of contributions. Some changes had been made in the organizational structure to improve operational efficiency. He was aware that the structure of WHO and its work processes were under constant review and hoped that future reports would contain details on the work of administrative management and the extent to which that work affected the administration and orderly planning of field projects, and the work of the regional offices.

As a result of the resolution of the Tenth World Health Assembly, WHO had departed somewhat from the recommendations of the recently created Salary Review Committee. In the Fifth Committee of the General Assembly of the United Nations, a number of delegates had been critical of WHO's action. It was important that the specialized agencies should conform as much as possible to administrative policies of the United Nations.

He congratulated the Assistant Director-General on the able report presented at the first meeting of the Committee. The administrative and financial affairs of WHO were clearly being capably handled.

It was true that the long-term reputation of WHO would depend on the calibre of the staff. It was also necessary to have a constant review of job per-

formance. Continuity and the building-up of traditions, while valuable, should not be maintained at the expense of the introduction of fresh blood, particularly at the senior level. Much depended on the interpretation given to Article 4.4 of the Staff Regulations on the filling of vacancies by promotion of staff from within the Organization. Under Article 4.2 of the Staff Regulations, the paramount consideration was the necessity of securing the highest standards of efficiency, competence, and integrity. Any preference given to persons already on the staff should be kept within reasonable limits and have due regard to the qualified personnel available outside the Organization.

He had been most interested in the suggestion for the interchange of staff between national health services and WHO, and assumed that the Director-General would communicate more information to governments in due course.

He agreed on the value of the rotation of the staff of WHO between the regional offices and headquarters and hoped that the practice would be extended.

The regional system of organization was now an important part of WHO and many achievements were due to it, but WHO must remain a world organization and resist the tendency to become a federation of regional bodies. The regions could exercise certain responsibilities but no functions should be exclusive to them at the expense of the Health Assembly (which was required under the Constitution to determine the policies of the Organization) and of the Executive Board (which was responsible for giving effect to the decisions and policies of the Health Assembly for the Organization as a whole). It was necessary to emphasize the world-wide responsibility of the Assembly and the Executive Board. He agreed with the Assistant Director-General that vigilance was needed, and any future study on regionalization should cover that aspect of the question.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said that the points he had intended to raise had been covered by previous speakers. He congratulated the Assistant Director-General on the skill, balance, and discernment shown in his report and on his courage in introducing a philosophical note into a study on finance.

Dr MELLBYE (Norway) welcomed the proposal to grant leave of absence for advanced study to technically qualified staff of WHO—whether engaged on medical or on administrative, financial, or legal work. He hoped that provision for such

fellowships for qualified staff would be included in the proposed programme and budget estimates for 1960. On the problems connected with the regionalization of WHO, he was in agreement with the delegate of Ireland.

Dr BERNARD (France) thought that the discussion on the Assistant Director-General's statement made an excellent starting point for the work of the Committee. He agreed largely with the remarks that had been made and congratulated the Secretary on the excellence and critical spirit of his report, which went beyond the terms of reference of the Committee and would be equally applicable to the work of the Committee on Programme and Budget.

He agreed with the delegates of Ireland and Norway as regards the regionalization of the Organization, but warned against the tendency to contrast the world-wide character of the Organization on the one hand with the regional system on the other. The two were complementary. An increase of regional activities did not mean a departure from the concept of a world organization, and he thought that the broad lines traced by the Director-General for the future development showed that the danger of federalization was slight.

He would return to the question of co-ordination with the United Nations under item 7.25 of the agenda (Report on co-ordination with and decisions of the United Nations and specialized agencies on administrative and financial questions).

On the various proposals on staff matters, he looked forward to additional information from the Director-General. He shared the view that the rotation of staff between regional offices and between regional offices and headquarters was necessary but, in the interest of efficiency, staff should not be transferred too frequently: it took time for an individual to familiarize himself with new conditions.

The term "study leave" was perhaps inappropriate for staff who were already fully qualified and some phrase such as "advanced refresher course" might be preferable.

On the proposal for the interchange of national and international civil servants, he had not been able to form a clear picture of the intentions of the Director-General and hoped that more information would be provided.

He recalled the remarks on the shortage of qualified technical personnel made by the head of his delegation at the third plenary meeting. With the development of the programme, the needs of the individual countries for qualified personnel had grown at the same time as those of the Organization, and such personnel were consequently no longer available.

The acute shortage of specialized workers for the malaria eradication programme was a case in point and had led WHO to organize courses for training personnel in that type of work for service in the Organization. Hitherto, assistance had been given for national training courses, but if WHO were to train personnel for international service, it would have to assume some responsibility for their future. Some of the young people who had been training for the BCG vaccination programme had later found themselves with insufficient general training for other health work.

Mr HANES (United States of America) associated himself with the complimentary remarks which had been made concerning the Assistant Director-General's report. It was still unfortunately rare to find administrators, or administrations, who based their work on philosophical concepts. He looked forward to hearing more on the question of the interchange of national and international personnel. He assumed that what was planned was that the national of a country would have an opportunity of working for a period in an international organization and of then returning to his own national service. The United States Government thought that such a move was both necessary and desirable and had considered the problems which were inherent in such an interchange. A national civil servant had his future, his security of tenure, his retirement and other benefits to think of and which he would want to see safeguarded before he made any move. A proposal had been submitted to Congress which would enable United States civil servants to work with international organizations for a period of up to three years and then return without the loss of benefits. It was to be hoped that the proposal would be adopted and he was delighted if the Secretary's statement meant that similar amendments to WHO Staff Regulations were being contemplated.

Mr SAITA (Japan), recalling that in the past his delegation had had occasion to disagree with the Director-General regarding his proposals for the budget ceiling, and that the Director-General had often not been provided with all the funds for which he had asked, said that he had been glad to note that the Assistant Director-General had expressed the view that the way in which the Organization had grown slowly and steadily was highly satisfactory. His Government was of the opinion that the growth of the Organization should be steady and sufficiently slow for it to be possible to implement satisfactorily the policy decisions taken by the Health Assembly.

It was extremely grateful to the Director-General and his staff for the efficient way in which they had administered the slow and steady growth of the Organization.

He fully agreed with the Assistant Director-General that for the development of the Organization to be satisfactory it was necessary, among other things, that there should be continuity where the Secretariat was concerned and that it should be constantly gaining in experience. He regretted that the Assistant Director-General had not said more regarding the proposals on leave for advanced studies and on interchanges between the staff of WHO and national civil services; he hoped that detailed plans would be submitted later.

He regretted that the Assistant Director-General had not referred to the geographical distribution of the staff. The Health Assembly and the Executive Board had repeatedly expressed keen interest in the problem and requested the Director-General to improve the distribution. The Constitution itself called for adequate geographical distribution of the staff. An improvement of the distribution would increase interest in the Organization and enable the staff as a whole to give better service.

He agreed with the Assistant Director-General on the one hand that the wisdom of the Organization's regionalization policy had been proved and on the other that it was necessary that WHO should continue as a world organization and not become a mere federation of loosely associated regional bodies. He doubted, however, whether the services provided by the regional offices were as satisfactory as those provided by the headquarters staff, particularly those regional services corresponding to the headquarters services of the Department of Advisory Services and to the headquarters research services provided by the Department of Central Technical Services.

Mr LE POOLE (Netherlands) said he was sure that his Government would agree with all that the delegate of Ireland had said.

In his initial statement the Assistant Director-General had mentioned a number of administrative and financial problems regarding the Expanded Programme of Technical Assistance. He supposed those problems were connected with Executive Board resolution EB21.R48 and that they were included in the agenda of the Committee on Programme and Budget. He hoped that the General Committee would make it possible for the present Committee to discuss them also.

The SECRETARY said that those problems, like all other problems regarding the Expanded Programme and Budget, were on the agenda of the Committee on Programme and Budget. It would be entirely in order for the present Committee to request the General Committee to transfer them to its agenda.

Mr LE POOLE (Netherlands) said he would be satisfied if the General Committee did that.

Dr DE PINHO (Portugal) said that the problems in question should be discussed by the Committee on Programme and Budget, not by the present committee.

The CHAIRMAN said it was a question of whether those problems should be discussed by the present committee as well as by the Committee on Programme and Budget. He would put forward the suggestion made by the Netherlands delegate at the next meeting of the General Committee.

Dr BOULOS (Haiti), referring to the statement made by the delegate of France regarding the training in the field of personnel for malaria eradication programmes, said that in small countries such as his own such personnel rendered a great service. In Haiti personnel were being trained as sanitary engineers and were engaged on specialized work in the national public health service. Such a system was useful in small countries where the public health services were short of staff.

Dr DE PINHO (Portugal) said that in view of the emphasis that had been placed on the need to maintain the universal character of the Organization, he would point out that there was no suggestion of its becoming a federation of regional organizations. The regionalization of the Organization had been completed; but the regional offices still depended on headquarters, as was right and proper because only at headquarters could the results of research work be co-ordinated and the best qualified staff be selected.

He greatly admired the idealist realism of the Assistant Director-General.

Dr KAREFA-SMART (Sierra Leone) thanked the Assistant Director-General for explaining in simple terms the very complicated matters to which he had referred in his statement.

He was not of the opinion that the Organization had failed to solve its staffing problems, but, as the representative of an under-developed country which frequently asked the Organization for assistance, he would urge those responsible for dealing with those

problems to ensure, first, that persons who were sent by the Organization to such countries as experts on a particular subject really were experts on that subject, and, secondly, that national health administrations were not deprived of essential national personnel by their recruitment for service elsewhere with the Organization.

He hoped that the Organization would constantly review, with idealist realism, the boundaries of the WHO regions. In particular the boundaries of the African Region, which had been fixed on the basis of political rather than medical considerations, ought to be reviewed in the light of developments in that continent.

Dr WU (China) said he considered the statement made by the Assistant Director-General completely satisfactory. Particular attention should be paid to the medical aspects of problems relating to the peaceful use of atomic energy in under-developed countries.

Dr EL-CHATTI (United Arab Republic) said that self-criticism was the best means of improving administrative methods. He particularly appreciated the admission in the Assistant Director-General's statement that "the Director-General is not yet satisfied with his administration". He believed it would be of great value to Member governments if the Director-General were to submit a report on the question of how to improve his administration; no one was better qualified than the Director-General himself to draw up such a report.

Dr HAYEK (Lebanon) asked whether it would be difficult for the Secretariat to send to Member governments copies of statements such as that made by the Assistant Director-General at the previous meeting so that they could study them fully before the beginning of the Health Assembly.

The SECRETARY said he greatly appreciated the compliments which had been paid to the Director-General and his staff during the discussion. He was glad that the delegates had found his statement so stimulating that it had provoked the discussion, which had been most useful. The Secretariat liked to obtain as much guidance as possible from Member governments. The greatest strength of the Organization was derived from the support it was given by its Members.

The Secretariat considered it most important that the administrative and financial procedures followed by the Organization should be suited to the Organization's specific needs. It did not subscribe to the view that the decisions taken by one international

organization regarding administrative and financial procedure should be rigidly applied to all the technical international organizations such as WHO. Each of those organizations should make use of the experience gained by the other organizations, and adapt it to its needs so as to follow procedures suited to its technical requirements. He had said that because the Director-General was more and more finding it necessary to lay down conditions of service different from those of the United Nations and other international organizations. He would say more on the subject when the Committee discussed item 7.25 of the agenda—Report on co-ordination with and decisions of the United Nations and specialized agencies on administrative and financial questions. (See minutes of the fifth meeting, section 3.)

Much had been said about the need for staff members to be given opportunities to engage in advanced studies and take refresher courses. He should have mentioned refresher courses in his initial statement. The Secretariat had arranged for a few staff members to engage in such studies, combining them with home leave so as to save money. The results had been so successful that the Director-General considered that there should be a systematic plan for staff members to engage in advanced studies and take refresher courses and that the Organization should provide funds to enable them to do so. The Director-General would put forward specific recommendations on the subject in due course.

Several delegations had referred to the question of interchanges between the WHO Secretariat and national civil services and to the need to ensure a flow of new blood into the Secretariat and adequate geographical distribution. He envisaged that personnel who were seconded to the WHO Secretariat from national civil services would be re-employed in their own countries.

He drew attention to the passage on the question of geographical distribution on page 108 of the volume entitled *The First Ten Years of the World Health Organization*, and in particular to the sentence reading :

Great efforts have been made in the space of the first decade to improve geographical distribution. In 1948, twenty-four of the fifty-six Member States had one or more nationals on the staff roll; by 1957 the comparable figures were fifty-three of eighty-eight Members and Associate Members.

and to the paragraph beginning :

The fact that there are on the staff no nationals from certain Member States often reflects one of the reasons for the Organization's existence : the relative shortage in some countries of trained and experienced personnel.

He also drew attention to the table in Annex 10 of the Annual Report of the Director-General (*Official Records* No. 82) showing the composition of the staff by nationality.

He would be glad to study the suggestion made by the delegate of Lebanon concerning amendments to the Financial Regulations.

The CHAIRMAN said he also considered that the discussion on the item had been very useful.

5. Financial Report and Accounts of WHO for 1957, Report of the External Auditor, and Comments thereon of Ad Hoc Committee of the Executive Board

Agenda, 7.22

Dr MOORE, Chairman of the ad hoc committee of the Executive Board, read the ad hoc committee's report (Annex 4).

Mr BRUNSKOG, External Auditor, said he had been present at every World Health Assembly, but he had only spoken twice. On the present occasion he would make a longer statement than he had ever made before because the report before the Committee was the tenth one he had submitted. The report was the shortest he had ever submitted; that was because the financial affairs of the Organization were in such a satisfactory state, and so well-handled, that there was no need for him to inflict a long report on the Assembly.

It was noteworthy that during 1957 the collection of contributions from active Members had reached a higher percentage than ever before, namely more than 97 per cent. He believed that that fact constituted evidence that Member States attached great importance to the work of the Organization. For 1957 there had been a cash surplus of approximately US \$90 000, which had been placed in the Assembly Suspend Account.

The percentage of total expenditure spent on administration had continued to decrease.

His work had been facilitated in every possible way by the WHO Secretariat.

There was no defect in the administration or financing of the Organization to which it was his duty to draw attention. The Organization's financial affairs were in good health and were well cared for.

He wished to congratulate the Organization on that, and hoped that the present satisfactory situation would continue in future years.

Mr ALLENDE (Chile) congratulated those who were responsible for the Financial Report and for the fact that only 9.6 per cent. of total expenditure had been for administration, whereas nearly 90 per cent. had been for projects which particularly benefited countries such as his own.

Mr SAITA (Japan) said the Committee should express satisfaction with the work done by the External Auditor and with the sound financial position of the Organization. He had noted that the External Auditor when he had first examined the Organization's financial affairs had offered some criticism, but on the present occasion he had not criticized anything.

Why was it that the figure for the percentage of total expenditure under the "Expanded Programme of Technical Assistance" spent by the Organization on administration, namely 11.8 per cent., was considerably higher than the figure of 9.6 per cent. quoted by the ad hoc committee in its report?

What exactly was meant by the term "cash surplus"? Had it been expected at the beginning of 1957 that there would be a cash surplus of more than \$90 000?

The SECRETARY replied that the figure of 9.6 per cent. related solely to activities under the regular budget. A definition of the term "administrative expenses" had been agreed on by the Executive Board at one of its early sessions for use when dealing with regular budget activities. A different definition of the term had been adopted for calculating administrative expenses under the Expanded

Programme and the figure of 11.8 per cent. related to administrative and operational services costs. That was an example of the way in which the Expanded Programme of Technical Assistance had complicated the administrative and financial work of the Organization. The United Nations Advisory Committee on Administrative and Budgetary Questions had suggested that the percentage spent on those costs should be between 12 and 14 per cent. The record of WHO in that matter could, therefore, be considered satisfactory. The term "cash surplus", or the term "cash deficit", was used to indicate the difference between expenditure and income during a financial year. A cash surplus was not a budget surplus. When there was a cash deficit the amount of the deficit was advanced from the Working Capital Fund, which was reimbursed as overdue contributions were received.

Mr SAITA (Japan) said he was completely satisfied by the answers just given.

Decision: The draft resolution in the report of the ad hoc committee was approved unanimously (see first report of the Committee, section 6).

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

Agenda, 7.15

The SECRETARY announced that an instalment payment had just been made by Uruguay, and that that country should therefore be deleted from the list of countries two full years in arrears in the payment of their contributions, leaving only Bolivia in that position.

The meeting rose at 12 noon.

THIRD MEETING

Monday, 2 June 1958, at 9.30 a.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Composition of the Legal Sub-Committee

The CHAIRMAN said that the Legal Sub-Committee would be composed of delegates of Austria, Denmark, the Federal Republic of Germany, Finland, France, Ghana, Iraq, Italy, Monaco, Netherlands, Sweden, Switzerland, the Union of Soviet Socialist Republics,

the United Arab Republic, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

2. First Report of the Committee

Dr MELLBYE (Norway), Rapporteur, read the draft first report of the Committee.

The CHAIRMAN suggested that the Committee consider and adopt the draft report section by section before proceeding to adopt it as a whole.

Dr VANNUGLI (Italy) pointed out that the last paragraph of the English text of the draft resolution approved by the Committee concerning the reimbursement of the Executive Board Special Fund (section 1 of the report) spoke of "any reimbursement of these costs received from the Government of Ceylon", while the French version of the same paragraph spoke of "tout remboursement des dépenses en cause qui pourra être fait par le Gouvernement de Ceylan". In view of the fact that the Government of Ceylon had expressed its intention of reimbursing the Fund, it would be better to bring the French text into line with the English by substituting the words "qui sera fait" for the words "qui pourra être fait".

The CHAIRMAN agreed that there was a difference between the two versions, but considered that it would be better to make the English text conform to the French, which better expressed the spirit of the resolution adopted by the Committee.

Dr VANNUGLI (Italy) agreed that, if reimbursement by the Government of Ceylon was to be referred to only as a possibility, then the English text should be changed to correspond to the French.

The CHAIRMAN said that perhaps the best solution would be to replace the words "qui pourra être fait" by the word "effectué".

It was so agreed.

Decision: Section 1 of the report, as amended in the French text, was adopted. Sections 2, 3 and 4 were adopted without comment.

Dr KAREFA-SMART (Sierra Leone) said, with reference to section 5 of the draft report (Scale of Assessment for 1959), that Sierra Leone was very proud of being an Associate Member of WHO and willingly accepted its assessment of 3 units. It was, however, disturbed that no recent attempt had been made to re-assess the minimum contribution of full Members of WHO. In view of the fact that full Members had considerable advantages over Associate Members, he hoped that the Committee would recommend to the Assembly that certain full Members be re-assessed.

The CHAIRMAN said that the scale of assessment was for the year 1959. It was to be hoped that in the following year conditions would have improved for

all countries, so that the Assembly would then be able to reconsider their positions.

Decision: Sections 5 and 6 were adopted. The report was then adopted as a whole (for text, see page 381).

3. Second Report of the Committee to the Committee on Programme and Budget

Dr MELLBYE (Norway), Rapporteur, read the draft second report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget.

Decision: The report was adopted (for text, see page 389).

4. Distribution of Documents

The CHAIRMAN said that the Assistant Director-General, Department of Administration and Finance, wished to know whether Members of the Committee were now receiving their documents in time.

Dr HAYEK (Lebanon) thanked the Secretariat for the efforts it had made to ensure a speedy distribution of documents. Unfortunately, however, some delegates who had asked to have their documents in English had received them in French, and vice versa.

The CHAIRMAN said that the Assistant Director-General wished it to be known that every effort would be made to ensure that there was no repetition of the mistake.

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

Agenda, 7.15

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, gave the Committee some information additional to that contained in the documents relating to item 7.15 of the agenda. The collection of contributions for 1957 had reached 97.08 per cent. which was the highest percentage since the beginnings of the Organization. The corresponding percentages for 1955 and 1956 were 91.91 per cent. and 95.59 per cent. respectively. At the end of 1956, the contributions due from active Members had amounted to \$454 390. During 1957 \$364 068 had been collected, leaving a balance at the end of that year of \$90 322 outstanding from previous years. Amounts received up to 30 April 1958 had reduced that outstanding balance to \$61 582. At the end of 1957 outstanding contributions in general had amounted to \$436 624,

but payments received during the first four months of 1958 had reduced those arrears to \$234 992, and during the month of May 1958 further contributions had been received.

The only country that was currently in arrears for two full years was Bolivia. In that connexion, however, he drew attention to paragraph 3 of the document before the Committee (unpublished) in which it was stated that the Government of Bolivia had informed the Director-General that, owing to the economic situation of the country, it was unable at the present time to honour its obligations of outstanding contributions to the World Health Organization, but requested that, in spite of that situation, its delegation might be allowed to exercise its right of vote at the Eleventh World Health Assembly.

Mrs SHOHAM-SHARON (Israel) said that the encouraging picture which had been presented by the Assistant Director-General, showing collections of contributions to be at their highest since the beginnings of the Organization, was highly gratifying.

According to resolution WHA8.13, adopted by the Eighth World Health Assembly, it was for the Assembly to decide whether or not Bolivia's right of vote should be suspended during the present Assembly. In view of the exceptional economic difficulties in Bolivia cited in the letter from the Government of that country, she felt that the Assembly should take a lenient view.

Her delegation wished to put forward a resolution taking note of the Organization's sound financial position, calling attention to the importance of prompt payment of contributions, and providing that, as an exception, Bolivia's right of vote should not be suspended.

Mr ALLENDE (Chile) said that, on behalf of his delegation and that of Cuba, he wished to support the draft resolution which had been put forward by the delegate of Israel.

Dr HAYEK (Lebanon) said that he was gratified to see from the recent information given that some Member States had paid their outstanding contributions during the month of May. He hoped that inactive Member States, such as Byelorussia, Hungary and the Ukraine, would be able to resume active membership in the near future.

He asked the Assistant Director-General for some clarification with regard to the unpaid contributions of China for the years 1948-1957 and with regard to the unpaid contribution of Colombia, which were both items that had figured for several years in the statement showing the status of collections of annual

contributions and of advances to the Working Capital Fund. He was unable to support the resolution which had been proposed by the delegate of Israel in so far as it concerned Bolivia, since he felt that the question should be dealt with on a less formal basis.

The SECRETARY said that Colombia had been included among the governments participating in the International Health Conference which had established the Interim Commission of WHO, and was subsequently held responsible for its share in the costs of the Interim Commission. Those costs, amounting to \$7504, constituted the figure given under item 8—Unpaid contribution of a non-Member State—of the statement showing the status of collections of annual contributions and advances to the Working Capital Fund, and remained unpaid.

The figures shown for the unpaid contributions of China for the years prior to 1958 were a result of the decision in resolution WHA6.6, taken by the Sixth World Health Assembly.

Mr KITTANI (Iraq) said that, in view of the fact that the resolution proposed by the delegate of Israel not only referred to Bolivia but made an appeal to all Member States for the regular payment of contributions, his delegation would need to see the resolution in writing before being able to vote on it.

Mr BOTHA (Union of South Africa) said that he was gratified to learn of the satisfactory state of collections for 1957, which was no doubt due to the salutary effect of past resolutions calling for prompt payment of contributions. He therefore supported the resolution proposed by the delegate of Israel in so far as it renewed the appeal for prompt payment.

With regard to the unpaid contribution of Colombia, it would be helpful if the Assistant Director-General could inform the Committee of the efforts which had been made to obtain payment of the outstanding amount. Since Colombia was not a Member State, it seemed unlikely that the Organization's resolutions would have reached it.

The SECRETARY said that he was unable to state precisely the frequency or exact dates of communications which had been sent by the Director-General to the Government of Colombia, but several such communications had been sent in the Organization's early years. One reply had been received from the Colombian Government stating that Colombia would be unable to deal with the matter until it became a Member of the Organization. Since then no further communications had been sent, but many contacts had been made in an effort to solve the question of when Colombia would become a Member

of the Organization. Apparently that question was one which needed legislative approval, and for many reasons it had so far proved impossible for approval to be obtained from the Colombian legislature.

The CHAIRMAN said that the draft resolution of the delegate of Israel would be shortly available as a document, and he suggested that further consideration of it should be deferred until then.

It was so agreed. (See section 10 below.)

6. Establishment of the Amount of the Working Capital Fund for 1959

Agenda, 7.16

The SECRETARY said that the Committee would note that the proposed Working Capital Fund resolution for 1959 (*Official Records* No. 81, page 14) followed the same form as that for 1958. With regard to the amount to be inserted in paragraph 1, account now had to be taken of the assessments of Ghana and the Federation of Malaya. Ghana had been assessed at the minimum contribution, which meant that it would have an additional contribution of \$415, while the assessment of the Federation of Malaya was \$6560. Thus, the total to be inserted in paragraph 1 of the proposed resolution was now \$3 402 525.

Mr BRADY (Ireland) supported the suggestion made by the Assistant Director-General that the Working Capital Fund for 1959 should be established at the figure he had mentioned.

He had noted from a comparison with the amounts of working capital funds in some other agencies that, on a percentage basis, the Working Capital Fund of WHO was comparable with the percentages in other organizations. In view of the satisfactory manner in which contributions were paid in the World Health Organization, it had been able to carry on with a Working Capital Fund similar to that with which it had started.

The Working Capital Fund had not, however, been brought up to date as regards assessments in the same manner as the assessments towards the annual budget. The Eighth World Health Assembly had adopted a resolution under which the change-over to the latest available United Nations scale of assessment was to be put into force over a period. Now that the Organization was moving into a period when the latest available United Nations scale was fully in force for WHO, subject to minor adjustments, the question of the basis of assessment to the Working Capital Fund should be considered. No doubt that question had already engaged the attention of the

Director-General and his staff, and it was to be presumed that he had been awaiting the full implementation of the resolution of the Eighth World Health Assembly before taking action.

The SECRETARY said that several years ago the Executive Board had taken a decision which would make it necessary for the question of assessments to the Working Capital Fund to be reconsidered by the Board in 1959. Such reconsideration was expected to take place at the Board's January session.

The Organization was now implementing the scale of assessment fixed for use in the United Nations, as adapted to WHO. One difference between the United Nations and WHO systems should be noted. WHO had never adopted the policy of revising its scale of assessment for the Working Capital Fund every year, and it believed it better to do so only every five years. The next stage was for the Executive Board to consider the manner in which the adjustment in the scale of assessment for the Working Capital Fund would be made, and the results of its deliberations would undoubtedly be submitted to the Twelfth World Health Assembly.

The CHAIRMAN noted that the delegate of Ireland had proposed the approval of the proposed Working Capital Fund resolution for 1959.

Decision: The proposed resolution was approved (see second report of the Committee, section 2).

7. Assembly Procedures for Examining the Programme, Budget and Ancillary Administrative, Financial and Personnel Matters

Agenda, 7.5

Dr MOORE, representative of the Executive Board, said that the Tenth World Health Assembly, having considered proposals by the Government of Canada concerning improved procedures for the examination of programme and budget estimates by the World Health Assembly and the report of the Executive Board on its consideration of them at its nineteenth session, had adopted resolution WHA10.27, which laid down that the Executive Board should make a new study of the procedures in question at its session in January 1958, bearing in mind the priorities to be established in regard to classification of projects of the programme and budget, and requested the Director-General to report to the Eleventh World Health Assembly, on the basis of the Executive Board's study and after consultation with the regional committees. The proposal of the Government of Canada, together with the background information submitted by the Director-General, was contained

in Annex 19 to *Official Records* No. 76, and the discussions at the Tenth World Health Assembly were set forth in pages 371-401 of *Official Records* No. 79.

In order to assist the Executive Board in undertaking the new study requested by the Tenth World Health Assembly, the Director-General had submitted a report containing the resolutions adopted by the regional committees and the discussions which had taken place in the Fifth Committee of the General Assembly of the United Nations at its twelfth session concerning administrative and budgetary co-ordination between the United Nations and the specialized agencies (*Official Records* No. 83, Annex 6, Appendices 1 and 10). From the report of the Director-General, the Board had noted that, following the proposals made by the Government of Canada at the twelfth session of the General Assembly of the United Nations, it was suggested that, at its 1958 session, the General Assembly should give consideration to suggestions made by the United Nations Advisory Committee on Administrative and Budgetary Questions that the procedures for the annual review of the specialized agencies' budgets might be replaced by a thorough review to be made at regular intervals of a few years.

The Board had noted that the General Assembly would also have before it an overall report from the Advisory Committee embodying its conclusions and recommendations resulting from the studies on administrative and budgetary co-ordination, with special reference to the Expanded Programme of Technical Assistance, which the Advisory Committee had carried out at the headquarters of each of the specialized agencies.

In view of those developments, the Board had decided that the matters referred to in resolution WHA10.27 should be deferred until its session in January 1959 for further consideration in the light of a report from the Director-General on the action taken by the General Assembly of the United Nations on the work of the Advisory Committee on Administrative and Budgetary Questions, and requested that the Director-General bring the matter to the attention of the Eleventh World Health Assembly.

Mr MONK (Canada) said that he was interested in discussing the procedure which had been mentioned by Dr Moore, concerning Canada's proposal at the Tenth World Health Assembly to invite the United Nations Advisory Committee to look into certain aspects of the agencies' budgets. He felt, however, that the matter would be better considered after discussion of items 7.25 and 6.6 of the agenda, since both of those items were pertinent to any

discussion of the proposed invitation to the United Nations Advisory Committee.

Mr SAITA (Japan) said that his delegation agreed in principle with the proposal submitted by the Canadian delegation at the Tenth World Health Assembly. It was doubtful, however, whether the Canadian proposal could be applied without confusing the time-table for reviewing the proposed annual budget. No doubt existing procedure could be improved, and he therefore supported the recommendation of the Executive Board that the matter should be deferred until the General Assembly of the United Nations had considered the work of the United Nations Advisory Committee and decided the line they wished the specialized agencies to follow. He had no strong objection to the proposal just made by the Canadian delegation to defer consideration of the whole matter until items 7.25 and 6.6 had been discussed.

Decision: The Canadian proposal to defer consideration of item 7.5 of the agenda until items 7.25 and 6.6 had been discussed was adopted by 43 votes to none, with 9 abstentions (for continuation of discussion, see minutes of the sixth meeting, section 3).

8. Report on Amendments to the Staff Rules, as Confirmed by the Executive Board

Agenda, 7.23

Dr MOORE, representative of the Executive Board, introduced resolution EB21.R35, in which the Board confirmed the amendments made by the Director-General to the Staff Rules. The amendments in question consisted of two major changes of substance in further implementation of the revised system of salaries, allowances and benefits resulting from the recommendations of the Salary Review Committee appointed by the United Nations General Assembly, and several minor editorial changes in consequence of earlier revisions of substance. On the question of longevity steps, the Board had noted that the Director-General was still of the opinion that there was no more reason to grant such a benefit to staff in grade P3 than to staff in grades P1, P2, and P4 and had concurred in his decision to defer for the time being the application of longevity steps.

Mr BOTHA (Union of South Africa) said that the reason why in the United Nations secretariat grade P3 had been singled out for longevity steps was that it was the only grade in which there was any need for them. The Secretary-General had made an analysis of the staff position in the various grades and had

come to the conclusion that it would not be appropriate to make a specific provision for such long-service increments in any of the other grades, and until such time as the need for it was demonstrated no action should be taken. He wondered whether the Assistant Director-General could give the Committee any information on whether such an analysis had been made in relation to staff in the WHO Secretariat and, if so, where the pressure was felt most.

The SECRETARY said that the question raised was another example of how important it was to recognize that different administrative arrangements were sometimes necessary in WHO from those applied in the United Nations. As the delegate of the Union of South Africa had pointed out, information had been submitted to the General Assembly which had seemed to indicate that, as far as the United Nations was concerned, the grade in which the greatest problem existed was P3. The position in WHO was totally different: the analysis which had been made (and which had not been presented to the United Nations Secretariat) showed that the main problem for the Organization was not in grade P3, but in grades P1, P2 and P4, and even P5—a grade which had never been recommended for longevity steps by the Salary Review Committee, though the Director-General himself had at one stage made such a recommendation.

It was for those reasons that the Director-General believed it necessary to deviate from the system approved by the General Assembly for the United Nations. As the Committee was doubtless aware, such necessary deviations were clearly authorized in Article 3.2 of the Staff Regulations.

The CHAIRMAN proposed the following draft resolution:

The Eleventh World Health Assembly

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

Decision: The draft resolution proposed by the Chairman was approved (see second report of the Committee, section 3).

9. Amendments to Paragraph 2 (vi) of the Working Principles Governing the Admission of Non-governmental Organizations into Official Relations with WHO

Agenda, 7.26

Dr MOORE, representative of the Executive Board, drew attention to the draft resolution recommended

by the Board for adoption by the Health Assembly (resolution EB21.R32).

Decision: The draft resolution was approved (see second report of the Committee, section 4).

10. Status of Collection of Annual Contributions and of Advances to the Working Capital Fund (resumed from section 5)

Agenda, 7.15

The CHAIRMAN said that the draft resolution proposed by the delegation of Israel was now available in writing. It read:

The Eleventh World Health Assembly,

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

NOTES with satisfaction the status of collections of contributions and of advances to the Working Capital Fund;

II. Noting that, pursuant to the provisions of paragraph 2 of resolution WHA8.13 of the Eighth World Health Assembly, the Assembly is to consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of Bolivia should be suspended,

1. CALLS THE ATTENTION of Member governments to the importance of paying their contributions in the year in which they are due;

2. REQUESTS Member governments to provide in their national budgets for regular payment to the World Health Organization of their annual contributions;

III. Taking into account the special circumstances mentioned in the communication from the Government of Bolivia,

DECIDES, as an exception, not to suspend the voting privileges of Bolivia, as provided by Article 7 of the Constitution, in the expectation that the Government of Bolivia will make every effort to pay its arrears of contributions prior to the Twelfth World Health Assembly.

Mr TOUSSAINT (France) said that the draft resolution was intended to meet an exceptional case and should not be regarded as creating a precedent. He was therefore fully prepared to support it.

Dr AMOUZEGAR (Iran) said that he would gladly support the resolution in so far as it dealt with the voting privileges of Bolivia, but he would prefer to delete paragraphs 1 and 2 of part II as they appeared to conflict with the Secretary's encouraging statement

that 97 per cent. of the contributions for 1957 had in fact been paid. In the circumstances, it would seem unnecessary to call the attention of Member governments to the importance of paying their contributions.

The SECRETARY said that those two paragraphs had appeared in previous resolutions on the same subject and had proved useful to the Director-General when he had to remind governments of the need to pay their contributions. In order to meet the point raised by the delegate of Iran, he suggested that the words "who have not done so" should be inserted after the words "Member governments" in both subparagraphs.

Dr AMOUZEGAR (Iran) agreed to that proposal and Mrs SHOHAM-SHARON (Israel) accepted the amendment.

Dr VITSAXIS (Greece) asked for a separate vote on the two paragraphs of part II.

Decision: Paragraphs 1 and 2 of part II, as amended, were approved by 51 votes to 1. Part III was approved by 52 votes to none, with 2 abstentions. The draft resolution as a whole was approved by 51 votes to none, with 3 abstentions (see second report, section 1).

11. Selection of the Country or Region in which the Twelfth World Health Assembly will be held

Agenda, 7.6

The SECRETARY said that the Director-General had not received any invitation for the twelfth session of the Health Assembly, and he therefore assumed that the Committee would wish to select Switzerland as the site.

Dr HAYEK (Lebanon) said that he would have preferred to have taken the item at a later stage of the session, but as it was to be discussed immediately he proposed that the Committee should adopt a resolution selecting Switzerland as the site for the next session, and at the same time expressing its thanks to the United States Government, to the State of Minnesota, to the City of Minneapolis, and to the private hospitality committees for their very generous welcome at the present session.

Dr TOGBA (Liberia) and Mr BRADY (Ireland) shared the appreciation expressed by the delegate of Lebanon for the hospitality of the United States, but suggested that it might be more orderly to deal at the present time only with the question of the place of the next session. An appropriate opportunity would certainly arise for expressing the gratitude felt by all in regard to the present session.

Dr HAYEK (Lebanon) accordingly withdrew his proposal.

The CHAIRMAN proposed the following draft resolution :

The Eleventh World Health Assembly,

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

DECIDES that the Twelfth World Health Assembly shall be held in Switzerland.

Decision: The draft resolution was approved unanimously (see second report, section 5).

12. Malaria Eradication Special Account

Agenda, 7.21

Dr MOORE, representative of the Executive Board, introduced the two resolutions adopted by the Board on the Malaria Eradication Special Account, one on methods of raising funds for the account (EB21.R41) and the other on methods of simplifying the process by which contributions to the account could be accepted between sessions of the Board (EB21.R40).

The SECRETARY explained that the status of the Malaria Eradication Special Account on 30 April 1958 was set out in the report by the Director-General (see Annex 6). It would be seen that the contributions received so far were not even adequate to carry out the plans for the year 1959. The Executive Board intended at its twenty-second session to consider further possible measures for raising funds, but would require some guidance from the Health Assembly on that point.

Mr LE POOLE (Netherlands) said that, thanks to the generous contribution made by the United States of America and the assistance of UNICEF, it had been possible to embark on the campaign for malaria eradication in 1958. There was, however, no guarantee that sufficient funds would be available for future years and the amount needed was very large. Some more drastic steps were needed than those recommended in *Official Records* No. 83, Annex 13. The Director-General might consult with the authorities responsible for the operation of the special fund recently set up by the United Nations in order to find out how far it would be possible for governments to apply to that fund for assistance in their malaria eradication campaigns. He submitted a draft resolution incorporating this suggestion which read :

The Eleventh World Health Assembly,

Having considered resolution EB21.R41 of the Executive Board;

Sharing the concern of the Board that no guarantee exists that in coming years sufficient funds will be available in the Malaria Eradication Special Account for the execution of the programmes envisaged in this field;

Being convinced that without such a guarantee the Organization cannot embark upon a world-wide campaign of malaria eradication;

Considering that since the adoption of resolution WHA10.32 the General Assembly of the United Nations, by resolution 1219 (XII), decided to establish as an expansion of the existing technical assistance and development activities of the United Nations and the specialized agencies a separate special fund, which would provide systematic and sustained assistance in fields essential to the integrated technical, economic and social development of the less developed countries, the target figure of this fund being \$100 million for the year 1959,

1. REQUESTS the Director-General to explore by consultation of the competent bodies of the said fund, how far governments of Member States can apply to this fund for assistance in the execution of their malaria eradication programmes;
2. REQUESTS the Director-General to report on the results of his consultations to the Twelfth World Health Assembly; and
3. RECOMMENDS the Director-General to instruct the Regional Directors in the meantime to approach governments of Member States in the different regions to be informed what contributions they will make available to the Malaria Eradication Special Account during the years 1959-1962.

He proposed that the Committee should approve the resolution in place of that proposed by the Executive Board in EB21.R41.

Dr VITSAXIS (Greece) supported the Executive Board's proposal to simplify the process by which contributions to the Malaria Eradication Special Account were accepted between sessions of the Board (resolution EB21.R40). He was also prepared to support the draft resolution proposed by the Netherlands delegation.

Dr TRAN-VAN-BANG (Viet Nam) informed the Committee that the first steps in the malaria eradication campaign had been taken in his country in 1957. A sum of nine million dollars had been earmarked for the campaign, 46 per cent. to be provided out of the national budget and the remainder out of United States aid. Although his country had not yet requested any financial help from WHO, it would like to carry out its plan within the framework of the WHO campaign. That was evidenced in the first place by the fact that his country had agreed in 1957 that Saigon should be the headquarters of the Co-ordination Board for the malaria eradication campaign in Laos, Cambodia, Thailand, Burma, Malaya and Viet Nam. Secondly, Viet Nam had agreed to contribute \$2000 to the Malaria Eradication Special Account, and finally his country hoped that WHO would send an expert as soon as possible to advise on malaria eradication.

In reply to a request by Mr SAITA (Japan), the DIRECTOR-GENERAL said that he would be glad to comment on the Netherlands proposal when the discussion of the item was resumed at the next meeting.

Mr BRADY (Ireland) asked if the Director-General would inform the Committee what expenditure was planned for malaria eradication and control in the regular budget for 1958 and 1959, how much would be set aside for that purpose from Technical Assistance funds and what assistance would be available from UNICEF and from any other sources.

Mr KITTANI (Iraq) said that he had been present during the discussions in the Second Committee of the United Nations General Assembly on the question of setting up the special fund referred to by the delegate of the Netherlands. The fund in question was intended to take the place of the more ambitious Special United Nations Fund for Economic Development and the purpose was to provide assistance for industrial development, to make surveys of the potential industrial capacity of the under-developed countries and to set up training establishments, etc. The sponsors of the resolution setting up the special fund had certainly never envisaged that it might be used for such purposes as the malaria eradication campaign.

The CHAIRMAN announced that the discussion of the item would be continued at the next meeting.

The meeting rose at 12 noon.

FOURTH MEETING

Monday, 2 June 1958, at 2.30 p.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Malaria Eradication Special Account (continued from previous meeting)

Agenda, 7.21

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, drew the Committee's attention to *Official Records* No. 81, Annex 4, page 4, which gave the amounts which it was expected would be used for the malaria eradication programme and the source of the income.

The DIRECTOR-GENERAL, replying to the request made at the previous meeting by the delegate of Japan for comments on the draft resolution presented at that meeting by the delegate of the Netherlands, said that that resolution would be very important if it were taken as an addition to, and not as a substitute for, the proposal of the Executive Board in its resolution EB21.R41.

At its twenty-first session, the Executive Board had discussed the Special Fund set up under General Assembly resolution 1219 (XII) and the type of WHO activities that might be financed from it, and it had not seemed likely that that fund would cover a project such as that for the world-wide eradication of malaria. The Special Fund would be discussed under item 7.17 of the agenda (Special fund for improving national health services) for which a report had been prepared (see Annex 18) containing the views and suggestions of the Director-General, as forwarded to the Preparatory Committee set up under resolution 1219 (XII). In its suggestions, the Organization had emphasized that certain diseases were related directly to the economic development of under-developed countries and that certain projects (such as those for the development of water resources and industrialization) could aggravate and spread disease to the extent of jeopardizing the success of the economic programmes. The most important programme so far suggested for financing under the Special Fund might result in spreading malaria and bilharziasis to new areas unless adequate care was taken. Suggestions were given of the types of health work which might appropriately be financed from the Special Fund—yaws eradication, bil-

harziasis control, environmental sanitation (water supplies and sewerage), and technical training of public health engineers. While the implications for economic development of the world-wide malaria programme had been emphasized, that programme had not been suggested as a project to be financed from the United Nations' Special Fund immediately, because it had been assumed that sufficient funds would be available from the Malaria Eradication Special Account, the Special Malaria Fund of the Pan American Sanitary Organization, the Technical Assistance Programme, and from UNICEF and bilateral sources. No discussion had taken place in the Board as to whether funds might be available from the Special Fund for malaria eradication programmes in the more distant future.

There seemed no more certainty that money would be available from the United Nations Special Fund than from WHO's Malaria Eradication Special Account. He referred to the report of the Preparatory Committee for the Special Fund (see Annex 18, Appendix 2), section C of which dealt with the willingness of governments to contribute to the Special Fund. Of the twenty-six governments which had referred to the question of contributions in their replies or statements to the Preparatory Committee, only three—the Netherlands, Turkey, and the United States of America—had indicated the extent of their contribution, and all of those contributions were subject to certain conditions. Other governments were not in a position to indicate the amount of their contribution at present, and still others had said that they could make no appreciable contribution or could contribute only to a share of local costs. The Preparatory Committee, therefore, had concluded that it was unable to ascertain the extent to which governments would be willing to contribute to the Special Fund (as required under paragraph 4 (c) of resolution 1219 (XII)) and it had requested the Secretary-General, first, to invite governments to provide information on their intended contributions to the Special Fund and, secondly, to bring to their attention the desirability of making the highest possible contribution for the year 1959 towards the target of \$100 million which

had been mentioned in resolution 1219 (XII) for the operations envisaged.

The Director-General explained that the \$100 million mentioned would cover the Expanded Programme of Technical Assistance (for which over \$25 million would have to be assigned), a probable expansion of that programme, and some special new projects.

Further, the Preparatory Committee had established certain criteria for the projects to be financed from the Special Fund: the Special Fund should, as far as practicable, concentrate on relatively large projects and should avoid the allocation of its resources to a great number of small projects; consideration would be given to the urgency of the needs of the requesting countries; the projects undertaken should lead to early results and have the widest possible impact on economic, social, or technical development of the country or countries concerned, particularly by facilitating the acquisition of new capital investment. In all those circumstances, the Director-General did not think that WHO was justified in depending on the Special Fund for financing its malaria eradication programme.

With regard to the introductory paragraph of the Netherlands draft resolution reading, "Being convinced that without such a guarantee the Organization cannot embark upon a worldwide campaign of malaria eradication;", the Director-General stated that in starting the malaria eradication programme, he had acted on the instructions of the Health Assembly and with the approval of the Board. There was, of course, no guarantee that the Organization would receive money for the malaria eradication programme unless the five or six million dollars needed were added annually to the regular budget. That he was prepared to do, particularly as he recalled the difficulties he had experienced as a result of the unexpected drop in funds from the Expanded Programme of Technical Assistance which, like the Special Fund, and the United Nations Children's Fund, was dependent on voluntary contributions from governments. In his opinion, the Organization should continue to rely on the goodwill of the countries that could contribute. It was not expected that all Member States would be able to do so, particularly as some were spending large amounts on their own malaria eradication programme and could not be expected to contribute to an international fund. He believed that in time more contributions would be received, as in the past, from the countries which could afford to make them and that they would again be spontaneous and unconditional.

They had been forthcoming for 1958 and it was hoped that they would also be forthcoming in 1959.

It was, however, clearly for the Assembly to take the responsibility for carrying out the project it had initiated. As Director-General, it was his responsibility to find the money and his only course was to ask for voluntary contributions, which it was hoped would be forthcoming from private foundations and organizations as well as from governments. In his view, there was no reason why WHO should not insist on having its own fund to enable it to carry out its own programme as in the past.

The Executive Board's proposal that the delegations of countries which were prepared to contribute should meet to announce pledges to the Malaria Eradication Special Account for 1960 was intended to place a certain obligation on Member States to study the problems and reach some solution. The Organization needed to know which governments intended to contribute and how much they could offer. He believed that large contributions would again be made as had been the case for 1958, although not necessarily from one country. It was important that the countries should make what contribution they could.

In conclusion, the Director-General said that the proposal of the delegate of the Netherlands would be very constructive if it were to be in addition to that of the Executive Board; that he would have no hesitation in trying to obtain funds from the Special Fund, but that he did not think that that Special Fund could be considered to be in a better financial situation than the WHO Malaria Eradication Special Account, nor that it should replace that account.

Dr HABERNOLL (Federal Republic of Germany) said he had been authorized by his Government to announce that it would contribute the same amount to the Malaria Eradication Special Account for the year 1958 as it had contributed in 1956.

The CHAIRMAN expressed appreciation of the generous gesture which was being made by the Government of the Federal Republic of Germany.

Dr KIVITS (Belgium) said his Government attached great importance to the work being done by WHO to eradicate malaria. It was one of the most significant activities of the Organization. Belgium itself was faced with the problem of controlling malaria in the Belgian Congo and Ruanda-Urundi. The sums allocated for insect control amounted, for the two territories, to one million dollars a year, without counting the amount allocated for the application of chemoprophylaxis. In Ruanda-Urundi, in parti-

cular, a malaria eradication programme was now in operation. This programme covered the whole territory and concerned 4 500 000 people.

He heartily supported the proposal put forward by the delegate of the Netherlands. It was risky to launch a vast programme without a guarantee that adequate funds were available to finance it for at least five years. He was not in favour of financing the malaria eradication programme from the regular budget as too great a proportion of that budget would be required. The Belgian Government regretted that it would not be able to contribute to the Special Account because its first duty was to the people in Africa for whom it was responsible, but hoped that contributions would be forthcoming from countries without such a problem, and which did not have to incur the heavy costs of their own eradication programmes. He expressed gratitude to the German Government for its contribution.

Dr VANNUGLI (Italy) said that while many of the members of the Committee were particularly interested in the technical aspects of the vast programme of malaria eradication which would affect the health of millions of people, the Committee itself was concerned with financial considerations. A sound organization such as WHO should be in a position to provide the necessary funds to finance its programmes. He agreed with the views expressed by several delegates that the funds available for the malaria eradication programme were not adequate. It had been necessary to establish a Special Account, and it was only the contribution from the United States Government which had made it possible for WHO to start the programme. No new methods of raising funds were proposed. He supported the Netherlands proposal because he thought it advisable to draw on any new source of financing. He would support any other proposals which would have the effect of bringing in money for that important work.

Dr BONHOMME (Haiti) announced that his Government had already contributed to the Malaria Eradication Special Account, but that its contribution probably had been received too late for inclusion in the report made by the Director-General. It would be most unfortunate if the programme were to be interrupted because of lack of funds. He agreed with the conclusion reached by the Director-General. The importance of malaria was such as to claim the support of all peoples in order to achieve quick and positive results. The Special Account enabled assistance to be given to under-developed countries which were in no position to finance programmes on the scale required, and it was essential that

contributions should be made annually to the Special Account until malaria was no longer a danger to man.

Mr KITTANI (Iraq) said that his Government attached great importance to the malaria eradication programme. He agreed with the Director-General that there would be no objection to adopting the proposal of the delegate of the Netherlands if it were in addition to that of the Executive Board in resolution EB21.R41. He took that view because he was aware of the precarious financial position of the United Nations Special Fund. In the discussion in the United Nations General Assembly on resolution 1219 (XII), his delegation had expressed doubts as to the possibility of attaining the goal of \$100 million as a starting figure for the Special Fund. It seemed that those apprehensions were being borne out and current talk in the United Nations was of a much smaller figure. The sum of \$38 million which had been recommended to Congress by the United States Government had, he believed, been substantially reduced by the House of Representatives. But, whatever the amount finally approved, the United States' contribution would be a matching contribution and as such conditional upon the contributions from other governments. Further, even in the unlikely event of the whole \$100 million being contributed, the type of projects listed under paragraphs (5) and (6) of the Guiding Principles and Criteria recommended by the Preparatory Committee (in part III of its report, see page 494) would appear to exclude the likelihood of funds being made available for health work in the foreseeable future. In all those circumstances, he thought it, therefore, unwise for the Committee to conclude that WHO could expect a substantial quantity from the United Nations Special Fund for the malaria eradication programme.

Dr EVANG (Norway) reminded the Committee that the United Nations Special Fund had been set up to supplement the Technical Assistance Programme. It had been estimated that to bring about an improvement of only two per cent. in the standard of living of the under-developed countries an annual investment of \$10 billion would be needed. For years the United Nations had been trying to find a solution to the ever-increasing gap which existed between the living standards of the highly-developed and under-developed countries of the world, which was due to the faster rate of development in the first group of countries.

The Special Fund was intended to be more flexible than the Technical Assistance Programme, and to

make available small amounts for pilot-scale investment. The \$100 million was, however, a pitifully small sum with which to try to increase the well-being of the under-developed parts of the world. He was convinced that it would be hopeless to try to merge the WHO malaria eradication programme with the investment programme envisaged for the Special Fund. He could not support the Netherlands proposal and was perfectly satisfied with that of the Executive Board.

Mrs SHOHAM-SHARON (Israel) said that the Organization was committed to a policy of world-wide eradication of malaria and it was for Member States to ensure that it did not fail in that task. The Israeli Government was grateful to UNICEF for its contribution, but it shared the Director-General's concern as regards the future of the Malaria Eradication Special Account. She announced that her Government was making a contribution of \$5000 for the next financial year.

She thought it premature to set up an ad hoc committee for the purpose of announcing pledges to the Special Account. It would be preferable for the Director-General to continue his appeals to governments for contributions to the Special Account, and to defer the possibility of setting up an ad hoc committee until later. With regard to the Netherlands proposal, the Special Fund could not start operations before 1959, and therefore Member States should not be deterred from contributing to the WHO Special Account. The Director-General should be authorized to continue his appeal for contributions and to sound the possibility of obtaining a contribution from the United Nations Special Fund.

Dr FARID (Sudan) agreed with the remarks which had been made by the Director-General. The countries which were affected by the prevalence of malaria were the very ones whose budgets were over-stretched. Sudan, nevertheless, had made its modest contribution to the Special Account and it looked forward to the assistance of WHO and of other agencies.

Dr TEWARI (India) said his Government agreed with the remarks made by the Director-General and supported the proposal put forward by the Executive Board. India would not be able to make a contribution to the Special Account as it was already too heavily committed with its own malaria programme, about which he gave details.

In 1958 the Government was converting the malaria control programme, which had been started in 1952,

into one for malaria eradication and in so doing would incur considerable additional expense for the greater amounts of insecticide and equipment and for the additional staff required. In 1955 and 1956 the cost of the programme had been some \$40 million as compared with \$88 million which was estimated for the years 1959 to 1960. A second DDT plant had been set up, in addition to the one already set up with help from UNICEF. It was to be hoped that some assistance from outside of India would be forthcoming as, without it, the future programme would be imperilled. The malaria programme came within the budget for the overall health scheme which had been decided in 1956-57. When it had been decided to make the change from malaria control to eradication it became necessary to find the extra money. To that end the Government would need either to suspend some health schemes or to reduce the allocation for others. In the circumstances the Government did not find itself able to contribute to the WHO Special Account. He hoped that the efforts which were being undertaken by his Government would be regarded as an indirect contribution to the work of WHO.

He did not think that any useful purpose would be served by accepting the Netherlands proposal. The scope of the United Nations Special Fund precluded that any important sum would be assigned for malaria eradication. WHO would have to try to depend on its own resources and, indeed, in that way it would avoid a false sense of security. Whatever was decided in respect of funds for the work, the Indian Government trusted that the countries of South-East Asia would be enabled to launch malaria eradication programmes so that the success of its own efforts would not be jeopardized by the presence of infection elsewhere.

Dr ALAN (Turkey) said that Turkey had participated in the malaria eradication programme since 1957. Long experience of malaria control work had facilitated the transition to eradication, and thanks to the assistance of WHO and UNICEF, the results of the programme there so far were encouraging. It was hoped that it would be successfully concluded within three or four years. Turkey had contributed to the Special Account in 1957 as indicated in the report of the Director-General (see Annex 6), and the Turkish Government envisaged a further contribution of 20 000 Turkish pounds to the programme in 1959. His delegation, however, shared the anxiety as to the financing of the programme and was in favour of the Netherlands proposal and ready to support any proposal which would help to ensure the continuation of the programme.

Dr PENIDO (Brazil), referring to the Director-General's statement that WHO had already embarked on a campaign of malaria eradication, said that in the case of his own country it meant an expenditure of several million dollars a year until complete eradication was achieved. Since the Malaria Eradication Special Account existed, it would be better if countries were to continue to contribute to that Special Account rather than to other funds, in order to ensure that the full amount contributed was in fact used for malaria eradication, and not diverted to other projects. He felt that the Netherlands proposal would merely create more problems.

Dr VITSAXIS (Greece) supported the draft resolution submitted by the delegation of the Netherlands, which provided in the first place for an exploration of the possibilities available to Member States of applying to the Special Fund for assistance in the execution of their malaria eradication programmes. He believed that every possible source of financing the struggle against malaria on the national or on the international level should be carefully examined. The draft resolution also provided that the Director-General should try to obtain more precise information as to the amounts which Member States contemplated making available to the Malaria Eradication Special Account during the coming years 1959 to 1962. There were in that text, therefore, two distinctly separate proposals: the first referring to financial assistance from the Special Fund to the malaria eradication programme on the national level, and the second relating to the WHO Special Account. The "sounding" of the fund, to use the wording of the delegation of Israel, could in no way be a substitute for the pledges of Member States as to their contributions to the Special Account. He added that the Government of Greece, in spite of its own vast antimalaria campaign, had contributed to the Special Account, as indicated in the report of the Director-General (see Annex 6), in order to show its strong support for that world-wide activity of WHO.

Dr EL-CHATTI (United Arab Republic) recalled that the malaria eradication campaign had begun in Syria early in 1956. It had been successful and it was hoped that it would be completed by the end of 1960. He believed that it was not necessary to have a special guarantee before embarking upon a world-wide programme of malaria eradication. The Director-General had just said that WHO had already begun the campaign, and it was being successfully carried out. He would support the draft resolution proposed by the Netherlands delegation if it

were agreed to delete the paragraph reading: "Being convinced that without such a guarantee the Organization cannot embark upon a world-wide campaign of malaria eradication".

Mr LE POOLE (Netherlands), referring to the constructive criticism of the Director-General with regard to the draft resolution proposed by his delegation, said that the Director-General had underlined the fact that there was no guarantee that sufficient funds would be available for the malaria eradication campaign for the years 1959-62. In his report on the special fund for improving national health services (see Annex 18, Appendix 1), under the heading "Financial aspects" the Director-General had emphasized, in connexion with projects under the United Nations Special Fund, that the full amount of funds necessary to carry out a project to its planned completion should be set aside when the project was approved and before it was begun. His Government was in full agreement with that statement and was, therefore, puzzled that later in the same report, under the heading "Malaria Eradication", (see page 490) there was a statement which seemed at variance to it. His delegation doubted the wisdom of that paragraph on the launching of the malaria eradication programme and had, therefore, proposed the draft resolution now before the Committee, according to which the World Health Assembly requested the Director-General to do what he himself had neglected to do when he sent his report to the Preparatory Committee on the Special Fund. His delegation, therefore, wished the draft resolution to stand without alteration and in place of that proposed by the Executive Board.

The DIRECTOR-GENERAL thanked the delegate of the Netherlands for his comments but could not agree that he had criticized the resolution proposed by that delegation. He was not in a position to criticize delegations in the Assembly. He wished to answer some of the points raised.

There was apparently some confusion about the relative soundness of the United Nations Special Fund and the WHO Malaria Eradication Special Account. While appreciating the views expressed by the delegates of Greece and Italy, he thought it a mistake to assume that money would be available in the United Nations Special Fund for the malaria eradication programme, and he shared the opinion expressed by the delegate of Israel that any such assumption was premature. It was not even sure how much would be available for the Technical Assistance Programme.

His recommendation to the Preparatory Committee that financial provision should be made from the outset to cover the whole cost of any project undertaken was based on WHO's experience of the uncertainties under the Expanded Programme of Technical Assistance. He recalled that, because of fluctuations in the contributions to the Technical Assistance Programme, it had, in 1954, been necessary to draw on the regular budget to continue the work started under Technical Assistance, and that the Director-General had been criticized for transferring funds from the regular budget to the Technical Assistance Programme. For that reason, he had advised that a different financial arrangement should be made for the Special Fund.

With regard to the final comments of the delegate of the Netherlands, he could not accept the implication that he had neglected his duty to find the necessary funds for the malaria eradication programme or that he had made the wrong approach to the problem. He had placed the matter before the Executive Board and, after long discussion, the conclusion had been reached that it would be better for the time being not to try to finance malaria

eradication from the Special Fund because of the uncertainty of that fund, which made it unable to guarantee the amounts that would be required in the years to come. He now submitted the problem to the Health Assembly for guidance on how he should find the necessary funds for malaria eradication. Of course, he could appeal for contributions, but his appeals might not be successful in obtaining the funds required.

Mr LE POOLE (Netherlands) explained that he had not intended to say that the Director-General had neglected his duties. He had perhaps not expressed himself very happily. He had meant that the Director-General had neglected a source from which money could, in the opinion of his delegation, be drawn for carrying out the programme of malaria eradication.

The CHAIRMAN stated that the Committee had reached the end of the time allotted for the meeting and should adjourn to allow the Legal Sub-Committee to meet.

The meeting rose at 4 p.m.

FIFTH MEETING

Tuesday, 3 June 1958, at 2.30 p.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Second Report of the Committee

At the invitation of the CHAIRMAN, Dr MELLBYE (Norway), Rapporteur, read out the draft second report of the Committee to the Health Assembly.

Decision: The second report of the Committee was adopted unanimously (for text, see page 383).

2. Malaria Eradication Special Account (continued from previous meeting)

Agenda, 7.21

Dr AL-WAHBI (Iraq) recalled that his delegation had been one of the sponsors of the resolution setting up the Malaria Eradication Special Account at the Eighth World Health Assembly. Considerable progress had been made in the past three years and he did not think it would be advisable to alter the basis

on which the Special Account was operated. He also felt that WHO should preserve its independence and should control its own fund-raising operations. In the light of those considerations, his delegation, together with those of Iran, Sudan and the United Arab Republic, wished to submit the following draft resolution:

The Eleventh World Health Assembly,

Having considered the recommendation of the Executive Board in resolution EB21.R41 and the report of the Director-General on the Malaria Eradication Special Account;

Recalling the decisions of earlier Assemblies to carry out a programme which has as its ultimate objective the world-wide eradication of malaria,
1. THANKS those donors whose contributions have made it possible for the malaria eradication programme to get under way; and

2. REQUESTS the Executive Board and the Director-General energetically to pursue concentrated efforts to obtain funds for the Malaria Eradication Special Account from all possible sources, including governments, foundations, industry, labour organizations, institutions or individuals.

Dr DE PINHO (Portugal) said that WHO had from the outset included provision for the campaign against malaria in its regular budget. Later, Technical Assistance funds had also been set aside for that programme and, more recently still, a Special Account had been set up for the collection of voluntary contributions. As had been the case in the past, the funds available were not sufficient and everything possible must be done to increase them. The eradication of malaria and other communicable diseases was one of the Organization's most urgent tasks. It should, however, be borne in mind that, in addition to the international effort, individual countries were spending considerable sums for malaria eradication on the national level. His delegation would support the draft resolution proposed by the Executive Board in EB21.R41. He agreed with the Director-General that the draft resolution submitted by the Netherlands delegation (see page 302) was in no way incompatible with that put forward by the Executive Board and he was prepared to support it as an additional resolution if the Netherlands delegation agreed to that procedure.

Dr AKWEI (Ghana) said that the eradication of malaria was of special interest to his country since it was one of the regions where the disease was endemic. On the other hand, it was only comparatively recently that malaria control had been started in Ghana and he must therefore approach the subject with some reservations. He was aware of the successes achieved in Rhodesia and Nyasaland and of the research being conducted on the subject, but malaria in Africa was still a very special problem. Furthermore, Ghana was at present concerned with developing its public health services in general and was devoting large sums of money to the training of doctors.

He hoped that the Special Account would continue to exist and prosper and he appreciated all the efforts made by the Director-General to raise funds. He felt however that it would be premature to convene a special ad hoc committee for the purpose of announcing pledges to the Special Account for 1960. He agreed that WHO must have direct control over the funds needed for the malaria eradication programme and he suggested that the regional committees might be asked to consider the whole problem of fund-raising for the Malaria Eradication Special Account.

Professor HURTADO (Cuba) congratulated the Director-General on his excellent work in connexion with the Malaria Eradication Special Account. It had been stated that a programme of that type could not be started unless funds were available to carry on the work for at least five years. The programme however was not new : it had already started and was proving remarkably successful. In assessing the international effort, the individual contributions of each country to its own national malaria eradication programmes must be borne in mind. Mexico, for example, had set aside five million dollars for its national campaign and that must be regarded as a contribution to the international programme.

He could not support the Netherlands draft resolution because he considered that WHO must have full control over the funds needed to finance its programmes. On the other hand, he would be glad to support the joint draft resolution, which was very similar to that proposed by the Executive Board.

Mr BRADY (Ireland) suggested that the joint draft resolution might prove generally acceptable if the two following paragraphs were added as paragraphs 3 and 4 of the operative part :

3. RECOMMENDS that, in the further action to be taken, the Director-General should take note of the discussion on this subject in the Committee on Administration, Finance and Legal Matters ;
4. REQUESTS the Director-General to submit a report to the Twelfth World Health Assembly on any further developments in regard to the Special Account.

Mr LE POOLE (Netherlands) said that he was prepared to withdraw the resolution he had proposed at the fourth meeting in favour of the joint draft resolution and he hoped that its sponsors would accept the amendments proposed by the delegate of Ireland.

The CHAIRMAN recalled that an amendment had been submitted to the Netherlands draft resolution by the delegate of the United Arab Republic, whose assent to the withdrawal of the resolution would therefore be required in accordance with Rule 64 of the Rules of Procedure.

Dr EL-CHATTI (United Arab Republic) agreed to the withdrawal of the draft resolution proposed by the delegate of the Netherlands.

Sir Arcot MUDALIAR (India) recalled that, at the First World Health Assembly, very high priority had been given to malaria control. It was only in the last three or four years that the idea of eradication

had come to the fore. It was important that, whatever the origin of the funds, WHO should be fully responsible for the programme and it would be preferable for the funds also to be contributed to WHO. The fact that WHO had set up a Special Account was having a considerable psychological effect and had encouraged many countries to devote large sums of money to their national programmes. He felt sure that, if the appeal was repeated, there would be sufficient response to meet the requirements.

His delegation would support the joint draft resolution together with the amendments submitted by the delegate of Ireland.

Dr TOGBA (Liberia) welcomed the interest which had been shown in the problem of malaria eradication, particularly by countries where malaria did not exist. It showed that the Members of the Organization were thinking in world-wide terms. He also welcomed the fact that the Netherlands delegate had withdrawn his resolution, and he supported the joint resolution, as amended by the delegate of Ireland, which was in line with the Director-General's recommendations.

Dr DÍAZ-COLLER (Mexico) clarified a point which had been raised by the delegate of Cuba, who had mentioned the sum of five million dollars being spent on malaria eradication in Mexico. That figure was for the year 1958 only. The malaria eradication campaign in Mexico had been going on for two years, and the final figure for the campaign would probably be in the region of thirty or forty million dollars.

He supported the joint resolution, as amended by the delegate of Ireland.

Mr AF GEIJERSTAM (Sweden) said that the documentation before the Committee showed the extent of the task which had been undertaken by the Organization in the field of malaria eradication. The total cost of the programme in 1958 was \$17 606 768, for which the funds in the Special Account were already sufficient. The costs in 1959 were estimated at \$17 178 849, of which only \$4 892 228 was to come from the Special Account, leaving over \$12 000 000 to come from the regular budget and other sources—in particular, from UNICEF, which was financed by governments on a voluntary basis. Thus, although there was not a large sum in the Special Account, he could not agree that the Organization had embarked on the malaria eradication campaign without the possibility of sufficient funds.

He agreed with the statement which had been made by the Director-General, and accepted the joint resolution. He would, however, need to see

in writing the amendments proposed by the delegate of Ireland before being able to vote on them.

His country would be unable, for constitutional reasons, to take a decision before the spring of 1959 on whether or not it would contribute to the Special Account, but the question would be considered at the earliest possible moment. Sweden had already contributed one million dollars in the current year to UNICEF and the Technical Assistance Programme, which was evidence that it was already playing an important part in the malaria eradication campaign. If it were to contribute to the Special Account, its contributions to the other funds might have to be reduced.

Mr HANES (United States of America) said that he believed that the best interests of the Special Account would be served if the Committee were to adopt the joint resolution. In addition, he supported the amendments proposed by the delegate of Ireland.

Dr AL-WAHBI (Iraq) said that the delegate of Cuba had seemed to suppose that the joint resolution was an independent and isolated resolution, whereas in fact it was supplementary to previous resolutions which had been adopted and could not thus be taken as annulling them. The delegate of Ghana had been right in supposing that the object of the joint resolution was to ensure that the Organization would not be subordinate to other organizations in the field of malaria eradication.

The Malaria Eradication Special Account should be set up on a continuous basis, and it was for that reason that his country had provided for a yearly contribution to the Account in its budget.

The additional paragraph 3, which had been proposed by the delegate of Ireland as an amendment to the resolution, merely seemed to state the obvious, since the Director-General and the staff of the Organization in fact took note of all discussions in World Health Assemblies. Nevertheless, if the delegate of Ireland insisted on the retention of his proposed paragraph 3 in the joint resolution, he would raise no objection to it.

Mr BRADY (Ireland) said that he did not wish to insist on the retention of his proposed paragraph 3, but felt that it was not a question of insisting. The two paragraphs which he had proposed had received considerable support in the Committee. In view of the spirit in which those two paragraphs had been put forward and supported, and in view of the manner in which the delegate of Iraq himself had referred to the proposed paragraph 3, he felt that it would be best if that paragraph were retained.

The CHAIRMAN noted that the delegate of Iraq accepted the inclusion of the proposed paragraph 3 in the joint resolution.

Mrs SHOHAM-SHARON (Israel) said that her delegation supported the joint resolution, as amended by the delegate of Ireland. However, since paragraph 2 of the joint resolution requested "the Executive Board and the Director-General" to take certain action, the proposed paragraph 3 should be reworded to include the words "the Executive Board and" before the words "the Director-General".

Dr VITSAXIS (Greece) asked for clarification with regard to the proposed paragraph 3, which spoke of "the further action to be taken" by the Director-General. Did that mean that the Director-General should contact the authorities of the Special Fund and report to the Twelfth World Health Assembly on the possibility of help being given to Member countries from the Fund for their malaria eradication campaign?

Professor HURTADO (Cuba) said that he quite understood the scope of the joint resolution. The difference between it and the Executive Board's resolution EB21.R41 lay in the deletion of paragraph 2 of the latter resolution.

The paragraphs proposed by the delegate of Ireland did not constitute amendments from a legal point of view, but additions. He therefore agreed with the view which had been taken by the delegate of Iraq with regard to the proposed paragraph 3. It was difficult to know what was meant by the words, "the Director-General should take note of the discussion on this subject in the Committee on Administration, Finance and Legal Matters", since although the Director-General was not actively participating in the debate, he was present at the discussions and must clearly know what was taking place. The proposed paragraph 4 was also curious, since there could be no doubt whatsoever that the Director-General would present a detailed report on any further developments in regard to malaria eradication to the Twelfth World Health Assembly. He hoped that the delegate of Ireland would reconsider the amendments he had proposed.

Mr BRADY (Ireland) said that the question of whether the paragraphs he had proposed constituted amendments or additions was one which only the Chair could decide. He would be happy to accept the views of the delegate of Cuba, but felt that the paragraphs which he had proposed had a value in that they rounded off the joint resolution. It was not unusual for resolutions to refer to discussions which had taken place in committees. With regard

to the proposed paragraph 4, he felt that the Assembly should be kept in touch with further developments in regard to the Special Account. There was no intention of placing an obstacle in the way of such further developments, of restricting the fund, or of limiting the sovereignty of WHO in any way.

With regard to the request for clarification which had been made by the delegate of Greece, he felt that it would be for the Director-General and the Executive Board to decide on the action to be taken at the appropriate moment, since the general situation was always liable to change rapidly. He did not feel that it was for him to attempt to impose any procedure on the Director-General or the Executive Board.

The CHAIRMAN said that the general opinion in the Committee supported WHO's independence in the execution of its health programmes within the framework of its budget. The proposed paragraph 3 was in no way intended to limit that independence and autonomy.

He asked the delegates of Iraq and Ireland whether they were prepared to accept the amendment proposed by the delegate of Israel to the proposed paragraph 3.

Mr BRADY (Ireland) indicated his acceptance of the amendment proposed by the delegate of Israel.

Dr AL-WAHBI (Iraq) said that he also accepted that amendment. In addition, in paragraph 2 of the English text, the word "energetically" should be placed after the word "pursue".

The CHAIRMAN said that, in the proposed paragraph 4, the words "Malaria Eradication" should be placed between the word "Special" and the word "Account", thus bringing the English text into line with the French.

He pointed out that the proposed joint resolution replaced the Executive Board's resolution EB21.R41.

Decision: The joint resolution proposed by the delegation of Iraq and the delegations of Iran, Sudan and the United Arab Republic, as amended by the delegates of Ireland and Israel, was adopted by 62 votes to 2 with no abstentions (see third report of the Committee, section 1).

Mr DE PINHO (Portugal) said that he had felt obliged to vote against the joint resolution since he was in agreement with the draft resolution EB21.R41.

Professor HURTADO (Cuba) said that he had voted against the joint resolution since he had been unable to agree with the procedure adopted in voting on it as a whole before voting on the amendments to it.

Decision: The Executive Board's resolution EB21.R40 concerning the report of the Committee on Malaria Eradication was adopted unanimously (see third report of the Committee, section 2).

3. Report on Co-ordination with and Decisions of the United Nations and Specialized Agencies on Administrative and Financial Questions

Agenda, 7.25

Dr MOORE, representative of the Executive Board, said that at its twenty-first session the Executive Board had adopted two resolutions (EB21.R14 and EB21.R50) which concerned the item before the Committee.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, said that the first of those resolutions was on the subject of the report that the Advisory Committee on Administrative and Budgetary Questions of the United Nations had submitted on a special visit it had made to WHO headquarters. That report, which was particularly concerned with the working of the Expanded Programme of Technical Assistance, was reproduced in Annex 7 of *Official Records* No. 83. The second resolution was on a report by the Director-General on co-operation with the United Nations organs and specialized agencies and their decisions affecting the activities of WHO. That report, which was reproduced in Annex 17 of *Official Records* No. 83, included the regular annual report of that Advisory Committee on WHO's administrative and budgetary situation.

Section 1 of the report now submitted by the Director-General to the Health Assembly (see Annex 7) described the developments regarding the problem of cost-of-living adjustments since the Tenth World Health Assembly. The main development was the adoption by the United Nations General Assembly of resolution 1221 (XII), which was quoted in full in section 1.2.2. The Director-General had found no basis for recommending (section 1.5.2) that the Health Assembly should do anything in regard to that resolution other than note it.

Section 2 of the report was concerned with the report on administrative questions which the Administrative Committee on Co-ordination (ACC) had adopted at its meeting in May 1958. That report, which would be discussed at the next session of the United Nations Economic and Social Council, dealt with recommendations by the International Civil Service Advisory Board (ICSAB); the United Nations Pavilion at the Brussels Universal and

International Exhibition; and the forthcoming review of the International Convention on the Protection of Industrial Property.

Dr DÍAZ-COLLER (Mexico) said that his delegation had been interested in the problem of post adjustments for a long time. He proposed the adoption of the following draft resolution :

The Eleventh World Health Assembly,

Having considered the reports on co-ordination with and decisions of the United Nations and specialized agencies on administrative and financial questions;

Having considered the report of the United Nations Advisory Committee on Administrative and Budgetary Questions on administrative and budgetary co-ordination between the United Nations and WHO, with particular reference to the working of the Expanded Programme of Technical Assistance;

Noting that the Committee intends, on completion of its studies at the headquarters of specialized agencies, to make a further report in which it will formulate its general conclusions and recommendations,

1. NOTES the reports;
2. EXPRESSES its satisfaction that "the Advisory Committee saw no occasion to suggest any changes in the various procedures for internal financial control" ; and
3. EXPRESSES its interest in the further report which the Advisory Committee on Administrative and Budgetary Questions intends to make.

Mr BOTHA (Union of South Africa) said that, in the light of what had happened since the Tenth World Health Assembly had discussed the question of cost-of-living adjustments and adopted resolution WHA10.48 on the review of salaries, allowances and benefits, it was clear that the Tenth World Health Assembly had acted unwisely in rejecting the proposal of the Netherlands delegation that it refer the matter to the Administrative Committee on Co-ordination (ACC). The result was that at present WHO staff members in Geneva were receiving different benefits from those received by staff members of the United Nations Secretariat in Geneva, and matters had reached an impasse.

He would not delve into past history, but he would confine himself to the facts as they existed. The Health Assembly was faced with a request in the United Nations General Assembly resolution to which the Assistant Director-General had just

referred and which urged WHO and another specialized agency to reconsider the date from which changes in the cost of living at Geneva should be measured when determining post adjustments for their staff members. He did not consider it sufficient for the Health Assembly to adopt the Director-General's recommendation that it do no more than take note of the resolution. The United Nations request had been adopted without any negative vote, and in view of the fact that the membership of the United Nations was nearly the same as that of WHO, it would not seem correct merely to do nothing. To take a definite decision on the question at the current Health Assembly would be equally wrong, since another agency was also involved. He believed that the origin of the difficulty was largely a failure to effect proper consultation. He would propose that the Health Assembly request the Director-General to ensure that the question was discussed by ACC at the earliest possible moment.

Dr VARGAS-MÉNDEZ (Costa Rica) supported the draft resolution proposed by the delegate of Mexico. He said that there would be no objection to adopting that draft resolution. The South African delegation was correct in stating that the membership of WHO was nearly the same as the membership of the United Nations; but it should not be forgotten that since WHO was a technical organization many of the staff arrangements made by the United Nations were not suited to WHO, although some were.

Mr MONK (Canada) agreed with the delegate of the Union of South Africa that the Health Assembly should not merely take note of the United Nations General Assembly resolution—especially since it had been adopted by an overwhelming majority of the Members of the United Nations, which were essentially the same as the Members of WHO. As was stated in the Director-General's report (see Annex 7), the United Nations General Assembly had decided to maintain 1 January 1956 as the date from which changes in the cost of living at Geneva should be measured in determining post adjustments for United Nations staff members there, whereas the Tenth World Health Assembly had decided that such changes should be measured from 1 January 1957 when determining a post adjustment for WHO staff members in Geneva. As the cost of living in Geneva had risen approximately three points between 1 January 1956 and 1 January 1957, WHO staff members in Geneva would be eligible for an increase in cost-of-living adjustment before United Nations staff members in Geneva if the recommendations of the Salary Review Committee were

observed in the future. That discrepancy was the main reason for the request made by the United Nations General Assembly. If WHO changed the base date from 1 January 1957 to 1 January 1956 the staff of WHO would not be unfairly penalized, nor would that make it more difficult for WHO to obtain and retain the services of competent personnel. In fact the Director-General's only argument against changing the decision taken at the Tenth World Health Assembly was that the decision taken by the United Nations General Assembly at its last session regarding post adjustment for United Nations staff members in New York was contrary to the recommendations of the Salary Review Committee, which had recommended that no post adjustment should be made until the cost of living had risen five points and had remained five points up for nine months. Two wrongs did not make a right. Discrepancies in the treatment accorded to international civil servants working in the same city were far more important than differences in the treatment accorded to international civil servants working in different cities. If every time that one category was given a raise all other categories of international civil servants were given a raise also, there would be a spiralling movement which would become completely out of control. To make things orderly, it was most desirable that the base date for determining post adjustments for all international civil servants working in Geneva should be 1 January 1956.

Mr WARING (United States of America) said he considered the statement just made by the delegate of Canada a quite reasonable and objective one. He was prepared to second a draft resolution in accordance with the views expressed by the Canadian delegate.

The SECRETARY said the delegate of Canada was correct in stating that two wrongs did not make a right; it was also true that one wrong did not make a right. The delegate of the Union of South Africa had furnished some of the facts of the case; he would endeavour to furnish the remaining facts. The delegate of the Union of South Africa had expressed doubt as to whether there had been adequate consultation. The following extract from the summary record of the 646th meeting of the Fifth Committee of the United Nations General Assembly (A/C.5/SR.646) showed that there had been consultation :

“ Mr TURNER (Controller), replying to the South African representative's question concerning the agreements between the United Nations and the specialized agencies, said he believed that any recommendation or observation by the General

Assembly would be within the scope of those agreements. Such a recommendation or observation would be formally transmitted by the Secretary-General to the Executive Head of the agency concerned, who would be responsible for bringing it to the attention of the legislative body.

“There was a point he wished to explain in connexion with the matter under discussion. Consultation and co-ordination between the United Nations and the specialized agencies took place at two levels, that of Governments and that of the secretariats. He regretted that he had been unable to make it clear at an earlier stage that consultation on the question of a class 2 post adjustment for staff at Geneva had taken place at the secretariat level. The Director-General of the International Labour Office had informed the Secretary-General of the proposal that he intended to make to the Governing Body of that agency, and had requested the Secretary-General's views, which had been given. The Controller understood that in that instance the Director-General of the International Labour Office had been acting in concert with the Director-General of WHO.”

Unfortunately the statement of which that extract was the summary record had not been made until after the Fifth Committee had approved the resolution. It had adopted it, not unanimously but by 49 votes to 7 with 4 abstentions. Before the resolution was adopted a member of the United Nations secretariat had said there had been no consultation so far as he was aware.

The delegate of Canada had argued that the same considerations should be applied to all staff members of the United Nations and the specialized agencies working in the same city. Surely it was even more important that the same considerations should be applied to all WHO staff members wherever they worked. Resolution WHA10.48 applied to all WHO staff members. If the Health Assembly should decide that the base-date for determining post adjustments for WHO staff members in Geneva should be changed to 1 January 1956, different considerations would be applied to WHO staff members from the considerations applied to WHO staff members elsewhere, and that would place an obstacle in the way of the Organization performing its functions properly.

Dr DÍAZ-COLLER (Mexico) said that the Pan American Sanitary Organization had experienced serious recruitment problems, since it had not been able to obtain the services of qualified health personnel of the necessary calibre. Consequently certain categories of technical staff of the Pan American Sanitary Bureau (which served as the WHO Regional Office for the Americas) were being given preferential treatment and higher salaries than corresponding staff serving elsewhere in WHO. The fact that there might be differences in salaries and allowances as between WHO and the United Nations was less important than the fact that one regional office of WHO was having to offer higher salaries in order to attract personnel of the requisite standard. The basic problem was not on which dates certain adjustments would become effective, but the necessity to improve the salary rates of the health personnel of the Organization above those provided for in the United Nations scale. He stated as an example that in some Latin American countries the salaries paid by the Pan American Sanitary Organization were not more than those in the national health service and that recruitment was consequently hampered. It was essential for WHO to free itself from the limitations imposed by the United Nations scale to enable it to recruit health workers of the necessary standard.

Dr AMOUZEGAR (Iran) said he could not agree with the Assistant Director-General that it was more important that all WHO staff members should be treated in the same ways than that the WHO staff members working in one place should be treated in the same way as other international civil servants working in that place; for the cost of living varied from place to place, and there were other considerations such as climatic conditions which should be taken into account.

The SECRETARY replied that he had not said all WHO staff members of the same grade should be paid the same amount; he had said that the same considerations should be applied to all of them. Those considerations included considerations regarding the base date for determining post adjustments. If the Health Assembly changed that base date for WHO staff members working in Geneva only, it would not be applying the same considerations to all WHO staff members.

The meeting rose at 5.10 p.m.

SIXTH MEETING

Wednesday, 4 June 1958, at 9.30 a.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Report on Co-ordination with and Decisions of the United Nations and Specialized Agencies on Administrative and Financial Questions (continued from previous meeting)

Agenda, 7.25

Mr BOTHA (Union of South Africa), speaking on a point of order, said that in his statement at the preceding meeting he had said that paragraph 3 of General Assembly resolution 1221 (XII), which appeared in section 1.2.2 of the report of the Director-General (Annex 7), had been approved without any opposing votes. Information which had subsequently been given to the Committee had seemed to cast doubts on his accuracy, but he had checked with the records and found his statement to have been perfectly correct. Paragraph 2 of the resolution had been approved in the Fifth Committee by 62 votes to none with 3 abstentions. Although there had been no vote by show of hands on paragraph 3 of the resolution, no objection had been made to its approval when the Chairman had called for objections. It was true that the resolution as a whole had been approved by 49 votes to 7 with 4 abstentions, but the opposing votes had been cast in relation to paragraph 1 of the resolution.

Reference had been made to information which the United Nations Controller had given to the Fifth Committee after the vote on the resolution. That information had been given at the request of the South African delegation. It had not affected its attitude to the resolution, but had merely proved helpful when it came to taking up a position with regard to a different question—that of co-ordination. The resolution as a whole had been adopted in the General Assembly two days later by 60 votes to 9 with 4 abstentions, which was evidence that the information given by the Controller had not affected the attitude of delegations to the resolution.

It was embarrassing to go back over the whole history of the question under discussion. Nevertheless, the Committee was faced with a problem arising out of the variation in dates from which post adjustments were to be made, and it also had before it a request from the General Assembly of the United

Nations which had been adopted without opposition. It was essential that the common system should be preserved. He proposed the following draft resolution for the consideration of the Committee :

The Eleventh World Health Assembly,

Having considered the United Nations resolution 1221 (XII), which expresses the hope that the appropriate legislative authorities of WHO will reconsider the date from which changes in the cost of living at Geneva should be measured in determining the post adjustment for its staff members;

Believing that it is in the interest of the United Nations family of organizations to preserve the common system;

Believing that where differences arise such questions should be examined within the existing framework for co-ordination between the United Nations and the specialized agencies;

REQUESTS the Director-General to raise in the Administrative Committee on Co-ordination at its next meeting the question of the variation at present existing between United Nations and WHO staff members, in the dates from which changes in the cost of living at Geneva should be measured, with a view to restoring the common system.

Dr MELBYE (Norway) said that he endorsed the statement made by the delegate of Mexico at the preceding meeting.

With regard to the question of post adjustments, the United Nations General Assembly had asked WHO to reconsider the decision of the Tenth World Health Assembly that 1 January 1957 should be taken as the date from which changes in the cost of living at Geneva should be measured in determining the post adjustment for the staff of the Organization. He thought that the Organization should certainly comply with the request to reconsider its decision.

However, the Organization was faced with a delicate problem. If the result of reconsideration were the revocation of the decision, it would mean that the salaries of WHO staff would be revised

downwards. That was a dangerous step to take. If salaries had to be reduced, the reason would have to be made clear and acceptable to the staff. The reason that had been advanced was that United Nations and WHO salaries should be brought into harmony. The principle underlying that reason was undoubtedly valid, but the desired harmony would not be attained by reversing the decision of the Tenth World Health Assembly. A difference between United Nations and WHO salaries would still exist. Hence the reason advanced was not sufficient to justify the reversal of the Tenth World Health Assembly's decision or to satisfy the staff of WHO, and for that reason he believed that, although the decision of the Tenth World Health Assembly should be reconsidered, it should also be reconfirmed.

Mr PYMAN (Australia) said that the problem was a very vexed one. Three main principles seemed to be involved.

First, there was the principle of administrative co-ordination, which was one whose application had been frequently sought by Australia, and whose importance had been stressed by other speakers.

Secondly, there was the principle which had been mentioned by the Assistant Director-General—that WHO should be administered in such a way as to ensure that the staff felt that they were receiving proper treatment and the best conditions that could be given them.

Thirdly, there was the fact that the United Nations General Assembly at its last session had, by an overwhelming majority, requested both WHO and the International Labour Organisation to review their decisions on post adjustments. Such a decision by the United Nations General Assembly deserved the greatest respect. He had detected a tendency in some statements to approach the problem in terms of a relationship of dominance or servility as between the United Nations and the specialized agencies. His delegation did not feel that that was a useful approach. On the contrary, the United Nations family should be kept a true family.

If the Health Assembly contented itself with noting the United Nations decision, that would be failing to give that decision the respect it deserved, and would also run counter to the principle of administrative co-ordination. If, on the other hand, the Assembly decided to reverse the decision of the Tenth World Health Assembly, that would be undermining the second principle he had mentioned, which involved the morale of the WHO staff.

The resolution proposed by the delegate of the Union of South Africa, which requested the Director-General to raise the matter in the Administrative

Committee on Co-ordination with a view to restoring the common system, offered a possible solution to the apparent impasse. It did not mean that the Director-General would have to abandon the position which had been taken by WHO, but it meant that the whole subject could be approached in a spirit of compromise, thereby upholding the principle of administrative co-ordination without violating the principle that the WHO staff should feel they were receiving proper treatment. For that reason, he warmly commended that draft resolution.

Mr MONK (Canada) reminded the Committee that, when he had spoken at the previous meeting, he had said that it would not be sufficient for the Committee merely to note the request from the General Assembly of the United Nations without a full discussion. He had also suggested that a solution might be to reverse the decision taken by the Tenth World Health Assembly. However, that course of action raised many difficulties, failed to solve the problem completely and did not take account of the fact that ILO was involved in the problem of post adjustments. He felt that further discussions should be held between the secretariats concerned, and supported the draft resolution proposed by the delegate of the Union of South Africa.

Mr SIEGEL (Assistant-Director-General, Department of Administration and Finance), Secretary, said that he wished to give the Committee some additional information which arose out of the statement that had been made by the delegate of the Union of South Africa with reference to the United Nations records.

At the previous meeting the figure which he had given was that of the Fifth Committee's vote on the General Assembly resolution as a whole. That had been the only figure he had been in a position to give, and there had been no vote by a show of hands on paragraph 3 of that resolution, asking the World Health Organization to reconsider its decision.

The question arose whether the General Assembly had received information regarding the consultations between the United Nations, WHO and ILO. The delegate of the Union of South Africa had in fact been present and was thus more likely to be familiar with the discussions that had taken place. He, the Secretary, noted, however, from the minutes of the meeting held on 16 November 1957, that it had been the delegate of Iraq who had originally requested information on the consultations between the United Nations, WHO and ILO. The Director of the European Office of the United Nations in Geneva had at that time said that, with regard to the question

raised by the delegate of Iraq, he had not been consulted by WHO or ILO before those two organizations had decided to give their staff in Geneva a class 2 post adjustment. Subsequently, WHO and ILO had protested to the Secretary-General of the United Nations that a correct report had not been made available to the Fifth Committee during the discussion in question. The United Nations secretariat had refrained from supplying the full information which he had quoted at the previous meeting until after the vote had been taken on 14 December 1957, nearly a month after the delegate of Iraq had raised the matter.

The Executive Board resolution EB21.R53, on the review of salaries, allowances and benefits, was relevant to the discussion in the Committee. In that resolution, the Executive Board undertook to study the question of salaries, allowances and benefits, referred to the need for internal consistency in the Organization in the matter of salaries, and stated that the Organization's salary arrangements should facilitate the application of the Organization's important policy of rotation of professional staff. It further decided to place the question on the agenda of its twenty-third session, requested the Director-General to invite regional committees to express their views on the subject, and finally requested the Director-General to prepare for the twenty-third session a full report, including the views of regional committees and any developments in the other specialized agencies and in the United Nations on the subject.

Mr KITTANI (Iraq) said that the question of post adjustments was very complicated, but possibly simpler than the Committee had been led to believe.

Until the eleventh session of the General Assembly of the United Nations, there had been the common system of post adjustment measured from 1 January 1956. Under that system, any post in an area where there had been a five per cent. rise in the cost of living was moved up one class in the scale of salaries. The system had been adopted voluntarily by the United Nations and the specialized agencies. The question was, what had happened to upset the system?

The first round had occurred when the General Assembly of the United Nations at its eleventh session had been persuaded by the United Nations secretariat to move New York up from class 4 to class 5, although the cost of living had risen not five per cent., but three per cent. However, the Fifth Committee, although it had raised New York one class, had kept 1 January 1956 as the starting date. Subsequently, at a plenary meeting of the General Assembly,

the Secretary-General had appealed to the Assembly to move the date forward to 1 January 1957, and the Assembly had agreed to do so.

The second round had occurred at the Tenth World Health Assembly in Geneva. When the Director-General had observed that New York had been raised to class 5 on the basis of a three per cent. rise in the cost of living, it had been decided to raise Geneva to class 2, since there had been a three per cent. rise in the cost of living in that city in the course of 1956. It had also been decided to move the starting date from 1 January 1956 to 1 January 1957. It was clear that, if the common system was to be preserved, staff of different organizations working in the same city should be paid on the same basis. The decision of the Tenth World Health Assembly in Geneva departed from that principle as far as Geneva was concerned.

The third stage in the sequence of events had taken place in New York at the twelfth session of the General Assembly of the United Nations, which had decided that United Nations staff in Geneva should also be placed in class 2, but kept the starting date of 1 January 1956. The starting date was the point in dispute, and it was the Tenth World Health Assembly's decision on that point which the United Nations General Assembly now asked the Organization to reconsider.

The Director-General of WHO now proposed that the Health Assembly should simply take note of the General Assembly's request. If the Health Assembly were to confine its action to taking note of the General Assembly's request, it would, he felt, amount to a snub to the United Nations. The Assembly should at least comply with the General Assembly's request for a reconsideration, whatever the result of such reconsideration might prove to be.

It should not be forgotten that the common system had been adopted on a voluntary basis and could not be forced on WHO or on the other organizations. Since most of the governments represented at the Health Assembly were also Members of the United Nations, he felt that co-ordination should start within delegations themselves. Much of the difficulty that had now arisen was due to the fact that some countries' delegations had taken different positions at the World Health Assembly from those which they had adopted in the United Nations.

Finally, he drew attention to the fact that a continuation of the discussion of the problem by stages in the various organizations would mean that governments would have to bear a growing burden of additional costs.

Dr AMOUZEGAR (Iran) said that reference had been made to the effect on the morale of WHO staff if the decision of the Tenth World Health Assembly were reversed. However, the Assembly should be concerned to take the right course of action, not necessarily the one which brought it popularity. If in fact the Organization had taken a decision which meant that the staff were being overpaid, that decision should be reconsidered. He therefore supported the draft resolution proposed by the delegate of the Union of South Africa.

Mr WARING (United States of America) said that the resolution proposed by the delegate of the Union of South Africa seemed to meet the requirements both of justice and of the need for compromise, and his delegation would therefore support it. It would also support the resolution proposed by the delegate of Mexico.

The DIRECTOR-GENERAL said he hoped that the Committee had not forgotten that the agenda item before it was concerned not only with the question of post adjustments but also with the report of the United Nations Advisory Committee on Administrative and Budgetary Questions. He trusted that that report would receive attention before the discussion of the item was closed.

With regard to what the delegate of Iraq had called the first round—the decision of the General Assembly of the United Nations at its eleventh session to raise New York from class 4 to class 5—it should be noted that that decision had automatically affected more than 200 employees of WHO in Washington without the Organization itself having been consulted.

As regards the second stage—the decision of the Tenth World Health Assembly—the question of post adjustments had come before the Assembly against the advice of the Director-General. The question had been due for discussion by the Executive Board, which was the competent body, and had only been put on the Assembly's agenda at the insistence of certain countries. It was a very complex question and many delegations had been unable to grasp entirely its ramifications during the discussions in the Committee on Administration, Finance and Legal Matters, and the decision taken in that Committee had been reversed by the Health Assembly in plenary session.

He pointed out that the decision taken by the Tenth World Health Assembly provided that Geneva should be placed in class 2 "subject to adoption by the Governing Body of the ILO of a similar decision regarding Geneva at its forthcoming session". There had thus been an intermediate stage between

the second and third stages : that in which ILO had approved class 2 for its own staff in Geneva.

It had been asked why the General Assembly of the United Nations did not decide to revoke the decision taken at its eleventh session and thus provide WHO and ILO with an example for doing the same with respect to their own decisions. He felt, however, that there had been good reasons for the eleventh session of the General Assembly to take the decision it had, and that there had also been good reasons for the Tenth World Health Assembly to adopt the resolution on post adjustments.

He could not agree with the delegate of Iran that the effect on the staff of a reversal of the Tenth World Health Assembly's resolution was of relative importance. Although the WHO staff was remarkably loyal and devoted to its work, and there was no likelihood of resignations, he felt that the relations between the Organization and its staff were of the highest importance.

The decision taken by the Directing Council of the Pan American Sanitary Organization/Regional Committee of WHO not to apply a minus differential to staff of the Pan American Sanitary Bureau was a much more important matter, since it had caused a serious breakdown of the principle of the common system within the Organization. It had been suggested that WHO should also break away from the common system, but the Executive Board had wisely decided to consult other organizations before taking any action.

The question of the two per cent. differential in the level of salaries was certainly not the most important problem. The delegates in the Committee on Programme and Budget were at the very moment pressing for the engagement of more highly qualified staff in WHO, which raised questions of far greater importance than the problem of a two per cent. differential or a lack of accord between the United Nations and WHO on post adjustments.

He could see no overriding reason for reversing the resolution of the Tenth World Health Assembly. The resolution proposed by the delegate of the Union of South Africa requested him to raise the question of the variation of dates at the next meeting of the Administrative Committee on Co-ordination. That request, which had the advantage of not placing ILO in an embarrassing position, was one with which he was in full accord. He had already taken part in discussions in the Administrative Committee on Co-ordination in a spirit of compromise and would gladly discuss the subject in the same way there. He firmly believed that a decision to revoke the resolution of the Tenth World Health Assembly

would not be in the best interests of the Organization, and certainly should not be taken without all delegates fully understanding the complexities of the entire question.

Dr AMOUZEGAR (Iran) said that he had not wished to imply that the relations between the Organization and its employees were not important. He merely wished the Organization to follow a course of action which was right.

Mr BOTHA (Union of South Africa) assured the Director-General that he entirely agreed with what he had said. He realized that the problem was extremely complex and that the Director-General had many valid arguments, and that was why he did not wish to propose that the present Assembly should reverse the decision taken by the Tenth World Health Assembly. The Director-General was responsible for the welfare of many employees on whom Member governments depended, besides being the representative of the Member States, and there was no doubt that he would present an equitable case to the Administrative Committee on Co-ordination. That was why the South African delegation had not wished to make any specific proposal for either reaffirming or revoking the resolution of the Tenth World Health Assembly, but to leave the Director-General the responsibility for trying to preserve the common system. He was sure delegates could have confidence in the Director-General to do that.

Mr TOUSSAINT (France) thanked the Director-General for his statement. Whatever might have happened in the past, it was clearly desirable that harmony should exist between the United Nations and the WHO systems. Like the delegate of the Union of South Africa, he had confidence that the Director-General would be able to reach that objective, while at the same time upholding the rights of the WHO staff.

The CHAIRMAN said that he was glad to note that, despite the divergence of opinion in the Committee, the general feeling was towards agreement.

He drew the Committee's attention to the fact that the draft resolutions proposed by the delegates of Mexico and the Union of South Africa respectively were not contradictory, but independent of each other.

Decision:

(1) The draft resolution proposed by the delegation of the Union of South Africa was adopted by 56 votes to 2, with 1 abstention (see third report of the Committee, section 4).

(2) The draft resolution proposed by the delegation of Mexico was adopted by 34 votes to none, with 25 abstentions (see third report of the Committee, section 3).

Dr IRWIN (United Nations) said he had no official statement on the present item of the agenda, but in his report on it he would mention in detail the various views which had been expressed. He was sure that the secretariats of the various specialized agencies would continue to discuss the difficulties which existed through the normal channels of communication.

2. WHO Participation in the Expanded Programme of Technical Assistance

Agenda, 6.6

Mr LE POOLE (Netherlands) drew attention to section 4 and footnote 7 on page 136 of *Official Records* No. 83, in which it was indicated that the Regional Committee for Europe had been unanimous in its agreement with the terms of resolution EB19.R48. Actually, the Netherlands delegate had abstained in the vote.

He also drew attention to section 5 of the minutes of the second meeting of the present Committee (see page 295) where the Secretary was reported as saying that 9.6 per cent. of the expenses of WHO related solely to activities under the regular budget while 11.8 per cent. related to administrative and operational services costs under the Expanded Programme. The United Nations Advisory Committee on Administrative and Budgetary Questions had suggested that the percentage spent on the latter services should be between 12 and 14 per cent. The Secretary had gone on to say that that was a good example of a case where the administrative practices of one organization had the effect of creating difficulties for another. Recently, the question of how to meet administrative and operational costs had been discussed in the Technical Assistance Committee. It had been suggested that the specialized agencies themselves should bear those costs. For the time being, the Netherlands delegation did not object to the procedure which was outlined in resolution EB21.R48. After listening to the Secretary, however, he had decided that the Committee could be of some assistance to the Secretariat if it considered the desirability of following the other system.

He was not in agreement with the terms of part V of resolution EB21.R48. The Health Assembly had repeatedly discussed the fact that the United Nations Technical Assistance Committee and Technical Assistance Board required recipient governments to contribute to the local subsistence

costs of internationally recruited personnel. The generally accepted attitude to technical assistance was that it was a programme of mutual aid, not a charity; and, from the start, one of the underlying principles of the Expanded Programme of Technical Assistance had been that normally a country asking for assistance should undertake a substantial part of the costs of the technical services. WHO was the only United Nations body which did not charge for local subsistence costs. It was clear that that was a situation which made for confusion. He suggested that at the following Health Assembly delegates should consider whether or not it was in the interest of the Organization to include local subsistence costs in the regular budget. Local costs should surely be borne by the local budget. In his view part V of resolution EB21.R48 should be deleted.

Mr MONK (Canada) shared the views of the delegate of the Netherlands as regards part V of resolution EB21.R48.

Dr BERNARD (France) pointed out that resolution EB21.R48 was a text adopted by the Executive Board and as such could not be changed by the Assembly. He wished to know what action was being proposed to the Committee as regards the item under discussion.

The SECRETARY agreed that a decision of the Board could not be altered by the Assembly. However, it would be perfectly proper for the Assembly to take its own decision on the item under discussion.

Mrs SHOHAM-SHARON (Israel) agreed that resolution EB21.R48 could not be amended except in the sense that the Assembly could also draft a resolution expressing different views.

Mr LE POOLE (Netherlands) said he realized that there was no question of voting on resolution EB21.R48 and asked if there were any proposed Health Assembly resolutions on the subject.

Mr BRADY (Ireland) said, with regard to one aspect of resolution EB21.R48, that he did not know what form the Committee's action would take but he wished to go on record as regards local costs. From time to time WHO had approached the Technical Assistance Board and the Technical Assistance Committee in an attempt to persuade them to follow the practice which had been adopted by the World Health Organization. Those approaches had had no useful effect, and he doubted if any further approaches on similar lines would serve any purpose.

The SECRETARY referred, first, to the point made by the delegate of the Netherlands concerning

section 4 and footnote 7 on page 136 of *Official Records* No. 83. In his opinion the fact that the Netherlands delegate had abstained in the vote would not prevent the result from having been unanimous, and he therefore thought that the passage was correct.

He thought that in the present discussion there was further evidence of complications which had been created by virtue of the fact that there were different governing policies for the different funds which were administered by the Organization. That introduced complexities into the administration of WHO's total overall operations.

In connexion with the specific question of local costs, he drew attention to pages 155 and 156 of the *Handbook of Resolutions and Decisions* (fourth edition), where were reproduced the resolutions that had been adopted by the Executive Board and the Health Assembly, starting with the eleventh session of the Board. The request had been made that the Technical Assistance Committee should consider changing its decision that local costs should be borne by the recipient governments. In that connexion the Committee would want to bear in mind the earlier decisions which were already on record. Delegates should also recognize that as the relevant reports had gone to the Technical Assistance Committee, they had been given careful and friendly consideration. The obstacle which stood in the way of the Technical Assistance Committee's acceding to WHO's requests was the lack of financial resources for the Technical Assistance Programme. If additional resources became available, the request from WHO might meet with a friendlier reception.

Mrs SHOHAM-SHARON (Israel) hoped that the Secretary's statement that the discussion on the point raised by the delegate of the Netherlands gave further evidence of inter-organizational complexities would not be generally accepted. Her delegation hoped that a more consistent line would be taken and it supported the view put forward by the Netherlands delegate. It would have been in the interests of good administration for WHO to follow the practice of the other United Nations bodies.

Dr BERNARD (France) said he would like to speak about the substance of resolution EB21.R48 and of the report by the Director-General on the item under discussion (see Annex 16). The Netherlands delegate and the other speakers had dealt mainly with part V of the resolution. The resolution was, however, much broader than part V alone and contained other provisions which merited the Committee's attention.

In part I, regret was expressed that the financial position of the Expanded Programme of Technical Assistance would be less satisfactory in 1958 and 1959 than it had been in 1957. The Director-General's report provided complementary information. For example, paragraph 4.2 contained the following statement: "It is therefore clear that... the lower figure is probably nearer the level of the programme for 1959, unless the financial situation of the Expanded Programme improves more than at present seems likely." He would like to know from the Secretary if there was any possibility of an improvement in the financial position of the Expanded Programme in 1958 and 1959 and, if so, when the information would be forthcoming.

Looking at parts I and V of resolution EB21.R48 together he saw some contradiction. Was it wise, in the same resolution, to regret in the first paragraph that there would be less money in the future and in a subsequent paragraph to recommend aggravating the financial burden on the Programme by lightening the burden on the governments themselves?

In regard to part V, he agreed with the delegates of Israel and Ireland. His delegation had always held that the repeated requests made were useless and that the Technical Assistance Programme should be allowed its own procedures. He doubted if there was any point in again asking the Director-General to communicate the views of WHO on the matter to the Technical Assistance Board and the Technical Assistance Committee.

His delegation had always stressed the importance of regional or inter-country projects. He was gratified that part IV of resolution EB21.R48 reaffirmed the value of such projects.

The SECRETARY said that the Secretariat felt there was no reason to be sanguine about the 1958 financial position. As regards 1959, there was also no information which would lead anyone to be hopeful. The 1959 financial position, however, would only be known after the pledging conference had taken place. On the question of the possibility of inconsistency between different paragraphs of resolution EB21.R48, he drew the Committee's attention to Annex 15 of *Official Records* No. 83. That report referred to action which had been taken by the Technical Assistance Committee in July 1957. It also made clear that each regional committee except the Regional Committee for Africa and Sub-Committee A of the Eastern Mediterranean Regional Committee had dealt with the matter of local costs and each had unanimously agreed with the terms of resolution EB21.R48.

The Executive Board had had knowledge of the previous resolutions on the subject and had still considered that the efforts to try to carry out the express wishes of the Health Assembly should be continued. The fact that success had not been achieved so far or that the financial resources of the Expanded Programme were at present limited should not have the effect of deterring future efforts.

Dr TOGBA (Liberia) reminded the Committee that it had considered the question of local costs at many different Assemblies. He agreed with the Secretary, however, that the efforts to get the Technical Assistance Committee to do what the Assembly wanted should not be stopped. Those countries which were fortunate enough not to be in need of assistance from WHO had no idea of the difficulties which faced the recipient countries. The expense involved in paying the local subsistence costs of internationally recruited personnel proved so embarrassing that governments were often unable to ask for badly needed programmes. Resolution EB21.R48 corresponded exactly with the point of view of the small recipient countries.

Mr KITTANI (Iraq) said that, as a delegate of a government which was required to contribute to the local subsistence costs of internationally recruited personnel engaged on Technical Assistance projects, he agreed with the terms of resolution EB21.R48. He pointed out also that the financial position of the Expanded Programme of Technical Assistance for the year 1959 would not be known until the autumn. He did not think, therefore, that it would be right to go farther than to say that the position for 1959 was likely to be less satisfactory than it was for 1957.

Dr HAYEK (Lebanon) said the delegate of Liberia had drawn attention to a very important point when he had reminded the Committee that the question under discussion had been debated many times by the Assembly and its committees. The public health authorities of the recipient countries were obliged to submit an annual programme first to their own national committees on Technical Assistance and subsequently to the Technical Assistance Committee and Technical Assistance Board on the one hand and to the regional committees of WHO on the other. Since the Constitution of WHO made it the directing and co-ordinating authority on international health work, it followed that it should be WHO itself which directed both the establishment of the programme and, subsequently, the simplification of the machinery for its execution, with consequent reduction of local costs. He suggested that a small working group should be set up which, in co-operation with the

Secretariat, could draft a resolution requesting the Director-General to make every possible representation to the Technical Assistance Committee and the Technical Assistance Board to simplify both the establishment and the implementation of the Programme.

The CHAIRMAN observed that the Committee had exhausted the subject and had no concrete recommendation to make to the Committee on Programme and Budget. He suggested that the Rapporteur be left to draft a report to that effect.

It was so agreed. (See third report of the Committee to the Committee on Programme and Budget.)

3. Assembly Procedures for Examining the Programme, Budget and Ancillary Administrative, Financial and Personnel Matters (continued from third meeting, section 7)

Agenda, 7.5

Mr MONK (Canada) recalled that at the third meeting of the Committee he had asked for a postponement of consideration of item 7.5 of the agenda as it involved a recommendation to the United Nations Advisory Committee on Administrative and Budgetary Questions and there were certain other matters on which a decision should be taken first. He agreed with the decision in resolution EB21.R13 that consideration of the Assembly procedures for examining the programme, budget and ancillary administrative, financial and personnel matters should be deferred until the Executive Board's January 1959 session.

The CHAIRMAN submitted the following draft resolution for the consideration of the Committee :

The Eleventh World Health Assembly,

Having examined resolution EB21.R13, concerning Assembly procedures for examining the programme, budget and ancillary administrative, financial and personnel matters,

DECIDES that consideration of the matters referred to in resolution WHA10.27 of the Tenth World Health Assembly should be deferred until the January 1959 session of the Executive Board so that they may be considered in the light of the report of the Director-General on the measures adopted by the General Assembly of the United Nations on the subject of the work of the Advisory

Committee on Administrative and Budgetary Questions.

His draft resolution followed the lines of the decision taken by the Executive Board and he hoped it would be possible to vote on it quickly.

Mr BOTHA (Union of South Africa) wondered if it would be possible to insert in the draft resolution an additional preambular paragraph which would merely reaffirm the terms of resolution WHA10.27 adopted at the previous Health Assembly. It would serve to make the draft resolution all-embracing and would make it possible for him to support it.

Mr KITTANI (Iraq) drew attention to the fact that resolution WHA10.27 asked the Executive Board to prepare a new study of the subject in January 1958 and it was now the month of June, so it was a little late for reaffirming the terms of the resolution. It would be better to use the word "considering" rather than the word "reaffirming".

The CHAIRMAN suggested that the objection might be met by referring to the principles laid down in resolution WHA10.27 rather than to its precise terms.

Dr HAYEK (Lebanon) supported the proposal of the delegate of the Union of South Africa, with the modification suggested by the Chairman.

Mr PYMAN (Australia) thought that the item being discussed was a matter of some importance which should be dealt with carefully. It would perhaps be sufficient to include a reference to the principles embodied in the resolution of the previous Health Assembly, but he would prefer to see the proposal in writing before voting on it.

Mrs SHOHAM-SHARON (Israel) agreed with the delegate of Australia that the matter was important. She pointed out that resolution WHA10.27 did not lay down principles but directives to action.

The CHAIRMAN said that the distinction was perhaps over-subtle. He considered that the directives themselves were concrete expressions of principles. He announced the postponement of the discussion so as to allow delegates to see a written text of the proposed draft resolution. (For continuation of the discussion, see minutes of seventh meeting, section 3.)

The meeting rose at 11.55 a.m.

SEVENTH MEETING

Thursday, 5 June 1958, at 9.30 a.m.

Chairman: Dr J. F. GOOSSENS (Belgium)

1. Scale of Assessment for 1959 (continued from third meeting, section 2)

Agenda, 7.13

Correction of an Error in the First Report of the Committee

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, drew attention to the fact that, as a result of an error of reproduction in the third annex to the report of the Director-General on the scale of assessment for 1959 and repeated in section 5 of the Committee's own first report, the assessment of Korea had been shown as 16 units, instead of 0.04 per cent., as had been provided in resolution WHA9.15. The Director-General had suggested that the Committee should reopen the discussion on that item in accordance with the provisions of Rule 65 of the Rules of Procedure of the Health Assembly, with a view to recommending to the Assembly that it also should reopen the discussion on the item under the provisions of the same rule in order to correct the error. As it was merely a clerical error, however, the thought that it would perhaps not be necessary to reopen the discussion under the provisions of Rule 65.

Mr BOTHA (Union of South Africa) did not think that the Committee should always confine itself to following the exact letter of the law, but a rule did exist which said that a proposal could not be changed unless discussion of the matter was reopened, and he felt it should be complied with. He was sure that there would not be a debate on the matter, and the fact that the Committee would have gone through the proper procedure would leave it with a clear conscience.

The SECRETARY said he had consulted the legal adviser and had been assured that it would not be necessary to reopen the discussion in order to correct a clerical error. If there were any doubts about the matter, however, he agreed that Rule 65 should be followed. He also suggested consideration at a future Assembly of whether the rule should be amended to make for a simpler procedure in such cases.

Mr KITTANI (Iraq) said that in principle he had no objection to the course suggested by the Secretary. He shared the opinion of the delegate of the Union of South Africa, however, that it might establish a precedent which could have a bad effect as regards more important decisions. He saw no reason why Rule 65 should not be applied.

Professor HURTADO (Cuba) said he was in favour of giving satisfaction to those delegates who wanted the strict application of the Rules of Procedure, on the understanding that the Committee would limit itself to making the necessary amendment.

Dr LEE (Republic of Korea) regretted that the matter had been raised at such a late date but hoped that the Committee would see fit to correct the error.

The CHAIRMAN put to the vote the motion to reopen the discussion on the scale of assessment for 1959.

Decision: The motion was carried by 52 votes to none, with 6 abstentions.

Dr REGALA (Philippines) proposed that the necessary correction should be made in section 5 of the Committee's first report so that the assessment of Korea would read 0.04 per cent. instead of 16 units.

Professor HURTADO (Cuba) and Dr WU (China) seconded the proposal.

Decision: The proposal was adopted unanimously (see third report of the Committee, page 384).

2. Third Report of the Committee to the Committee on Programme and Budget

Dr MELLBYE (Norway), Rapporteur, read the draft third report of the Committee on Administration, Finance and Legal Matters to the Committee on Programme and Budget.

Decision: The report was adopted unanimously for text, see page 390).

3. Assembly Procedures for Examining the Programme, Budget and Ancillary Administrative, Financial and Personnel Matters (continued from sixth meeting, section 3)

Agenda, 7.5

The CHAIRMAN drew attention to the document containing the draft resolution presented by the Chairman at the previous meeting, as amended in the course of the discussion. It read :

The Eleventh World Health Assembly,

Reaffirming the principle established in resolution WHA10.27, and

Having considered resolution EB21.R13 concerning Assembly procedures for examining the programme, budget and ancillary administrative, financial and personnel matters,

ENDORSES the decision of the Executive Board that further consideration of the matters referred to in resolution WHA10.27 of the Tenth World Health Assembly be deferred until the January 1959 session of the Board in the light of a report from the Director-General on the action taken by the General Assembly of the United Nations on the work of the Advisory Committee on Administrative and Budgetary Questions.

Decision: The resolution was approved unanimously (see third report of the Committee, section 5).

4. Report on the Implementation of Resolution WHA7.33

Agenda, 7.8

The DIRECTOR-GENERAL said that his report on the item under consideration appeared on page 40 of *Official Records* No. 83. The question was fully dealt with in his report to the Executive Board and he had only to add that, after the report had been prepared, he had had an opportunity to visit some of the countries in the Eastern Mediterranean Region in the company of the Regional Director. He had discussed resolution WHA7.33 with the governments of the countries he had visited and hoped that it might be possible to ensure the implementation of the resolution in the near future. In any event, the Secretariat would continue with its efforts in that regard in accordance with the wishes which been expressed by the Health Assembly.

Mr BRADY (Ireland) said he had listened to the Director-General's remarks with great interest. The matter dealt with in resolution WHA7.33 had been a matter of concern for WHO for a number of years. It was desirable that in the World Health Organi-

zation everything possible should be done, irrespective of the existence of outside factors, to ensure that the important services it offered should be made available on an appropriate basis to the countries of the Eastern Mediterranean Region. For that reason special arrangements had been made and, while the object of resolution WHA7.33 had not been completely fulfilled, he thought it would be desirable if the Assembly remained optimistic in its approach to the problem and continued to hope that with the passage of time some further improvement in conditions in the area would ensue.

The Organization had been fortunate in that, at previous Assemblies, the question had been dealt with on an uncontroversial basis. In fact, two years previously, he had been lucky enough to get the co-operation of the countries in the Region in putting forward a proposal, and that proposal had been accepted by a majority in the Committee and in the Health Assembly. For that reason he again had the temerity to try to repeat the earlier successful attempt. In an effort to further the harmonious work of the Organization he introduced the following resolution :

The Eleventh World Health Assembly

1. NOTES, with regret, from the report of the Director-General, that the Eastern Mediterranean Regional Organization is not yet functioning normally and that resolution WHA7.33 has not completely fulfilled the purposes for which it was adopted;

2. COMMENDS the Director-General and the Regional Director for their efforts to give full effect to the above-mentioned resolution and requests all concerned to continue their efforts to solve the difficulties; and

3. REQUESTS the Director-General in the event of any new developments in this matter to submit a report to a future Assembly.

Mr SAITA (Japan) said that the item had always been a matter of concern to his Government, and in a small way the Japanese delegation had tried to bring about an improvement in the situation and to help towards the implementation of resolution WHA7.33. It was much to be regretted that that resolution had not been implemented and, in that connexion, the statement from the Director-General was very welcome. The delegate of Ireland had shown his usual helpfulness and he warmly supported the proposal which he had put forward. It was to be hoped that the Director-General would be able to report an improvement in the situation in the not too distant future.

Mr ALLENDE (Chile) supported the proposal of the delegate of Ireland, which would help to make for harmony in an important part of the world.

Dr AMOUZEGAR (Iran) said that the previous year, in a spirit of co-operation, his Government had stated explicitly that it would participate in the work of both Sub-Committee A and Sub-Committee B of the Regional Committee for the Eastern Mediterranean. A representative had been sent all the way to Geneva for the meeting of Sub-Committee B, which had been cancelled. He hoped that in the future those governments which supported the idea of having two sub-committees would show a greater spirit of co-operation.

Mr JEFFERY (New Zealand) said his delegation shared the concern which had been expressed by the delegate of Ireland over the situation which had existed in the Eastern Mediterranean Region for such a long time, and supported the proposal which he had put forward.

He had been encouraged by the hopes expressed by the Director-General, following his visit to the Region, as to the possibility that resolution WHA7.33 might after all be implemented.

Dr VANNUGLI (Italy) supported the proposal put forward by the delegate of Ireland and associated himself with his remarks and the remarks made by the other speakers.

Professor SIGURJÓNSSON (Iceland) said he had introduced a resolution on the item at the Tenth World Health Assembly. He supported the proposal put forward by the delegate of Ireland and hoped that it would prove, if not satisfactory, at least tolerable to all concerned.

The CHAIRMAN put to the vote the draft resolution proposed by the delegate of Ireland.

Decision: The draft resolution was approved by 48 votes to none, with 10 abstentions (see third report of the Committee, section 6).

Mr KITTANI (Iraq) said that he had abstained in the voting and wished to make a brief explanation of his reasons. First, however, he must state that he sincerely appreciated the efforts which had been made by the delegate of Ireland.

He believed that resolution WHA7.33 was the best decision the Health Assembly could take on the question; he did not believe that a better solution could be found as regards the activities of WHO. Paragraph 1 of the resolution proposed by the delegate of Ireland contained the words, "the Eastern Mediterranean Regional Organization is not

yet functioning normally", and it was because of that statement he had been obliged to abstain. If the draft resolution had been confined to dealing with the non-implementation of resolution WHA7.33 he would have been able to support it.

5. Annual Report of the United Nations Joint Staff Pension Board for 1956

Agenda, 7.24(a)

The CHAIRMAN read the following draft resolution, which appeared in the report presented by the Director-General on the Annual Report of the United Nations Joint Staff Pension Board for 1956 and the Fourth Actuarial Valuation of the Fund :

The Eleventh World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund, as indicated by the substance of the annual report for the year 1956 and as reported by the Director-General.

Decision: The resolution was approved unanimously (see third report of the Committee, section 7).

6. Accommodation for the Regional Office for the Western Pacific

Agenda, 7.9

Mr JEFFERY (New Zealand) took pleasure in informing the Committee that his Government had decided to contribute the equivalent of \$14 000, (5000 New Zealand pounds) towards the construction of the building in Manila which was to house the staff of the Regional Office for the Western Pacific Region.

The CHAIRMAN thanked the delegate of New Zealand.

Dr WU (China) said his Government had contributed \$50 000 towards the construction of the office building in Manila. That voluntary contribution had been made in a spirit of co-operation with a view to assisting in the work of the Western Pacific Region.

The SECRETARY said there was little that he could add to the information contained in the report by the Director-General (see Annex 10) except to point out that the financial figures would now have to be altered as a result of the contributions which were going to be made by the Australian and New Zealand Governments. Under the authorization contained in resolution WHA10.28 an agreement had been concluded on 26 November 1957 with the Government of the Philippines, and the construction of the

regional office building was now well under way. Because of the generous contributions from the countries listed in the report, and from Australia and New Zealand, it was not going to prove necessary to use the whole of the amount of money which had been authorized for the Building Fund. In that connexion, he drew the Committee's attention to the next item on the Committee's agenda, which concerned the question of a building fund for headquarters. By transferring any surplus monies from the Manila Building Fund to the proposed new fund it was hoped that it would be possible to take the initial step towards adding to the accommodation at headquarters.

Mr JEFFERY (New Zealand) said that from the Secretary's statement it could be seen that \$489 926 had been contributed or pledged to the Building Fund, or about \$26 000 below the estimate in December 1957 of \$515 000, which the Director-General had cited in his report to the twenty-first session of the Executive Board.¹ From the report now before the Committee, however, it could be seen that the estimated cost of the building had risen to \$540 000. The Building Fund would apparently still be adequate to complete the work, but he strongly hoped that the latest figure would not be exceeded. He asked for information from the Secretariat as to the estimated date of completion of the building.

Dr REGALA (Philippines) expressed the gratitude of his Government for the understanding which had been shown by the Health Assembly and the Executive Board regarding the construction of the regional office building in Manila. In keeping with the Philippine Government's desire to honour its international commitments it had given its full contribution to the Building Fund. He hoped that the building would be finished in time for the September 1958 meeting of the Regional Committee.

The SECRETARY explained that the construction work was being done in two parts. There was a conference hall and a general office building. By September 1958 the conference facilities would be available and the rest would be completed by the end of the year. He could not guarantee that the estimated costs would remain at \$540 000—the Committee would be well aware of the difficulties concerning construction costs—but every possible precaution had been taken. A full report on the developments concerning the construction of the

building would be submitted to the Executive Board in January 1959.

Mr SAITA (Japan) expressed great satisfaction with the progress report on the subject of the construction of the regional office building in Manila. The countries of the Western Pacific Region were very much concerned in the matter. He was grateful that the host country had offered such a fine site and a generous contribution towards the cost of constructing an office building and that all the Member States in the Region were committed to making, or had already made, their voluntary contributions. He was grateful, also, that countries which were responsible for some of the non-self-governing countries in the Region had also contributed.

He would be interested to know if the Director-General had in mind the possible expansion of the personnel of the Regional Office in the foreseeable future. In that connexion, he pointed out that when the question of the location of the Regional Office had been brought up it had been estimated that the staff would number about 40. However, there were already around 70 employees and there would certainly be need for more office space. Because of earlier unfortunate experiences, the Committee was aware of what could happen, even in the near future. He wanted to be assured, therefore, that the plan for the office building took into consideration the expansion which would result from the activities under the Malaria Eradication Programme and other projects.

The SECRETARY explained that in planning the building an effort had been made to make provision for some expansion of staff. However, the people responsible had also tried to keep within the estimated cost of construction. Since the construction of the office building had been planned, WHO had undertaken the malaria eradication programme, which involved the need for increased staff. There was probably enough office space for three years, and after that he could not say.

Some thought had been given to the possibility of calling the Committee's attention to the fact that it would still be possible to add another floor to the building. He had asked for a calculation of the additional cost of making this addition and the figures received so far had been high enough to have deterred him from putting forward the suggestion at the present stage. Dr Fang, the Regional Director for the Western Pacific, thought that the estimates that had been received were higher than they need be and that perhaps there had been some confusion as regards the calculations. A request for a recalcula-

¹ *Off. Rec. Wld Hlth Org.* 83, Annex 19

tion of the costs had been sent to Manila. The Committee, therefore, might want to defer consideration of the matter until a more accurate estimate of the cost involved had been received.

Mr SAITA (Japan) said that he supported the suggestion which had been made by the Secretary. The members of the Committee needed more information before they would be able to come to a decision on the question. He therefore believed that further consideration of it should be deferred.

Mr PYMAN (Australia) said that the proposal for enlarging the building came as a surprise. He did not wish to limit consideration of what would be required in the future by the Regional Office for the Western Pacific, but the Committee would need a careful and meticulous statement of both personnel and financial requirements.

With regard to the last sentence in section 2.5 of the report by the Director-General, in which it was said, "The Director-General finds it difficult, however, at this stage to forecast whether a larger or smaller amount than the remaining US \$15 000, according to present estimates, will be needed for reimbursement of the Working Capital Fund in 1959", he hoped that the Secretary might now be able to indicate the effect on that situation of the new contributions which had been pledged. It would also be interesting to know whether the possible extension to the regional office building would have any effect on it.

The SECRETARY assured the delegate of Australia and the Committee that the Secretariat would submit the fullest possible information on the estimated costs of, and justification for, the provision of additional space.

The delegate of Australia was right in supposing that the financial situation was now different from what it had been when the Director-General's report had been drawn up. At that time the Director-General had not known of the additional pledged contributions from Australia (\$50 000) and New Zealand (\$14 000). Those pledged contributions altered the situation in that the 1959 estimates would no longer have to be used for construction, unless an extension to the regional office building were agreed to. The present estimated cost of construction amounted to \$540 000, and the contributions pledged to \$489 900, leaving some \$50 000 to be provided from the Working Capital Fund.

Dr WU (China) supported the suggestion of the delegate of Japan, and agreed with the opinion expressed by the Secretary that additional personnel

and the extra space were necessary for WHO's work in the Western Pacific, with special reference to malaria eradication and research work on the use of radioisotopes in medicine. He hoped that the Assembly would give the matter the importance which it deserved.

Dr LEE (Republic of Korea) said that his country, as a small contributor, greatly appreciated the generous contributions which had been made, especially by the Philippines.

Mr SAITA (Japan) said that when he had proposed that the course suggested by the Secretary should be followed, he had not been proposing an extension to the building. He had merely wished that the matter be investigated from all angles and that all possible information be made available to the Committee. Once that information had been made available, his delegation might wish to propose a resolution for the Committee's consideration.

Decision: It was agreed to defer further consideration of item 7.9 of the agenda pending the provision of further information. (For continuation of the discussion, see minutes of the eleventh meeting, section 1.)

7. Headquarters Accommodation

Supplementary item 2

The SECRETARY said that the Organization expected that more accommodation would be needed in the future at its headquarters, and the Director-General was bringing the matter to the Assembly's attention, so that the Assembly might, if it wished, take steps to establish a fund or make provisions for other funds.

Since WHO had made its plans for its headquarters in 1948 and 1949 there had been many changes in the work of the Organization, with the result that it now needed additional space in Geneva. It had already found it necessary to rent space outside the Palais des Nations, which was not only uneconomical but detracted from the Organization's efficiency.

The Director-General had taken the matter up with the United Nations in an attempt to find out whether alternative arrangements could be made, but in recent months it had become clear that additional space had to be rented. The whole matter had been discussed in the Administrative Committee on Co-ordination in May, and the Administrative Committee's comments were contained in the report (see Annex 7) which the Committee had considered at its previous meeting.

The Director-General was not yet in a position to describe exactly what would be needed. The situation would be studied further in collaboration with the United Nations' secretariat, and when a plan had been agreed on it would be submitted to the Executive Board and to the World Health Assembly. He wished to stress that the Director-General was not yet asking the Assembly for funds for a headquarters building but merely bringing to its attention that it would prove essential to have such a building.

Mr BOTHA (Union of South Africa) said that the Director-General in his report (see Annex 8) had undoubtedly made out a case for additional space but delegates had received that document only since their arrival in Minneapolis, and thus had not had time to submit the Director-General's proposals to their governments for the necessary consideration.

He was thus unable to take up a definite position with regard to the proposals. Although the Secretary had said that there was no question of the Assembly's authorizing a programme of construction or enlargement at the present stage, nevertheless delegates could not agree to set up a fund with such a purpose in mind without committing themselves.

In the discussion on the accommodation for the Regional Office for the Western Pacific, the Secretary had said that the financial requirements of the Regional Office were based on certain assumptions. The Assembly was faced with the possibility that extra accommodation might have to be provided there, which meant additional expenditure. Surely that must to some extent affect the Director-General's proposals with regard to the headquarters accommodation.

Mr LE POOLE (Netherlands) asked whether the Executive Board had discussed the question of headquarters accommodation.

Mr WARING (United States of America) said that his delegation shared the view of the delegate of the Union of South Africa. The Director-General's report on the subject had been presented to the Committee at a late stage, and many delegates had thus been unable to consult their governments. Nevertheless, he felt that it would be wise for the Director-General to proceed with consultations, make a report to the Executive Board and perhaps even present proposals for the 1960 budget.

He could not, however, agree with the proposal to set up a headquarters building fund, which seemed a premature step. There was no means of knowing whether money would be made available for such a fund, and it was also possible that funds for the

building might be supplied from the regular budget or from some other source. In any event, Member governments should be given more time to study the matter.

The SECRETARY said that the Director-General did not wish to press for the establishment of a headquarters building fund at the present stage: he had merely wished to inform the Assembly of the increasing need for additional space, and to indicate the procedure which the Assembly might follow if it wished. It would be quite sufficient for the Director-General's present purposes if the Committee merely took note of the Director-General's report.

With regard to the question raised by the delegate of the Netherlands, the Executive Board had not yet discussed headquarters accommodation, since at its twenty-first session the matter had not reached a stage at which it could have been submitted to the Board. Two years previously, however, a report had been submitted to the Board describing in general terms the growing need for additional space.

The delegate of the Union of South Africa had asked whether there was any connexion between the needs of the Regional Office for the Western Pacific and headquarters accommodation. Such a connexion was in fact made clear in the Director-General's report.

Mr WARING (United States of America) supported the suggestion made by the Secretary that the Committee should take note of the Director-General's report.

Mrs SHOHAM-SHARON (Israel) asked the Assistant Director-General whether the statement in section 2 of the Director-General's report, that the premises occupied by the headquarters office would prove even more inadequate when the malaria eradication programme had been fully developed, was based on a long-term or a short-term assessment.

The SECRETARY said that it was difficult to predict what would be long-term or short-term, or to state the length of time for which the malaria eradication programme would be required. There had been additional developments adding to the Organization's staffing requirements, and the Committee would recall that the Executive Board had recommended that the Director-General should take steps to increase the technical services at headquarters. The Committee would also recall the United States proposal with regard to research programmes. He assured the Committee that when definite plans had been worked out all possible information would be given to the Assembly.

Mr LE POOLE (Netherlands) asked whether the Secretariat knew if other organizations with headquarters in Geneva were facing the same problem as WHO.

The SECRETARY said that to his knowledge other organizations had faced the same problem in the past and continued to face it. A large part of the problem was connected with the space at the Palais des Nations, which was intended to be used for servicing conferences but which at present had to be used for the work of organizations with office space in the Palais.

Decision: It was agreed that the Committee should, on the basis of the explanations given by the Secretary, take note of the problem of headquarters accommodation as stated in the report by the Director-General (see Annex 8), and that the Rapporteur should include that decision in his report (see third report, section 8).

8. Amendments to the Rules of Procedure of the Health Assembly

Agenda, 7.7

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) recalled that, when the question of voting procedure on issues affecting the level of the World Health Organization budget — which was referred to in the proposal of the United States of America (see Annex 20) — had been discussed at the previous Assembly, the Committee on Programme and Budget had taken part in the deliberations of the Committee on Administration, Finance and Legal Matters on that question. He proposed that that procedure should be followed at the present Assembly, and that the question of the joint meeting of the two committees should be brought before the General Committee at its meeting later that morning.

Dr MELLBYE (Norway) supported the proposal of the delegate of the United Kingdom.

It was so agreed. (See minutes of the ninth meeting, section 2.)

Dr EL WAKIL (United Arab Republic), Rapporteur of the Legal Sub-Committee, read the introduction and section 1 of the Sub-Committee's report (see page 392).

Mr BOTHA (Union of South Africa) said that, if the proposed new wording for Rule 99 of the Rules of Procedure of the World Health Assembly was adopted, it was possible that the term of office of a Member of the Board might terminate at the end of an Assembly session and that the Executive Board

might not meet for a short while after that. In that case, the new Member's term of office would not begin immediately.

Professor SIGURJÓNSSON (Iceland) agreed with the delegate of the Union of South Africa. The proposed new wording did not constitute an improvement on the old Rule 99. There was no more guarantee than before that the term of office of a Member would be a full three years, and thus the proposed new wording did nothing to ensure the application of Article 25 of the Constitution. As the delegate of the Union of South Africa had pointed out, there would always be a few days in which the membership of the Executive Board would not be complete.

To ensure that membership of the Executive Board would always be complete, he suggested that the term of office of a new Member should begin on the first day after the closing of the Health Assembly at which the Member concerned was elected.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said that the delegates of the Union of South Africa and Iceland were correct in their statement that there was likely to be a small intervening period in which the membership of the Executive Board was not complete. He nevertheless felt that the proposed new wording was the nearest which could be got to a rule which gave effect to what had been the practice for many years. He would welcome an amendment to the Constitution, but in the meantime the new proposed wording was sufficient. He would commend to the Committee a principle of British jurisprudence: "*De minimis non curat lex* (the law takes no account of trifles)".

Mr BOTHA (Union of South Africa) suggested that, if in the new text the words "on the opening day of the first meeting of the Board held after" were replaced by the words "on the first day after the closing day of the session of", even the trifles would be taken care of. If there were objections, however, he would not press the amendment.

Mr CALDERWOOD (United States of America) said that the chief difficulty which had faced the previous Assembly and the Executive Board in their efforts to bring the Rules of Procedure more into line with established practice and the Constitution was that connected with obtaining governments' designations of persons to serve on the Board. The reason for making the term of office begin on the opening day of the Board session in the new wording was precisely to permit a small interval, so that the delegation of Members elected might inform their governments of their election and the governments

themselves could then designate the person to serve on the Board.

Decision: It was agreed that further consideration of the proposed amendment to the Rules of Procedure should be deferred until the text proposed by the delegation of the Union of South Africa had been distributed in writing. (For continuation of the discussion, see minutes of the eighth meeting, section 2.)

9. Convention on the Privileges and Immunities of the Specialized Agencies : Amendment to Annex VII

Agenda, 7.11

Dr EL WAKIL (United Arab Republic) Rapporteur of the Legal Sub-Committee, read section 2 of the Sub-Committee's report (see page 392).

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said that he would reluctantly have to abstain from voting on the draft resolution amending paragraph 4 of Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies. The reason was not any lack of sympathy with the proposed amendment, but possible legislative difficulties in the United Kingdom.

Mr PYMAN (Australia) said that he was in the same position as the United Kingdom delegate. Since the Australian Government was not yet a party to the Convention on Privileges and Immunities he would be obliged to abstain from voting on the proposal

to amend Annex VII. However, when any specific case arose involving the application of the principles of the Convention, such a case would, as in the past, be considered sympathetically by his Government.

Mr JEFFERY (New Zealand) said that he also would have to abstain from voting on the proposal. New Zealand had not as yet acceded to the Convention, but was considering doing so.

Mr MONK (Canada) said that he also would have to abstain. Like the New Zealand Government, his Government had not yet acceded to the Convention.

Dr SALADRIGAS (Cuba) said that he was in the same position. He felt that the resolution should be presented at the next Assembly, so as to give governments the opportunity of studying and solving the legal problem.

Dr HAYEK (Lebanon), noting that several delegations were absent, proposed that further consideration of the draft resolution should be deferred until the meeting which was to be held to consider the amendment to Rule 67 of the Rules of Procedure proposed by the United States of America.

It was so agreed. (For continuation of the discussion, see tenth meeting, section 3.)

The meeting rose at 11.55 a.m.

EIGHTH MEETING

Thursday, 5 June 1958, at 2.30 p.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Headquarters Accommodation (continued from seventh meeting, section 7)

Supplementary item 2

The CHAIRMAN read out the following draft resolution, drafted by the Rapporteur:

The Eleventh World Health Assembly,

Having considered a report of the Director-General on the accommodation for the headquarters office at Geneva,

1. NOTES the report; and
2. REQUESTS the Director-General to proceed with his studies on accommodation which would be suitable and adequate for the headquarters of the Organization and to present a plan of action for consideration by the Executive Board at its session in January 1959 and by the Twelfth World Health Assembly.

Decision: The Committee unanimously agreed to recommend the adoption of the draft resolution (see third report of the Committee, section 8).

2. Amendments to the Rules of Procedure of the Health Assembly: Rule 99 (continued from seventh meeting, section 8)

Agenda, 7.7

The CHAIRMAN invited comments on the amendment proposed by the delegate of the Union of South Africa during the previous meeting (and distributed as a working paper before the beginning of the current meeting) to the text of Rule 99 as contained in section 1 of the report of the Legal Sub-Committee (see page 392).

The amendment proposed was to replace, in Rule 99, the words: "begin on the opening day of the first meeting of the Board held after the Health Assembly..." by "begin on the first day after the closing day of the session of the Health Assembly..." The Rule 99 as amended would then read:

The term of office of each Member entitled to designate a person to serve on the Board shall begin on the first day after the closing day of the session of the Health Assembly at which the Member concerned is elected and shall end on the closing day of the session of the Health Assembly during which the Member is replaced.

Dr KAREFA-SMART (Sierra Leone) asked what the delegate of the Union of South Africa meant by the words "the first day after the closing day of the session of the Health Assembly".

Mr BOTHA (Union of South Africa) said that those words were not his own; he had copied them from a document. Presumably they meant the first day after the day on which the Health Assembly was concluded.

Dr KAREFA-SMART (Sierra Leone) said the Director-General might wish to call a meeting of the Executive Board on the day on which the Health Assembly was concluded, but after its conclusion. The membership of the Board would be incomplete on that day, if the proposal of the delegate of the Union of South Africa were adopted.

Mr BOTHA (Union of South Africa) said it was extremely unlikely that it would be necessary for the Board to meet on that day. If it did have to meet then because of an emergency, the out-going members of the Board would be under an obligation to attend the meeting. The remarks of the delegate of Sierra Leone applied equally to the Sub-Committee's text.

Dr BERNARD (France) suggested the use of the words "the day after the closing day of the session of the Health Assembly".

Dr KIVITS (Belgium) suggested the use of the words "immediately after the closing of the session of the Health Assembly".

Mr KITTANI (Iraq) proposed the substitution of the words "immediately after the closing" in place of both the words "on the first day after the closing day" and the words "on the closing day" in the text for Rule 99 advocated by the delegate of the Union of South Africa.

Professor SIGURJÓNSSON (Iceland) said the amendment proposed by the delegate of Iraq, being only a change in wording, would be acceptable.

Mr BOTHA (Union of South Africa) said he gladly accepted the change proposed by the delegate of Iraq.

Dr HAYEK (Lebanon) said that the text for Rule 99 recommended by the Sub-Committee was in accordance with Article 26 of the Constitution. He had doubts regarding the text proposed by the delegate of the Union of South Africa for that rule, since there was no mention in it of any Board meeting, and, moreover, Members chosen to designate persons to serve on the Board needed time to designate them.

Decisions:

(1) The amendment proposed by the delegate of the Union of South Africa and amended by the delegate of Iraq, to Rule 99 in section 1 of the report of the Legal Sub-Committee, was adopted by 34 votes to none, with 11 abstentions.

(2) The draft resolution in section 1 of the Sub-Committee's report, as thus amended, was approved by 44 votes to none, with 5 abstentions.

3. Consideration of the Possibility of Action being taken under the Aegis of WHO for the Control of the Geneva Conventions of 1949, comparable with the action UNESCO has Agreed to take concerning Cultural Assets (Item proposed by the Government of Monaco)

Agenda, 7.12

Dr BOERI (Monaco) said WHO's main task—which it had been carrying out with success for ten years—was to protect the health, and consequently the lives, of people throughout the world at all times. The right to health and to life was the most important human right of all; if they did not enjoy that right people could not enjoy any other right. The Sixth World Health Assembly had agreed that some study on international medical law was desirable.

Numerous organizations—some private, others semi-public, some national, others international—

had for long been engaged in the progressive development of the humanitarian sector of that branch of international law. They included the International Committee of the Red Cross, the International Law Association and the Commission médico-juridique de Monaco. The last named organization, which was composed of lawyers and doctors of many different nationalities, had been established in 1934 for the purpose of helping to determine the moral principles which should be followed by the medical profession both in time of peace and in time of war and to develop medical legislation as a part of international law. From the outset it had striven to alleviate the sufferings of those involved in wars. On several occasions it had studied the Geneva Conventions of 1949 regarding wounded service personnel, the treatment of prisoners of war and the protection of civilians, which provided for "protecting Powers" to safeguard the interests of belligerent Powers and help ensure the implementation of the Conventions. It had come to the conclusion that the implementation of those Conventions would be better ensured if new measures were taken. It had observed that neutral States experienced great difficulties in acting as protecting Powers and it had taken note of views expressed by international organizations representing veterans, displaced persons, etc. During the third session of the Commission médico-juridique de Monaco, the suggestion had been made that WHO should be asked to draw up a scheme for providing additional protection of the kind afforded under the Geneva Conventions. The Government of Monaco had taken up that suggestion and was glad to see its proposal on the agenda of the present session. In the memorandum it had presented, it suggested that WHO might, in so far as it could do so constitutionally, take action to help ensure the application of the Geneva Conventions in the same way as that in which UNESCO had undertaken to help supervise the application of the 1954 Hague Convention for the Protection of Cultural Property in the Event of Armed Conflict. That Convention provided for a permanent organization with a Commissioner-General for Cultural Property, appointed by the contracting parties from a list of qualified persons drawn up in peace-time by the Director-General of UNESCO. In the event of conflict, each nation at war would appoint a representative for cultural property, who would work with the representatives of the protecting Powers and the permanent organization in applying the provisions of the Convention. It would seem desirable to ask WHO, particularly because of its experience of regional organization and of recruiting and employing experts, to consider

the establishment of machinery to protect human lives similar to the UNESCO machinery for protecting cultural property.

Since the item had been placed on the provisional agenda, the Government of Monaco had consulted a number of Member States and international organizations, including the International Committee of the Red Cross. Those consultations had shown that many difficulties would arise if WHO were to be assigned functions similar to those of UNESCO under the 1954 Hague Convention. Consequently his Government had decided to limit the scope of its proposal and hoped that the Health Assembly would recognize the desirability of training qualified personnel, including doctors and lawyers, to help ensure the implementation of the Geneva Conventions should that be necessary. Such action by the Assembly would encourage the Government of Monaco to continue to try, in co-operation with the bodies concerned with the implementation of the Geneva Conventions, to draw up a complete plan for achieving that object. There, as in all world health fields, WHO would have a co-ordinating role to play.

Mr CAMPICHE (Switzerland) said his Government was, of course, particularly interested in the subject under discussion because it often acted as the "protecting Power". His Government was of the opinion that it was most important to avoid increasing the number of international agreements on the subject and the number of bodies with responsibilities for helping to ensure the implementation of the Conventions. From its experience as a protecting Power it considered that as many people as possible should be familiar with the Conventions since that would help to ensure their automatic implementation in the event of armed conflict.

When they learned of the action taken by the Government of Monaco, the Swiss authorities, while welcoming the fact that that Government was showing such interest in the matter, had experienced some doubts, since they foresaw several difficulties in the way of following the course suggested by the Government of Monaco.

He had therefore been particularly glad to hear the concluding remarks just made by the delegate of Monaco. He would welcome the taking of practical measures to spread knowledge of the Geneva Conventions amongst, for example, the medical profession. He suggested that a member of the Secretariat might make an explanatory statement on the item under discussion, since it was a very complicated matter.

The CHAIRMAN said he was certain that all present appreciated, as he did, the humanitarian motives which had inspired the action taken by the Government of Monaco.

He asked the Chief of the Legal Office to make the explanatory statement suggested by the delegate of Switzerland.

Mr ZARB, Chief, Legal Office, said that as the Director-General's representative he had been in contact with a number of the organizations and governments concerned with the subject under discussion. He had been present in that capacity as an observer at the April 1957 session of the Commission médico-juridique de Monaco at which the suggestion under consideration had been mooted. The Commission had acted on the basis of certain articles which appeared in each of the four Geneva Conventions of 1949 and which were identical except for their numbering. A clause in those articles read :

The present Convention shall be applied with the co-operation and under the scrutiny of the Protecting Powers whose duty it is to safeguard the interests of the Parties to the conflict. For this purpose, the Protecting Powers may appoint, apart from their diplomatic or consular staff, delegates from amongst their own nationals or the nationals of other neutral Powers. The said delegates shall be subject to the approval of the Power with which they are to carry out their duties.

In a statement to the Académie de Médecine (reproduced as Annex IV of the memorandum submitted by the Government of Monaco) the Vice-Chairman of the International Committee of the Red Cross had said : " However great its means, the protecting Power can never send more than a relatively limited number of delegates to a belligerent country. Towards the end of the war Switzerland alone was the protecting Power for 35 countries. It should have had a veritable army of officials... " The Commission had concerned itself with the problem of how best to form a body of persons familiar with the Conventions to help ensure their implementation in the event of war. The Commission had thought that that might be done by following some of the provisions in the 1954 Hague Convention for the Protection of Cultural Property in the Event of Armed Conflict, which contained a number of clauses giving UNESCO a role to play. One of those clauses was worded as follows :

On the entry into force of the Convention, the Director-General of the United Nations

Educational, Scientific and Cultural Organization shall compile an international list consisting of all persons nominated by the High Contracting Parties as qualified to carry out the functions of Commissioner-General for Cultural Property. On the initiative of the Director-General of the United Nations Educational, Scientific and Cultural Organization, this list shall be periodically revised on the basis of requests formulated by the High Contracting Parties (Regulations for the Execution of the Convention, Chapter I, Article 1).

It therefore seemed quite logical, on the analogy of the UNESCO arrangements, that WHO in its turn should be invited to draw up a list of persons who could help in the implementation of the humanitarian Conventions. This was in fact the idea which had been put forward by the Government of the Principality of Monaco on the basis of the conclusions reached by its Commission médico-juridique.

WHO for its part, as the co-ordinating authority for international health work, had discussed the suggestion with the International Committee of the Red Cross and with the Swiss Government. From the outset difficulties had been foreseen. It would of course have been easy to draw up a list of suitable persons, but it would then be necessary to define their exact status and functions and that might require the setting-up of a further convention. Governments were naturally reluctant to increase the number of Conventions unless there was some definite gap in the provisions of the existing ones, and that would not seem to be the case with the Geneva Conventions if they were honestly and fully implemented. If a new convention was necessary, it would of course be for those responsible for the original conventions to take responsibility also for the new one. Furthermore, the 1954 Hague Convention for the Protection of Cultural Property had created an entirely new situation and for that reason it could not really be compared with the humanitarian Conventions of 1949, which superseded those of 1929 and 1907 and had considerably improved the system for their implementation laid down in those earlier Conventions.

Because of those various difficulties, the Government of Monaco had decided to continue its conversations with the competent authorities with a more limited objective—to see if the idea of educating people to help in the application of the humanitarian Conventions could be pursued on the purely practical level. There were good reasons to think that that might be done.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said that his delegation very much appreciated the initiative taken by Monaco in bringing forward its very interesting and important proposal and he was glad that Monaco intended to continue to study the problem. His delegation, together with that of France, wished to submit the following draft resolution for the Committee's consideration :

The Eleventh World Health Assembly,

Considering the proposal submitted by the Government of Monaco;

Considering the importance of the observance of the 1949 Geneva humanitarian Conventions;

Considering that the Government of Monaco will continue its study of the problem which is the subject of its interesting proposal by obtaining the co-operation of the competent organs already responsible for supervising the application of the Geneva Conventions; and

Considering that in this instance the World Health Organization should only assume the role incumbent upon it in virtue of its Constitution,

1. NOTES with appreciation the interest manifested in this matter by the Government of Monaco;
2. EXPRESSES the hope that, as a result of the combined efforts of the governments concerned, all countries may come to have an ever more widespread knowledge of the Geneva Conventions;
3. RECOMMENDS that Member States facilitate, in so far as possible, any practical solution which may be proposed to them to this end; and
4. INVITES the Director-General, within the limits of the means at his disposal, to lend his good offices so that, if necessary, the World Health Organization may act in a co-ordinating capacity in accordance with the terms of Article 2, paragraph (a) of its Constitution.

Mr AF GEJERSTAM (Sweden) said that he had studied the proposal put forward by the delegation of Monaco with interest but had not had sufficient time to consider all the legal implications. He was not therefore in a position to take a definite stand on the proposal, but he felt that WHO was not really the appropriate body to control the implementation of the very important Geneva Conventions of 1949. On that point he fully agreed with the delegate of Switzerland. He was prepared to accept the draft submitted by the delegates of France and the United Kingdom but would prefer to delete paragraph 4 and he asked for a separate vote on that paragraph.

Dr HAYEK (Lebanon) also appreciated the initiative taken by Monaco on that important humanitarian question. With regard to the draft resolution, he asked whether paragraph 4 would have any financial repercussions for the Organization. He also proposed the insertion of the words " either directly or through the intermediary of the Regional Directors " after the words " good offices " in paragraph 4.

Mr ZARB, Chief, Legal Office, replied that the adoption of the draft resolution would not involve any financial repercussions for the Organization. He did not think that the amendment suggested by the delegate of Lebanon was really necessary since the reference to the Organization as a whole included all its officials.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, added that the insertion of the wording proposed by the delegate of Lebanon in the particular resolution under discussion might cause some confusion as to the meaning of other resolutions where similar wording did not appear. When the Director-General was referred to, as in paragraph 4 of the draft resolution, it could be assumed that he would use all the resources available to him in the Organization.

Dr HAYEK (Lebanon) explained that he had wished to refer to the Regional Directors because particular reference was made to the assistance of the regional offices in the memorandum of the delegation of Monaco. However, he would withdraw his amendment in view of the Secretary's statement.

Mr TOUSSAINT (France), speaking as co-sponsor of the draft resolution, wished to add his tribute to Monaco and also to Switzerland for their humanitarian activities in Europe.

Mr ALLENDE (Chile) and Dr DE PINHO (Portugal) thanked the delegation of Monaco for raising the important question and supported the joint draft resolution.

Mrs SHOHAM-SHARON (Israel) asked for some clarification about the meaning of the last paragraph of the preamble to the draft resolution. The statement it contained seemed rather to prejudge the issue.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) explained that the authors of the resolution had felt bound to take account of the interest of other organizations in the application of the Geneva Conventions. They had therefore

felt it necessary to stipulate that WHO had no intention of going beyond its constitutional functions.

Mrs SHOHAM-SHARON (Israel) said that she was not fully satisfied with the explanation given and she would like a separate vote on the paragraph in question.

Mr BRADY (Ireland) was grateful to Monaco for raising a very important problem but he felt the whole question required further study. As the question was so complex, it would perhaps be better not to adopt any resolution which might even indirectly prejudice the issue. He therefore suggested that, instead of the resolution proposed, the Committee should adopt a very simple resolution taking note of the proposal made by the Government of Monaco and referring it to the Executive Board for further study with a request for a report for the Twelfth World Health Assembly.

Mr KITTANI (Iraq), Mr CALDERWOOD (United States of America) and Mr ZEUTHEN (Denmark) supported that proposal.

Mr AF GEIJERSTAM (Sweden) did not think the question was suitable for study by WHO. In his opinion, it should be left to the individual governments and particularly the Government of Monaco which had shown so much interest in the problem.

The CHAIRMAN suggested that a working party composed of the delegates of France, Iraq, Ireland, Monaco, Sweden, Switzerland and the United Kingdom should meet to draft a new resolution which the Committee could discuss at a later meeting.

It was so agreed. (For continuation of the discussion, see tenth meeting, section 4.)

4. Frequency of World Health Assemblies

Supplementary item 3

Mr MONK (Canada) recalled that the holding of biennial instead of annual Health Assemblies had first been considered five years before and the idea

had been accepted in principle. He thought that it was now appropriate for the Health Assembly to reconsider the application of that principle. He therefore submitted a draft resolution proposing that the matter should be placed on the agenda of the Twelfth World Health Assembly. In view of the complexity of the subject he hoped that the Committee would not discuss the substance of the question at present, but suggested that delegations should give the matter careful study in order to be able to express their views at the next session of the Health Assembly.

Dr NOVAES (Brazil), Mr JEFFERY (New Zealand), Mr CALDERWOOD (United States of America), Mr PASTINEN (Finland), and Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) supported the Canadian proposal.

Mr AF GEIJERSTAM (Sweden) said that, when the subject had been discussed previously, his delegation had been very interested in it and had been mainly concerned with the financial implications. Since then the situation had changed and the whole problem required thorough study. He was prepared to support the Canadian proposal but emphasized that that did not in any way commit his delegation on the question of substance.

Dr MELLBYE (Norway) said that his delegation had also been one of the sponsors of the original proposal for biennial Health Assemblies. His Government no longer had any fixed opinion on the subject and he would therefore reserve his delegation's position on the question of substance, while supporting the draft resolution.

Mr KITTANI (Iraq) said that he would have no difficulty in supporting the draft resolution, although he had a minor reservation about the last paragraph of the preamble, which seem to prejudice the issue slightly in favour of biennial Health Assemblies.

Decision: The draft resolution submitted by the Canadian delegation was approved unanimously (see third report of the Committee, section 10).

The meeting rose at 4.45 p.m.

NINTH MEETING

Friday, 6 June 1958, at 9.45 a.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Third Report of the Committee

Dr MELLBYE (Norway), Rapporteur, read the draft third report of the Committee.

Decision: The section on the scale of assessment for 1959 and sections 1 to 8 were adopted without comment.

Mr KITTANI (Iraq) drew attention to an error in the English text of section 9 of the draft report. In the proposed new wording for Rule 99 of the Rules of Procedure, the words "of the" had been omitted between the words "closing" and "session".

Decision: Section 9, with the correction made by the delegate of Iraq, and section 10 of the draft report were adopted. The report was then adopted as a whole (for text, see page 384).

2. Amendments to the Rules of Procedure of the Health Assembly : Rule 67

Agenda, 7.7

Mr HANES (United States of America) said that his delegation was proposing an amendment to the Rules of Procedure of the Health Assembly, and specifically to Rule 67 (see Annex 20), so that the annual budget of WHO would in future, beginning with the Twelfth World Health Assembly, be considered an "important question" and would therefore require a two-thirds majority vote for adoption.

The United States proposal was based on the WHO Constitution, but his delegation wished to make it clear that it was not proposing an amendment to the Constitution itself. Article 60 (a) of the Constitution read in part: "Decisions of the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting." The purpose of the United States amendment was simply to recognize that the Organization's budget was an important question. In one sense it was the most important question which the World Health Assembly faced each year, since the decisions which the Assembly took with regard to the budget influenced both the extent and the direction of the work to be

undertaken by the Organization throughout the succeeding year.

There was another reason for the United States proposal. His delegation believed that the questions relating to the Organization's budget had a profound impact, not only upon the Organization itself, but upon nearly every Member State. That might in some cases be because of the contribution to the Organization made by a Member State, and in that connexion it should not be forgotten that contributions to international organizations were a significant item in the overall national budgets of many countries. In other cases, the WHO budget was important to Member countries as it contained provisions for projects to be carried out in, and for the benefit of, the inhabitants of those countries.

The budget was thus a question of importance, not only to the Organization but also to every Member State, and for that reason the annual approval of the budget should have the overwhelming support of the Members of the Organization. Ideally speaking, that support should be unanimous. Such an ideal was unrealistic, but nevertheless the budget should satisfy the aspirations and have the approval of at least two-thirds of the Member States.

He recalled that it had long been the practice in the United Nations and in the International Labour Organisation to adopt budgets by a two-thirds majority, and that that process had led to no procedural difficulties. Furthermore, in April 1958, the Executive Board of UNESCO, representing twenty-four countries, had unanimously decided in favour of a change of procedure for UNESCO similar to that now proposed by the United States delegation for WHO. In adopting the proposal for a change of procedure, the UNESCO Executive Board had been strongly impressed by the speeches in favour of the proposal made by representatives of countries in every part of the globe, and especially by the representatives of less developed countries.

Although he did not suggest that WHO should change its system simply because UNESCO or the United Nations had a different one, he believed that

consistency of practice among international organizations, particularly in financial and administrative matters, was highly desirable. The Assistant Director-General, in speaking about another matter, had pointed to the difficulties which were created by inconsistent financial practices.

He had been gratified by the degree of support for the United States proposal—which had been expressed to him in private conversations with delegations of other Member States. He had also been asked some questions with regard to the proposal which deserved consideration.

One such question had been whether the United States proposal was not in fact a device to make the continuance of the pattern of annual increases in the budget impossible, or at least very difficult, in the future. He could assure the Committee that such had not been the intention of the United States delegation in proposing the resolution, nor was it its intention with regard to WHO budgets in general. The WHO budget had increased considerably since 1948. That increase was noticeable if only the regular budgets were taken into consideration, and became even more so if account was taken of all the sources of income available to WHO, such as funds from the Expanded Programme of Technical Assistance, funds shared jointly with UNICEF and special funds such as that for the malaria eradication programme.

Such an increase was a healthy sign, and his Government supported the principle that WHO should grow year by year so long as it existed in a world in which the need for its services exceeded the supply. Previous discussions in the Committee had demonstrated the need for new and additional work by WHO in such widely differing matters as environmental sanitation and the health aspects of the peaceful uses of atomic energy. At the same time the Organization had to continue and expand the useful work in which it had already been engaged for many years. Nevertheless, although growth was natural and desirable, there were certain limitations imposed by prudence. The first of those was that the assessments of WHO Members should not rise to a point where they imposed an intolerable strain on some national budgets. A second limitation derived from the fact that every proposal for increased activity should be justified both on its own merits and in relation to other possible activities. However abundant the resources available to WHO, they would be worthless unless there were also highly trained men and women available to plan and supervise their use. There was a definite limit to the number of such trained people who could be found to carry out programmes, and there was also a

limit to the number of untrained people who could be trained in any one year. Nor could the time required to produce a highly skilled specialist be shortened merely by providing more money.

Thus, it was not true that the United States hoped that future WHO budgets would cease to increase. It only hoped that the increases would not be wasteful. The only way to ensure that was by insisting that the budgets should be drawn up in such a way as to command the support of an overwhelming number of Member States.

The United States proposal did not stem from any intention to keep the annual budgets of WHO static. It was moreover clear that it could not possibly achieve such a result. The application of a two-thirds majority provision to the budget would have the effect of limiting only extreme proposals, either to prevent normal and healthy increases, or to raise a budget which either could not be met by Members or could not be effectively utilized. The two-thirds majority provision was also a guarantee against the situation where there was a nearly equal balance of votes—a situation which itself nearly always tended to encourage the adoption of extreme positions.

Some delegations had felt that the adoption of the United States proposal might lead to endless debate on budgetary matters and might prevent any agreement on a budgetary level. There was, in his view, no basis for those fears, which had not proved to be justified in any of the other organizations where the two-thirds requirement prevailed. Moreover, every World Health Assembly was faced with the necessity of providing funds for the continued operation of the Organization, and it was inconceivable that any Assembly would fail to do so.

There was another resolution before the Committee relating to the amendment to the Rules of Procedure—the proposal of the delegation of Costa Rica to defer a decision for a further year. While he appreciated the spirit of that resolution he could not support it. Ample time had already been allowed for consideration of the United States proposal, which had been raised at the previous Assembly and which it had been known would be raised again at the present one.

His Government earnestly believed that the United States proposal would strengthen WHO and would help the Organization to meet the ever greater challenges of the future with vision, with the harmony of common purpose, and with an ever-growing ability to find opportunity in each new challenge. He asked all delegates to give the United States resolution the most serious consideration.

Dr VARGAS-MÉNDEZ (Costa Rica) said that he had listened with great interest to the speech by the United States delegate. No one would dispute that the budget was a matter of great importance. That was not the point at issue. His delegation's resolution was not in opposition to the United States resolution, but attempted to provide for its full consideration and study by the Assembly in accordance with the Assembly's constitutional responsibilities. He pointed out that the letter of 21 March 1958 from the United States representative to international organizations in Geneva (see Annex 20), proposed that the United States resolution should apply only to budgets subsequent to the 1959 budget.

He could not agree with the United States delegate that the Organization's budget had a profound impact on Member States. Member States' contributions represented the minimum effort that they could make for WHO. There had never been protests in WHO or other organizations against increases in the budget of small amounts.

With regard to references that had been made to the procedures followed in other organizations, he agreed that uniformity was desirable, but did not feel that it should be achieved at the expense of the Organization's individual personality.

He recalled that the Assembly procedures for examining the programme and budget had been submitted to the Executive Board for study. Perhaps the United States resolution could be submitted for consideration by the Board at the same time. The Board could then submit a report to the next Assembly, together with a recommendation for the adoption of the resolution if it thought fit.

Mr STROBL (Austria) said that he supported the United States proposal. From a legal point of view, an amendment to Rule 67 of the Rules of Procedure was in conformity with the first sentence of that Rule, which stated: "Decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting". Furthermore, in Article 17 of the Constitution the World Health Assembly was empowered to adopt its own rules of procedure.

In general, the disadvantage of a simple majority vote was that its outcome sometimes depended on the way in which only one or two individual votes were cast. On important questions, it was better that the majority vote should exceed the minority vote by a broad margin.

If the United States amendment were adopted, its effect would be to bring the Organization's Rules of Procedure into line with Rule 19 of the Rules of Procedure of the General Assembly of the

United Nations, where the budget had to be carried by a two-thirds majority.

Dr HABERNOLL (Federal Republic of Germany) said that he supported the United States resolution. In every community, the budget was one of the most important items facing the authorities, and needed to be approved by a substantial majority.

Although Article 60 (a) of the WHO Constitution did not mention budgetary questions among those which needed to be decided by a two-thirds majority, Article 60 (b) provided the legal basis for the addition of categories of questions to be so decided. Thus the United States resolution had a solid legal basis and should be adopted by the Committee.

Dr ALLARIA (Argentina) also supported the United States resolution. He confirmed that his country had received notice of the proposed amendment to Rule 67 of the Rules of Procedure in time for it to be thoroughly considered. The view of the Argentine authorities was that the need for a two-thirds majority invested those concerned with deciding budgetary questions with a greater sense of responsibility and at the same time led to a more thorough study of such questions. In Argentina, all questions connected with the investment of funds had to be decided by a two-thirds majority.

He unreservedly agreed with the statement of the United States delegate, but was unable to support the view of Costa Rica.

Dr SÁNCHEZ-VIGIL (Nicaragua) said that, since the meeting of the Executive Committee of the Pan American Sanitary Organization in Washington, where the budget for that organization had been approved, his delegation had come to feel that a simple majority on budgetary questions was dangerous. When it came to voting on such questions, especially in small committees, there was always the risk that the absence of a Member, or some misunderstanding, might lead to an unrepresentative decision being taken by a very small majority. That had not actually occurred in Washington, but something like it might well occur. The Executive Committee had reduced the \$4 000 000 requested by the Director of the PASO for his programme to \$3 000 000, and as a result the fellowship and field programmes, which were the most important items in the programme, had had to be reduced.

He was well aware that the Director-General of WHO had carefully prepared the Organization's 1959 budget and that the Assembly had unanimously approved it. It might therefore seem that to provide for a two-thirds majority was unnecessary. Nevertheless, for the sake of order and correctness he supported the United States resolution.

Mr KITTANI (Iraq) said that the Committee was well aware that the question of the vote on the budget had been fully discussed at previous Assemblies, and that it was also conversant with his Government's views on that issue.

His delegation did not question the motives of the United States delegation, but nevertheless felt that the question of the vote on the budget was one where an honest difference of opinion existed between them.

Reference had been made to United Nations procedure with regard to the budgetary vote. Article 18 of the Charter of the United Nations laid down that the budget had to be approved by a two-thirds majority, but no such provision existed in the WHO Constitution. It was worth reflecting why that difference existed. He believed that, at the time when the Organization's Constitution had been drawn up, an attempt had been made to include the budget among those questions which had to be decided by a two-thirds majority.

He agreed with the United States delegate that the budget was an "important question". But, in his delegation's view, every item on the agenda was an important question. Moreover, it was not the importance of the budget that was at issue, but the desirability of changing a practice that had been followed for a long time and had always given satisfaction.

WHO's structure and objectives, and consequently its budgetary requirements, were different from those of the United Nations and the other specialized agencies. The whole issue should therefore be considered on its own merits and in terms of the WHO structure alone.

He reminded the Committee that, when the matter had been discussed at previous Assemblies, there had never been even a simple majority in favour of amending the Rules of Procedure in the sense proposed by the United States, and there had been no recent developments which justified a change in that situation.

Dr WU (China) said that he supported the United States resolution, and regarded the statement by the United States delegate as both reasonable and satisfactory.

Mr SAITA (Japan) said that the determination of the size of a budget was a matter of importance in any institution. In WHO, which was fully supported financially by its Members, it was a matter of even greater importance, owing to the way in which the Members shared in both the financial responsibilities and the programme.

The procedure which had been followed in other organizations, including the United Nations and the International Atomic Energy Agency, appeared to be reasonable. In their experience the requirement of a two-thirds majority vote on the budget had proved satisfactory, and had not created confusion or difficulty. His country had thus been interested when UNESCO had decided to place the question of a two-thirds majority vote for the budget on the agenda of its Executive Board. The Japanese delegation had supported the proposed change in the UNESCO Executive Board, and had agreed with the views expressed by delegates of the United Arab Republic, Venezuela, Iran, the Union of Soviet Socialist Republics, Spain and France.

Although it was true that WHO was different in some ways from other organizations, that was no argument for not adopting a procedure by which important questions had to be decided by a large majority of its Members.

The delegate of Costa Rica had proposed that consideration of the United States proposal should be deferred until the following Assembly, so that it could be studied by the Executive Board at its January session when it came to consider the programme and budget. However, the subject of study at the Executive Board was very different from the issue now before the Committee and had nothing to do with the present discussions. He could therefore see no reason why the United States resolution should be deferred.

He proposed that the vote on the United States resolution, when it came to be taken, should be by roll call.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) warmly supported the proposal which had been so cogently put forward by the United States delegate. It was entirely logical in its purpose and its acceptance would be in the best interests of the Organization. He also thought that it was a matter which could and should be decided at the present time. In his view there was no need for it to be remitted to the Executive Board.

Professor ZHDANOV (Union of Soviet Socialist Republics) said his delegation had given thorough consideration to the United States proposal and thought that the arguments in favour of it were well founded. The main object in regard to the question was that the Organization should have a stable budget, and for that it would be necessary to have a firm majority of the Assembly in its favour. Some delegates seemed to see some sort of connexion between the purely procedural question

regarding the amount of the majority and the matter of substance which related to the size of the budget. He could not see any connexion between those two matters. The budget which had just been adopted for WHO had been adopted unanimously, and yet it would mean an increase of over \$300 000 in his country's assessment. It was essential to have a firm expression of the will of the majority on an important question such as the budget, and he therefore supported the proposal put forward by the delegate of the United States of America.

Mr JEFFERY (New Zealand) said that, as other delegates had made clear, the importance of decisions on the level of the budget could not be denied. The budget represented the life-blood of the Organization—the indispensable means by which programmes could be implemented and enlightened planning undertaken. The United States delegation, for reasons with which he was able to sympathize, had proposed that the importance of the budget level should be formally recognized by including it among those questions to be decided by a two-thirds instead of a simple majority.

He had listened with the closest interest to the prospective advantages, both for the Organization and for governments, cited in favour of the resolution by its sponsors. His delegation was inclined, however, to believe that the inclusion of the budget level within the group of questions requiring a two-thirds majority might well have the effect of rendering more difficult the Assembly's task of reaching decisions on the level of the budget.

The experience of the previous Wednesday, when unanimous approval of the budget level by acclamation had been substituted for the existing simple majority requirement, was exceedingly rare in the budgetary annals of the Organization. Much more frequently—and particularly in 1957—the reasonable majority by which the budget was adopted (or counter-proposals rejected) fell far short of the two-thirds majority sought by the United States delegation. Thus, the United States proposal, while motivated by the highest considerations, might equally, in the view of his delegation, have the effect of bringing about situations of deadlock on the determination of the budget level which, at the very least, might not be resolved into compromise without acrimonious debate and considerable difficulty.

Such considerations left his delegation with doubts as to the relative merits of what was regarded as desirable versus what was reasonably and practicably attainable. In particular, he had doubts whether the United States recommendation would, in fact, fully serve the interests of the Organization or assist in

promoting the objective of forward-looking programmes within the context of relative budget stability which was the mark of the healthy, growing and maturing Organization. His delegation would, therefore, abstain on the United States resolution.

So far as the draft resolution put forward by the delegation of Costa Rica was concerned, his delegation believed that examination of the matter by the Executive Board (which had not been undertaken) would be helpful in resolving some of his Government's doubts about the United States proposal.

Dr GARCÍA (Philippines) shared the view of the other delegates as to the clarity of the statement which had been made by the United States delegate in regard to his proposal. He had explained that the purpose of the proposal was to do away with a situation which might lead to an unharmonious climate in the Assembly. He agreed with the United States delegate that the matter should be settled at the present time. He was unable, therefore, to support the proposal put forward by the delegate of Costa Rica.

Dr BERNARD (France) agreed with much that had been said by previous speakers. He had been struck by the fact that there was only the one proposal, from the United States delegation, and no truly opposing opinions had been expressed. The delegate of Costa Rica, for example, had emphasized the fact that he was not opposed to the United States proposal but simply felt that it needed to be studied further. The question implied in the draft resolution put forward by the delegate of Costa Rica was, did the Committee have enough information as regards the substance of the question before it? He thought that that question could be answered in the affirmative. As the delegate of Iraq had pointed out, the Assembly had had many opportunities to consider the matter, and he did not think that it would help to have the Executive Board study the subject further. He was in favour of taking a decision on the question at the present time.

The French delegation felt that budgetary questions should be decided by a two-thirds majority of the Assembly. The experience of the United Nations and of other specialized agencies was that that was a useful procedure and that there had been no harmful results. He thought that the United States proposal should be adopted at the present time because the current position justified it. The budget was a very important subject and became more and more so as its size increased. There was more reason now, therefore, for the Assembly to decide on a two-thirds majority for budgetary questions than

there had been in earlier days. The time also was propitious for making a change. The Assembly had been congratulating itself on the achievements of the past decade and the importance of its work. It would be justified in deciding that the current size of the budget warranted a change in the Rules of Procedure. The budget which had just been adopted had been adopted by acclamation. A change from a simple majority to a two-thirds majority, therefore, would clearly be in conformity with the wishes of the Assembly.

The DIRECTOR-GENERAL apologized for intervening, but felt he could give some useful information to the Committee. The course of the debate was naturally being influenced by the climate of optimism consequent on the recent unanimous approval of the budget for 1959. He felt obliged to remind delegates of less happy occasions in the Organization's history, and at the same time to draw attention to some of the consequences of any decision that the Assembly's approval of the budget must be by a two-thirds majority.

Perhaps the most important consequence related to the application of Article 60 of the Constitution. Rule 67 of the Rules of Procedure—the rule it was proposed to amend—was an exact copy of paragraph (a) of that Article. Paragraph (c) read as follows :

(c) Voting on analogous matters in the Board and in the committees of the Organization shall be made in accordance with paragraphs (a) and (b) of this Article.

Thus, if the proposal before the Committee were adopted, the Executive Board would also require a two-thirds majority for its decision with regard to the budget. He did not think that anyone had yet drawn attention to that rather important implication of the proposed amendment. What had brought it to his mind was the remarks of the delegate of Nicaragua about the voting on PASO's budget in its Executive Committee and the dangers of small minorities.

The central point on which the whole discussion turned was the thesis that the budget of WHO was an important question. If all the important matters coming before the Assembly were to be listed, there were many that would logically have to be decided by a two-thirds majority—including perhaps the election of the Director-General. In any case, "important" was a relative word. At the risk of seeming unrealistic, he must say that personally he did not consider the approval of the Organization's

budget to be as important as the approval of its programme of work.

He had been interested to hear that in Argentina budgetary questions at the national level were decided by a two-thirds majority. That was an important fact of which he had been unaware.

It was the delegate of New Zealand who had raised the question of how far the proposal before the Committee would really help. In that connexion he felt that the events of the last five or six years should perhaps be looked at more closely. In his view the pattern of those years—the lengthy debates and small voting margins—had been determined by two factors : the ceiling fixed by the United States Government on its contribution to WHO, and the question of the return of the inactive Members and the utilization of the resources provided by them. Now that those two factors had ceased to operate, there was good reason to hope that the controversies of the past would not recur. On the other hand, the requirement of a two-thirds majority would, he believed, raise the important problem of control by a minority. The fact that the previous experience of other organizations provided no actual example of such a development did not diminish the theoretical possibility.

As for the references made to the practice of other agencies, he reminded the Committee that the requirement of a two-thirds majority on budgetary questions in the United Nations and ILO had represented a big step in the opposite direction to the change now proposed by the United States delegation, since in the League of Nations and ILO the requirement had been unanimity.

An important fact brought out in the discussion had been that, in the case of UNESCO, that organization's Executive Board had been given an opportunity to study the implications of the two-thirds majority provision and report to the next session of the Conference.

The delegate of Iraq had said he understood that an attempt had been made to include a provision for a two-thirds majority on budgetary questions in the WHO Constitution. That was correct, as would be seen from page 427 of *Official Records* No. 79, where it was recorded that information had been given to the Tenth World Health Assembly to the effect that such a proposal had been made at the International Health Conference in 1946, where the Constitution had been drawn up, and rejected by 22 votes to 3. He wished to emphasize that in the case of the United Nations and ILO the provision for a two-thirds majority on budgetary questions was included in the Charter and the Constitution

respectively of those organizations. It was not included in the Constitution of WHO—not because it had never been considered, but because it had been considered and rejected by the framers of WHO's Constitution.

The WHO Constitution, on the other hand, did not include a requirement in respect of the voting on its budget. Such a proposal had been put forward but it had been rejected.

Mr PASTINEN (Finland) thought that the adoption of the United States proposal would be both timely and wise.

Sir Arcot MUDALIAR (India) congratulated the United States delegate on his remarkable address, to the politic language of which he could not take exception. There were many problems involved in the difficult question before the Committee. In Assembly after Assembly considerable time had been spent and considerable emotion aroused during the discussion of the budget ceiling. His delegation would welcome any steps that would have the effect of shortening the procedure which led to the adoption of the budget.

It had been suggested that there would be no need to amend the Constitution of the Organization if the United States proposal were to be approved, and that it would merely be necessary to amend the Rules of Procedure to make clear that the budget was an important question. He was in some doubt about that, and thought that the Director-General's remarks on the subject were pertinent. The Assembly might later want to decide that many other questions were also important. Perhaps, for example, the question of who should be nominated to serve on the Executive Board could be regarded as important; an hour and a half had been spent on the subject the previous day. Many difficulties presented themselves once an attempt was made to define what questions were important. So, though he was not an authority on constitutional matters, he thought the Committee should consider carefully whether it was not the Constitution rather than the Rules of Procedure which would have to be amended if the United States proposal were to be approved. The United Nations and ILO dealt with the matter in their Charter and Constitution respectively.

Reference had been made to the fact that twenty-four governments had agreed to amend the Rules of Procedure of UNESCO to require that the budget should be adopted by a two-thirds rather than a simple majority. He was very familiar with the work of UNESCO, having served on its Executive Board for six years, including two as Chairman. He

recalled that when UNESCO had met in New Delhi in 1956 the budget put forward by the Director-General had been increased by \$1 000 000, the decision having been taken by a narrow majority. It was as a result of that decision that the limiting factor had been introduced. He doubted if anything similar would ever take place in WHO, the representatives to which were hard-headed if not hard-hearted medical men. There had never been even the remotest possibility that the Director-General's proposed budget would be increased by the Health Assembly. Moreover, the work of UNESCO was completely different from that being carried out by WHO. It was not as immediately important, and there were always certain matters which could be postponed without grave repercussions.

Reference had been made to past discussions on the budget. What had actually happened? After the proposed budget had been prepared by the Director-General and submitted to the Executive Board it was subjected to prolonged consideration. In the Assembly as many as three or four different figures were proposed by various delegations, and the final decision was taken sometimes by a narrow majority and sometimes by a large one. It was a thoroughly democratic process which should naturally appeal to all democratic countries.

When its first budget of five or six million dollars had been drawn up WHO had had only a few Member States. There were now many Member States, and the problems concerning the new ones were so enormous and of such urgency that the Director-General was forced to suggest ways and means of dealing with them. The more developed countries were also forced to take action. It was for that reason that the size of the budget of WHO had increased over the years. In 1952 it had amounted to some \$9 000 000; the current budget was something less than \$15 000 000.

Previous experience showed that no matter what the margin of approval of the budget, there would always be some feeling of dissatisfaction. Even with a two-thirds majority one-third of the Assembly could still be nursing a grievance.

From the discussion he had noted that the United States proposal had received the most support from those delegations whose governments provided the bulk of the financial support given to the Organization. The United States Government had contributed generously each year one-third of the budget, and without that contribution WHO would have been crippled. However, it should be remembered that the WHO budget was not the only budget that was operating in any country. There

were other organizations, such as UNICEF, the bilateral and multilateral programmes, and the Technical Assistance Programme, to all of which WHO had still to contribute something in the form of personnel or other assistance.

The question of the handling of the budget bristled with difficulties. He did not wish to place obstacles in the way of the adoption of the United States proposal—and from the remarks of previous speakers it seemed likely that it would be adopted—but reserved his judgement and, in case the implementation of the proposal led to difficulties, would reopen the question.

Dr ALAN (Turkey) said his delegation was convinced that the health activities of WHO were of the greatest importance because they affected the well-being of countries. All those activities were dependent on the budget of the Organization and the question of the budget, therefore, was also of the greatest importance. He warmly supported the proposal which had been put forward by the United States representative.

Mr MONK (Canada) said he had been greatly impressed by the observations which had been made in the debate, and in particular by the cogent statement of the delegate of the United States of America. It had satisfactorily covered the legal argument, that because the budget was an important question adoption by a two-thirds majority of the Assembly should be a requirement. He was pleased, however, that the United States delegate had not rested his case solely on that argument. It was because his delegation believed that acceptance of the United States proposal would have the effect of preventing the adoption of unreasonable budgets that it supported it. It would be unreasonable if the budget were too low, because it was normal and healthy that the budget of an organization like WHO should grow. On the other hand it would also be unreasonable if the budget were too high, because that would put too great a strain on the national budgets of Member States, taking into consideration the other demands on them. It had also to be remembered that certain proposals might be unrealistic in the sense that WHO would not be able either to find or to train the staff for them. For those reasons he supported the United States proposal.

Mr BRADY (Ireland) congratulated the delegate of the United States of America on the able statement which he had made in defence of his proposal. He fully accepted his explanation of the motives that had led him to introduce the proposal. In general he was in sympathy with the suggestion that the

adoption of the budget should be by a two-thirds majority, but he doubted whether the proposal to achieve such a result by means of a rule of procedure would serve any useful purpose. He might have regarded the proposal more favourably if it had been directed to changing the Constitution of the Organization. He agreed with the delegate of New Zealand as regards the practical effects of acceptance of the United States proposal and therefore would abstain in the vote. His abstention should not be interpreted as meaning a mere acceptance of things as they were in the budgetary field, but his Government did feel that, at least in relation to the determination of the budget ceiling, the existing procedure had been working quite well.

He believed that the United States proposal was likely to create some difficulties with regard to the consideration of the budget. A more serious objection, however, was that it was doubtful whether in practice over a long period the proposal would achieve the purposes for which it was intended, because unless it was built into the Constitution, it was liable to be changed by a relatively simple procedure.

Dr VANNUGLI (Italy) said that the views of his Government concerning the United States proposal had already been made clear at the previous Assembly, and the scope and purpose of that proposal had been made even clearer at the present Assembly. He would just like to remind delegates of the feeling of general satisfaction which had been experienced when the budget for 1959 had been unanimously adopted. He was sure that that feeling stemmed from an awareness of having provided a solid basis for the future work of the Organization.

Dr GOOSSENS (Belgium) said that the adoption of the budget was certainly an important question. There were also other important matters, as the Director-General had pointed out, and it would be for the Assembly to decide on that point.

His delegation had examined the possibility of undesirable repercussions if the United States proposal were adopted—particularly those to which the delegate of New Zealand had drawn attention. It had concluded that, while the proposal might lead to longer discussions in the Assembly, its end result would be to promote harmony. His delegation therefore supported the proposal.

Dr LEE (Republic of Korea) said he strongly supported the United States proposal. There was no more important question than that concerning the level of the budget and he agreed that it should be determined by a two-thirds majority of the Assembly.

The delegate of Iraq had suggested that all the matters before WHO were of importance, and the Director-General had stressed the idea of the relativeness of importance. He remained convinced that the budget was the most important question with which the Organization was concerned.

Dr CUIEL (Venezuela) said he strongly supported the United States proposal. In his opinion it would constitute a definite improvement if the budget were adopted by a two-thirds majority. With a simple majority difficult situations would inevitably occur from time to time in the adoption of the budget.

Dr HABERNOLL (Federal Republic of Germany) said he had listened with interest to the Director-General's remarks but continued to think that matters concerning the budget fell within the provisions of Article 60 of the Constitution, that is, that they should be decided by a two-thirds majority vote.

Professor SIGURJÓNSSON (Iceland) said that, at the previous Assembly, several delegations, including the Icelandic delegation, had agreed that, while the budget was undoubtedly an important question, they were concerned whether the requirement of a two-thirds majority for its adoption would not lead to a deadlock. He was still convinced of the need for additional precautions if such a situation was to be avoided, particularly when the experience acquired at previous Assemblies was taken into consideration. He was therefore not prepared to vote for the United States proposal at the present time and supported the proposal of the delegate of Costa Rica that the matter should be referred to the Executive Board for further study.

Mr SEKYE (Ghana) said he had no doubts concerning the motives which had prompted the United States delegation to put forward its proposal. He did have some doubts, however, as to the usefulness of the proposal. He agreed with those delegates who had expressed anxiety that acceptance of the proposal might lead to a deadlock when it came to deciding on the level of the budget. He was also concerned that acceptance of the proposal might result in giving a minority of the Assembly the power to obstruct the measures which were wanted by the majority. For example, it would be possible for one geographical area to align itself against the rest of the world. The votes of one-third of the Assembly might be enough to block the acceptance of proposals which would be desirable from a global point of view.

Until his doubts had been resolved, therefore, he could not vote in favour of the United States proposal. Experience had shown that no unreasonable changes had been made in the level of the budget under the present Rules of Procedure.

The draft resolution put forward by the delegate of Costa Rica provided that the matter should be further considered. It had been said that the Executive Board would have little to offer as a result of further study; he was in favour of giving it the benefit of the doubt. In a matter as admittedly important as the budget he would regret any hurried decision. He therefore supported the Costa Rican proposal and, as regards the substance of the question, he would abstain in the vote on the United States proposal.

Dr ANDERSEN (Denmark) thought that the budget and the budget ceiling was the most important question with which WHO was concerned and he therefore supported the United States proposal.

The meeting rose at 12 noon.

TENTH MEETING

Friday, 6 June 1958, at 2.30 p.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Distribution of Documents

The CHAIRMAN asked if all delegates had received the report of the General Committee on the election of members entitled to designate a person to serve on the Executive Board (see page 371). Rule 94

of the Rules of Procedure required that report to be circulated at least twenty-four hours before the election took place in the plenary meeting of the Health Assembly. In the absence of any comment, he assumed that all delegations had received the document in time.

2. Amendments to the Rules of Procedure of the Health Assembly : Rule 67 (continued from previous meeting)

Agenda, 7.7

Mr KITTANI (Iraq) did not think that sufficient attention had been paid to the constitutional implications of the United States proposal (see Annex 20) to amend Rule 67 of the Rules of Procedure so as to include decisions on the level of the budget as one of the categories of questions requiring a two-thirds majority vote. As the Director-General had pointed out, Rule 67 of the Rules of Procedure was an exact reproduction of Article 60(a) of the Constitution. Thus, if Rule 67 was amended there would be a difference between the text of the Rules of Procedure and that of the Constitution. He would have preferred the matter to have been dealt with in the form of an amendment to the Constitution. In his opinion such an amendment would require only a simple majority, since Article 60(b) provided that : "Decisions on other questions, including the determination of additional categories of questions to be decided by a two-thirds majority, shall be made by a majority of the Members present and voting". It was of course true that, under Article 60(a), amendments to the Constitution were included amongst the questions requiring a two-thirds majority, but he thought that Article 60(b) constituted an exception to that rule. He recalled that the question had been discussed in 1946 at the time of the adoption of the Constitution of WHO, and he quoted the following extracts from the statement made by the Assistant Director-General, Department of Administration and Finance, at the Tenth World Health Assembly :

The Committee would no doubt be interested to know that the provision for the two-thirds majority vote on the budget of the United Nations and the two specialized agencies in question was contained in the constitutions of those bodies.

A similar proposal had been considered by the International Health Conference held in New York in 1946 when the Constitution of WHO had been agreed upon. The records of that Conference showed that the proposal had been discussed at some length, counter-proposals had been introduced, and the final decision, by 22 votes to 3, had been to reject the proposal. (*Official Records* No. 79, page 427)

As the Constitution was the Organization's basic document he would prefer any changes which would affect it to take the form of amendments to the Constitution rather than amendments to the Rules of Procedure.

Professor HURTADO (Cuba) said that the discussion was now becoming repetitive and he therefore proposed the closure of the debate.

The CHAIRMAN said that, in accordance with Rule 59 of the Rules of Procedure, two delegates could speak against the closure before the motion was put to the vote.

Dr VITSAXIS (Greece) thought it would be better not to close the debate since only a few speakers remained on the list and certain new elements had been introduced into the discussion.

Dr EVANG (Norway) said that he had been in favour of closure at an earlier stage in the debate. He was now against such a proposal because the whole question had turned out to be much more complicated than it had appeared at the beginning. As the United States proposal had proved to be somewhat controversial he wondered whether the United States delegation might consider withdrawing the proposal. Failing that, he suggested that delegations should be given further time to study the question since new problems had been raised which governments might not have had sufficient time to consider.

Decision : The voting on the motion for closure of the debate was 27 to 27 with 16 abstentions; the motion was therefore not adopted.

Dr EL WAKIL (United Arab Republic) thought that the adoption of the United States proposal might create a dangerous precedent. The Health Assembly had never yet made use of the provisions of Article 60(b) of the Constitution and he thought it would be wiser not to do so now. If a two-thirds majority was to be required for the adoption of the budget level, a relatively small number of countries would be in a position to impede the approval of the budget.

Dr VITSAXIS (Greece) said that, although the existing procedure for the approval of the budget level had not as yet given rise to any difficulties, the United States proposal seemed to be a logical measure in view of the increasing membership of the Organization. The budget level was undeniably an important question since it affected the whole programme of the Organization. He agreed that it was not the only important question which the Health Assembly was called upon to decide, but he was nevertheless in favour of an amendment to Rule 67 of the Rules of Procedure. He did not agree with the delegates of Ireland and Iraq, who had suggested that the question could be more suitably discussed from the point

of view of an amendment to the Constitution. The method proposed by the United States delegation was more flexible and would leave the way open for a further amendment in the future if necessary.

He understood the United States proposal to mean that only the decision on the level of the budget would require a two-thirds majority and not all decisions having some budgetary implication. If that interpretation was correct, he would be prepared to support the proposal, but he thought that the resolution itself should take the form of an actual amendment to the Rules of Procedure rather than a decision to amend the Rules, and he suggested a possible wording for such an amendment.

The CHAIRMAN said that it was for the Committee to take a decision on the substance of the question before it. Any drafting of amendments to the Rules of Procedure that might result from the Committee's decision would be entrusted to the Legal Subcommittee.

Mr HANES (United States of America) said that the delegate of Greece had interpreted his proposal quite correctly.

In reply to the suggestions made by the delegate of Norway, he regretted that he could not agree to the request to withdraw his proposal. There had now been considerable discussion on the proposal, which had been raised more than a year ago, and he felt that little purpose would be served in postponing the decision any longer.

Dr DE PINHO (Portugal) supported the proposal submitted by the United States delegation.

Mr ABDOUN (Sudan) said that although he fully appreciated the vital importance of the financial control of the Organization's activities, he regretted that he could not support the United States proposal, which he was sure had been submitted with the best of intentions. It was apparent from the discussion that some of the countries receiving assistance feared that the two-thirds majority requirement might be an obstacle to the adoption of important projects and might create a deadlock in the approval of the budget. He wondered what procedure was envisaged to overcome any such deadlock and he was sure that the adoption of the United States proposal would cause undue delays in the approval of the budget. In his opinion, the functions of WHO were different in nature from those of other organizations, where a two-thirds majority was required for the approval of the budget, and he would prefer to keep to the existing arrangements in WHO.

Mr TSEGHÉ (Ethiopia) said that he had listened to the discussion with great interest and he had no doubt as to the sincerity of the motives of the United States delegation in raising this question. However, he shared the view of other delegations that the problem required further study and he was therefore unable to support the United States proposal at the present stage. Instead, he would support the draft resolution proposed by the delegation of Costa Rica to defer a decision until the Twelfth World Health Assembly and in the meantime to refer the matter to the Executive Board.

Professor HURTADO (Cuba) said that he did not understand how any doubts of a constitutional nature could arise in connexion with the United States proposal. There was no question of any amendment to the Constitution. All that was involved was a perfectly straightforward amendment to the Rules of Procedure. The use of the term "important questions" in Article 60 of the Constitution was perhaps unfortunate as there were in fact some questions of greater intrinsic importance than those listed in Article 60. But all that the United States proposal sought to do was to make a change in the procedure for the approval of the budget.

He recalled that, at the present session, the budget level had been adopted unanimously. The United States proposal did not require a unanimous vote, only a two-thirds majority. The approval of the budget was undoubtedly an important question since governments were thereby committing themselves to pay their quota of that budget. It must be borne in mind that the United States contributed most generously to the Organization's budget and, in the circumstances, the Committee should agree to a procedure which would facilitate the United States delegation's task in obtaining Congressional approval for the payment of that country's contribution.

There were no constitutional problems involved. If the new procedure proposed by the United States delegation were not successful—and he was sure that it would be—the Committee would be at perfect liberty to reverse the decision at the next session of the Health Assembly. For the reasons that he had given, he would vote in favour of the United States proposal.

Mr PYMAN (Australia) said that his delegation had not approached the discussion of the question with any predetermined point of view but had come prepared to make up its mind in the light of the discussion. After listening to the views of a large

number of delegations it had reached the following conclusions.

There was little if anything to be gained from a further study of the question as such study would not be likely to throw further light on the issue. Delegations had had an opportunity to think over the problem for twelve months and in consequence should now be prepared to reach a decision. Nor did his delegation feel, as had been suggested in some statements, that it was in some way undemocratic to provide that decisions should be taken on a two-thirds majority basis. The application of that rule by numerous other international organizations reflected the tendency amongst international bodies to attempt to reach decisions increasingly on a basis of adjustment, conciliation and even compromise in an effort to reflect unanimous or near unanimous agreement.

Some delegations had quite rightly and very clearly drawn attention to the difficulties that might arise if the two-thirds proposal was implemented. The Australian delegation fully appreciated those possibilities. Nevertheless they entered into the realm of speculation regarding the possible attitudes of governments. The fundamental consideration seemed to lie in the way in which representatives of governments applied the two-thirds rule. In supporting the adoption of the two-thirds rule, the Australian delegation and the clear majority of delegates who seemed to favour it were expressing as an act of faith confidence that the Organization would make the proposed rule work satisfactorily. That implied that Member governments and their advisers, represented by the Director-General and his staff, would show moderation and restraint and an appreciation not only of the effective work which the Organization could do but also of the financial resources that governments could be reasonably expected to make available. For those reasons his delegation would support the United States proposal.

Mr GRINBERG (Bulgaria) said that the United Nations had made additions, without amending its Charter, to the list of items on which it could not take decisions unless there was a two-thirds majority in favour.

Dr INCHÁUSTEGUI (Dominican Republic) said he supported the United States proposal.

Mr LE POOLE (Netherlands) requested a roll-call vote on the draft resolution proposed by the delegation of Costa Rica.

A vote was taken by roll-call on the draft resolution proposed by the delegation of Costa Rica, the names of the following Member States being called in the English alphabetical order, starting with Nepal, the letter N having been determined by lot :

In favour : Afghanistan, Costa Rica, Ethiopia, Ghana, Iceland, India, Indonesia, Iraq, Libya, New Zealand, United Arab Republic, Yugoslavia

Against : Albania, Argentina, Australia, Austria, Belgium, Brazil, Bulgaria, Burma, Cambodia, Canada, China, Cuba, Czechoslovakia, Denmark, Dominican Republic, El Salvador, Finland, France, Federal Republic of Germany, Greece, Guatemala, Haiti, Honduras, Ireland, Italy, Japan, Republic of Korea, Luxembourg, Federation of Malaya, Mexico, Monaco, Nepal, Netherlands, Nicaragua, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Saudi Arabia, Spain, Sudan, Sweden, Switzerland, Thailand, Tunisia, Turkey, Union of South Africa, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela, Viet Nam

Abstaining : Chile, Ecuador, Israel, Liberia, Morocco

Absent : Bolivia, Ceylon, Iran, Jordan, Lebanon, Romania, Uruguay

The draft resolution was, therefore, rejected by 56 votes to 12, with 5 abstentions.

A vote was taken by roll-call on the draft resolution proposed by the United States delegation (see Annex 20), the names of the following Member States being called in the English alphabetical order, starting with the Federal Republic of Germany, the letter G having been determined by lot :

In favour : Albania, Argentina, Australia, Austria, Belgium, Brazil, Bulgaria, Burma, Cambodia, Canada, China, Cuba, Czechoslovakia, Denmark, Dominican Republic, El Salvador, Finland, France, Federal Republic of Germany, Greece, Guatemala, Haiti, Honduras, Italy, Japan, Republic of Korea, Luxembourg, Mexico, Monaco, Netherlands, Nicaragua, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Spain, Sweden, Switzerland, Tunisia, Turkey, Union of South Africa, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela, Viet Nam

Against : Costa Rica, Iraq, Libya, Saudi Arabia, Sudan, United Arab Republic

Abstaining: Afghanistan, Chile, Ecuador, Ethiopia, Ghana, Iceland, India, Indonesia, Ireland, Israel, Liberia, Federation of Malaya, Morocco, Nepal, New Zealand, Thailand, Yugoslavia

Absent: Bolivia, Ceylon, Iran, Jordan, Lebanon, Romania, Uruguay

The draft resolution was therefore adopted by 50 votes to 6, with 17 abstentions.

3. Convention on the Privileges and Immunities of the Specialized Agencies : Amendment to Annex VII (continued from seventh meeting, section 9)

Agenda, 7.11

The CHAIRMAN invited the Committee to continue its discussion on the item, recalling that the discussion had been interrupted so that delegates who attended the Committee on Programme and Budget, which was not meeting at present, might take part.

Mr PASTINEN (Finland) said that since Finland had not acceded to the Convention, his delegation was unwilling to take up any position in regard to the matter before the Committee and would abstain from voting when the draft resolution submitted by the Legal Sub-Committee in section 2 of its report was put to the vote.

Mrs SHOHAM-SHARON (Israel) said that she would vote for the draft resolution, which she understood had been proposed in order to correct an anomaly; but by doing so she would not be committing her Government to anything so far as the Convention was concerned, Israel not being one of the parties to it.

Mr MASFAR (Indonesia) said that he could not support the draft resolution for reasons concerned with legislation. He would abstain from voting when it was put to the vote. Although Indonesia was not a party to the Convention, the Indonesian authorities were considering proposals to grant diplomatic privileges and immunity to officials of international organizations including WHO; and he was certain that they would enjoy such privileges and immunity in his country when necessary.

The CHAIRMAN said he thought it was pointless for delegates to formulate reservations regarding the Convention on the present occasion. Their governments had the right to make such reservations whenever they wished, and would doubtless do so later if they considered it necessary.

Mr LE POOLE (Netherlands) referred to the paragraph, in the report prepared by the Director-General (see Annex 9), reading :

The views of the Director-General and those of the Director-Generals of the other agencies consulted, as stated in this correspondence, have been transmitted to the Secretary-General of the United Nations (Appendix, section 6). At the time this document was prepared, no comments had been received from the Secretary-General.

He asked whether any comments had since been received from the Secretary-General.

Mr ZARB, Chief, Legal Office, replied in the negative.

Mr LE POOLE (Netherlands) said that the item under discussion should be the subject of co-ordinated action by the United Nations and the specialized agencies. Since the Secretary-General had not submitted his comments, he thought that WHO should defer taking a final decision on the item until the next Health Assembly.

The DIRECTOR-GENERAL said that his report (see Annex 9) showed that his recommendation that Annex VII to the Convention be amended at the current Health Assembly so as to confer diplomatic status on the Assistant Directors-General and the Regional Directors was a continuation of the action he had taken the previous year when he had recommended that diplomatic status should be conferred on the Deputy Director-General. Before making the latter recommendation, he had consulted the Secretary-General of the United Nations, who had stated that the procedure which he (the Director-General) was recommending was the only possible procedure in the circumstances. At the Tenth World Health Assembly he had indicated that he might make the recommendation which was at present under discussion. He had consulted the executive heads of other specialized agencies and the Secretary-General of the United Nations. He did not think the Secretary-General had anything more to say on the subject. So it would be wrong to defer taking a final decision until the following year.

Mr BRADY (Ireland) said he would vote for the proposal because its adoption would put an end to an anomaly. Ireland had not acceded to the Convention, but was considering doing so. The Irish Government had agreed that while that was under consideration, it would accept United Nations laissez-passer. His voting for the proposal would not affect the question of his Government's becoming a party to the Convention.

Mr TSEGHÉ (Ethiopia) said that he would abstain from voting, as his Government was not a party to the Convention.

Dr BERNARD (France) said he feared that a large number of delegates would unnecessarily abstain from voting. Was he correct in believing that the fact that a delegate's government had not acceded to the Convention did not debar the delegate from voting for the draft resolution ?

Mr ZARB said that all governments which had accepted the Constitution were under an obligation to comply with all the Articles of the Constitution, including Article 67, sub-paragraph (b), which read:

Representatives of Members, persons designated to serve on the Board and technical and administrative personnel of the Organization shall similarly enjoy such privileges and immunities as are necessary for the independent exercise of their functions in connexion with the Organization.

Article 68 of the Constitution read:

Such legal capacity, privileges and immunities shall be defined in a separate agreement to be prepared by the Organization in consultation with the Secretary-General of the United Nations and concluded between the Members.

The Convention under discussion was the separate agreement mentioned in Article 68. The Convention consisted of two parts—the first part of general clauses applying to all the specialized agencies, and the second part of a number of annexes, each of which applied to one of the specialized agencies. No State was under an obligation to comply with either the general clauses or any of the annexes unless it had ratified them. Consequently, by voting in favour of the proposed amendment to Annex VII which was under discussion, no delegate would be committing his government to anything. His government would have the right to refuse or to agree to the amendment. In other words, by voting in favour of the draft resolution, delegates would simply be voting for the officials named in the draft resolution to be given diplomatic status by those governments which individually acceded to the amended Annex VII.

Twenty-three States were parties to the Convention and to its Annex VII; a few others had accepted the various amendments to the Annex which had been adopted subsequently.

The fact that several Member States were not parties to the Convention was causing considerable difficulty. Officials of specialized agencies who did not enjoy the appropriate legal status could not perform their functions properly. The Health Assembly had repeatedly passed resolutions inviting Member governments to accede to the Convention, and

pending accession to apply in their territories the provisions of the Convention and the Annex (resolutions WHA3.102 and WHA8.18).

Dr BERNARD (France) supported the draft resolution.

Mr KITTANI (Iraq) said that Iraq was one of the States which had ratified the Convention. Was he correct in believing that, if the draft resolution was adopted, the Secretary-General of the United Nations would be informed of that action and then officially notify governments of what had been done, and that the amendment would not enter into force in so far as any State which was a party to the Convention was concerned, until that State had officially informed the Secretary-General that it accepted the amendment ?

Mr ZARB said that that was quite correct.

Dr VITSAXIS (Greece), Dr ALLARIA (Argentina), Mr GRINBERG (Bulgaria) and Dr NOVAES (Brazil) each said that although his country was not a party to the Convention he would vote for the draft resolution.

Dr KIVITS (Belgium) said he would abstain from voting, because he had no instructions from his Government.

Mr SEKVI (Ghana) said that he would vote for the draft resolution on the understanding that by doing so he would not be committing his Government to anything so far as the whole Convention was concerned.

Mr PYMAN (Australia) said he would abstain from voting on the draft resolution, because if it was adopted that would result in States which were parties to the Convention being asked to state whether they were for or against the amendment, and he thought it would be wrong for him, as a representative of a State which was not a party to the Convention, and which would not be approached, to do anything which would contribute to parties to the Convention being placed under that obligation. His Government had no intention at the present time of becoming a party to the Convention.

Dr DJORDJEVIĆ (Yugoslavia) said he would vote for the draft resolution since its adoption would make it easier for WHO to perform its functions.

Decision: The draft resolution in section 2 of the Legal Sub-Committee's first report (see page 392) was adopted by 31 votes to none with 21 abstentions.

4. Consideration of the Possibility of Action being taken under the Aegis of WHO for the Control of the Geneva Conventions of 1949, comparable with the Action UNESCO has agreed to take concerning Cultural Assets (continued from eighth meeting, section 3)

Agenda, 7.12

Mr KITTANI (Iraq), Chairman and Rapporteur of the working party set up by the Committee at its eighth meeting, read out the working party's report as follows :

"The working party, consisting of representatives of the delegations of France, Iraq, Ireland, Monaco, Sweden, Switzerland and the United Kingdom of Great Britain and Northern Ireland, together with Mr A. H. Zarb, Chief Legal Officer of the Organization, met at 5.00 p.m. on 5 June 1958.

"The working party elected Mr Ismat Kittani (Iraq) Chairman and Rapporteur.

"As instructed by the Committee on Administration, Finance and Legal Matters, the working party proceeded to draft a resolution to replace that proposed by the delegations of France and the United Kingdom of Great Britain and Northern Ireland,¹ and unanimously agreed on the following text, which it submits to the Committee for approval :

The Eleventh World Health Assembly,

Considering the proposal submitted by the Government of Monaco;

Considering the importance of the observance of the 1949 Geneva Humanitarian Conventions;

Considering that the Government of Monaco will continue its study of the problem which is the subject of its interesting proposal by obtaining the co-operation of the competent organs already responsible for supervising the application of the Geneva Conventions,

1. NOTES with appreciation the interest manifested in this matter by the Government of Monaco;

2. EXPRESSES the hope that, as a result of the efforts of the governments concerned, all countries may come to have a wider knowledge of the Geneva Conventions;

3. RECOMMENDS that Member States facilitate, in so far as they may see fit, any practical solution which may be proposed to them to this end; and

4. REFERS this resolution to the Executive Board for its information."

He stressed the fact that the working party had adopted unanimously the draft resolution which it had included in its report.

Professor ZHDANOV (Union of Soviet Socialist Republics) said he greatly appreciated the action taken by the Government of Monaco. He supported its proposal and the draft resolution submitted by the working party in so far as they were in conformity with the Geneva Conventions of 1949 which had been signed on behalf of the Union of Soviet Socialist Republics.

Mr BOTHA (Union of South Africa) said he would have to abstain from voting on the draft resolution, because he had no instructions from his Government regarding the item; the main document relating to the item had not been received in his country by 29 May, the date of the latest instructions he had received. But he knew his Government would appreciate the action taken by the Government of Monaco.

Dr DJORDJEVIĆ (Yugoslavia) said the Yugoslav authorities had carefully followed the work which had resulted in the submission of the documents before the Committee. He was prepared to vote for the draft resolution submitted by the working party.

Decision: The draft resolution submitted by the working party was approved without dissent (see fourth report of the Committee, section 2).

Dr BOERI (Monaco) said he was grateful to the delegations of France and of the United Kingdom for having submitted the draft resolution which had been referred to the working party and which the working party had used as the main basis for its work. The draft resolution which the Committee had just adopted fully satisfied his Government. He was very glad that it had been adopted.

The CHAIRMAN on behalf of the whole Committee thanked the Government of Monaco for proposing the item.

The meeting rose at 4.55 p.m.

¹ See page 334.

ELEVENTH MEETING

Tuesday, 10 June 1958, at 9.30 a.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Accommodation for the Regional Office for the Western Pacific (continued from seventh meeting, section 6)

Agenda, 7.9

Dr AL-WAHBI (Iraq) thanked the Director-General for the additional information supplied in his supplementary report dated 9 June 1958 (see Annex 10, part 2). He was glad that account was to be taken of the natural growth of the Organization and he supported the proposal to add an extra floor to the new building for the Regional Office for the Western Pacific. At the same time, however, he wished to point out that the first regional office to be established, namely that for South-East Asia, was far from adequately housed. The building in New Delhi was overcrowded and he hoped that something would be done in the near future to improve conditions there.

Mr SAITA (Japan) thanked the Director-General for supplying the additional information which he had requested and expressed his satisfaction with the document submitted. He had asked for the additional information because his Government considered that long-term requirements should be borne in mind when plans were made for the regional offices. He noted with some surprise that the number of staff from other United Nations agencies to be housed in the regional office building in Manila had increased to 22. It seemed that the number of such staff was increasing rapidly and WHO should consider that factor carefully when deciding on the size of the building.

He noted from the supplementary report now submitted by the Director-General that the cost of adding an extra floor at the present stage would be \$115 000, which could be financed by the authorized withdrawal from the Working Capital Fund. If the extra floor were to be added later, it would cost \$53 500 more. It therefore seemed that for reasons of economy it would be best to add the extra floor at once. He regretted that that proposal had not been brought to the attention of Member governments and that delegations were therefore naturally somewhat reluctant to support it. Nevertheless,

it would seem advisable to authorize the building of the extra floor immediately, and he would therefore support the proposal contained in the Director-General's supplementary report (see Annex 10, part 2).

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, explained that the figures given in the supplementary report were based on estimates received by telegram from Manila. He emphasized that the report had been prepared at the Committee's specific request and that the Director-General had no wish to put forward a proposal which delegations were not prepared to discuss. During the discussions in the Committee it had been suggested that the Organization should take full advantage of the present stage of construction to add a new floor to the building before the roof was put on. That seemed to be a reasonable and economic proposal.

The delegation of Iraq had referred to the accommodation for the South-East Asia Regional Office in New Delhi. That matter had been under discussion with the Government of India for some time. The Director-General believed that the only satisfactory solution would be for WHO to build its own office on land granted to the Organization by the Indian Government. The question was on the agenda for the next session of the Executive Board and he hoped it would be possible to report progress to the next session of the Health Assembly.

Dr VARGAS-MÉNDEZ (Costa Rica) said it was very important that the staff of all the regional offices should have satisfactory office accommodation. He felt that the Health Assembly had not paid sufficient attention to that point in the past. The Regional Office for Europe had recently moved from Geneva to Copenhagen and he had heard that the space available there was also inadequate. As for the Americas, the Regional Office was more or less adequately housed, although only on a provisional basis. He hoped that a solution of the problem would be found in the near future. With regard to

the Western Pacific Region, it would undoubtedly be an economy to add the extra floor before the roof was put on and he would therefore support the proposal. He hoped that at its next session the Health Assembly would devote a full discussion to the question of accommodation for the regional offices.

Mr JEFFERY (New Zealand) said he had noted with interest and considerable surprise the proposal contained in the Director-General's supplementary report (see Annex 10, part 2). To his recollection, the proposal had been intimated to the Committee only during the course of the present session but it would seem to alter completely the basis upon which the Tenth World Health Assembly, after mature consideration, had agreed that the Organization should bear a considerable part of the financial burden involved in building the regional office for the Western Pacific. Furthermore, the proposal necessarily altered also the basis upon which a number of governments had made voluntary—and generous—contributions and pledges to the project. In those circumstances, governments should be given the opportunity to consider the matter afresh, particularly since, if the Assembly agreed to the extension of the building, they would incur increased financial obligations. He had taken urgent action to inform his Government of the new proposal but had not had time to receive any instructions. He would therefore be obliged to reserve his delegation's position.

Dr LE-VAN-KHAI (Viet Nam) warmly supported the proposal contained in the Director-General's supplementary report. The extra floor to the building would provide space for the thirteen new staff members for the malaria eradication programme, which was one of the most important projects for many Member States in the Region. Moreover, three-quarters of the total cost of the building, including the new floor, would be financed by the generous contribution of the Government of the Philippines and the voluntary contributions of other countries in the Region. WHO would have to pay only a quarter of the cost, and that was less than the maximum which the Tenth World Health Assembly had authorized the Director-General to withdraw from the Working Capital Fund. His delegation felt that the Organization could not make a more advantageous investment and he would therefore support the draft resolution.

Mr WARING (United States of America) said he had listened with interest to the discussion and he agreed with what had been said by the delegate of Japan. Taking into account all the factors involved,

his delegation would vote in favour of the draft resolution if it was formally sponsored by any delegation.

Mr PILLAI (India) said that, as the question of accommodation for the Regional Office for South-East Asia had been raised, he would like to take the opportunity of explaining the present position. His Government realized that, owing to the phenomenal increase in the staff of the Regional Office, the accommodation originally provided had been found inadequate. At present, the office was located in a place in which UNICEF and WHO were housed together. Arrangements had been made to remove the UNICEF office to another building so that the accommodation released could be taken over by WHO. He realized, however, that that would not entirely meet the situation in view of the growing needs of the Regional Office, and it had therefore been decided that a separate office should be built. A suitable plot of land had been selected in consultation with the Regional Director, and the Government of India had instructed the architects to prepare plans for the construction of the building, also in consultation with the Regional Director. As soon as the plans were ready, administrative approval would be given for the construction of the building, and the Government's present intention was to let the building to the Regional Office at a nominal or concessional rent.

Médecin-Colonel BERNARD (France) said that everyone had doubtless heard of buildings which were found to be too small as soon as they were completed. He therefore had no wish to criticize those who had planned the building for the Regional Office for the Western Pacific. The building had proved too small because the activities of the Region had increased beyond all expectations. In his opinion it was absolutely essential to add the extra floor to the building and it would be highly advisable to do so at once; the extra space would in any case be needed and it would cost a great deal more to add the extra floor at a later stage. He was therefore fully prepared to support the draft resolution.

Mrs SHOHAM-SHARON (Israel) agreed that it would be more economical to add the new floor immediately if it was needed. She asked, however, whether the other United Nations agencies whose staff were to be housed in the regional office building had made any contribution to the cost of construction and if not whether there had been any negotiations with a view to obtaining such a financial contribution.

Mr PYMAN (Australia) said that his Government had a deep interest in the welfare of the Western

Pacific Region and it was therefore with some reluctance that he felt obliged to ask for extra time to consult his Government. He was in the same position as the delegate of New Zealand in that respect. Both his Government and that of New Zealand had recently made a contribution to the fund for the new building, and it was possible that the proposal to enlarge the building might be in some way connected with the better financial position resulting from those contributions.

Even if he was given time to consult his Government he was not sure he would be in a position to take a definite stand on the proposal, since the information submitted did not seem to be entirely adequate. He was not criticizing the Secretariat for that, for he realized the complexities of the problem. However, when faced with the need to enlarge a building, his Government normally insisted on very careful examination of all the possibilities, including the possibility of adding a new wing rather than a new floor. He was not sure that he could present a convincing argument to his Government that all the other possibilities had been explored. Another point on which he was not fully informed was the extent to which the staff of the Regional Office would be present all the year round in Manila. He wondered whether some of them would perhaps be away for long periods on such projects as the malaria eradication programme. With regard to the staff of other United Nations agencies, he had no objection to their occupying the same building, but he did not have sufficient information to explain to his Government why WHO should bear the full cost of the construction, particularly when, as the delegate of Japan had pointed out, the number of such staff seemed to have increased.

Consequently, while his delegation wished to assist in the work of WHO and did not wish the staff to work under unsatisfactory conditions, the points he had raised were of considerable concern and he would like further time to enable his Government to consider the proposal.

In reply to a question from the CHAIRMAN, he said that it was not his present intention to make a formal proposal for the adjournment of the debate.

The SECRETARY explained that the office building in Manila had been so designed and its foundation so constructed as to permit the addition of extra floors. Consequently it would be cheaper to add an extra floor than to build a new wing, which would require a new foundation.

On the question of the use of the building by other organizations, he quoted the following extract from section 1.2 of a report by the Director-General to the nineteenth session of the Executive Board (*Official Records* No. 76, Annex 5) :

The Administrative Committee on Co-ordination, composed of the Secretary-General of the United Nations and the executive heads of the specialized agencies, had requested WHO to act on behalf of the United Nations and the other specialized agencies in order to obtain suitable accommodation for staff of all agencies located in Manila.

It was normal on such occasions for one organization to act on behalf of all the others, and it had never been understood that the other agencies would contribute to the cost of the building. During the negotiations about the new building, the President of the Philippines had made it clear that his Government was making its contribution on the understanding that the building would provide accommodation for all the other United Nations agencies as well as for the WHO Regional Office. It had been clearly understood that that contribution would release the Government of the Philippines from its obligation to provide other office space for WHO and the other agencies in Manila.

With regard to the number of staff of other agencies in Manila, he was not sure that any figure had been quoted to the Health Assembly in the past. The figure given in the report before the Committee was the latest one available. If the other agencies had to increase their staff in Manila WHO would like if possible to be able to accommodate them in the regional office building. If that proved impossible they would have to try to make some other arrangement.

Dr DIN (Federation of Malaya) fully agreed with the delegate of Japan that the most satisfactory solution would be to add a new floor to the building. His delegation was, however, in the same position as those of New Zealand and Australia since he had not had time to consult his Government on the latest proposal. His country was a new Member of the Organization and the Government had just been informed that its contribution would amount to \$35 000, which was quite a considerable sum in relation to the national budget. The proposal before the Committee would involve a further contribution and he would hesitate to commit his Government. He would therefore have to abstain in the vote on the draft resolution.

The SECRETARY assured the members of the Committee that they were not being requested to provide any additional financial authorization at present.

Dr SALADRIGAS (Cuba) said that the problem before the Committee was one of considerable importance. The Organization was, fortunately, growing all the time and the realities of the situation must be recognized. The Secretary had explained the position very clearly and he would support the proposal for the addition of an extra floor to the building for the Regional Office for the Western Pacific.

Mr PYMAN (Australia) explained that he had not intended to suggest that an extra wing rather than an extra floor should be added to the building. He had simply been seeking additional information, which had now been supplied and which he hoped he would have an opportunity of submitting to his Government. He asked whether it was true to say that the additional floor would provide office space equivalent to that at present occupied by other United Nations agencies. He also asked whether the figure estimated for the additional floor might be exceeded, and if so whether it would be possible to give a maximum figure.

The SECRETARY replied that the extra floor would provide more office space than the anticipated requirements for the 22 staff members of other agencies at present working in Manila. The figure given for the cost was based on telegraphic information received from Manila and represented the best estimate which the architect could provide in the time available. He did not know whether the actual cost would be slightly higher or slightly lower than the estimated figure, but he assured the Committee that the work would not proceed if the cost exceeded the existing financial authorization.

Dr LE-VAN-KHAI (Viet Nam) emphasized the urgent need for a decision, since once the roof was in place an additional floor would cost a great deal more. He suggested that the draft resolution in the Director-General's supplementary report might prove more acceptable if the third paragraph was amended to read :

APPROVES the proposal of the Director-General for the construction of an additional floor, it being understood that the financial authorizations already made by WHO will not be exceeded and that Member States will not be asked for contributions apart from any voluntary donations.

Dr REGALA (Philippines) said he welcomed the Director-General's reports on accommodation for

the Regional Office for the Western Pacific and would be glad to vote for the draft resolution put forward by the Director-General in the supplementary report. The reasons why the additional floor should be constructed were set out in the reports under discussion; they had been adequately discussed by the Committee.

Mr LE POOLE (Netherlands) said he would vote for the draft resolution, although he had had no time to obtain instructions from his Government.

Was there a definite agreement between WHO and the United Nations and other organizations which would occupy space in the new building regarding rent to be paid for that space?

The SECRETARY replied that the bodies responsible for co-ordination between the United Nations and the specialized agencies in matters such as that under discussion had agreed that rent should not normally be charged for space occupied by one of the United Nations organizations in a building belonging to another of those organizations. However, WHO bore a percentage of the cost of operation and maintenance of the Palais des Nations in Geneva, and it was expected that each of the organizations which WHO provided with space in the new building in Manila would similarly bear a part of the cost of the operation and maintenance of that building.

Mr BOTHA (Union of South Africa) said that the case presented in the reports under discussion appeared to be a good one; WHO should be provided with adequate facilities for carrying out its work. However, he had asked for the floor not to discuss the merits of the case but to say that the way in which the matter had been brought to the Committee's attention was a little perplexing.

The matter had come up merely as a result of a request for further information by a member of the Japanese delegation. Before that had happened, he had supposed that all was well where the new building was concerned; he had been encouraged in that supposition by the Director-General's suggestion under another item of the agenda (supplementary item 2) that some of the funds available for expenditure on the construction of the building in Manila should be transferred to the new headquarters building fund whose establishment was recommended. It was true, of course, as the Assistant Director-General had said, that no further financial authorization was needed for the construction of the additional floor, as provision had already been made in the budgets for 1958 and 1959. However, he could not help feeling that that was a question of what might be called painless budgeting :

the funds had been provided before the need was proved, and the funds having been appropriated the need was now established.

The SECRETARY said he would like to know whether the comments of the delegate of the Union of South Africa were to be taken as criticism of the Secretariat or criticism of the Committee.

Mr WARING (United States of America) said he would vote for the draft resolution if its adoption was proposed by any of the delegates present. He preferred the text suggested by the Director-General to that proposed by the delegate of Viet Nam.

Dr AL-WAHBI (Iraq) formally moved the adoption of the draft resolution as suggested by the Director-General in his supplementary report. He felt that the addition proposed by the delegate of Viet Nam was unnecessary, since it was clear that the Director-General would in any case endeavour to do what was required of him within the financial limits laid down.

The CHAIRMAN said he agreed that the proposed addition to the draft resolution was unnecessary.

Dr LE-VAN-KHAI (Viet Nam) withdrew his proposal.

Mr MONK (Canada) said he sympathized with the views expressed by the Director-General in the reports under discussion. It was good sense, when constructing an office building, to provide for foreseeable future needs, so the Director-General's approach to the matter was entirely satisfactory. As the matter had come up for discussion rather abruptly, he agreed with the suggestion of the delegate of Australia that the Committee should defer taking a decision, since time was needed for reflection and consultation with governments; but the decision should, of course, be made at the current Health Assembly since the matter was an urgent one. Meanwhile he had some questions. What percentage of the total floor space in the building would be provided by constructing the new floor? Could arrangements be made for letting space in the building not required by WHO or any of the United Nations organizations for some time to outside interests? How long, approximately, would it be before WHO and other United Nations organizations would need to occupy all the space in the new building if the additional floor were constructed?

The SECRETARY replied that the construction of the additional floor would provide about twenty-two more offices, and increase the total office space by approximately 50 per cent. There were no plans to let any space in the building to any organization not forming part of the United Nations family. Every effort would be made to provide organizations belonging to that family with all the space they needed in the building. He could not answer the last question put by the delegate of Canada.

The CHAIRMAN said that, unless a delegate formally proposed that the Committee defer voting on the draft resolution, he would put it to the vote.

Decision: The draft resolution in the Director-General's supplementary report (See Annex 10, part 2) was approved by 44 votes to none, with 7 abstentions (see fourth report of the Committee, section 3).

2. Scale of Assessment for 1959 (continued from second meeting, section 3)

Agenda, 7.13

Assessment of Hungary

The CHAIRMAN invited comments on item 7.13 of the agenda with respect to Hungary, adding that some further information was now before the Committee.

There were no comments.

The CHAIRMAN requested the Rapporteur to include an appropriate text on the assessment of Hungary in his next draft report (see fourth report, section 4).

3. WHO Staff Pension Committee : Appointment of Representatives to Replace Members whose Period of Membership Expires

Agenda, 7.24 (b)

Mr MONK (Canada), noting that meetings of the United Nations Joint Staff Pension Fund were sometimes held in New York and sometimes in Geneva, proposed that the member of the Executive Board designated by the Government of France be appointed to fill the vacant place amongst the members of the WHO Staff Pension Committee appointed by the Health Assembly, and that the member of the Board designated by the Government of Guatemala be appointed to act as his alternate.

Decision: The Committee agreed to adopt the suggestion of the delegate of Canada (see fourth report, section 5).

4. Plan for an Intensified Research Programme

Supplementary item, 1

Report of the Committee on Programme and Budget to the Committee on Administration, Finance and Legal Matters

The SECRETARY recalled that it had been agreed in plenary session that the Committee on Programme and Budget should deal with the programme aspects of the item and that after it had done so the present Committee should deal with its administrative and financial aspects. The resolution in the report of the Committee on Programme and Budget (see page 378) therefore dealt with the programme aspects only. To facilitate the present Committee's work, the Director-General had put forward a draft resolution consisting of the draft resolution recommended by the Committee on Programme and Budget in its report, expanded so as to cover the aspects of the item referred to the present Committee. The draft read :

The Eleventh World Health Assembly,

Having studied the proposal submitted by the delegation of the United States of America¹ for the development of a plan for an intensified research programme, and its offer of additional funds for this purpose;

Noting that WHO, under its Constitution, is required to promote and conduct research in the field of health;

Realizing that the Organization is already playing an important role in stimulating and co-ordinating research in medical and scientific fields;

Considering that further knowledge is needed on the etiology, treatment and prevention of diseases common to mankind, including chronic diseases such as cancer, heart disease and other diseases;

Recognizing that the Organization has established a system of co-ordination of research through collaboration with laboratories and institutions on a world-wide scale; and

Recognizing that a well-designed plan for expanding the role of WHO in research would merit the support of many Member States,

I. 1. THANKS the United States of America for this initiative;

2. BELIEVES that, within the provisions of its Constitution, the Organization can profitably expand its role in research;

3. REQUESTS the Director-General :

(1) to organize and arrange for a special study of the role of WHO in research and of ways in which the Organization might assist more adequately in stimulating and co-ordinating research and developing research personnel;

(2) to prepare a plan on the basis of such study in the furtherance of research, for transmission to the twenty-third session of the Executive Board and to the Twelfth World Health Assembly, with cost estimates.

II. 1. ACCEPTS with appreciation, in accordance with Article 57 of the Constitution, the contribution of \$300 000 from the United States of America;

2. REQUESTS the Director-General to establish under Financial Regulations 6.6 and 6.7 a special account for research planning to which the contribution of the United States of America and any other contributions for the same purpose shall be credited;

3. DECIDES that the funds in the special account shall be available for incurring obligations for the purposes set out in paragraph I.3 of this resolution, and that, notwithstanding Financial Regulation 4.3, the unexpended balance of the account shall be carried forward from one financial year to the next.

4. REQUESTS the Director-General to present the operations financed or planned to be financed from this special account separately in the annual programme and budget estimates and to include the operations of the account separately in the annual financial report.

Mr CALDERWOOD (United States of America) said that the draft resolution appeared to meet all the requirements with which the present Committee was concerned, and he was prepared to vote for it.

He did, however, suggest that paragraph II.1 be amended to read

AUTHORIZES the Director-General to take the necessary steps to receive the contribution of \$300 000 from the United States of America, which the World Health Assembly accepts in accordance with Article 57 of the Constitution.

That text was more in accordance with Dr Eisenhower's statement at the Tenth Anniversary Commemorative

¹ See Annex 11.

Session than the text for the paragraph proposed by the Director-General.

He would also suggest the substitution of the words "for the purposes set forth in paragraph I.3 above" for the words in paragraph II.2 "for research planning to which the contribution of the United States of America and any other contributions for the same purpose shall be credited", which were somewhat at variance with paragraph I.3. In offering the \$300 000 to enable the "special study" to be carried out, his Government had not been inviting other countries to contribute funds for that purpose; it was of the opinion that the \$300 000 would be enough. He would, however, draw attention to the statement in the working paper submitted by his delegation (see Annex 11): "It is the present intent of the United States Government to provide substantial support to any sound programme that may emerge from the proposed study, subject to participation by a number of other Member States".

The SECRETARY said that the changes suggested by the United States delegate would not create any difficulties for the Director-General. He believed that \$300 000 would be sufficient for carrying out the special study.

He suggested the addition of the words "with appreciation", which he pointed out appeared in the text of paragraph II.1 of the draft resolution put forward by the Director-General, after the words "the World Health Assembly accepts" in the text for that paragraph suggested by the United States delegate.

Mr BRADY (Ireland) said he was very grateful to the United States Government for proposing the item.

He much preferred the text for paragraph II.1 suggested by the United States delegate to that put forward by the Director-General. He was in favour

of the change which the United States delegate had suggested should be made in paragraph II.2, since there was no need, he thought, to obtain further funds for the project at the present time. Doubtless further proposals would be made as a result of the special study; there would be an opportunity to make financial arrangements for giving effect to those proposals at the Twelfth World Health Assembly. That was when such arrangements should be made.

He proposed that the Committee recommend the adoption of the draft resolution prepared by the Director-General with the changes suggested by the United States delegate and the addition suggested by the Secretary.

Decision: The draft resolution, as amended, was approved by 45 votes to none, with 3 abstentions (see fourth report of the Committee, section 6).

5. Amendments to the Rules of Procedure of the Health Assembly : Rule 67 (continued from tenth meeting, section 2)

Agenda, 7.7

The CHAIRMAN recalled that the Committee had already come to an agreement on the substance of the item, and had requested the Legal Sub-Committee to suggest a suitable text to give expression to that agreement. He invited the Rapporteur of the Sub-Committee to read the report of the Sub-Committee on the question.

Dr EL WAKIL (United Arab Republic), Rapporteur of the Legal Sub-Committee, read the Sub-Committee's second report (see page 393).

Decision: The draft resolution recommended in the second report of the Legal Sub-Committee was approved by 34 votes to 2, with 13 abstentions (see fourth report of the Committee, section 7).

The meeting rose at 11.40 a.m.

TWELFTH MEETING

Tuesday, 10 June 1958, at 2.40 p.m.

Chairman: Mr S. KHANACHET (Saudi Arabia)

1. Review of the Programme and Budget Estimates for 1959 relating to: (a) Adequacy of the Estimates for Organizational Meetings; (b) Adequacy of the Estimates for Administrative Services; (c) Text of the Appropriation Resolution for the Financial Year 1959

Agenda, 7.4

(a) *Adequacy of the Estimates for Organizational Meetings*

Dr MOORE, representative of the Executive Board, said that the Executive Board had studied the programme and budget estimates for 1959, and the results of its deliberations were embodied in *Official Records* No. 84.

With regard to the adequacy of the estimates for Organizational Meetings, the Board's conclusions were to be found in sections 2.2, 3.2 and 4.2 in Part II of Chapter IV of *Official Records* No. 84, pages 29 to 31. The Board considered that the estimates for the World Health Assembly, the Executive Board and its committees and the Regional Committees, given on pages 4, 5 and 19-21 of *Official Records* No. 81, were satisfactory.

Mr BOTHA (Union of South Africa) drew attention to the late receipt of documents by delegations. Some very important documents relating to the work of the present session of the Health Assembly had been received in South Africa very late. The resolutions of the Executive Board, contained in *Official Records* No. 83, and the report of the External Auditor (*Official Records* No. 85) had been received less than two weeks before the start of the Assembly. He appreciated the fact that the Secretariat had had an additional burden due to the preparations for the Tenth Anniversary Commemorative Session, but the fact that the Eleventh World Health Assembly had opened three weeks later than was customary might have been expected to give extra time for the preparation of documents.

He stressed that the question of when documents were received was not an academic one, since late receipt hampered his delegation's study of the Organization's work and thus made it difficult for it to pro-

vide a full and constructive contribution to the work of the Assembly. He hoped that it would prove possible for documents to be received earlier in the future.

Mr JEFFERY (New Zealand) agreed with what had been said by the delegate of the Union of South Africa. He realized that governments which were very distant from headquarters could not expect to receive their documents as early as other governments. Nevertheless the resolutions of the Executive Board had reached Wellington only two days after the New Zealand delegation left for Minneapolis. In view of the considerable importance his delegation attached to the preliminary study of the resolutions of the Board, he hoped that it would prove possible for them and other documents for the Assembly to be sent to delegations earlier in the future.

Mr SIEGEL (Assistant Director-General, Department of Administration and Finance), Secretary, said that he appreciated the difficult position delegations were placed in if they received their documents late. The problem had been discussed at previous sessions of the Health Assembly. The main difficulty arose from the arrangement by which WHO was compelled to hold its Assemblies in May so as to fit into the schedule of meetings of other international organizations and so as to be able to submit a report to the summer session of the Economic and Social Council.

The Director-General had given attention to those difficulties and it had been hoped that in the current year, with the Assembly being held three weeks later than usual, it would have proved possible for documents to be distributed in good time. Unfortunately the additional work entailed in preparing for the Tenth Anniversary Commemorative Session—particularly the publication of the volume entitled *The First Ten Years of the World Health Organization*—and in arranging for the meeting of the Assembly away from headquarters had belied those hopes.

The problem of the distribution of the annual financial report and the report of the External Auditor could not be solved so long as the Assembly continued to meet in May. The only real solution lay in its meeting at some other time. The Director-General would, however, reconsider the staffing arrangements with a view to improving the distribution of documents for the Assembly in the future.

The CHAIRMAN said he hoped that it would be possible to meet the difficulties expressed by delegates in connexion with the despatch of documents.

There were no further comments on the estimates for Organizational Meetings.

(b) *Adequacy of the Estimates for Administrative Services and Other Purposes*

Dr MOORE, representative of the Executive Board, said that the conclusions of the Executive Board with regard to the estimates relating to Administrative Services would be found in section 9.2 on page 53 of *Official Records* No. 84. The Board had found that the estimates for Administrative Services, as set forth on pages 8, 9 and 66 to 76 in *Official Records* No. 81, were satisfactory.

Mr MONK (Canada) drew the Committee's attention to estimates for the Administrative Management Section. It was stated on page 68 of *Official Records* No. 81 that the Administrative Management Section was responsible for reviewing organization and methods of work. Provision was made for travel by members of the section to the regional offices for the purpose of carrying out management studies and making available management services.

He had also noted that provision was made for rotational administration and finance staff.

He asked what visits had in fact been made by the Administrative Management Section to regional offices and whether there was any connexion between that item and the rotational administration and finance staff.

The SECRETARY said that there was no relation between the two groups. The functions of the administrative management staff were quite different from those of the rotational administration and finance staff.

Studies had been carried out by the Administrative Management Section in four of the six regional offices, and it was hoped to make further studies and to follow up those already made so as to perfect the procedures which had been worked out.

The purposes of the work of the rotational administration and finance staff were explained on page 50

of *Official Records* No. 84. Rotation of staff was so arranged as to permit a period of training at headquarters.

Dr MOORE, representative of the Executive Board, said that the Board had examined the estimates relating to Other Purposes. The Committee would have noted that, under Appropriation Section 9, provision had been made for the reimbursement of the Working Capital Fund to the amount of \$100 000, as shown on page 9 of *Official Records* No. 81. The Tenth World Health Assembly had approved a plan for financing the construction of a new building for the Regional Office for the Western Pacific, and in resolution WHA10.28 had authorized the Director-General to advance up to \$250 000 from the Working Capital Fund to meet the costs of construction not covered by the \$250 000 offered by the Government of the Philippines and voluntary contributions from other governments.

The Board had further noted that a more precise estimate of the amount it would be necessary to advance from the Working Capital Fund was expected to be available by the time of the Eleventh World Health Assembly. The Board had therefore agreed to recommend that the Health Assembly should review the provision to be included in the estimates for the purposes of reimbursing the Working Capital Fund in the light of an up-to-date report by the Director-General on the position.

The estimates for Administrative Services and Other Purposes were approved without further comment.

(c) *Text of the Appropriation Resolution for the Financial Year 1959*

Dr MOORE, representative of the Executive Board, said that the Board had also found that the proposed Appropriation Resolution for the financial year 1959 was identical with that adopted by the Tenth World Health Assembly for 1958, except that the title of Appropriation Section 7 had been changed so as to make it clear that that section related solely to expert committees and not also to conferences. The Board had therefore decided to recommend the adoption of the proposed text of the Appropriation Resolution for 1959.

The text of the Appropriation Resolution for 1959 was approved without further comment.

The SECRETARY said that the Committee would be aware that it was responsible for submitting the Appropriation Resolution for 1959 to the Committee on Programme and Budget, together with the estimates contained in that resolution, with the exception of the figures for Part II—Operating Programme,

which had to be decided by the Committee on Programme and Budget.

The figure for Part V—Undistributed Reserve—had to be a calculated figure, consisting of the assessments against the three inactive Members and China.

He then read out the estimates to be inserted by the Committee in the Appropriation Resolution for the financial year 1959 as follows :

The Eleventh World Health Assembly

RESOLVES to appropriate for the financial year year an amount of US \$15 365 660 as follows :

I.

Appropriation Section	Purpose of Appropriation	Amount US \$
PART I : ORGANIZATIONAL MEETINGS		
1.	World Health Assembly	213 320
2.	Executive Board and its Committees.	116 900
3.	Regional Committees	65 250
	Total — Part I	395 470
PART III : ADMINISTRATIVE SERVICES		
8.	Administrative Services	1 195 489
	Total — Part III	1 195 489
PART IV : OTHER PURPOSES		
9.	Reimbursement of the Working Capital Fund	100 000
	Total — Part IV	100 000
	SUB-TOTAL — PARTS I, II, III AND IV	14 287 600
PART V : RESERVE		
10.	Undistributed Reserve	1 078 060
	Total — Part V	1 078 060
	TOTAL — ALL PARTS	15 365 660

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

- (i) the amount of \$ 2 090 representing assessments on new Members from previous years
- (ii) the amount of \$304 562 representing miscellaneous income available for the purpose
- (iii) the amount of \$ 74 348 available by transfer from the cash portion of the Assembly Suspense Account
- (iv) the amount of \$ 19 000 available by transfer from the Publications Revolving Fund

Total — \$400 000

thus resulting in assessments against Members of \$14 965 660.

The CHAIRMAN proposed that the Rapporteur should be authorized to transmit to the Committee on Programme and Budget the fourth report of the present Committee (see page 390) containing the text of the Appropriation Resolution for the financial year 1959, as approved by the Committee with the amounts entered in Parts I, III, IV and V of paragraph I and in paragraph III, as just read by the Secretary.

It was so agreed.

2. Fourth Report of the Committee

The CHAIRMAN suggested that the draft fourth report of the Committee should be considered section by section.

It was so agreed.

Dr MELLBYE (Norway), Rapporteur, read out sections 1 to 6.

Decision: Sections 1 to 6 were approved without comment.

Dr MELLBYE (Norway), Rapporteur, read out section 7—Amendments to the Rules of Procedure of the Health Assembly, Rule 67.

Mr KITTANI (Iraq) requested a vote on section 7.

Mr PYMAN (Australia) asked, on a point of order, if he was right in assuming that in adopting the draft report the Committee would merely be agreeing that it was a true record of the decisions which it had taken earlier. He wished to know if the Committee was being asked to vote again on the substance of section 7.

The CHAIRMAN said that there was no question of reopening consideration of the substance of section 7. The delegate of Iraq merely wished to be able to record the view of his delegation on that section of the draft report.

Dr VITSAXIS (Greece) expressed the opinion that a vote cast against the terms of section 7 would indicate that the delegation in question did not think that it faithfully reflected the decision which had already been taken by the Committee on the substance of the matter when, at the previous meeting, it had approved the resolution proposed in the report of the Legal Sub-Committee.

Mr KITTANI (Iraq) pointed out that it was common practice in the United Nations and other member organizations for delegations to ask for a separate vote on a part of a report which was being submitted

to a higher body. He was not questioning the terms of section 7 but simply wished for an opportunity to express his delegation's dissatisfaction with that part of the report.

The CHAIRMAN drew attention to the fact that the matter dealt with in section 7 had first been approved in principle by the Committee. The question had then been referred to the Legal Sub-Committee to be drafted in the form of a resolution which would conform with the provisions of the Constitution and the Rules of Procedure. At the previous meeting, as had been pointed out by the delegate of Greece, the full Committee had approved the draft resolution put forward by the Legal Sub-Committee. He did not think that the Rules of Procedure precluded a vote being taken on section 7 to enable the delegate of Iraq to make clear his delegation's position on the matter.

Dr TOGBA (Liberia) supported the remarks which had been made by the Chairman.

Dr VITSAXIS (Greece) emphasized that the Committee would be voting, not on the draft resolution itself, but on the part of the draft report which concerned a resolution already adopted.

Mr KITTANI (Iraq) said that section 7 of the draft report was not a true record of the debate which had taken place on that item of the agenda and did not reflect the fact that there had been divided views on the subject. That being the case, he had no recourse but to ask for a vote on that part of the draft report.

The CHAIRMAN, in reply to the delegate of the United Arab Republic, explained that the vote would not concern either the substance or the legal validity of the provisions of section 7. The Committee would be voting on whether or not the paragraph faithfully reflected the decision which the Committee had taken on the matter. He ruled that the request

for a vote by show of hands was in order and put the resolution to the vote.

Decision: Section 7 was approved by 33 votes to 2, with 11 abstentions.

The CHAIRMAN then called for a vote on the draft report as a whole.

Decision: The draft report was approved unanimously (for text, see page 387).

3. Closure of Session

The CHAIRMAN said that the Committee had come to the end of its work.

On behalf of all its members he expressed the warmest and most sincere thanks to the Government of the United States of America, the authorities of the State of Minnesota and the City of Minneapolis, and to all the private organizations for their most generous and gracious hospitality, which had done so much to promote a spirit of friendly and harmonious understanding.

He also thanked the representative of the Executive Board, the Vice-Chairman and the Rapporteur for their co-operation, as well as the Director-General, the Secretary and the Secretariat for their assistance to the Committee in its work. He also wished to thank the delegates whose loyal support had made it possible for the Committee's task to be carried out in such a friendly fashion.

The delegates of Portugal, the United States of America, Chile, Ireland, Belgium, Iraq, Italy and the Union of South Africa all congratulated the Chairman on the efficiency and delicacy with which he had guided the work of the Committee, and associated themselves with the congratulatory remarks which he had made concerning the contribution of the officers of the Committee and of the Secretariat.

The meeting rose at 4.20 p.m.

LEGAL SUB-COMMITTEE

FIRST MEETING

Monday, 2 June 1958, at 4 p.m.

Chairman: Mr S. CAMPICHE (Switzerland)

1. Election of Officers

Mr SIEGEL, Assistant Director-General, Department of Administration and Finance, opened the meeting on behalf of the Director-General. He called for nominations for the office of Chairman of the Sub-Committee.

Mr TOUSSAINT (France) proposed as Chairman Mr Campiche (Switzerland), an expert on international organizations and legal matters.

Dr VANNUGLI (Italy) seconded the proposal.

Decision: Mr Campiche (Switzerland) was unanimously elected Chairman.

Mr Campiche took the Chair.

The CHAIRMAN thanked the Sub-Committee for electing him to the Chair.

He called for nominations for the offices of Vice-Chairman and Rapporteur.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) proposed that Dr El Wakil (United Arab Republic) be elected both Vice-Chairman and Rapporteur.

Mr. CALDERWOOD (United States of America) seconded the proposal.

Decision: Dr El Wakil was unanimously elected Vice-Chairman and Rapporteur.

2. Amendments to the Rules of Procedure of the Health Assembly

Agenda, 7.7

Rules 92 and 99

The CHAIRMAN requested the Secretary to introduce the item.

Mr ZARB (Chief, Legal Office), Secretary, said that the problem before the Sub-Committee had

already been discussed at length at meetings of the Health Assembly and the Executive Board. The previous history was reported in *Official Records* No. 79 (particularly pages 452-460).

The Director-General had submitted for consideration at the nineteenth session of the Executive Board two suggestions: first, to substitute a new text (which he had put forward) for the second paragraph of Rule 92 of the Rules of Procedure so as to replace the definition of the term "year" in that paragraph by a definition of the term "three years", as used in Article 25 of the Constitution; and, secondly, to delete Rule 99 because it prevented the election of a Board member becoming effective until the Board met and it created doubt as to when the three-year period ended. The member of the Board designated by the United Kingdom of Great Britain and Northern Ireland, Sir John Charles, had not been in favour of the suggestion of the Director-General on the grounds that the terms of the Constitution should be treated strictly and that therefore the word "years" in Article 25 meant years as defined in dictionaries. The Executive Board had then referred the various opinions expressed on the matter to the Tenth World Health Assembly. After discussing it thoroughly, the Tenth World Health Assembly had requested the Executive Board to reconsider the matter and submit a practical proposal in accordance with the Constitution for consideration at the Eleventh World Health Assembly. At its twenty-first session the Executive Board had agreed to submit (in its resolution EB21.R51) for consideration at the current Health Assembly a text providing a flexible and practical definition for the beginning and end of the three-year term of Members entitled to designate a member to serve on the Executive Board.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said that he would be content if the Executive Board's proposal was adopted. At the Tenth World Health Assembly the United Kingdom delegation had stated its views on the subject fully; it was content with the account of its views in the official record of that Assembly. The Working Party which the Executive Board had set up to consider the matter had stated in its report that it "believed that a final solution to this question was to be found in the eventual amendment of the relevant articles of the Constitution when the occasion presented itself"; he would suggest that the Sub-Committee include a similar passage in its report on the item.

Mr KITTANI (Iraq) suggested that in Rule 99 (as proposed by the Executive Board in its resolution EB21.R51) the words "was elected" and "was replaced" should be amended to read "is elected" and "is replaced", respectively, since they were surely meant to apply for as long as the Organization remained in existence.

Mr CALDERWOOD (United States of America) said he could see no objection to that suggestion.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) agreed with the delegate of Iraq, especially since the Sub-Committee was dealing with legal English, which differed in many respects from colloquial English.

Decision: The Sub-Committee approved the draft resolution in Executive Board resolution EB21.R51, amended as suggested by the delegate of Iraq. It also adopted the suggestion made by the delegate of the United Kingdom.

3. Convention on the Privileges and Immunities of the Specialized Agencies : Amendment to Annex VII

Agenda, 7.11

The SECRETARY said that the Director-General in his report (see Annex 9) had explained fully his reasons for suggesting, in the draft resolution in that report, that Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies be amended so as to confer diplomatic status on the Assistant Directors-General and the Regional Directors. Before submitting that suggestion to the Health Assembly, the Director-General had consulted the executive heads of specialized agencies similar to WHO, and the results of those consultations were given in the appendix to his report. The letter he had received from the Director-General

of ILO (Appendix, section 4) showed that that organization had long ago taken action similar to that now suggested for WHO. WHO was, of course, the only specialized agency with a regional organization and which therefore had a number of regional directors, to whom the diplomatic status would be accorded.

Mr PASTINEN (Finland) asked whether the Director-General had received a reply to the letter he had addressed to the Secretary-General of the United Nations (Appendix, section 6). Was there any likelihood that the Secretary-General would object to the adoption of the draft resolution? Had diplomatic status been conferred on the executive secretaries of the regional Economic Commissions of the United Nations Economic and Social Council, to whom he supposed the regional directors of WHO might be assimilated?

The SECRETARY said the Director-General had not yet received a reply to that letter. He did not think that there would be anything in the Secretary-General's reply at variance with the Director-General's suggestion. That suggestion had been made because the Secretary-General of the United Nations had let it be known that the diplomatic visas which the United Nations entered in the laissez-passer it delivered should be in accordance with the Convention, and that the United Nations would have no difficulty in giving such a visa to any high official of the specialized agencies on whom the relevant annex to the Convention conferred diplomatic status. Every bilateral agreement which WHO had made with the six countries in which one of its regional offices were situated provided for the Regional Director and Assistant Regional Director to enjoy diplomatic status in that country.

The CHAIRMAN said it seemed that adoption of the draft resolution would not confer on WHO greater privileges than those enjoyed by other specialized agencies.

Miss LUNSINGH MEIJER (Netherlands) said that her Government was not greatly in favour of extending diplomatic privileges and immunities. She doubted whether decisions on questions such as that under discussion should be taken by any specialized agency acting singly. Should not the Administrative Committee on Co-ordination (ACC) take a decision on the matter under consideration before WHO proceeded further?

The SECRETARY said that the number of high ranking officials who would have full diplomatic status conferred on them if the draft resolution was

adopted was small and limited. As he had already stated, bilateral agreements between WHO and host governments already provided for those high-ranking officials to enjoy diplomatic status. Those governments had not raised the slightest difficulties regarding that provision. The ACC had been set up to enable the executive heads of the United Nations and the specialized agencies to exchange views, co-ordinate their activities and prevent duplication of work. All that ACC could do in regard to the question had already been done by means of the correspondence between the executive heads of those organizations which was annexed to the report under discussion.

Mr TOUSSAINT (France) said that his Government had accorded full diplomatic status to all officials of the rank of those mentioned in the draft resolution in the offices of the United Nations agencies on French territory, namely UNESCO headquarters in Paris and the WHO Regional Office in Brazzaville; indeed it had agreed to similar privileges for the Deputy Regional Director for Africa. He won-

dered, however, whether the draft resolution was not couched in terms that were somewhat too imperative.

The SECRETARY replied that the terms used in the draft resolution were those always used in similar contexts.

The CHAIRMAN, speaking as delegate of Switzerland, said that his Government observed the same policy in regard to international organizations with offices in Switzerland as that just indicated by the delegate of France.

Decision: The draft resolution suggested by the Director-General in his report was approved unanimously (see first report of the Sub-Committee, section 2).

The CHAIRMAN said that a draft report on the items which had been discussed at the meeting would be submitted for consideration at the next meeting of the Sub-Committee.

The meeting rose at 5.5 p.m.

SECOND MEETING

Tuesday, 3 June 1958, at 9 a.m.

Chairman: Dr C. El-Dine EL WAKIL (United Arab Republic)

1. First Report of the Sub-Committee

The CHAIRMAN, speaking as Rapporteur, presented the draft report on the proceedings at the previous meeting.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said he doubted whether it would be correct for the Sub-Committee to recommend to the Committee on Administration, Finance and Legal Matters that a draft resolution should be submitted to the Health Assembly as the Rapporteur was proposing. Was not the Sub-Committee's sole function to express an opinion as to whether each of the proposals referred to it was legally in order?

Mr ZARB (Chief, Legal Office), Secretary, said that the draft report was in exactly the same form as reports the Sub-Committee had submitted in the past.

Mr BOUCHER (United Kingdom) said that that did not imply that the form of those reports had been correct.

The SECRETARY said that the function of lawyers, and consequently of the Sub-Committee, was not merely to express opinions as to whether texts were legally in order. It was their duty also to recommend the form in which legal texts should be drafted. On a number of occasions in the past the Sub-Committee had been asked to put into legal language texts adopted by bodies composed of delegates who were not lawyers.

The CHAIRMAN said he agreed with the Secretary.

The SECRETARY suggested the addition of the words "Having recognized the legality of the proposal before it" immediately after the word "Sub-

Committee" in the first paragraph under both section 1 and section 2.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said he would be quite satisfied if those additions were made.

Mr TOUSSAINT (France) suggested that the draft report would be neater if the words in the first

paragraph under heading 1, "decided to recommend" were changed to read simply "recommends".

Decision: The draft report, amended as suggested by the Secretary and the delegate of France, was adopted unanimously.

The meeting rose at 9.25 a.m.

THIRD MEETING

Saturday, 7 June 1958, at 12.25 p.m.

Chairman: Mr S. CAMPICHE (Switzerland)

1. Amendments to the Rules of Procedure of the Health Assembly

Agenda, 7.7

Rule 67

The CHAIRMAN recalled that the Committee on Administration, Finance and Legal Matters, at its tenth meeting (see pages 345-348) had decided to add decisions on the budget to the matters requiring approval by a two-thirds majority of the Members present and voting, and had requested the Legal Sub-Committee to recommend an appropriate text for the necessary amendment to Rule 67 of the Rules of Procedure. A draft text suggested by the Secretariat was before the Sub-Committee, to add to that Rule the following paragraph :

The decision on the amount of the effective working budget shall be taken by a two-thirds majority of the Members present and voting.

Mr PASTINEN (Finland) said that he thought the wording proposed by the Secretariat was satisfactory. It might however be better to have the word "decision" in the plural, since there were several decisions connected with the budget. An alternative solution might be to insert the word "annual" before the word "effective". He said he was not making a formal proposal but merely a suggestion for the consideration of the Legal Adviser.

Mr SIEGEL, Assistant Director-General, Department of Administration and Finance, agreed with the delegate of Finland's suggestion to insert the word "annual" in the proposed additional paragraph to Rule 67. He thought, however, that the word "decision" should be left as it was.

Mr CALDERWOOD (United States of America) recalled that the question of biennial Assemblies had again been raised. If the word "annual" were inserted in the proposed amendment, it might prejudice that question in advance, since, in the event of biennial Assemblies being approved, there was a possibility that there might also be biennial budgets.

Mr KITTANI (Iraq) said that, although the approval of the budget was not a matter which belonged to the category of questions which, under the Constitution, were to be decided by a two-thirds majority, but was a specific question in its own right, it would nevertheless be better, in amending Rule 67, to add the approval of the budget to that category of questions. He also supported the suggestion to put the word "decision" in the plural. He proposed that the end of Rule 67 should be amended to read : "in accordance with Articles 69, 70 and 72 of the Constitution; amendments to the Constitution; and decisions on the amount of the effective working budget".

Mr PASTINEN (Finland) said that he had not forgotten that the question of biennial Assemblies had been raised. It would nevertheless be better, at the present stage, to insert the word "annual" in the proposed addition to Rule 67. If the idea of biennial Assemblies were adopted, the word could subsequently be changed at the same time as all the other changes which would be necessitated by such a decision.

Mr CALDERWOOD (United States of America) supported the proposal of the delegate of Iraq.

Mr ZARB (Chief, Legal Office), Secretary, said that Article 60 of the Constitution laid down that certain questions should be decided in the Health Assembly by a two-thirds majority of the Members present and voting. It also provided that other questions, if the Assembly considered them of sufficient importance, could be decided by a two-thirds majority.

Thus, the Constitution seemed to envisage three categories of questions — the important questions which it enumerated, ordinary questions which were to be decided by a simple majority and, within that category of ordinary questions, the third category of questions which the Assembly considered sufficiently important to be decided by a two-thirds majority.

Therefore, if the question of the decision on the budget were simply to be added to the list contained in Rule 67, it might appear that that question, for which the two-thirds majority procedure had been authorized only by a vote of the Assembly, was regarded as belonging to the category of important questions listed by the Constitution. It would thus be better to amend Rule 67 by means of a separate additional paragraph, as the Secretariat had proposed, since that would ensure that the amendment to the Rules of Procedure could not be taken in any way affecting Article 60 of the Constitution.

Mr KITTANI (Iraq) pointed out that Article 60(a) of the Constitution said that the important questions to be decided by a two-thirds majority “shall include” the questions which it then went on to enumerate. That surely implied that other questions could be added to the list.

However, there was no question of amending the Constitution. When the Committee on Administration, Finance and Legal Matters had adopted the United States resolution, it had decided to add another question to the category of important questions listed in Rule 67 of the Rules of Procedure, which was itself, under Article 60(b) of the Constitution, a matter which could be decided by a simple majority. The category of questions in Rule 67 could thus be added to without there being any question of adding to the category of questions in Article 60 of the Constitution.

Mr SIEGEL, Assistant Director-General, Department of Administration and Finance, said that if the words “decision” and “amount” were to be put into the plural in the proposed amendment

to Rule 67, the same should apply to the word “budget”.

Mr BOUCHER (United Kingdom of Great Britain and Northern Ireland) said that, from the point of view of good English, it would be better if the words “amount” and “budget” were kept in the singular and the word « decision » put into the plural.

It was so agreed.

Dr BOERI (Monaco) said that the text of Rule 67 seemed too rigid, in that it restricted the number of important questions to be decided by a two-thirds majority. He therefore suggested that the list of important questions should be preceded by the words in “particular”. That would enable the Assembly, if it were faced with other questions which it considered important, to have them more easily voted on by a two-thirds majority under Rule 67.

The SECRETARY said that if the suggestion by the delegate of Monaco were adopted, it would lead to greater confusion among the categories of questions envisaged by the Constitution. The Assembly always had to decide whether a question was of sufficient importance to be decided by the exceptional two-thirds procedure provided for in Article 60 of the Constitution. The addition of the words “in particular” before the list of important questions in Rule 67 would open the door to a variety of interpretations of what was meant by Rule 67, which as it stood reflected the clear procedure laid down in the Constitution.

Dr BOERI (Monaco) said that he was not entirely convinced by the Secretary's explanation, since there was no need for Rule 67 to be an exact copy of Article 60 of the Constitution as far as the list of important questions was concerned. The object of his own remarks had been to clear up the doubt in the minds of delegates as to whether or not other important questions could be added to the list given in Rule 67.

Mr AF GEIJERSTAM (Sweden) said that he preferred the Secretariat's proposal of an additional paragraph for Rule 67 to the proposal of the delegate of Iraq. However, since the matter was not of vital importance, he was prepared to support the proposal of the delegate of Iraq.

Mr PASTINEN (Finland) proposed the adoption of the separate additional paragraph to Rule 67 proposed by the Secretariat, with the change which had been adopted by the Sub-Committee to the

effect that the word "decision" should now read "decisions".

Decisions:

- (1) The proposal of the delegate of Finland was rejected by 6 votes to 5 with 1 abstention.
- (2) The amendment to Rule 67 proposed by the delegate of Iraq was adopted by 11 votes to none, with 1 abstention.

2. Second Report of the Sub-Committee

Dr EL WAKIL (United Arab Republic), Rapporteur, presented the second draft report of the Sub-Committee.

Decision: The report was adopted unanimously (for text, see page 393).

The meeting rose at 1.15 p.m.

COMMITTEE REPORTS

The serial numbers in brackets after the resolutions proposed by the committees for adoption by the Health Assembly are those given to the final resolutions which appear in Part I of this volume.

COMMITTEE ON CREDENTIALS

FIRST REPORT ¹

[A11/5 — 28 May 1958]

The Committee on Credentials met on 28 May 1958.

Delegates of the following Members were present : Burma, Cuba, Denmark, Federal Republic of Germany, Laos, Liberia, Libya, Luxembourg, New Zealand, Peru, Tunisia and Venezuela.

Dr F. Sánchez Moreno (Peru) was elected Chairman and Mr J. H. Zeuthen (Denmark) Rapporteur.

The Committee examined the credentials deposited by the delegations taking part in the Health Assembly.

1. The credentials presented by the delegations and representatives listed below were found to be in order, thus entitling these delegations and representatives to take part in the work of the Health Assembly, as defined by the Constitution of the World Health Organization. The Committee therefore proposes that the Health Assembly should recognize the validity of the credentials presented by the following delegations :

Afghanistan, Argentina, Australia, Austria, Belgium, Bolivia, Bulgaria, Burma, Cambodia, Canada, Ceylon, Chile, China, Cuba, Czechoslovakia, Denmark, Dominican Republic, Ecuador, El Salvador, Ethiopia, Finland, France, Federal Republic of

Germany, Ghana, Greece, Guatemala, Haiti, Honduras, Iceland, India, Iran, Iraq, Ireland, Israel, Italy, Japan, Hashemite Kingdom of Jordan, Korea, Laos, Lebanon, Liberia, United Kingdom of Libya, Luxembourg, Malaya, Mexico, Monaco, Morocco, Nepal, Netherlands, New Zealand, Norway, Pakistan, Panama, Paraguay, Peru, Philippines, Poland, Portugal, Romania, Saudi Arabia, Spain, Sudan, Sweden, Switzerland, Thailand, Tunisia, Turkey, Union of South Africa, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America, Venezuela, Viet Nam, Yugoslavia.

The Committee also proposes that the Health Assembly should recognize the validity of the credentials presented by the representatives of the following Associate Members : Federation of Nigeria, Federation of Rhodesia and Nyasaland, Sierra Leone.

2. Notifications from Albania, Brazil, Indonesia, Nicaragua and Uruguay giving the composition of their delegations, state that credentials are being forwarded, and the Committee therefore recommends to the Health Assembly that these delegations be recognized with full rights in the Health Assembly pending the arrival of their credentials.

¹ Approved by the Health Assembly at its first plenary meeting

SECOND REPORT ¹

[A11/11 — 3 June 1958]

In the absence of the Chairman of the Committee on Credentials, and in accordance with the provisions of Rule 29 of the Rules of Procedure of the World Health Assembly, the Committee on Credentials met on 2 June 1958, under the chairmanship of Mr A. Zarb, representing the Director-General.

The Committee accepted the formal credentials of the delegation of Costa Rica entitling its member to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.

THIRD REPORT ²

[A11/15 — 4 June 1958]

In the absence of the Chairman of the Committee on Credentials, and in accordance with the provisions of Rule 29 of the Rules of Procedure of the World Health Assembly, the Committee met on 4 June 1958 under the Chairmanship of Mr A. Zarb, representing the Director-General.

The Committee accepted the formal credentials of the delegations of Brazil and Nicaragua, entitling their members to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.

FOURTH REPORT ²

[A11/21 — 7 June 1958]

In the absence of the Chairman of the Committee on Credentials, and in accordance with the provisions of Rule 29 of the Rules of Procedure of the World Health Assembly, the Committee met on 7 June 1958 under the Chairmanship of Mr A. Zarb, representing the Director-General.

their members to take part in the work of the Health Assembly as defined by the Constitution of the World Health Organization.

The Committee accepted the formal credentials of the delegations of Indonesia and Yemen, entitling

The Committee on Credentials also noted that, by a cable received from the Minister of Health of Laos, Mr Khamchan Pradith has been appointed as delegate of that country.

COMMITTEE ON NOMINATIONS

FIRST REPORT ³

[A11/6 — 28 May 1958]

The Committee on Nominations, consisting of delegates of the following Member States : Ceylon, Chile, Ecuador, El Salvador, France, India, Iran, Japan, Panama, Philippines, Poland, Sudan, Switzerland, Union of South Africa, Union of Soviet Socialist Republics, United Arab Republic, United

Kingdom of Great Britain and Northern Ireland and United States of America, met on 28 May 1958.

Dr H. van Zile Hyde (United States of America) was elected Chairman, and Dr. A. Bissot, jr, (Panama) Rapporteur.

In accordance with Rule 24 of the Rules of Procedure of the World Health Assembly, the Committee decided unanimously to propose to the Assembly the nomination of Dr Leroy E. Burney (United States of America) for the office of President of the Eleventh World Health Assembly.

¹ Approved by the Health Assembly at its fifth plenary meeting

² Approved by the Health Assembly at its sixth plenary meeting

³ Approved by the Health Assembly at its second plenary meeting

SECOND REPORT ¹

[A11/7 — 28 May 1958]

At its first meeting, held on 28 May 1958, the Committee on Nominations decided to propose to the Assembly, in accordance with Rule 24 of the Rules of Procedure of the World Health Assembly, the following nominations :

Vice Presidents of the Assembly

Dr J. Anouti (Lebanon)
 Dr A. Sauter (Switzerland)
 Dr Tran-Vy (Viet Nam)

Committee on Programme and Budget

Chairman: Professor N. N. Pesonen (Finland)

Committee on Administration, Finance and Legal Matters

Chairman: Mr S. Khanachet (Saudi Arabia)

Concerning the members of the General Committee to be elected under Rule 30 of the Rules of Procedure of the World Health Assembly, the Committee decided to nominate the delegates of the following nine countries: Chile, Ecuador, France, Ghana, India, Japan, Mexico, United Kingdom of Great Britain and Northern Ireland, and the Union of Soviet Socialist Republics.

THIRD REPORT ²

[A11/8 — 28 May 1958]

At its first meeting held on 28 May 1958, the Committee on Nominations decided to propose to each of the main committees, in accordance with Rule 24 of the Rules of Procedure of the World Health Assembly, the following nominations for the offices of vice-chairmen and rapporteurs :

Committee on Programme and Budget

Vice-Chairman: Dr O. Berlogea (Romania)
Rapporteur: Dr M. Ibrahim (Iraq)

Committee on Administration, Finance and Legal Matters

Vice-Chairman: Dr J. F. Goossens (Belgium)
Rapporteur: Dr F. Mellbye (Norway)

GENERAL COMMITTEE

FIRST REPORT ³

[A11/10 — 31 May 1958]

Election of a Member to fill a Vacancy on the Executive Board resulting from the Establishment of the United Arab Republic

At its second plenary meeting, on 29 May 1958, the Assembly considered the question of the election of a Member State to fill a seat on the Executive Board which has become vacant as at result of the establishment of the United Arab Republic.

The Assembly decided that it should accord to the United Arab Republic the assumption of the

term remaining for Egypt (two years) and elect a Member State to replace Syria for the remainder of its term (one year).

Following this decision, the General Committee considered the question of this election.

As regards the procedure to be followed, the General Committee considers that the provisions of Rule 98 of the Rules of Procedure of the World Health Assembly are applicable in the present case. This rule provides, *inter alia*, that not more than twice the number of candidates for the number of seats vacant shall be nominated.

Accordingly, the General Committee proposes Tunisia and Israel and recommends Tunisia on the basis of having received the majority of the votes.

¹ Approved by the Health Assembly at its second plenary meeting

² See minutes of the first meeting of the Committee on Programme and Budget and of the Committee on Administration, Finance and Legal Matters.

³ See verbatim record of the fifth plenary meeting, section 3.

SECOND REPORT ¹

[A11/18 — 5 June 1958]

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

At its meeting held on 5 June 1958, the General Committee, in accordance with Rule 94 of the Rules of Procedure of the World Health Assembly, drew up the following list of nine Members, to be transmitted to the Health Assembly for the purpose of the annual election of six Members to be entitled to designate a person to serve on the Executive Board :

Brazil, Union of Soviet Socialist Republics, Viet Nam, France, Guatemala, Iran, Netherlands, Israel, Peru.

The General Committee then recommended the following six Members which, in the Committee's opinion, would provide, if elected, a balanced distribution on the Board as a whole :

Brazil, France, Union of Soviet Socialist Republics, Viet Nam, Iran, Guatemala.

COMMITTEE ON PROGRAMME AND BUDGET

FIRST REPORT ²

[A11/16 — 5 June 1958]

The Committee on Programme and Budget held its first seven meetings on Friday 30 May, Saturday 31 May, Monday 2 June, Tuesday 3 June and Wednesday 4 June 1958, under the chairmanship of Professor N. N. Pesonen (Finland).

At its first meeting on 30 May, and in conformity with the proposals of the Committee on Nominations, it elected Dr. O. Berlogea (Romania) Vice-Chairman, and Dr M. Ibrahim (Iraq) Rapporteur. At the same meeting it set up a Sub-Committee on International Quarantine, on which all delegations were invited to serve, to deal with agenda items 6.7 (b), (c), and (d). The recommendations of that sub-committee, as adopted by the Committee on Programme and Budget, will be embodied in the reports of the Committee.

As a result of the discussions which took place at the meetings mentioned above, the Committee decided to recommend to the Eleventh World Health Assembly the adoption of the following resolutions :

1. Annual Report of the Director-General for 1957

The Eleventh World Health Assembly,

Having reviewed the Annual Report of the General on the work of WHO in 1957,³

1. NOTES with satisfaction the manner in which the programme was planned and carried out during 1957, in accordance with the established policies of the Organization;

2. NOTES with satisfaction that the administrative and financial affairs of the Organization, as described in the Annual Report of the Director-General, are sound; and

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

[WHA11.26]

2. Environmental Sanitation

The Eleventh World Health Assembly,

Having noted during the discussions on the Annual Report of the Director-General for 1957⁴ the emphasis placed upon environmental sanitation,⁴

REQUESTS the Director-General :

(a) to make a comprehensive review of the work and achievements of the World Health Organization in assisting governments in the environmental sanitation field, with particular reference to the provision or improvement of potable water supplies and the adequate disposal of human wastes; and

(b) to submit this review to the Twelfth World Health Assembly, together with such suggestions or proposals for further activities in this field as may seem to him to be desirable, including ways and means of financing this work.

[WHA11.27]

¹ See verbatim record of the sixth plenary meeting, section 7.

² The resolutions recommended in this report were adopted by the Health Assembly at its sixth plenary meeting.

³ *Off. Rec. Wld Hlth Org.* 82

⁴ See minutes of the Committee on Programme and Budget, first to seventh meetings.

SECOND REPORT ¹

[A11/17 — 4 June 1958]

At its seventh meeting, held on Wednesday, 4 June 1958, the Committee on Programme and Budget decided to recommend to the Eleventh World Health Assembly the adoption of the following resolution :

Effective Working Budget and Budget Level for 1959

The Eleventh World Health Assembly

DECIDES that :

(1) the effective working budget for 1959 shall be US \$14 287 600;

(2) the budget level for 1959 shall be established in an amount equal to the effective working budget, as provided in paragraph (1) above, plus the assessments on inactive Members and on China; and

(3) the budget level for 1959 shall be financed by assessments on Members after deducting casual income available for 1959 in the amount of US \$400 000.

[WHA11.28]

THIRD REPORT ²

[A11/20 — 7 June 1958]

At its eighth, ninth, and tenth meetings held on Thursday, 5 June 1958 and Friday, 6 June 1958, the Committee on Programme and Budget decided to recommend to the Eleventh World Health Assembly the adoption of the following resolutions :

1. Review and Appraisal of WHO Fellowships

The Eleventh World Health Assembly

1. NOTES the report on the review and appraisal of fellowships awarded during the period 1947-1957; ³

2. EXPRESSES its satisfaction with the efforts made to keep the fellowships under constant review and to develop simple methods of appraisal, with a view to further improvement of the programme;

3. INVITES the attention of all Member States to the need for further improvements in the planning of requests, the selection of candidates, and the proper employment and full utilization of fellows on return;

4. REQUESTS the Director-General to convey to the Member States concerned the appraisal results of the individual fellows, and

5. THANKS all countries which have accepted WHO fellows and all public health officials, academic teachers and research workers who, in

institutions all over the world, are giving of their time to the training of WHO fellows, and without whose co-operation this large programme of international training and exchange of scientific information would not be possible.

[WHA11.37]

2. First Report on the World Health Situation

The Eleventh World Health Assembly

1. NOTES the First Report on the World Health Situation prepared by the Director-General in pursuance of resolution WHA9.27;

2. THANKS the Member governments for their assistance in providing material for this report;

3. REQUESTS the Member governments of WHO to submit before 1 October 1958 all amendments they wish to include in this report before it is finalized;

4. REQUESTS the Director-General to prepare a questionnaire on public health and demographic aspects so that it may be used by Member States as a guide for the preparation of their future reports;

5. INVITES the Members of the World Health Organization to prepare, as a further step towards fulfilment of their obligations under Article 61 of the Constitution, a second report covering as far as possible the period 1957 to 1960, and

6. REQUESTS the Director-General to prepare for the Fifteenth World Health Assembly the second report on the world health situation.

[WHA11.38]

¹ The resolution recommended in this report was adopted by the Health Assembly at its sixth plenary meeting.

² The resolutions recommended in this report were adopted by the Health Assembly at its seventh plenary meeting.

³ See Annex 12.

3. Report on the First Ten Years of the World Health Organization

The Eleventh World Health Assembly,

Having reviewed the Report of the Director-General on the First Ten Years of the World Health Organization,¹

1. NOTES with satisfaction the progress achieved in the development of health services, the reduction of communicable diseases all over the world, and the initiation of programmes of eradication of certain communicable diseases, notably that of malaria;
2. IS CONVINCED that in the next decade Member governments and the Organization will take further steps towards reaching the goals laid down in the Constitution; and
3. COMMENDS the Director-General for the preparation and presentation of this report and for the work thus far accomplished.

[WHA11.39]

4. Developments and Activities Assisted Jointly with UNICEF

The Eleventh World Health Assembly,

Having considered the report of the Director-General on the developments in activities assisted jointly with UNICEF;²

Having noted the actions taken by the UNICEF Executive Board at its September 1957 and March 1958 sessions concerning questions which are of direct interest to WHO;

Considering the importance attached by governments to malaria eradication and the need for international funds to supplement national efforts in malaria eradication programmes,

1. NOTES the report of the Director-General;
2. EXPRESSES the hope that the UNICEF Executive Board will continue to give maximum assistance to malaria eradication in future; and
3. EXPRESSES its satisfaction with the continued close and effective co-operation between the two organizations.

[WHA11.40]

FOURTH REPORT³

[A11/23 — 11 June 1958]

The Committee on Programme and Budget, at its eleventh, twelfth, thirteenth and fourteenth meetings, held on 7, 10 and 11 June 1958, decided to recommend to the Eleventh World Health Assembly the adoption of the following resolutions:

1. Health and Vital Statistics

The Eleventh World Health Assembly,

Recognizing the importance of the scientific quantitative measurement of the health status of populations to the continued progress of public health programmes throughout the world, and

Noting that, in accordance with resolution WHA10.17, the Director-General has submitted a progress report to the Executive Board which deals especially with the past and present work of WHO in vital and health statistics, and that he is to submit a final report to the Executive Board,

¹ World Health Organization (1958) *The first ten years of the World Health Organization*, Geneva

² See Annex 13.

³ The resolutions recommended in this report were adopted by the Health Assembly at its seventh plenary meeting.

REQUESTS the Director-General:

- (1) to continue this study in the field of health and vital statistics, with appropriate expert consultation, with a view to making a final report at an early session of the Executive Board, and
- (2) to include in this report recommendations on a forward-looking and balanced WHO programme for the development and strengthening of systematic procedures for the securing of adequate vital and health statistics, such recommendations to include specific proposals
 - (a) on how WHO can appraise and assist in the development of administrative and technical procedures best adapted to various social and organizational frameworks;
 - (b) on how WHO can evaluate and disseminate information on the systems in effect in different countries, and
 - (c) on how WHO can further the development and adoption of international standards in health statistics.

[WHA11.41]

2. Malaria Eradication Programme

The Eleventh World Health Assembly,

Having reviewed the malaria eradication operations planned to be financed from the Malaria Eradication Special Account, as presented in the programme and budget estimates for 1959;¹

Having noted that these plans are based on decisions taken at the Eighth World Health Assembly (resolution WHA8.30),

1. VIEWS with satisfaction the progress of the world-wide malaria eradication programme;

2. URGES that all governments concerned which have not yet started programmes of malaria eradication should take steps to do so as soon as it is technically feasible; and

3. EXPRESSES the hope that adequate resources will be made available to the Organization to implement the programme as planned for the period 1959-1962.

[WHA11.42]

3. Co-operation with United Nations and Specialized Agencies

The Eleventh World Health Assembly,

Having considered the reports of the Executive Board² and the Director-General³ on co-ordination with the United Nations and specialized agencies, and their decisions affecting the activities of the World Health Organization, in particular with reference to Economic and Social Council resolution 665 C (XXIV),

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

2. ENDORSES the conclusions of the Executive Board as expressed in resolution EB21.R19 relating to the above-mentioned resolution of the Economic and Social Council.

[WHA11.43]

4. Fifth Report of the Committee on International Quarantine

The Eleventh World Health Assembly,

Having considered the fifth report of the Committee on International Quarantine,⁴

1. THANKS the members of the Committee for their work; and

2. ADOPTS the fifth report of the Committee on International Quarantine.

[WHA11.44]

5. Position of States and Territories under the International Sanitary Regulations

The Eleventh World Health Assembly

NOTES the statement showing the position of States and territories under the International Sanitary Regulations as on 1 February 1958.

[WHA11.45]

6. Periodicity of Meetings of the Committee on International Quarantine

The Eleventh World Health Assembly,

Having considered the report of the Director-General on the periodicity of meetings of the Committee on International Quarantine, including, *inter alia*, the functions of the Committee as established by the Seventh World Health Assembly;⁵

Recognizing the need for periodic review of the functioning of the International Sanitary Regulations and of annual reports thereon prepared under the provisions of Article 13 of those Regulations;

Recognizing the need for the Committee on International Quarantine to be able to deal with questions or disputes to which Article 112, paragraph 1, of the International Sanitary Regulations applies;

Having noted that the Regulations for the Committee on International Quarantine may be changed by the Health Assembly after consultation with the Committee on International Quarantine,

REQUESTS the Director-General to consult the Committee on International Quarantine and to submit a report with recommendations to the Twelfth World Health Assembly on the future periodicity of meetings of the Committee on International Quarantine.

[WHA11.46]

7. Appropriation Resolution for the Financial Year 1959⁶

The Eleventh World Health Assembly

RESOLVES to appropriate for the financial year 1959 an amount of US \$15 365 660 as follows :

¹ *Off. Rec. Wld Hlth Org.* 81, Annex 4

² *Off. Rec. Wld Hlth Org.* 83, Annex 9

³ See Annex 14.

⁴ See Annex 1.

⁵ See *Off. Rec. Wld Hlth Org.* 56, 70-73, 92, 116.

⁶ For analysis of these appropriations under chapters, see Annex 15.

I.

Appropriation Section	Purpose of Appropriation	Amount US \$
PART I : ORGANIZATIONAL MEETINGS		
1.	World Health Assembly	213 320
2.	Executive Board and its Committees	116 900
3.	Regional Committees	65 250
	Total — Part I	395 470
PART II : OPERATING PROGRAMME		
4.	Central Technical Services	1 914 890
5.	Advisory Services	8 651 391
6.	Regional Offices	1 849 260
7.	Expert Committees	181 100
	Total — Part II	12 596 641
PART III : ADMINISTRATIVE SERVICES		
8.	Administrative Services	1 195 489
	Total — Part III	1 195 489
PART IV : OTHER PURPOSES		
9.	Reimbursement of Working Capital Fund	100 000
	Total — Part IV	100 000
SUB-TOTAL — PARTS I, II, III AND IV		14 287 600
PART V : RESERVE		
10.	Undistributed Reserve	1 078 060
	Total — Part V	1 078 060
TOTAL — ALL PARTS		15 365 660

II. Amounts not exceeding the appropriation voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1959 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 1959 to the effective working budget established by the World Health Assembly, i.e., Parts I, II, III and IV.

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

- (i) the amount of \$ 2 090 representing assessments on new Members from previous years.
- (ii) the amount of \$304 562 representing miscellaneous income available for the purpose

(iii) the amount of \$ 74 348 available by transfer from the cash portion of the Assembly Suspense Account

(iv) the amount of \$ 19 000 available by transfer from the Publications Revolving Fund

Total \$400 000

thus resulting in assessments against Members of \$14 965 660.

IV. 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.

V. 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.

VI. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1959 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1959.

VII. In respect of the printing of publications, the Director-General is authorized, notwithstanding the provisions of the Financial Regulations, to charge as an obligation against the 1959 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1959.

[WHA11.47]

8. WHO Participation in the Expanded Programme of Technical Assistance

The Eleventh World Health Assembly,

Having studied the report of the Director-General on the Expanded Programme of Technical Assistance for 1959,¹ as well as resolution EB21.R48, adopted by the Executive Board at its twenty-first session,

- 1. NOTES the report of the Director-General, and
- 2. ENDORSES the opinions expressed by the Executive Board in that resolution.

[WHA11.48]

¹ See Annex 16.

9. International Agreement of Brussels, 1924, respecting Facilities to be given to Merchant Seamen for the Treatment of Venereal Diseases

The Eleventh World Health Assembly,

Thanking ILO for its collaboration, and expressing the desire to continue joint action in the field of the hygiene of seafarers;

Considering resolution WHA1.22 paragraph (3),¹ of the First World Health Assembly;

Considering resolutions EB2.R4, paragraph (2),¹ and EB21.R17 of the second and twenty-first sessions of the Executive Board respectively; and

Having studied the report of the Study Group on the International Agreement of Brussels, 1924,

respecting Facilities to be given to Merchant Seamen for the Treatment of Venereal Diseases,²

REQUESTS the Director-General :

(1) to undertake a study of the nature and extent of the health problems of seafarers and of the health services available;

(2) to indicate possible further needs and ways and means by which health services could be provided in major ports to seafarers of all nationalities on a wider scale than at present; and

(3) to present a progress report to the Twelfth World Health Assembly.

[WHA11.49]

FIFTH REPORT³

[A11/24 — 12 June 1958]

The Committee on Programme and Budget, at its fifteenth and sixteenth meetings held on Wednesday, 11 June, and on Thursday, 12 June 1958, decided to recommend to the Eleventh World Health Assembly the adoption of the following resolutions :

1. Peaceful Uses of Atomic Energy⁴

The Eleventh World Health Assembly,

Having regard to the fact that atomic energy is being more and more used for peaceful purposes, whereby the number of persons exposed to the effects of radiation is increasing;

Noting the resolutions of previous World Health Assemblies and of the Executive Board concerning the need to continue the study of health problems connected with the peaceful uses of atomic energy, and, in particular, resolution WHA9.54;

Taking into account the necessity for safely protecting present and future generations against the harmful effects of ionizing radiations of all kinds, and expressing the hope that the increased utilization of atomic energy will be accompanied by a corresponding improvement in methods of protection and by the holding of levels of ionizing radiation from all sources within internationally accepted limits;

Considering in this connexion that the Scientific Committee on the Effects of Atomic Radiation, established by resolution 913 (X) of the General Assembly of the United Nations, will transmit to the thirteenth session of the General Assembly by 1 July 1958 a report dealing, amongst other problems, with the short-term and long-term effects of ionizing radiation upon man and his environment, including data on radiation levels and radioactive "fall-out",

1. REQUESTS the Director-General, taking full account of the results of his negotiations with the International Atomic Energy Agency, and of the necessity for avoiding duplication and overlapping with the latter and with the United Nations, the other specialized agencies and competent non-governmental organizations, to prepare a programme of concrete measures in the field of health aspects of the peaceful uses of atomic energy and their long-term implications in radiation hygiene, in such a programme early reporting being desirable upon, *inter alia*, the following items :

(a) methods for the reporting of radiation exposure of individuals;

(b) research design for determining the relationship between radiation dosage and congenital defects;

(c) methods for the notification to public health administrations of congenital defects which could be due to radiation;

¹ *Handbook of Resolutions and Decisions*, 4th edition, p. 59

² *Wld Hlth Org. techn. Rep. Ser.*, 1958, 150

³ The resolutions recommended in this report were adopted by the Health Assembly at its seventh plenary meeting.

⁴ See Annex 17.

2. REQUESTS the Director-General, in the light of the concern of governments about duplication and overlapping, to expedite negotiations with the International Atomic Energy Agency looking toward the preparation of a draft agreement of co-operation between WHO and IAEA in those fields of mutual interest to both organizations, for submission to the Twelfth World Health Assembly;

3. REQUESTS the Executive Board to establish a committee to be available for consultation by the Director-General in his further negotiations with the designated representatives of the International Atomic Energy Agency in preparing a final draft agreement;

4. INVITES the Director-General

(a) to initiate consultations for the purpose of organizing, in the very near future, assistance to under-developed countries in the matter of the use of radioactive isotopes in medicine, and

(b) to study the effect of radiation on human heredity and to recommend measures to be taken for studying the relationship between radiation and health, and for research on effective measures for the treatment of diseases attributable to radiation, as well as for establishing, on a scientific basis, hygienic standards for radiation exposure.

[WHA11.50]

2. Sports Medicine

The Eleventh World Health Assembly,

Having considered the resolution of the Executive Board adopted at its twenty-first session in January 1958 (EB21.R34),

1. NOTES with satisfaction the preliminary report by the Director-General on sports medicine; and

2. REQUESTS the Director-General to continue, in collaboration with the Fédération internationale de Médecine sportive, his study on the nature of a programme on sports medicine, paying special regard to physical exercise and training as a constituent of a constructive health programme.

[WHA11.51]

3. Future Organizational Study by the Executive Board

The Eleventh World Health Assembly,

Having considered the recommendation of the Executive Board on the subject of the next organizational study (resolution EB21.R16),

DECIDES that a further study on the WHO publications programme shall be taken as the next subject for organizational study after the Board has disposed of the study on regionalization.

[WHA11.52]

4. Special Fund for Improving National Health Services (Report on Resolution 1219 (XII) of the General Assembly of the United Nations on the Financing of Economic Development)

The Eleventh World Health Assembly,

Noting the report of the Director-General on the subject of the Special Fund for Improving National Health Services,¹ and relating to the report on Resolution 1219 (XII) of the General Assembly of the United Nations on the financing of economic development;

1. APPROVES the action already taken, and

2. REQUESTS the Director-General to submit a report on this subject to the twenty-third session of the Executive Board.

[WHA11.53]

5. Eradication of Smallpox

The Eleventh World Health Assembly,

Noting that smallpox still remains a very widespread and dangerous infectious disease and that in many regions of the world there exist endemic foci of this disease constituting a permanent threat of its propagation and consequently menacing the life and health of the population;

Having regard to the economic aspect of the question, which shows that the funds devoted to the control of and vaccination against smallpox throughout the world exceed those necessary for the eradication of smallpox in its endemic foci and consequently the destruction of the sources from which the infection arises and spreads, and clearly indicates that the eradication of smallpox might in future make vaccination and all expenditures involved in its application redundant;²

Taking into account the level of development reached by medical science and the health services in the control of infectious diseases, and in particular of smallpox, and the manifest tendency of the morbidity of smallpox to diminish in recent years;

Having regard to the decisions and pertinent practical measures adopted by WHO for smallpox control and the intensification of antismallpox

¹ Annex 18

² See Annex 19.

programmes, in particular resolutions WHA3.18, EB11.R58, WHA6.18, EB12.R13, EB13.R3, WHA7.5, WHA8.38, and WHA9.49; and

Considering it opportune to raise the problem of the world-wide eradication of smallpox in the near future,

1. REQUESTS the Director-General to study and report to the Executive Board at its twenty-third session on the financial, administrative and technical implications of a programme having as its objective the eradication of smallpox, the study to include the various problems involved in carrying out the following activities :

(a) investigation of the means of ensuring the world-wide eradication of smallpox, taking into account the fact that smallpox persists in certain areas despite repeated vaccination campaigns;

(b) encouragement of the preparation during 1958-1960 of the necessary amount of smallpox vaccine in national laboratories and institutes;

(c) training of vaccinators among the local population in countries in which mass immunization campaigns will be conducted;

(d) the pooling of experience and the formulation of recommendations for the production of a sufficient amount of thermostable smallpox vaccine suitable for prolonged storage and use in tropical and subtropical regions of the world, and

(e) study of the measures to be taken in order to avoid complications which might result from smallpox vaccination;

2. RECOMMENDS to all governments :

(a) that during 1959-1960 the population be vaccinated in countries in which principal endemic foci of smallpox exist; and

(b) that during 1961-1962 additional vaccination of the population should be carried out in foci where the disease persists, that subsequently revaccinations be given to the extent it becomes necessary in accordance with the experience acquired in each country;

3. RECOMMENDS that all countries in which smallpox vaccination is compulsory continue to give smallpox vaccinations during the eradication of this disease throughout the world;

4. CALLS upon medical scientists and scientific institutions active in the field of microbiology and epidemiology to stimulate their efforts towards improving the quality and the technology of the production of satisfactory smallpox vaccine resistant to the influence of temperature; and

5. REQUESTS the Director-General to report to the Twelfth World Health Assembly on the progress made and the results obtained.

[WHA11.54]

REPORT OF THE COMMITTEE ON PROGRAMME AND BUDGET TO THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS ¹

[A11/AFL/34 — 7 June 1958]

The Committee on Programme and Budget, at its tenth meeting held on 6 June 1958, decided to propose to the Eleventh World Health Assembly the adoption of the following resolution, which it submits to the Committee on Administration, Finance and Legal Matters, for the addition of its recommendations on the financial aspects of the question :

Plan for an Intensified Research Programme

The Eleventh World Health Assembly,

Having studied the proposal submitted by the delegation of the United States of America ² for

the development of a plan for an intensified research programme, and its offer of additional funds for this purpose;

Noting that WHO, under its Constitution, is required to promote and conduct research in the field of health;

Realizing that the Organization is already playing an important role in stimulating and co-ordinating research in medical and scientific fields;

Considering that further knowledge is needed on the etiology, treatment and prevention of diseases common to mankind, including chronic diseases such as cancer, heart disease and other diseases;

Recognizing that the Organization has established a system of co-ordination of research through

¹ See minutes of the eleventh meeting, section 4, of the Committee on Administration, Finance and Legal Matters.

² See Annex 11.

collaboration with laboratories and institutions on a world-wide scale, and

Recognizing that a well-designed plan for expanding the role of WHO in research would merit the support of many Member States,

1. THANKS the United States of America for this initiative and for the contribution of funds to enable the Director-General to prepare a plan for a programme of co-ordinated research;
2. BELIEVES that, within the provisions of its Constitution, the Organization can profitably expand its role in research;

3. REQUESTS the Director-General :

- (1) to organize and arrange for a special study of the role of WHO in research and of ways in which the Organization might assist more adequately in stimulating and co-ordinating research and developing research personnel;
- (2) to prepare a plan on the basis of such study in the furtherance of research, for transmission to the twenty-third session of the Executive Board and to the Twelfth World Health Assembly, with cost estimates.

SUB-COMMITTEE ON INTERNATIONAL QUARANTINE

REPORT ¹

[A11/P&B/36 — 10 June 1958]

The Sub-Committee on International Quarantine was set up by the Committee on Programme and Budget on 30 May 1958.

The Sub-Committee, open to delegations of all interested Member States and Associate Members, met on 5 and 10 June 1958.

The Sub-Committee elected Dr O. Vargas-Méndez (Costa Rica) Chairman, Dr H. B. Turbott (New Zealand) Vice-Chairman and Dr A. El-Halawani (United Arab Republic) Rapporteur.

1. Fifth Report of the Committee on International Quarantine

(a) Having considered the fifth report of the Committee on International Quarantine,² the Sub-Committee proposes to the Committee on Programme and Budget the following resolution for recommendation to the Health Assembly :

The Eleventh World Health Assembly,

Having considered the fifth report of the Committee on International Quarantine,

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

(b) The Sub-Committee supports the Committee on International Quarantine in stressing the im-

portance of all health administrations' notifying the Organization promptly of the presence of quarantinable diseases.

(c) The Sub-Committee, recalling the recommendation made by the Fourth World Health Assembly (resolution WHA4.77, paragraph 3 (1)), recommends to the Director-General that future membership of the Committee on International Quarantine should include a legal expert.

2. Position of States and Territories under the International Sanitary Regulations

Having considered the report of the Director-General on the position of States and territories under the International Sanitary Regulations as on 1 February 1958, the Sub-Committee proposes to the Committee on Programme and Budget the following resolution for recommendation to the Health Assembly :

The Eleventh World Health Assembly

NOTES the statement showing the position of States and territories under the International Sanitary Regulations as on 1 February 1958.

3. Periodicity of Meetings of the Committee on International Quarantine

The Sub-Committee considered the report of the Director-General on this subject, submitted upon the request of the Executive Board at its twenty-first

¹ See minutes of the fourteenth meeting of the Committee on Programme and Budget, section 2, and fourth report of the Committee, sections 4, 5 and 6.

² See Annex 1.

session (resolution EB21.R21, paragraph 4), and proposes to the Committee on Programme and Budget the following resolution for recommendation to the Health Assembly :

The Eleventh World Health Assembly,

Having considered the report of the Director-General on the periodicity of meetings of the Committee on International Quarantine, including, *inter alia*, the functions of the Committee as established by the Seventh World Health Assembly,¹

Recognizing the need for periodic review of the functioning of the International Sanitary Regulations and of annual reports thereon prepared

under the provisions of Article 13 of those Regulations;

Recognizing the need for the Committee on International Quarantine to be able to deal with questions or disputes to which Article 112, paragraph 1, of the International Sanitary Regulations applies;

Having noted that the Regulations for the Committee on International Quarantine may be changed by the Health Assembly after consultation with the Committee on International Quarantine,

REQUESTS the Director-General to consult the Committee on International Quarantine and to submit a report with recommendations to the Twelfth World Health Assembly on the future periodicity of meetings of the Committee on International Quarantine.

¹ See *Off. Rec. Wld Hlth Org.* 56, 70-73, 92, 116.

COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

FIRST REPORT ¹

[A11/12 — 2 June 1958]

The Committee on Administration, Finance and Legal Matters held its first and second meetings on 30 and 31 May 1958, under the chairmanship of Mr S. Khanachet (Saudi Arabia). On the proposal of the Committee on Nominations, Dr J. F. Goossens (Belgium) was elected Vice-Chairman and Dr F. Mellbye (Norway) Rapporteur.

The Committee established a Legal Sub-Committee open to all delegations, to consider legal and constitutional aspects of any item which may be referred to it.

The Committee decided to recommend to the Eleventh World Health Assembly the adoption of the following resolutions :

1. Reimbursement of the Executive Board Special Fund

The Eleventh World Health Assembly,

Having noted the actions taken by the Executive Board at its twenty-first session and by correspondence to provide emergency assistance from the Executive Board Special Fund to the Government of Ceylon in an amount not exceeding US \$20 000 and to the Government of Pakistan in an amount of approximately US \$30 000;

Having considered the reports of the Director-General;

Considering that the amounts used from the Executive Board Special Fund have to be replaced to bring the Fund to the amount of US \$100 000 as established by resolution WHA7.24 of the Seventh World Health Assembly; and

Noting that there is a sufficient cash balance available in the Assembly Suspense Account to replace the amounts used from the Special Fund,

AUTHORIZES the Director-General to transfer the amount necessary to reimburse the Executive Board Special Fund from the cash balance of the Assembly Suspense Account, taking into account any reimbursement of these costs received from the Government of Ceylon, thereby bringing the

credit in the Fund to its established amount of US \$100 000.

[WHA11.5]

2. Status of the Publications Revolving Fund

The Eleventh World Health Assembly,

Having considered the recommendation of the Executive Board relating to the withdrawal of funds not needed in the Publications Revolving Fund,

AUTHORIZES the transfer of \$89 000 from the Publications Revolving Fund to miscellaneous income.

[WHA11.6]

3. Assessment of Ghana

The Eleventh World Health Assembly,

Having considered resolution WHA10.9, adopted by the Tenth World Health Assembly, and in particular paragraph 2 of the operative part of the resolution; and

Having noted that the assessment of Ghana in the United Nations scale of assessment for 1958 is 0.07 per cent., which corresponds to 8 units in the WHO scale of assessment,

DECIDES that the 1958 assessment of Ghana be firmly established at 8 units.

[WHA11.7]

4. Assessment of the Federation of Malaya

The Eleventh World Health Assembly

WELCOMES the Federation of Malaya as a Member of the World Health Organization; and

Noting that the 1958 assessment of the Federation of Malaya has been established by the United Nations at 0.22 per cent., which corresponds to 26 units in the WHO scale of assessment,

DECIDES that, beginning in 1958, the assessment of the Federation of Malaya be established at 26 units.

[WHA11.8]

¹ The resolutions recommended in this report were adopted by the Health Assembly at its fifth plenary meeting.

5. Scale of Assessment for 1959

The Eleventh World Health Assembly,

DECIDES that the scale of assessment for 1959 shall be as follows :

Member	Scale (Units)
Afghanistan	8
Albania	*
Argentina	137
Australia	195
Austria	42
Belgium	150
Bolivia	7
Brazil	128
Bulgaria	17
Burma	12
Byelorussian SSR	56
Cambodia	*
Canada	373
Ceylon	13
Chile	35
China	605
Costa Rica	*
Cuba	31
Czechoslovakia	99
Denmark	77
Dominican Republic	7
Ecuador	7
El Salvador	8
Ethiopia	13
Federation of Malaya	26
Federation of Rhodesia and Nyasaland	3
Finland	43
France	672
Germany, Federal Republic of	501
Ghana	8
Greece	24
Guatemala	8
Haiti	*
Honduras	*
Hungary ¹	*
Iceland	*
India	350
Indonesia	60
Iran	31
Iraq	14
Ireland	22
Israel	20
Italy	246
Japan	231
Jordan, Hashemite Kingdom of	*
Korea, Republic of ²	*
Laos	*
Lebanon	7
Liberia	*
Libya	*

¹ The assessment of Hungary will be inserted in the scale after the Health Assembly has taken a decision on that assessment (see fourth report, section 4)

² Assessment as corrected (see third report, and sixth plenary meeting).

* Minimum assessment of 0.04 per cent.

** Special assessment on largest contributor representing 32.51 per cent. of Active Members' assessments, plus China.

Member	Scale (Units)
Luxembourg	8
Mexico	82
Monaco	*
Morocco	14
Nepal	*
Netherlands	135
New Zealand	51
Nicaragua	*
Nigeria	3
Norway	58
Pakistan	65
Panama	7
Paraguay	*
Peru	18
Philippines	48
Poland	183
Portugal	29
Romania	59
Saudi Arabia	8
Sierra Leone	3
Spain	133
Sudan	13
Sweden	173
Switzerland	119
Thailand	20
Tunisia	7
Turkey	73
Ukrainian SSR	217
Union of South Africa	81
Union of Soviet Socialist Republics	1644
United Arab Republic	51
United Kingdom of Great Britain and Northern Ireland	920
United States of America	**
Uruguay	20
Venezuela	51
Viet Nam	20
Yemen	*
Yugoslavia	42

[WHA11.33 Amended]

6. Financial Report of WHO for 1957 and Report of the External Auditor

The Eleventh World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1957 and the Report of the External Auditor for the same financial period, as contained in *Official Records* No. 85; and

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

ACCEPTS the Director-General's Financial Report and the Report of the External Auditor for the financial year 1957.

[WHA11.9]

SECOND REPORT ¹

[A11/14 — 4 June 1958]

The Committee on Administration, Finance and Legal Matters held its third and fourth meetings on 2 June 1958.

The Committee established a Legal Sub-Committee, consisting of delegates of the following countries : Austria, China, Denmark, Finland, Federal Republic of Germany, France, Iraq, Italy, Monaco, Netherlands, Sweden, Switzerland, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, and United States of America.

It adopted the following resolutions for recommendation to the Eleventh World Health Assembly :

1. Status of Collections of Annual Contributions and of Advances to the Working Capital Fund

The Eleventh World Health Assembly,

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

NOTES with satisfaction the status of collections of contributions and of advances to the Working Capital Fund;

II. Noting that, pursuant to the provisions of paragraph 2 of resolution WHA8.13 of the Eighth World Health Assembly, the Assembly is to consider, in accordance with Article 7 of the Constitution, whether or not the right of vote of Bolivia should be suspended,

1. CALLS THE ATTENTION of Member governments who have not done so to the importance of paying their contributions in the year in which they are due;

2. REQUESTS Member governments who have not done so to provide in their national budgets for regular payment to the World Health Organization of their annual contributions;

III. Taking into account the special circumstances mentioned in the communication from the Government of Bolivia,

DECIDES, as an exception, not to suspend the voting privileges of Bolivia as provided by Article 7 of the Constitution, in the expectation that the Government of Bolivia will make every effort to pay its arrears of contributions prior to the Twelfth World Health Assembly.

[WHA11.11]

¹ The resolutions recommended in this report were adopted by the Health Assembly at its sixth plenary meeting.

2. Working Capital Fund for 1959

The Eleventh World Health Assembly

1. RESOLVES that the Working Capital Fund for the membership of the Organization as at 30 April 1958 be established for 1959 in the amount of US \$3 402 525, plus the assessments of Members joining after 30 April 1958;

2. AUTHORIZES the Director-General

(1) to advance from the Working Capital Fund such sums as may be necessary to finance the appropriations for the financial year 1959 pending receipt of contributions from Members; sums so advanced shall be reimbursed to the Working Capital Fund as contributions become available;

(2) to advance such sums in 1959 as may be necessary to meet unforeseen or extraordinary expenses, and to increase the relevant Appropriation Section accordingly, provided that not more than US \$250 000 is used for such purpose, except that with the prior concurrence of the Executive Board a total of US \$500 000 may be so used; and

3. REQUESTS the Director-General to report to the next convening Health Assembly all advances made under the authority vested in him to meet unforeseen or extraordinary expenses, and the circumstances relating thereto, and to make provision in the estimates for reimbursement of the Working Capital Fund except when such advances are recoverable from other sources.

[WHA11.12]

3. Amendments to Staff Rules

The Eleventh World Health Assembly

NOTES the amendments to the Staff Rules made by the Director-General and confirmed by the Executive Board ^a

[WHA11.13]

4. Amendment to Working Principles governing the Admission of Non-governmental Organizations into Official Relations with WHO

The Eleventh World Health Assembly,

Considering resolution EB21.R32 of the Executive Board,

^a *Off. Rec. Wld Hlth Org.* 83, Annex 12

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

second line : replace " biennially " by " every four years ".

[WHA11.14]

5. Place of Meeting of the Twelfth World Health Assembly

The Eleventh World Health Assembly,

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

DECIDES that the Twelfth World Health Assembly shall be held in Switzerland.

[WHA11.15]

THIRD REPORT ¹

[A11/19 — 6 June 1958]

The Committee on Administration, Finance and Legal Matters held its fifth, sixth, seventh and eighth meetings on 3, 4 and 5 June 1958.

Scale of Assessment for 1959 : Correction of an Error in the Assessment of Korea

The Committee on Administration, Finance and Legal Matters informs the World Health Assembly that the Director-General has announced an error of reproduction in Annex 3 to document All/AFL/9,² and repeated in document All/12.³ The assessment of Korea is shown as 16 units, whereas the assessment should be 0.04 per cent., as provided in resolution WHA9.15.

The Committee on Administration, Finance and Legal Matters reopened the discussion of this item ⁴ in accordance with the provisions of Rule 65 of the Rules of Procedure of the Health Assembly and recommends to the Assembly that the assessment of Korea be corrected in the scale of assessment, from 16 units to 0.04 per cent. The Committee further recommends to the World Health Assembly that it also reopen the discussion on the item under the provisions of the same Rule of Procedure, in order to correct the assessment of Korea.

The Committee adopted the following resolutions for recommendation to the Eleventh World Health Assembly :

1. Malaria Eradication Special Account

The Eleventh World Health Assembly,

Having considered the recommendation of the Executive Board in resolution EB21.R41 and the

¹ The resolutions recommended in this report were adopted by the Health Assembly at its sixth plenary meeting.

² Unpublished working document

³ First report of the Committee on Administration, Finance and Legal Matters, section 5

⁴ See minutes of the seventh meeting, section 1.

report of the Director-General ⁵ on the Malaria Eradication Special Account;

Recalling the decisions of earlier Assemblies ⁶ to carry out a programme which has as its ultimate objective the world-wide eradication of malaria,

1. THANKS those donors whose contributions have made it possible for the malaria eradication programme to get under way;

2. REQUESTS the Executive Board and the Director-General energetically to pursue concentrated efforts to obtain funds for the Malaria Eradication Special Account from all possible sources, including governments, foundations, industry, labour organizations, institutions and individuals;

3. RECOMMENDS that, in the further action to be taken, the Executive Board and the Director-General should take note of the discussion on this subject in the Committee on Administration, Finance and Legal Matters; ⁷ and

4. REQUESTS the Director-General to submit a report to the Twelfth World Health Assembly on any further developments in regard to the Malaria Eradication Special Account.

[WHA11.16]

2. Report of the Committee on Malaria Eradication

The Eleventh World Health Assembly,

Having considered the report of the Executive Board and of its Committee on Malaria Eradication;

Having reviewed the provisions of paragraph IV of resolution WHA8.30, adopted by the Eighth World Health Assembly,

⁵ Annex 6

⁶ Resolutions WHA8.30, WHA9.61, WHA10.32

⁷ At its third, fourth and fifth meetings

1. AUTHORIZES the Executive Board to delegate the authority conferred upon it in paragraph IV (1) of resolution WHA8.30 to the Chairman of the Executive Board, provided the Director-General has determined that such contributions can be utilized in the programme; and

2. REQUESTS the Director-General to report to each session of the Board the contributions to the Special Account accepted between sessions of the Board under such authority as the Board may have delegated under the provisions of paragraph 1 above.

[WHA11.17]

3. Co-ordination with and Decisions of the United Nations and Specialized Agencies on Administrative and Financial Questions

The Eleventh World Health Assembly,

Having considered the report, on co-ordination with and decisions of the United Nations and specialized agencies on administrative and financial questions; ¹

Having considered the reports of the United Nations Advisory Committee on Administrative and Budgetary Questions on administrative and budgetary co-ordination between the United Nations and WHO, with particular reference to the working of the Expanded Programme of Technical Assistance; ²

Noting that the Committee intends, on completion of its studies at the headquarters of specialized agencies, to make a further report in which it will formulate its general conclusions and recommendations,

1. NOTES the reports;
2. EXPRESSES its satisfaction that "the Advisory Committee saw no occasion to suggest any changes in the various procedures for internal financial control"; and
3. EXPRESSES its interest in the further report which the Advisory Committee on Administrative and Budgetary Questions intends to make.

[WHA11.18]

4. Co-ordination with and Decisions of the United Nations and Specialized Agencies on Administrative and Financial Questions (Post Adjustment—Geneva)

The Eleventh World Health Assembly,

Having considered the United Nations resolution 1221 (XII) which expresses the hope that the

appropriate legislative authorities of WHO will reconsider the date from which changes in the cost of living at Geneva should be measured in determining the post adjustment for its staff members;

Believing that it is in the interest of the United Nations family of organizations to preserve the common system;

Believing that where differences arise such questions should be examined within the existing framework for co-ordination between the United Nations and the specialized agencies,

REQUESTS the Director-General to raise in the Administrative Committee on Co-ordination at its next meeting the question of the variation at present existing between United Nations and WHO staff members in the dates from which changes in the cost of living at Geneva should be measured, with a view to restoring the common system.

[WHA11.19]

5. Assembly Procedures for Examining the Programme, Budget, and Ancillary Administrative, Financial and Personnel Matters

The Eleventh World Health Assembly,

Reaffirming the principle established in resolution WHA10.27, and

Having considered resolution EB21.R13 concerning Assembly procedures for examining the programme, budget, and ancillary administrative, financial and personnel matters,

ENDORSES the decision of the Executive Board that further consideration of the matters referred to in resolution WHA10.27 of the Tenth World Health Assembly be deferred until the January 1959 session of the Board, in the light of a report from the Director-General on the action taken by the General Assembly of the United Nations on the work of the Advisory Committee on Administrative and Budgetary Questions.

[WHA11.20]

6. Implementation of Resolution WHA7.33

The Eleventh World Health Assembly

1. NOTES, with regret, from the report of the Director-General, that the Eastern Mediterranean Regional Organization is not yet functioning normally and that resolution WHA7.33 has not completely fulfilled the purposes for which it was adopted;

2. COMMENDS the Director-General and the Regional Director for their efforts to give full

¹ Annex 7; *Off. Rec. Wld Hlth Org.* 83, Annex 17

² *Off. Rec. Wld Hlth Org.* 83, Annex 7

effect to the above-mentioned resolution and requests all concerned to continue their efforts to solve the difficulties; and

3. REQUESTS the Director-General in the event of any new developments in this matter to submit a report to a future Assembly.

[WHA11.21]

7. Annual Report of the United Nations Joint Staff Pension Board for 1956

The Eleventh World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the substance of the annual report for the year 1956 as reported by the Director-General.

[WHA11.22]

8. Headquarters Accommodation

The Eleventh World Health Assembly,

Having considered a report of the Director-General on the accommodation for the headquarters office at Geneva,

1. NOTES the report; and

2. REQUESTS the Director-General to proceed with his studies on accommodation which would be suitable and adequate for the headquarters of the Organization and to present a plan of action for consideration by the Executive Board at its session in January 1959 and by the Twelfth World Health Assembly.

[WHA11.23]

9. Amendments to the Rules of Procedure of the World Health Assembly : Rules 92 and 99

The Eleventh World Health Assembly,

Having considered the report of the twenty-first session of the Executive Board on the Rules of Procedure of the World Health Assembly,

ADOPTS the following amendments to Rules 92 and 99 :

Rule 92: Delete the second paragraph;

Rule 99: Delete and replace by the following :

“ The term of office of each member entitled to designate a person to serve on the Board shall

begin immediately after the closing of the session of the Health Assembly at which the Member concerned is elected and shall end immediately after the closing of the session of the Health Assembly during which the Member is replaced.”

[WHA11.24]

10. Frequency of World Health Assemblies

The Eleventh World Health Assembly,

Recalling that the Sixth World Health Assembly by resolution WHA6.57 decided to consider again, at a future Health Assembly, a number of amendments to the constitution proposed by the Governments of Denmark, Finland, Norway and Sweden, and the consequent transitional arrangements required to provide for the establishment of a system of biennial Health Assemblies as set out in Executive Board resolution EB11.R69;

Noting that a period of five years has elapsed since the afore-mentioned decision was taken, during which time the Organization has attained a highly satisfactory degree of maturity and stability in its administration and methods of operation;

Believing that a system of biennial Health Assemblies would result in a considerable saving of valuable time of both the Secretariat and of the delegates of Member States, in addition to the costs connected with annual Health Assemblies,

1. REQUESTS the Executive Board, in preparing the agenda of the Twelfth World Health Assembly, to include an item “ Reconsideration of frequency of World Health Assemblies ”;

2. REQUESTS the Director-General and the Executive Board to study the implications of the adoption of a system of biennial Health Assemblies for the Organization at the present stage of its development and to report thereon to the Twelfth World Health Assembly; and

3. INVITES the attention of Member States to the texts of the proposed amendments and the related transitional and other arrangements necessary to implement a system of biennial Health Assemblies as set out in resolution EB11.R69.

[WHA11.25]

FOURTH REPORT ¹

[A11/22 — 10 June 1958]

The Committee on Administration, Finance and Legal Matters held its ninth, tenth and eleventh meetings on 6 and 10 June 1958.

The Committee decided to recommend to the Eleventh World Health Assembly the adoption of the following resolutions :

1. Revision of Annex VII of the Convention on the Privileges and Immunities of the Specialized Agencies

The Eleventh World Health Assembly,

Considering that the Assistant Directors-General and the Regional Directors of the World Health Organization should enjoy the privileges, immunities, exemptions and facilities accorded to diplomatic envoys in international law,

1. DECIDES to revise Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies by amending paragraph 4 of the said Annex to read as follows :

“ 4. The privileges, immunities, exemptions and facilities referred to in Section 21 of the standard clauses shall also be accorded to any Deputy Director-General, Assistant Director-General and Regional Director of the Organization.”

2. REQUESTS the Director-General to transmit to the Secretary-General of the United Nations the revised Annex VII in accordance with section 38 of the Convention.

[WHA11.30]

2. Possibility of Action Being Taken under the Aegis of WHO for the Control of the 1949 Geneva Humanitarian Conventions (Proposal by the Government of Monaco)

The Eleventh World Health Assembly,

Considering the proposal submitted by the Government of Monaco;

Considering the importance of the observance of the 1949 Geneva Humanitarian Conventions;

Considering that the Government of Monaco will continue its study of the problem which is the subject of its interesting proposal by obtaining the co-operation of the competent organs already

responsible for supervising the application of the Geneva Conventions,

1. NOTES with appreciation the interest manifested in this matter by the Government of Monaco;

2. EXPRESSES the hope that, as a result of the efforts of the governments concerned, all countries may come to have a wider knowledge of the Geneva Conventions;

3. RECOMMENDS that Member States facilitate, in so far as they may see fit, any practical solution which may be proposed to them to this end; and

4. REFERS this resolution to the Executive Board for its information.

[WHA11.31]

3. Accommodation for the Regional Office for the Western Pacific

The Eleventh World Health Assembly,

Noting the report of the Director-General on developments with regard to the accommodation for the Regional Office for the Western Pacific;²

1. THANKS the donors for their generous contributions towards the costs of construction of the regional office building;

2. EXPRESSES its satisfaction with progress to date;

3. CONCURS in the Director-General's proposal to construct an additional floor of the building, on the understanding that the existing authorization for financing will not be exceeded; and

4. REQUESTS the Director-General to report further progress to the Executive Board.

[WHA11.32]

4. Scale of Assessment for 1959 — Hungary

The Committee on Administration, Finance and Legal Matters recommends to the Eleventh World Health Assembly that Hungary be assessed 47 units for 1959 and that this figure be inserted in the scale of assessment resolution submitted in the first report of the Committee.³

[Incorporated in WHA11.33]

² See Annex 10.

³ See section 5 of the first report and also the introductory paragraph to the third report of the Committee.

¹ The resolutions recommended in this report were adopted by the Health Assembly at its seventh plenary meeting.

5. Appointment of Representatives to the WHO Staff Pension Committee

The Eleventh World Health Assembly

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

[WHA11.34]

6. Plan for an Intensified Research Programme

The Eleventh World Health Assembly,

Having studied the proposal submitted by the delegation of the United States of America¹ for the development of a plan for an intensified research programme, and its offer of additional funds for this purpose;

Noting that WHO, under its Constitution, is required to promote and conduct research in the field of health;

Realizing that the Organization is already playing an important role in stimulating and co-ordinating research in medical and scientific fields;

Considering that further knowledge is needed on the etiology, treatment and prevention of diseases common to mankind, including chronic diseases such as cancer, heart disease and other diseases;

Recognizing that the Organization has established a system of co-ordination of research through collaboration with laboratories and institutions on a world-wide scale; and

Recognizing that a well-designed plan for expanding the role of WHO in research would merit the support of many Member States,

- I. 1. THANKS the United States of America for this initiative;
2. BELIEVES that, within the provisions of its Constitution, the Organization can profitably expand its role in research;
3. REQUESTS the Director-General :
 - (1) to organize and arrange for a special study of the role of WHO in research and of ways in which the Organization might assist more adequately in stimulating and co-ordinating research and developing research personnel;

- (2) to prepare a plan on the basis of such study in the furtherance of research, for transmission to the twenty-third session of the Executive Board and to the Twelfth World Health Assembly, with cost estimates;

- II. 1. AUTHORIZES the Director-General to take the necessary steps to receive the contribution of \$300 000 from the United States of America which the Eleventh World Health Assembly with appreciation accepts in accordance with Article 57 of the Constitution;
2. REQUESTS the Director-General to establish under Financial Regulations 6.6 and 6.7 a special account for the purposes set forth in paragraph I.3 above;
3. DECIDES that the funds in the special account shall be available for incurring obligations for the purposes set out in paragraph I.3 of this resolution, and that, notwithstanding Financial Regulation 4.3, the unexpended balance of the account shall be carried forward from one financial year to the next; and
4. REQUESTS the Director-General to present the operations financed or planned to be financed from this special account separately in the annual programme and budget estimates and to include the operations of the account separately in the annual financial report.

[WHA11.35]

7. Amendments to the Rules of Procedure of the Health Assembly : Rule 67

The Eleventh World Health Assembly,

Recalling that Rule 67 of the Rules of Procedure provides that decisions on important questions shall be made by a two-thirds majority of the Members present and voting;

Recalling that Rule 68 of the Rules of Procedure provides that decisions on other questions, including the determination of additional categories of questions to be decided on by a two-thirds majority, shall be made by a majority of the Members present and voting; and

Recognizing that the level of the budget is an important question,

DECIDES to amend Rule 67 of the Rules of Procedure of the Health Assembly to read as follows :

“ Decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and

¹ Annex 11

voting. These questions shall include: the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and with intergovernmental organizations and

agencies in accordance with Articles 69, 70 and 72 of the Constitution; amendments to the Constitution; and decisions on the amount of the effective working budget.”

[WHA11.36]

REPORTS OF THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS TO THE COMMITTEE ON PROGRAMME AND BUDGET

FIRST REPORT ¹

[A11/P&B/19 — 31 May 1958]

Availability of Casual Income

The Committee on Administration, Finance and Legal Matters reports to the Committee on Programme and Budget the following availability of Casual Income as at 30 April 1958 :

	US \$
Assessments on new Members	2 090
Miscellaneous income	304 562
Available by transfer from the cash portion of the Assembly Suspense Account	455 087
Available by transfer from the Publications Revolving Fund	19 000
Total available	780 739

The Committee on Administration, Finance and Legal Matters recommends to the Committee on

Programme and Budget that casual income in the amount of \$400 000, composed as indicated below, be used to finance the 1959 budget :

	US \$
Assessments on new Members	2 090
Miscellaneous income	304 562
Transfer from the cash portion of the Assembly Suspense Account	74 348
Transfer from the Publications Revolving Fund	19 000
Total	400 000

Should the Committee on Programme and Budget accept the above recommendation, the balance of the cash portion of the Assembly Suspense Account would be reserved for future use by the Assembly.

SECOND REPORT ²

[A11/P&B/21 — 2 June 1958]

Review of Work during 1957 : Annual Report of the Director-General

The Committee considered those parts of the Report of the Director-General dealing with administrative and financial matters as well as a statement made on behalf of the Director-General on this

subject. The Committee wishes to recommend to the Committee on Programme and Budget that it incorporate in whatever resolution it proposes to the Health Assembly on the Annual Report of the Director-General the following paragraph :

NOTES with satisfaction that the administrative and financial affairs of the Organization as described in the Annual Report of the Director-General are sound.

¹ See minutes of the seventh meeting, section 2, of the Committee on Programme and Budget.

² See minutes of the sixth meeting, section 1, of the Committee on Programme and Budget.

THIRD REPORT

[A11/P&B/28 — 5 June 1958]

Administrative and Financial Aspects of WHO Participation in the Expanded Programme of Technical Assistance

The Committee on Administration, Finance and Legal Matters, having considered certain admin-

istrative and financial aspects of WHO participation in the Expanded Programme of Technical Assistance and of resolution EB21.R48 related thereto, has no particular action to recommend on the matter at this stage.

FOURTH REPORT¹

[A11/P&B/35 — 10 June 1958]

In accordance with its terms of reference under resolution WHA11.2 of the Health Assembly, the Committee on Administration, Finance and Legal Matters reports to the Committee on Programme and Budget that the following amounts should be entered in Parts I, III and IV of Paragraph I of the Appropriation Resolution :

Appropriation Section	Purpose of Appropriation	Amount US \$
PART I : ORGANIZATIONAL MEETINGS		
1.	World Health Assembly	213 320
2.	Executive Board and its Committees	116 900
3.	Regional Committees	65 250
Total — Part I		395 470
PART III : ADMINISTRATIVE SERVICES		
8.	Administrative Services	1 195 489
Total — Part III		1 195 489
PART IV : OTHER PURPOSES		
9.	Reimbursement of Working Capital Fund	100 000
Total — Part IV		100 000

The Committee on Administration, Finance and Legal Matters further recommends to the Committee on Programme and Budget the following text of the Appropriation Resolution, with the figures accepted by the Committee on Administration, Finance and Legal Matters inserted, as indicated in the appropriate place :

The Eleventh World Health Assembly

RESOLVES to appropriate for the financial year 1959 an amount of US \$15 365 660 as follows :

¹ See minutes of the fourteenth meeting, section 3, of the Committee on Programme and Budget

I.		
Appropriation Section	Purpose of Appropriation	Amount US \$
PART I : ORGANIZATIONAL MEETINGS		
1.	World Health Assembly	213 320
2.	Executive Board and its Committees	116 900
3.	Regional Committees	65 250
Total — Part I		395 470
PART II : OPERATING PROGRAMME		
4.	Central Technical Services	
5.	Advisory Services	
6.	Regional Offices	
7.	Expert Committees	
Total — Part II		
PART III : ADMINISTRATIVE SERVICES		
8.	Administrative Services	1 195 489
Total — Part III		1 195 489
PART IV : OTHER PURPOSES		
9.	Reimbursement of Working Capital Fund	100 000
Total — Part IV		100 000
SUB-TOTAL — PARTS I, II, III AND IV		14 287 600
PART V : RESERVE		
10.	Undistributed Reserve	1 078 060
Total — Part V		1 078 060
TOTAL — ALL PARTS		15 365 660

II. Amounts not exceeding the appropriation voted under paragraph I shall be available for the payment of obligations incurred during the period 1 January to 31 December 1959 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 1959 to the effective working budget established by the World Health Assembly, i.e., Parts I, II, III and IV.

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

- (i) the amount of \$ 2 090 representing assessments on new Members from previous years
- (ii) the amount of \$304 562 representing miscellaneous income available for the purpose
- (iii) the amount of \$ 74 348 available by transfer from the cash portion of the Assembly Suspense Account
- (iv) the amount of \$ 19 000 available by transfer from the Publications Revolving Fund

Total	\$400 000
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thus resulting in assessments against Members of \$14 965 660.

IV. 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.

V. 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.

VI. Notwithstanding the provisions of the Financial Regulations, the Director-General is authorized to charge as an obligation against the 1959 appropriation the costs, including transportation, of operational supplies and equipment for which contracts have been entered into prior to 31 December 1959.

VII. In respect of the printing of publications, the Director-General is authorized, notwithstanding the provisions of the Financial Regulations, to charge as an obligation against the 1959 appropriation the cost of publications for which complete manuscripts shall have been delivered to and received by the printer prior to 31 December 1959.

LEGAL SUB-COMMITTEE

FIRST REPORT ¹

[A11/AFL/25 — 3 June 1958]

The Legal Sub-Committee held its first meeting on Monday, 2 June 1958.

Participation in this sub-committee was open to all delegations expressing the desire to take part.

At this meeting the Sub-Committee elected Mr S. Campiche (Switzerland) as Chairman, and Dr C. El-Dine El Wakil (United Arab Republic) as Vice-Chairman and Rapporteur.

The Sub-Committee adopted its agenda and proceeded to the examination of the items referred to it.

1. Amendments to the Rules of Procedure of the World Health Assembly : Rules 92 and 99

The Sub-Committee, having recognized the legality of the proposal submitted to it and while believing that a final solution to this question was to be found in the eventual amendment of the relevant articles of the Constitution when the occasion presented itself, recommends to the Committee on Administration, Finance and Legal Matters that the following resolution be submitted to the World Health Assembly for approval :

The Eleventh World Health Assembly,

Having considered the report of the twenty-first session of the Executive Board on the Rules of Procedure of the World Health Assembly,

ADOPTS the following amendments to Rules 92 and 99 :

Rule 92 : Delete the second paragraph

Rule 99 : Delete and replace by the following :

“ The term of office of each Member entitled to designate a person to serve on the Board shall

begin on the opening day of the first meeting of the Board held after the Health Assembly at which the Member concerned is elected and shall end on the closing day of the session of the Health Assembly during which the Member is replaced.”

2. Amendment to Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies

The Sub-Committee, having recognized the legality of the proposal submitted to it, suggests that the Committee on Administration, Finance and Legal Matters recommend to the Health Assembly the adoption of the following resolution :

The Eleventh World Health Assembly,

Considering that the Assistant Directors-General and the Regional Directors of the World Health Organization should enjoy the privileges, immunities, exemptions and facilities accorded to diplomatic envoys in international law,

1. DECIDES to revise Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies by amending paragraph 4 of the said Annex to read as follows :

“ 4. The privileges, immunities, exemptions and facilities referred to in Section 21 of the standard clauses shall also be accorded to any Deputy Director-General, Assistant Director-General and Regional Director of the Organization.”

2. REQUESTS the Director-General to transmit to the Secretary-General of the United Nations the revised Annex VII in accordance with section 38 of the Convention.

¹ See minutes of the seventh meeting, sections 8 and 9, eighth meeting, section 2, and tenth meeting, section 3, of the Committee on Administration, Finance and Legal Matters.

SECOND REPORT ¹

[A11/AFL/33 Rev.1 — 9 June 1958]

The Legal Sub-Committee met on 7 June 1958 under the chairmanship of Mr S. Campiche (Switzerland).

Amendments to the Rules of Procedure of the Health Assembly : Rule 67

After having discussed the decision taken by the main Committee on the proposal ² put forward by the delegation of the United States of America concerning the voting by a two-thirds majority, the Legal Sub-Committee came to the conclusion that the implementation of such decision could be met by adding to the existing text of the Rules of Procedure of the World Health Assembly.

The Sub-Committee, therefore, suggests that the Committee on Administration, Finance and Legal

Matters adopt the following resolution for recommendation to the Eleventh World Health Assembly :

The Eleventh World Health Assembly,

DECIDES to amend Rule 67 of the Rules of Procedure of the World Health Assembly to read as follows :

“ Decisions by the Health Assembly on important questions shall be made by a two-thirds majority of the Members present and voting. These questions shall include : the adoption of conventions or agreements; the approval of agreements bringing the Organization into relation with the United Nations and with intergovernmental organizations and agencies in accordance with Articles 69, 70 and 72 of the Constitution; amendments to the Constitution; and decisions on the amount of the effective working budget.”

¹ See minutes of the eleventh meeting, section 5, of the Committee on Administration, Finance and Legal Matters.

² See Annex 20.

PART III

ANNEXES

Annex 1

FIFTH REPORT OF THE COMMITTEE ON INTERNATIONAL QUARANTINE ¹

[WHO/IQ/61 — 25 Oct. 1957]

Composition of the Committee

The Committee on International Quarantine held its fifth meeting in the Palais des Nations, Geneva, from 21 to 25 October 1957.

The following attended :

Members

Dr B. M. Clark, Deputy Chief Health Officer, Pretoria, Union of South Africa

Dr A. El-Halawani, Assistant Under-Secretary of State, Ministry of Public Health, Cairo, Egypt

Dr C. K. Lakshmanan, Director-General of Health Services, New Delhi, India

Dr L. H. Murray, Medical Officer, Ministry of Health, London, United Kingdom of Great Britain and Northern Ireland

Professor E. G. Nauck, Director, Institute of Tropical Medicine, Hamburg, Federal Republic of Germany

Dr Stevo Posloncec, Port Health Officer, Rijeka, Yugoslavia

Dr C. B. Spencer, Medical Officer in charge of the US Quarantine Station, Baltimore, Md. ; formerly Chief, Division of Foreign Quarantine, Public Health Service, Department of Health, Education and Welfare, United States of America

Dr O. Vargas-Méndez, Director-General of Health, San José, Costa Rica

Observer

International Civil Aviation Organization

Dr F. E. de Tavel, Medical Adviser

Secretariat

Dr R. I. Hood, Chief, Section of International Quarantine, *Secretary*

Dr Y. Biraud, Director, Division of Epidemiological and Health Statistical Services

Dr M. Freyche, Section of International Quarantine

Mr F. Gutteridge, Legal Office

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

Mr R. N. Clark, Chief Adviser in Public Health Engineering, Division of Environmental Sanitation

Dr E. J. Pampana, Director of Malaria Eradication

Dr A. M.-M. Payne, Chief, Section of Endemic Diseases

Mr J. W. Wright, Pesticides and Vector Control, Division of Environmental Sanitation

The Committee met on the morning of 21 October 1957. Dr C. B. Spencer was unanimously elected Chairman and Dr C. K. Lakshmanan Vice-Chairman. The Chairman was requested to act as Rapporteur.

The draft agenda was approved.

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

FIFTH ANNUAL REPORT BY THE DIRECTOR-GENERAL ON THE FUNCTIONING OF THE INTERNATIONAL SANITARY REGULATIONS AND THEIR EFFECT ON INTERNATIONAL TRAFFIC

INTRODUCTION

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

2. Previous reports covered the following periods, beginning with the time of entry-into-force of the Regulations :

First report : 1 October 1952 — 30 June 1953
(*Official Records* No. 56, page 3)

Second report : 1 July 1953 — 30 June 1954
(*Official Records* No. 64, page 1)

¹ See resolution WHA11.44.

Third report : 1 July 1954 – 30 June 1955 (*Official Records* No. 72, page 3)

Fourth report : 1 July 1955 – 30 June 1956 (*Official Records* No. 79, page 493)

3. This report, covering the period from 1 July 1956 to 30 June 1957, follows the same general lines as its predecessors and considers the application of the Regulations from two aspects : as seen by the Organization in its administrative role of applying the Regulations; as reported by Member States in accordance with Article 62 of the Constitution of the Organization and Article 13, paragraph 1, of the Regulations. For ease of reference the two aspects are consolidated and presented in the numerical order of the articles of the Regulations.

4. The International Sanitary Regulations, 1951, have been amended essentially in three respects through the adoption by the Eighth and Ninth World Health Assemblies of Additional Regulations as follows :

7. The Additional Regulations of 23 May 1956² amending the International Sanitary Regulations with respect to the form of the International Certificate of Vaccination or Revaccination against Smallpox entered into force on 1 October 1956 for all countries bound by the 1951 Regulations, except the Federal Republic of Germany, Iraq, the United Kingdom of Great Britain and Northern Ireland and its overseas territories (with the exception of the Federation of Rhodesia and Nyasaland). The Tenth World Health Assembly having approved the opinion expressed by the Committee in its fourth report "that a change in the revised form of International Certificate of Vaccination or Revaccination against Smallpox to provide additional entries relating to primary vaccination in the form of a repetition of boxes 1 a and 1 b would not constitute an amendment", the Government of the United Kingdom withdrew its rejection and became bound by these Additional Regulations on 13 June 1957.

The Government of Ghana was requested, on 18 June 1957, to clarify its position as regards these

¹ The form of International Certificate of Vaccination or Revaccination against Smallpox set forth in Appendix 4 of the International Sanitary Regulations, 1951, was valid for issue until the first day of October 1957.

² See *Off. Rec. Wld Hlth Org.* 72, 82 (resolution WHA9.49).

(a) 26 May 1955 — Yellow fever clauses (entry into force, 1 October 1956)

(b) 23 May 1956 — Pilgrimage clauses (entry into force, 1 January 1957)

(c) 23 May 1956 — Form of Certificate of Vaccination or Revaccination against Smallpox (entry into force, 1 October 1956¹)

5. By reason either of their importance or the procedure leading to their study, other matters have necessitated the preparation of special documents, independently of this report. They are nevertheless briefly mentioned in it.

6. A special sub-committee was established by the Committee on Programme and Budget of the Tenth World Health Assembly for the study of quarantine matters. The fourth report of the Committee on International Quarantine was adopted by the World Health Assembly on 22 May 1957 (resolution WHA10.16). The proceedings and reports relating to international quarantine were published in *WHO Official Records* No. 79. An offprint of the reports is available.

GENERAL ASPECTS

Additional Regulations, in view of the country's accession to independence.

The form of the international certificate which will be used in the United Kingdom and certain of its overseas territories was published in the *Weekly Epidemiological Record* 1957, No. 29, (page 361).

8. The Additional Regulations of 23 May 1956³ amending the International Sanitary Regulations with respect to the sanitary control of pilgrim traffic came into force on 1 January 1957 for all countries bound by the 1951 Regulations with the exception of the Federal Republic of Germany, and Iraq. The reservation to Article 103 submitted by the Government of the United States of America in respect of its metropolitan and overseas territories was accepted by the Tenth World Health Assembly.⁴

9. The Tenth World Health Assembly adopted the recommendations made by the Committee on International Quarantine in its fourth report in respect of the applicability of the International Sanitary Regulations to diseases other than the six quarantinable diseases⁵ and these recommendations were published in the *Weekly Epidemiological Record*

³ See *Off. Rec. Wld Hlth Org.* 72, 80 (resolution WHA9.48).

⁴ See *Off. Rec. Wld Hlth Org.* 79, 475.

⁵ *Off. Rec. Wld Hlth Org.* 79, 494, para. 10

1957, No. 24, (page 301) on 14 June, when the Organization was notified of quarantine measures being taken to prevent the spread of influenza. Further aspects of the 1957 influenza pandemic are reported in a separate document.¹

10. The Committee in its first report requested the Expert Committee on Insecticides to keep it constantly informed of the progress and development of insecticides applicable to aircraft for quarantine purposes.² Progress in this field, since the seventh report of the Expert Committee on Insecticides³ (which the Committee considered at its meeting in November 1956)⁴ is reported in a separate document.¹

The Committee requests the Director-General to bring to the attention of all governments the formulations and procedures recommended in the seventh report of the Expert Committee on Insecticides and to recommend to governments that they utilize only those insecticide formulations and procedures so that disinsectization carried out can be recognized by all governments.

The Committee further requests the Director-General to inquire in detail of governments the insecticide formulations and procedures used and also those recognized by them for disinsectization of aircraft and to present the results of this inquiry to appropriate bodies of the Organization, including this committee.

The Committee notes the progress made in research on improved methods for disinsectization of aircraft and stresses the urgency of such research.

11. The Annotated Edition of the International Sanitary Regulations, 1957, including *inter alia* the decisions of the Tenth World Health Assembly in quarantine matters, was published in English and French during September 1957.

The Committee notes that the edition of the International Sanitary Regulations containing explanatory annotations is of very great value to health administrations, health authorities and all those concerned, and wishes to commend the Secretariat on the excellence of its work. The Committee recommends that the Director-General undertake by suitable means to keep the document current.

12. Further progress on the preparation of the manual "Hygiene and Sanitation in Aviation", which is to be submitted to a WHO expert committee early in 1958, is reported in a separate document.¹

The Committee notes with appreciation the draft manual "Hygiene and Sanitation in Aviation". After discussion of the draft manual, the Committee noted that its preliminary observations will be brought to the notice of the expert committee concerned. The Committee expresses the wish to see the final adopted text at its next meeting.

13. The position of States and territories under the International Sanitary Regulations on 1 July 1957 is published in the Annotated Edition of the International Sanitary Regulations, 1957. During the period under review, Norway became bound by the Additional Regulations of 26 May 1955 (yellow fever clauses) on 17 October 1956. The local area of Espargos Airport on the island of Sal (Cape Verde Islands) became bound by these Additional Regulations on 26 March 1957.

14. On 17 June 1952, the Director-General sent a circular letter to all health administrations specifying a list of reports, returns and other items of information required to be sent to the Organization under the International Sanitary Regulations. This list has been brought up to date and published as Annex VI to the Annotated Edition of the International Sanitary Regulations, 1957.

The Committee notes that the list was published as Annex VI to the Annotated Edition of the International Sanitary Regulations, 1957, for the guidance of health administrations.

15. A study of national laws and regulations on international quarantine known to the Organization revealed many deficiencies in its knowledge. Consequently, a circular letter was sent by the Director-General to all health administrations requesting copies of such laws and regulations published since 1951.

The Committee requests the Director-General to draw the attention of States when necessary to provisions in their laws and regulations which do not appear to be in conformity with the articles of the International Sanitary Regulations in force for the States concerned.

¹ Unpublished

² See *Off. Rec. Wld Hlth Org.* 56, 60, 66.

³ *Wld Hlth Org. techn. Rep. Ser.* 1957, 125

⁴ *Off. Rec. Wld Hlth Org.* 79, 495, para. 11

THE INTERNATIONAL SANITARY REGULATIONS

PART I. DEFINITIONS

Article 1 : Direct Transit Area

16. As requested by the Committee in its third and fourth reports, the Director-General has continued to inquire of countries designating direct transit areas whether they fulfil the requirements concerning segregation and medical supervision laid down in the definition of direct transit areas in Article 1 of the Regulations. The results of this inquiry are presented in a separate document.¹

The Committee notes the report of this inquiry and especially that seven direct transit areas have been deleted from the list of direct transit areas since they did not fulfil all requirements.

Infected Local Area : Cholera

17. In February 1957 cases of paracholera due to the El Tor vibrio were reported in the Makassar area of Indonesia, where similar outbreaks had occurred in the past (1937-1949). The report on this outbreak was not dealt with as a notification of cholera under the Regulations, but was published in the *Weekly*

Epidemiological Record. Nevertheless quarantine restrictions on account of cholera were imposed by several health administrations on arrivals from Makassar.

The Committee is of the opinion that cholera, under the definition of quarantinable diseases in Article 1 of the Regulations, does not include paracholera due to the El Tor vibrio. Accordingly an area where paracholera of the El Tor type is present should not be considered as a cholera-infected local area.

Infected Local Area : Plague

18. A plague-infected local area is defined *inter alia* as "a local area where plague infection among rodents exists on land..." Some countries report the presence of plague in fleas from pools of fleas collected from wild rodents. The Organization has not considered that these reports constitute a basis for regarding the area involved as a plague-infected local area and has not published the reports in its *Weekly Epidemiological Record*.

The Committee is in agreement with this practice.

PART II. NOTIFICATIONS AND EPIDEMIOLOGICAL INFORMATION

Articles 3 to 6

19. A typhus-infected local area, by definition, means an area where there is an epidemic of this disease. In recent years, several countries, where previously epidemic typhus was prevalent, periodically report single cases. Other countries where epidemic typhus has not been present notify single cases of this disease or individual cases of Brill's disease. Cases of Brill's disease in the presence of lice can give rise to an epidemic of typhus.

20. All notifications of Brill's disease and typhus, except those cases indicated as murine typhus, have been published in the *Weekly Epidemiological Record* as received. It is proposed to continue publication of all notifications of typhus—except murine typhus—but to publish information on Brill's disease only

periodically under the section "Epidemiological Notes" in the *Weekly Epidemiological Record*.

The Committee is in agreement with this proposed procedure.

Articles 3 to 5 and Article 9

21. Although some improvement in notifications has been noted during the year, official reports on quarantinable diseases from some countries continue to be late—some more than six months—or to give no details of local areas. A few countries still submit no notifications.

22. In the case of an outbreak of smallpox in one European port, the Organization was first alerted by cables from two other health administrations 1600 and 6600 miles distant, before a report was forthcoming from the administration concerned. In another area in Europe, the first cases of smallpox

¹ Unpublished

were reported promptly, but succeeding cases were notified some time after they had been written up in local national medical journals.

The Committee notes the absence of notifications from some countries and the delay in notifications from others, and stresses the importance of all health administrations notifying the Organization promptly of the presence of quarantinable disease.

Articles 3 to 6 and Article 11

23. Although the abnormal situation in Egypt in November 1956 necessitated the temporary transfer to Geneva of the Regional Office for the Eastern Mediterranean, the staff responsible for international quarantine remained in Alexandria and carried on with a minimum of interruption in their work.

Article 6

24. The Organization has advised several health administrations to consider waiting for more than twice the incubation period before declaring a local area free from infection.¹

Article 7

25. On receipt of information from the health administrations of Guatemala and Panama of the isolation of yellow fever virus from groups of *Haemagogus mesodentatus* and *Haemagogus lucifer* mosquitos, the Organization published the information in its *Weekly Epidemiological Record*² in a special section following the section of the *Record* dealing with notifications of quarantinable diseases. Eight years previously the presence of yellow fever virus was reported in the same area in Panama. The Organization took the point of view that a period of eight years was more than sufficient for this information to be considered as a notification under Article 7. It will be recalled that the finding of yellow fever virus in mosquitos does not constitute a basis for considering an area as infected with yellow fever.

Article 11

26. In fulfilling its obligations under Article 11, the Organization continued its weekly reports and radio bulletins from its four quarantine units in Geneva, Alexandria, Singapore and Washington.

27. In the Geneva *Weekly Epidemiological Record* 1957, No. 2, a list of infected areas was given for each of the quarantinable diseases, as of 29 December 1956. Three categories were established as follows :

A — Areas notified under Article 3 on the date indicated.

Areas in which the presence of quarantinable diseases was notified under Articles 4, 5, 7 and 9 (a) :

B — during the period indicated under the heading of each disease ;³

C — prior to the period indicated under the heading of each disease, but for which no notification under Articles 6 or 9 (b) has been received at 29 December 1956.

The Committee recognizes the great importance of the periodic publication of a list of infected areas for each of the quarantinable diseases in view of the basic need for such knowledge by health administrations and health authorities.

28. The Geneva *Weekly Epidemiological Record* in the section "Epidemiological Notes" gave a summary, including maps, of the reported presence of cholera,⁴ plague⁵ and yellow fever⁶ during 1956 and part of 1957.

The Committee is of the opinion that periodic publication of such summaries serves a useful purpose for health administrations and health authorities.

29. During the period under review the Organization published the following information in the form of Supplements to its *Weekly Epidemiological Record* :

Quarantine measures and vaccination certificate requirements (two issues : October 1956 and February 1957)

Airports designated in application of the International Sanitary Regulations

Mecca Pilgrimage — Year of the Hegira 1374 (A.D. 1955).

It also had in preparation for early publication information on :

Ports approved and designated for the issue of Deratting Certificates and Deratting Exemption Certificates

Mecca Pilgrimage — Year of the Hegira 1375 (A.D. 1956)

Tariffs of sanitary charges

Ports accepting international quarantine messages by wireless.

³ Plague and cholera, 2 weeks; smallpox, typhus, and rodent plague, 4 weeks; yellow fever, 12 weeks; louse-borne relapsing fever, 3 weeks

⁴ *Wkly epidem. Rec.* 1957, 16, 205-206

⁵ *Wkly epidem. Rec.* 1957, 19, 242-243

⁶ *Wkly epidem. Rec.* 1957, 22, 278

¹ See *Off. Rec. Wld Hlth Org.* 79, 499, para. 28.

² *Wkly epidem. Rec.* 1956, 26, and 1957, 33

30. When publication of the weekly report on quarantinable diseases issued by the Ministry of Health of the United Kingdom was discontinued in October 1956, some 200 new addresses of public health authorities were added to the distribution list for the *Weekly Epidemiological Record*. In consultation with the Quarantine Unit in the Regional Office for the Americas/Pan-American Sanitary Bureau in Washington D.C., additional addresses of public health authorities in the Americas were added to the distribution list for the *Weekly Epidemiological Record*. Certain changes were instituted in the AMRO/PASB weekly report on quarantinable diseases to clarify the fact that that report gave complete information on disease by local area only for the Americas.

Japan

31. The Government of Japan states that it still considers that the Organization should endeavour to improve its present notification system as regards quarantinable diseases,¹ and it reports as follows on the case in which difficulty in applying the provisions of the Regulations was experienced.

“At Rangoon, Burma, no smallpox case had been reported after the week ending 27 October 1956 until the week ending 19 January 1957, during which a case was reported (according to the weekly radio bulletins from Singapore and Geneva² Stations). This report of the occurrence of one case during the above period—i.e. week ending 19 January 1957—was received by our Ministry on 1 February 1957. Therefore it was not possible to apply the provisions of Article 83, paragraph 2, to certain of the six passengers [embarking at Rangoon and disembarking at Tokyo] of the aircraft... which arrived at Tokyo... during the week 13 to 19 January, and to the eight passengers [embarking at Rangoon and disembarking at Tokyo] who arrived at Tokyo during the week 20 January to 1 February”.

The Government considers that, in these cases, the provisions of Article 83, paragraph 2, should have been applied.

The records of the Organization reveal that the notification from Burma was received in Singapore on 31 January 1957. The Singapore Epidemiological Intelligence Station carried this notification in its radio bulletin on that day. Geneva carried this notification on its daily epidemiological radio bulletin on 1 February.

The Committee notes that the situation described emphasizes the need for prompt notifications.

¹ See *Off. Rec. Wld Hlth Org.* 79, 500, para. 36.

² The Geneva radio bulletin is a daily bulletin. (*Note by the Secretariat*)

Article 13

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

The Committee recommends that the Director-General send a follow-up letter to States not submitting an annual report, and especially to inquire whether these States have experienced any difficulties in the functioning of the Regulations.

33. The governments of the following countries stated in their reports that no cases of quarantinable diseases due to or carried by international traffic occurred in their territories.

Afghanistan	Indonesia
Albania	Ireland
Austria	Israel
Belgium (and Belgian Congo)	Japan
Bulgaria	Korea, Republic of
Cambodia	Liberia
Canada	Libya
Chile	Luxembourg
China	Morocco
Denmark (and Danish overseas territories)	New Zealand
Dominican Republic	Nigeria, Federation of
Ecuador	Norway
El Salvador	Pakistan
Ethiopia	Peru
Finland	Philippines
France (and French overseas territories)	Switzerland
Guatemala	Thailand
Haiti	Turkey
Honduras	Union of South Africa
Iceland	United States of America
	Venezuela
	Yugoslavia

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

Afghanistan	Honduras
Argentina	India
Belgium (and Belgian Congo)	Ireland
Bulgaria	Israel
Cambodia	Italy
Ceylon	Jordan, Hashemite Kingdom of
Denmark	Lebanon
Dominican Republic	Luxembourg
Ecuador	Netherlands (in respect of its overseas territories)
Finland	Norway
France (and French overseas territories)	Pakistan
Germany, Federal Republic of	Paraguay
Greece	

Peru
Sierra Leone
Sudan

Thailand
Turkey
Union of South Africa

United Kingdom of
Great Britain and
Northern Ireland

Uruguay
Venezuela
Viet Nam

PART III. SANITARY ORGANIZATION

Article 21

35. Health administrations of ninety-four States and territories have notified the Organization that 528 ports have been approved under Article 17 for the issue of Deratting Certificates and/or Deratting Exemption Certificates. Of these 528 ports, thirty-two (in four territories) have been approved for the issue of Deratting Certificates only, and seventy-four (in twenty-nine territories) for the issue of Deratting Exemption Certificates only.¹

The Committee draws attention to the provisions of Article 17 stating that designated ports for the issue of Deratting Certificates are those already approved for the issue of Deratting Exemption Certificates and requests the Director-General to clarify the situation described in the four territories.

36. Notifications of 199 sanitary airports have been received from ninety health administrations. Airports with direct transit areas number thirty in nineteen States and territories.²

PART IV. SANITARY MEASURES AND PROCEDURE

France

37. The Government of France has informed the Organization that in four of its territories all persons on an international voyage who remain in the area longer than fifteen days are subject to local regulations and will be required to possess a valid yellow-fever vaccination certificate. The requirement is not applicable to travellers in transit for less than fifteen days who do not come from an infected local area.

The Committee takes note of the practice described.

Article 27

Canada

38. The Government of Canada reports that difficulties of a minor nature continue to be experienced in connexion with persons placed under surveillance.³ A very small percentage give false information regarding place of destination, making it impossible to trace their whereabouts. Others go to sparsely populated areas where surveillance is impossible.

Article 30

India

39. The Government of India reports that cases of infection among international passengers cannot be

detected unless they are medically examined before their departure from a country. To implement the provisions of Article 30 of the International Sanitary Regulations, the health officers at Indian ports and airports are, therefore, required by the Indian Port Health Rules and the Indian Aircraft (Public Health) Rules to examine medically all persons proposing to leave for any port or airport beyond India. The report from the Government of India goes on to say: "It is understood that some foreign countries bound by the International Sanitary Regulations do not do any medical check on outgoing passengers. It is, therefore, requested that the Health Directorate of India may kindly be informed whether other countries bound by the International Sanitary Regulations have framed Rules similar to what has been done in the Indian National Health Rules to cover Article 30 of the ISR."

From information already available to the Organization it was determined that three countries took such measures and that thirteen countries required vaccinations for departing travellers.⁴ Further information is expected to be forthcoming when the Organization receives copies of national laws and regulations concerning international quarantine.

¹ *Wkly epidem. Rec.* 1957, 36, Suppl. 3: Ports approved and designated for the issue of Deratting Certificates and Deratting Exemption Certificates—as brought up to date on 1 October 1957

² *Wkly epidem. Rec.* 1957, 10, Suppl. 2: Airports designated in application of the International Sanitary Regulations—as brought up to date on 1 October 1957

³ For previous report from the Government of Canada on this subject, see *Off. Rec. Wld Hlth Org.* 79, 502, para. 44.

⁴ *Wkly epidem. Rec.* 1957, 7, Suppl. 1: Quarantine measures and vaccination certificate requirements

Article 35*New Zealand*

40. The report from the Government of New Zealand states: "When the Quarantine (Ship) Regu-

lations, 1957, came into force, a system of radio pratique was introduced for passenger liners to facilitate their clearance by port health officials. However, due to Asian influenza, the granting of radio pratique has been temporarily suspended."

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

Plague**Article 52***Haiti*

41. The Government of Haiti reports that the port health authorities have, on occasion, to inspect ships hired out by maritime companies.

The ships carry various goods for delivery to other ports, and spend only two to three hours in the ports of this country—the time necessary to discharge a load of 100 to 150 tons. Often these ships, with their holds full, arrive with a Deratting Exemption Certificate which has already expired. It is, of course, not possible, in such cases, to carry out thorough inspection, and in order to facilitate international traffic, a Deratting Exemption Certificate is issued while, at the same time, rigorous hygiene and sanitation measures are insisted upon and fumigation at the port of unloading is recommended. This solution conforms to the provisions of the Regulations. If, however, one of these ships, after having unloaded at its port of destination, returns to Haiti in ballast to take on fresh cargo, the health authority can clearly under Article 52, paragraph 4, insist on a fresh inspection of the holds and other parts of the ship, and carry out fumigation if necessary. With ships hired out by maritime companies, this gives rise to considerable difficulties.

*The Committee recalls that in its fourth report it stated that Deratting Certificates and Deratting Exemption Certificates were valid for a maximum of six months but under certain conditions the validity of such certificates might be extended only once for a period of one month.*¹

The Committee reaffirms this opinion and recalls that Deratting Exemption Certificates should be issued only in accordance with the provisions laid down in Article 52.

India

42. The Government of India reports that in 1956 in the port of Bombay, of the total of 128 ships inspected (55 cargo vessels, 34 passenger vessels and 39 tankers) deratting was carried out on 14 vessels

(3 cargo vessels and 11 passenger vessels). The average number of rats per vessel recovered after fumigation was 3.6 for cargo vessels and 68.5 for passenger vessels. In Calcutta port in 1956, of the total of 191 ships inspected (172 cargo vessels, 7 passenger vessels and 12 tankers) deratting was carried out on 51 vessels (48 cargo vessels and 3 passenger vessels). The average number of rats per vessel recovered after fumigation was 11.4 for cargo vessels and 42.6 for passenger vessels.

Morocco

43. The Government of Morocco reports that the Moroccan port health services continue their rat control programme; ships are inspected regularly every six months and additional inspections are also carried out in the intervals between regular inspections. Some masters of ships holding a valid Deratting Certificate or Deratting Exemption Certificate refuse deratting when sanitary inspection has shown that the number of rodents on board is no longer negligible, although Article 52 of the Regulations seems to require fresh deratting operations in such cases. The report of the Government of Morocco goes on to say:² "As regards Deratting Exemption Certificates, Article 52 of the Regulations does not state the number of such certificates which may be issued after favourable inspection, so that these documents are often repeatedly renewed for a period of six months by many European ports. For its part, Morocco extends the first Deratting Exemption Certificate for one month only, so as to enable the vessel to be deratted in its home port. In order that this measure may be uniformly applied it would seem advisable to indicate the intervals at which deratting operations should be carried out."

The Committee reaffirms the opinion expressed in its first report³ that a healthy ship in possession of a valid Deratting Certificate or Deratting Exemption Certificate may be deratted if, in the case of a Deratting Certificate, there is definite evidence that the deratting has not been satisfactorily completed as provided in

¹ *Off. Rec. Wld Hlth Org.*, 79, 502

² Translation from the French

³ *Off. Rec. Wld Hlth. Org.* 56, 55

paragraph 4 (a) of Article 52 or, in the case of a Deratting Exemption Certificate, if the number of rodents on board is substantially more than negligible.

Deratting Exemption Certificates are valid for a period of six months. At the end of this period if inspection of the ship proves that it is entitled to a Deratting Exemption Certificate, a new certificate should be issued in replacement of the former valid certificate.

Periodic deratting of ships is not necessary if inspection proves that the ship is entitled to a Deratting Exemption Certificate.

United States of America

44. The Government of the United States of America reports as follows: "During the year ended 30 June 1957, 729 ships were found to have significant infestation with rodents. Of that number 643 carried unexpired Deratting or Deratting Exemption Certificates.

"A total of 26 516 ship sanitary inspections were performed and 7470 Deratting Exemption Certificates were issued. Deratting operations were carried out on 227 ships by fumigations with HCN, by poisoning with 1080 (sodium fluoroacetate) and by trapping with complete eradication of colony. The choice of method employed in deratting varied depending on the type of ship, type of cargo, the extent of infestation, the loaded condition of the ship and the time during which it was available. Deratting Certificates were issued following these actions. A tabular breakdown of the number of ships in relation to size of the estimated infestation is as follows:

1 to 5 rats estimated	— 673
5 to 10 rats estimated	— 21
10 to 15 rats estimated	— 14
15 to 20 rats estimated	— 9
Over 20 rats estimated	— 12"

Yellow Fever

Ethiopia

45. The Government of Ethiopia reports that its main difficulties are due to the fact that some countries still consider Ethiopia as an area infected with yellow fever.

Switzerland

46. The Government of Switzerland reports as follows: ¹ "At the request of the health authorities of India and Pakistan, Swissair aircraft ² leaving for

¹ Translation from the French

² The aircraft concerned are used in territories considered by India and Pakistan as infected with yellow fever. (Note by the Secretariat)

these countries will be disinfected. Certificates attesting that disinsectization has been carried out will be delivered by the medical officers of the frontier health service in the airports of Zurich-Kloten and Geneva-Cointrin."

Article 73

Haiti

47. The Government of Haiti asks what should be the attitude of the port health authority with regard to small aircraft which, unlike the aircraft on regular schedules (PAA, KLM, Delta Airlines, etc.) arrive without any DDT aerosol for spraying before landing? In such cases, spraying is carried out automatically by the health services of Haiti but these can be no guarantee that some mosquitos—and in particular *Aedes aegypti*—have not had time to get away. Should preventive measures on arrival be insisted upon, or landing refused? On departure, the situation is reversed, because, these aircraft, having no fixed time-table, often leave without any sanitary control. The health administration of Haiti suggests that the Organization might request the various aeronautical clubs to make it compulsory for the owners of these small craft to carry an aerosol to be used for spraying on departure and immediately before landing. This would be a useful contribution to the widespread campaigns being carried out for the eradication of this vector.

Philippines

48. The Government of the Philippines reports that investigations by the Bureau of Quarantine show that disinsectization of aircraft is still unsatisfactory. In a number of instances, inspection for insect infestation of aircraft arriving at Manila International Airport reveals positive findings. This is considered to be due to poor disinsectization techniques: in some cases, no disinsectization at all is carried out by the crew.

Paraguay

49. The Government of Paraguay reports that although the country is maintained free from *Aedes aegypti*, some international aircraft do not carry out disinsectization during flight. The same applies to the boats on the Paraguay and Paraná rivers.

The Committee notes that, while under Article 73 of the Regulations States "may accept the disinsecting in flight of the parts of the aircraft which can be so disinsected", the opinion of the Expert Committee on Insecticides is that disinsectization during flight should not at present be recognized for technical

reasons and since adequate disinsectization will cause more than a minimum of discomfort to passengers.

The Committee notes that no new disinsectization procedures have yet been developed to change this opinion. It invites the attention of health administrations to their responsibility, under paragraphs 2 and 3 of Article 73, for disinsecting aircraft on departure, and to the provisions of Article 41 stating inter alia that an aircraft shall not be prevented for sanitary reasons from calling at any airport, although the aircraft may be ordered to proceed to another airport for completion of sanitary measures; nevertheless, in yellow fever receptive areas, the provisions of Article 79 apply.

The Committee further draws the attention of health administrations to their responsibilities, in respect of ships, under the provisions of paragraph 3 of Article 73.

Articles 72 to 74

Nigeria

50. The Government of the Federation of Nigeria reports that the Federation of Nigeria, by virtue of its position under the Regulations, is included in the yellow fever endemic zone. This situation debars it from requiring valid yellow fever vaccination certificates from incoming travellers, and at the same time permits it to require valid certificates only for those travellers departing for a yellow fever receptive area. In notifying the Organization, under Article 8, that all travellers leaving Nigeria are required to possess valid yellow fever vaccination certificates, the health administration states as follows: "We are unable to accept the restriction which you suggest [valid certificate requirement limited to travellers proceeding to a yellow fever receptive area] since it would involve the categorization of passengers and reduce the protection which we are at present able to give our neighbours. We do not consider that yellow fever receptive areas in Africa are at present delineated with sufficient accuracy to justify the arbitrary classification of passengers by destination. We believe that Nigeria and other neighbouring countries which are at present included in the yellow fever endemic zone and which are in consequence debarred from demanding valid certificates from incoming travellers, contain large areas which are in fact yellow fever receptive areas within the meaning of Article 1 of the International Sanitary Regulations. Consequently we maintain that our present requirement that all travellers leaving the country should possess valid certificates contributes materially to the safety of our neighbours and, in so far as it is reciprocated, of ourselves. We understand that the

whole question of the epidemiology of yellow fever in West Africa is soon to be reconsidered by the WHO Expert Committee on Yellow Fever.¹ We hope that these deliberations will lead to a more realistic attitude being taken towards the quarantine requirements of West Africa in respect of yellow fever. In the meantime we feel that we have no option but to maintain our existing requirements".

The Committee recognizes that a health authority of a yellow fever infected local area or a health administration of a State which by virtue of its reservation or rejection of the Additional Regulations of 1955, is part of a yellow fever endemic zone, may, in the exercise of its responsibilities under Article 30, require a valid certificate of vaccination against yellow fever as evidence of freedom from infection in departing travellers.

Smallpox

Argentina

51. The Government of Argentina states that a case of smallpox, due to the traffic of seasonal farm workers coming from Bolivia, was reported in the Province of Jujuy on 30 May. There was no secondary case.

Ceylon

52. The Government of Ceylon reports that an outbreak of smallpox occurred in Ceylon during the period under review. As smallpox is not endemic in the Island the source of this outbreak is presumed to be a boy of seven who travelled, with other members of his family, from Kalpitiya, Ceylon, to Nagoor, India and returned on 23 January 1957, travelling via the Dhanushkodi-Talaimannar Ferry Steamer. He was vaccinated at Mandapam Camp in India on 21 January on his return journey to Ceylon; the vaccination was successful and the reaction was typical. On 25 January, he developed a mild rash which was diagnosed as chickenpox. The report continues: "Subsequently a young married woman living in an adjoining house developed high fever on 12 February; she entered Kalpitiya Hospital and left against advice on 14 February. At the time of discharge there were no signs of a rash. It was discovered on 23 February that she was suffering from a typical smallpox rash; she was removed to the Fever Hospital at Angoda on the outskirts of Colombo, where the diagnosis was confirmed. All contacts of this patient were segre-

¹ A WHO Expert Committee on Yellow-Fever Vaccine met from 8 to 13 April 1957, and discussed vaccine only. No meeting of an expert committee on yellow fever is proposed at present. (Note by the Secretariat)

gated and later eight developed smallpox of whom three died. On 16 March, a positive case was detected at Wadduwa which is about twenty miles south of Colombo and 123 miles from Kalpitiya. When detected it was observed that the rash was far advanced, possibly about seven to eight days. The source of infection of this case has not been definitely established but it is presumed to be from the first case that occurred at Kalpitiya, as he had been in that area. Next, smallpox appeared in a ward in the General Hospital, Colombo. The first case to be suspected occurred on 30 March 1957, in a patient who had been in hospital since 10 December 1956. It was subsequently diagnosed as a case of haemorrhagic smallpox, and the case proved fatal. Careful investigation then revealed that a patient who was admitted on 13 March 1957 with a diagnosis of toxic purpura expired on 14 March 1957 and the post-mortem was held on 15 March 1957. The cause of death was given as acute pulmonary oedema complicating anaemia due to toxic purpura. Another case was a patient who had been an inmate of this ward since 5 March 1956. On 26 March 1957 he developed fever and a macular rash the following day and died on 29 March. At the time of death he had purpuric patches, sub-conjunctival haemorrhage and erythema. A post-mortem was held and the cause of death was given as haemorrhagic toxæmia, following purpura of unknown origin. Following the discovery of the positive case on 30 March, five other cases occurred in the hospital and were removed to the Fever Hospital. The source of this outbreak in the General Hospital, Colombo, is no doubt the patient who was admitted on 13 March and died on the following day, as the subsequent cases showed their onset 12-14 days later. The source of infection of the original case in the General Hospital was not discovered, but is suspected to be cases brought from Kalpitiya and undergoing treatment at the Fever Hospital. Another case also in a discharged inmate from the ward in the Colombo General Hospital was discovered in the Jaffna Peninsula and promptly isolated. Later, three other cases were discovered in Colombo—one at the Out-patients Department of Colombo Hospital; another at a housing estate in Hensmulla, Colombo; and a third case at Kalutara Hospital. This last case was definitely due to infection at the Fever Hospital, Colombo. In all, there were twenty-one cases with eight deaths. The first case was reported on 23 February and the last case on 14 April 1957."

Federal Republic of Germany

53. The Government of the Federal Republic reports that one case of smallpox was observed in international traffic. The patient, a 28-year old man, arrived at Hamburg on 24 April from Lahore (left Lahore for Karachi on 10 April in a special compartment for air passengers; then travelled by air), Karachi, Rome (14 April), Amsterdam (18 April), London (20 April), Amsterdam (change of plane). He felt the first symptoms on 23 April and saw a doctor in Hamburg on 25 April. On 29 April he was isolated at the Clinical Department of the Bernhard Nocht Institute of Tropical Diseases. After the diagnosis had been made, with the assistance of an electronic microscope, the Federal Health Office notified the World Health Organization, Geneva, by telegram. All contacts were vaccinated. Some ten patients, transported by the same ambulance before the case was diagnosed as smallpox, were also vaccinated and isolated. The lodgings of the patient, as well as the ambulance were, disinfected. It was suggested to the airline company, whose headquarters are in Amsterdam, that the planes the patient had used since 20 April be disinfected. The patient's wife was prevented from going to work, and his children from attending school. A child living with the family, who in the meantime had gone to Bochum, was requested to report for observation there. The Ministry of Health of the United Kingdom, on being informed of this case, broadcast a warning to the passengers who travelled by the same plane as the patient. The airplane company succeeded in ascertaining the addresses of co-passengers in Osnabrück and Munich, and the health authorities of these towns were informed by telephone. There was no secondary case.

Ghana

54. The Government of Ghana reports the following cases of smallpox due to international traffic :

(1) A man, aged 28, member of the crew of S.S. DAHOMEY PALM, developed smallpox on 21 November 1956, five days after arrival of his ship in Accra from Freetown. The ship was placed in quarantine. All members of the crew were vaccinated on the following day. The infected parts of the ship were disinfected and pratique was granted on 22 November.

(2) A woman, aged 25, contracted smallpox on 6 April 1957 from her daughter who had arrived from Nigeria about a month before and developed modified smallpox some two weeks after arrival.

The daughter had successful vaccination just before leaving Nigeria. She was only seen and isolated from 25 March to 2 April.

(3) A boy, aged 14, travelling by land from the French Ivory Coast to Ashanti, developed smallpox in the Ivory Coast on 10 May 1957. He entered Ghana on 16 May and was isolated the following day. No previous vaccination.

(4) A woman, aged 30, coming from Abidjan (French Ivory Coast) to Kumasi by road, entered Ghana on 13 June with smallpox. The case was discovered and isolated on 15 June.

The report states that the usual precautionary measures were taken.

Greece

55. The Government of Greece reports one case of smallpox in an international traveller who arrived at Athens airport during the period of desquamation. He was isolated until he had fully recovered.

India

56. The Government of India reports that, apart from the two cases of smallpox which occurred on board S.S. DWARKA and S.S. KING CITY, there was no case of quarantinable disease carried by international traffic.

Iran

57. The Government of Iran reports that in June and July 1957 an epidemic of smallpox due to international traffic affected twenty-two local areas in Iran and caused 108 cases.

58. The Government of Iran gives the following reasons for the importation of smallpox into Iran from neighbouring countries: (a) Entry into the country of persons coming from infected areas and who are not in possession of a vaccination certificate. These persons are vaccinated on arrival, but if they have contracted the disease before leaving the infected area, they are in the incubation period when vaccination is carried out. In such cases, the national quarantine regulations do not allow observation. (b) Impossibility of controlling unvaccinated persons going to or coming from infected areas, through prohibited routes. (c) Impossibility of applying the health measures provided for in the International Sanitary Regulations in respect of suspects, because of the lack of health centres and health officers in all parts of the country, the lack of equipment in the centres and the indifference of people to consult these centres.

Iraq

59. The Government of Iraq states that two cases of smallpox were reported from Muscat and were noticed in Kadhimain and Kerbela on 13 December 1956; one case was reported from Iran and was noticed in Kadhimain on 26 January 1957.

Italy

60. The Government of Italy gives the following information on an outbreak of smallpox in Naples: Six cases were recorded after the appearance, on 15 April 1957, of the disease in an American tourist who had recently visited several areas in Asia and had a valid vaccination certificate. Three of the cases were contacts of the first patient, i.e., an hotel waiter, a friend who had met and accompanied the tourist from the time of his arrival in Italy, and one of the physicians. The other three were members of the physician's family or persons who had been in contact with the physician during the earliest phase of the disease. The physician first underwent anti-smallpox vaccination on 21 April (negative result) and then on 1 May and 3 May with positive results. The initial phase of the disease was thus interpreted as a febrile reaction to the last two vaccinations. It may now be assumed that the infection was a secondary case contracted in hospital. The physician became ill on 6 May and died on 13 May. No other case of cross-infection was found among the people in quarantine or those admitted to the isolation hospital. The episode was particularly serious from the epidemiological point of view. The first patient had many acquaintances in Naples; he had been in touch with many people, and had moved from place to place, staying in large and very full hotels during the later stages of incubation and at the onset of the disease, and he was first hospitalized in a private nursing home. It should also be noted that this outbreak occurred in a city full of tourists and with very heavy maritime traffic. It may be said therefore that the prophylactic measures which were put into effect on a large scale gave very satisfactory results, in spite of the many and complex difficulties to be overcome. In Naples and in various communes of the Province, 1 200 000 vaccinations were performed at about a hundred centres set up for the purpose, by the school services and by private practitioners. One hundred and seventy physicians offered to collaborate in the vaccination campaign, and twenty others were given the tasks of making epidemiological surveys, visiting the homes of suspected persons for control purposes, and supervising disinfection operations. Eighteen teams were formed, ready to act immediately, for the detection of contacts and of

cases notified as suspect. Laboratory tests were effected by the Istituto Superiore di Sanità. Eighty-nine persons (including social workers, qualified nurses and voluntary nurses of the Italian Red Cross) offered their services in connexion with the vaccinations and other prophylactic measures. Fifty-three people were placed in quarantine in the Cotugno Hospital in Naples. On 11 July, the health situation in Naples was declared normal.

Jordan, Hashemite Kingdom of

61. The Government of Jordan gives the following information on two cases of smallpox due to international traffic :

(1) The onset of the disease was 8 to 9 January 1957. The patient left Lebanon for Damascus on 9 January, and Damascus for Jordan, by taxi, on the same day. He was admitted to hospital on 12 January. He was in possession of an unsigned smallpox certificate (not in the international form). The validity of the certificate was questionable and it was referred to the Lebanese authorities for confirmation. The patient was vaccinated in Beirut and his vaccination was found successful on arrival in Jordan, but it seems that he was vaccinated late during the incubation period.

(2) The onset of the disease was 21 January 1957. The source of infection was the patient's uncle, whom she visited on 10 January after his arrival from Lebanon. The patient was immediately admitted to hospital.

There were no other cases of smallpox in Jordan.

Lebanon

62. The Government of Lebanon reports that an imported case of smallpox was followed by an epidemic on Lebanese territory during which 192 cases, with 46 deaths, were recorded. Immediate measures, including the vaccination of the whole population, were taken.

Netherlands

63. The Government of the Netherlands reports that fifty-one contacts, employed at Schiphol Airport, were put under surveillance after the transit, on 24 April, of an air passenger from London to Hamburg who fell ill with smallpox on arrival in Hamburg. Efforts to find passengers of the London-Amsterdam airplane have not been successful. No secondary case has been reported.

Paraguay

64. The Government of Paraguay reports that smallpox was introduced into Paraguay from Brazil.

The frontier between the two countries consists of a river and an international road, and this importation has no significance from the point of view of international traffic. The two countries took measures in common to prevent the spread of the infection.

Sierra Leone

65. The Government of Sierra Leone reports as follows : " During the year an epidemic of smallpox developed in Sierra Leone starting in the North and South Eastern Provinces. The outbreak started in places upon the main routes leading from the land frontier to the Kono and Kenema districts of the South Eastern Province. In these districts there had been an uncontrolled and increasing immigration of some thousands of people from a wide area of West Africa, extending from Senegal to North Nigeria, to take part in illegal diamond mining, or in trade connected with it, following the discovery of widespread and lucrative alluvial diamond-fields. These immigrants, most of whom were engaged in illegal activities, landed in highly insanitary temporary settlements close to diamond-diggings, often in remote and relatively inaccessible places. Intensive vaccination was started among them two years ago, but it was difficult to achieve a good vaccination state in population of this kind. In November 1956, these immigrants were warned that they must leave; they voluntarily dispersed with surprising speed, and there was a mass migration from the mining districts of some 40 000 people in about a fortnight, most of whom returned to their homes across the frontier. This sudden mass migration was beyond complete sanitary control, though every effort was made to vaccinate and to isolate the sick. Following the evacuation of the diamond districts a severe and widespread epidemic of smallpox developed in Sierra Leone, and it would appear from the international returns of quarantinable diseases that surrounding territories may also have been affected. These conditions were quite exceptional, and are unlikely to recur, as alluvial mining is being increasingly controlled by government action. Money has been provided for sanitary measures in mining areas, including vaccination. Intensive vaccination campaigns continue."

Sudan

66. The Government of Sudan reports that one hundred and eighty-five cases of smallpox, with eighteen deaths, were recorded from 23 March to 17 August 1957, during an epidemic which affected six provinces out of nine in the country. The outbreak started in Darfur with the arrival of two West African

pilgrims who were seen with the disease when crossing the border. In Upper Nile, Blue Nile and Equatoria Provinces the source of infection could not be traced. Kassala adjoins Eritrea where some tribes live across the international borders and live freely with relatives. Smallpox was prevalent in Eritrea when it appeared in Kassala and it is probable that the Sudan infection was imported from Eritrea. The Northern Province was infected by persons who came from the Red Sea Hills during the incubation period. The disease reappeared in the Blue Nile Province in July in epidemic form and the source was the earlier sporadic cases.

Details are then given of the measures taken to the time of reporting: (a) Over 3000 persons from the infected and surrounding areas had been vaccinated since March 1957, and vaccination was still going on despite the rainy season in many centres. A mass vaccination campaign, covering the whole country, was scheduled to start from November 1957 onwards. (b) The Red Sea Area of Kassala Province, the Blue Nile and the Northern Provinces were declared infected areas and no one was allowed to enter or leave these areas without a valid smallpox vaccination certificate. (c) All travellers by train, ship and bus, and all pilgrims to and from the Hedjaz, were required to be in possession of a valid certificate; otherwise they were vaccinated.

Syria

67. The Government of Syria reports that during a two-month period beginning in December 1956, forty-one imported cases of smallpox were notified in Syria.

United Kingdom of Great Britain and Northern Ireland

68. The Government of the United Kingdom reports that although not proven, investigations in the May/June 1957 smallpox epidemic (4 cases) in England and Wales, support the hypothesis that smallpox infection was brought into the country by a well vaccinated business man who had been visiting an area in West Africa where smallpox is endemic.

Uruguay

69. The Government of Uruguay reports two cases of alastrim due to international traffic.

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

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

Article 83

Ghana

70. The Government of Ghana reports that difficulties arise from the inability to enforce isolation in the case of persons coming from infected areas during the incubation period of smallpox and who are not in possession of a valid certificate, but accept to be vaccinated on arrival. The Government states that the provisions of Article 83, paragraph 2, appear to be inadequate for the control of infected persons crossing the frontiers of Ghana on foot. For local purposes, it is not sufficient to control such persons after vaccination by surveillance only; it would be more desirable to isolate them.

Typhus

71. A few health administrations continue to notify cases of typhus and relapsing fever without any indication whether it is louse-borne or tick-borne. Other health administrations consider the cases to be louse-borne and apply the measures permitted by the Regulations.

The Committee draws attention to the need for precise and prompt notifications in respect of typhus and relapsing fever.

PART VI. SANITARY DOCUMENTS

Article 95

New Zealand

72. The Government of New Zealand reports as follows: "Frequent applications for bills of health are still being made by masters of ships leaving New Zealand and it appears either that some countries

are still demanding bills of health from incoming ships or that there is considerable uncertainty in shipping circles whether or not they will be required. It would be appreciated if the question could again be brought to the attention of the Committee on International Quarantine."

The Committee notes that while information available to the Organization reveals that no health administration requires a bill of health to be presented, occasional requests are still being received for issue of this document, and it recommends to health administrations that they appropriately inform shipping interests.

Article 100

Indonesia

73. The Government of Indonesia states that it considers regrettable the decision to dispense with the Personal Declaration of Origin and Health in the case of air travellers. It suggests that this question should again be submitted to the Quarantine Committee on account of the increased speed and expansion of modern air travel, by which vulnerable receptive areas are becoming more exposed to infec-

tion. Countries which, two years ago, could not be reached within the incubation period of yellow fever can now be reached easily within that period as a result of better and new airline services. The Government further states that to overcome the difficulty and to protect Indonesia against the possible introduction of yellow fever, it proposes, when necessary, to request from travellers information on their movements prior to disembarkation in Indonesia. In its views this procedure should in no way be interpreted as contrary to any provisions of the Regulations concerning the avoidance of unnecessary delay.

The Committee is of the opinion that the proposal outlined to interrogate travellers on their movements prior to disembarkation would be within the definition of "medical examination" as contained in Article 1 of the Regulations.

PART VII. SANITARY CHARGES

Article 101

74. An inquiry was addressed to health administrations to determine whether charges were made for medical examination especially outside normal working hours. A summary of the communications received is given in a separate document.¹

The Committee had before it the report of information provided as a result of the inquiry, and reviewed it in the light of the opinion expressed by the Committee in its first report.² The Committee endorses this opinion and requests the Director-General to take the matter up with the States concerned.

PART VIII. VARIOUS PROVISIONS

Article 104

Morocco

75. The Government of Morocco reports that the difficulties met in obtaining from the World Health Organization and from the Health Department of Gibraltar rapid confirmation of suspected cases of

smallpox in Gibraltar indicate that it would be desirable for a special arrangement to be reached, under the terms of Article 104 of the Regulations, in respect of traffic in the Straits of Gibraltar. The report adds that a study is being made in this connexion which will be submitted to the World Health Organization in due course.

PART IX. FINAL PROVISIONS

Article 107

76. The Sixth World Health Assembly in accepting reservations made on behalf of Brunei, Falkland Islands, Gambia, Sarawak, Somaliland Protectorate and Surinam stated as follows:

The Assembly reserves the right to re-examine its acceptance of this reservation from time to time, depending on the development of the international traffic of the territory, without prejudice to the right of the reserving State to withdraw the reservation at any time and subject to any relevant

amendment by the Assembly to the Articles to which the reservation refers.³

On inquiry, the Director-General has been informed by the health administrations of the Netherlands and the United Kingdom of Great Britain and Northern Ireland that each of the named territories wishes to maintain its reservations for the reasons given when the reservation was made.

The Committee recommends to the Health Assembly that it continue its acceptance of reservations made on behalf of Brunei, Falkland Islands, Gambia, Sarawak, Somaliland Protectorate and Surinam.

¹ Unpublished

² *Off. Rec. Wld Hlth Org.* 56, 56, para. 54

³ *Off. Rec. Wld Hlth Org.* 48, 378-381

APPENDICES

Appendices 2, 3 and 4

77. Health authorities still experience difficulties with international certificates of vaccination which are not completed in the prescribed manner. Some travellers appear to misunderstand vaccination certificate requirements because they, or their medical advisers, have not realized that sanitary measures imposed and vaccination certificates required by countries in accordance with the provisions of the International Sanitary Regulations are related not only to the health conditions prevailing in the country of departure but also to conditions in countries in which the traveller disembarks during his journey, except in the circumstances covered by Article 34 of the International Sanitary Regulations.

Belgium

78. The Government of Belgium states that there are still some doubts as to the correct interpretation of the term *authentication* on the vaccination certificates. The Belgian authorities continue to insist on having an official stamp so as to avoid the non-acceptance of certificates by the health authorities of foreign countries.

Ethiopia

79. The Government of Ethiopia reports that one of the difficulties experienced arises from the fact that several countries are negligent in the completion of the vaccination certificates. Such negligence causes difficulties, especially with countries which consider Ethiopia as a yellow-fever-infected area, in respect of arrivals from Ethiopia. In dealing with passengers whose certificates are not valid, the health authorities of Ethiopia have therefore to take into consideration the countries to which they are proceeding. This is done not only in order to comply with the Regulations but also in the travellers' interest. But this very often causes the passengers to blame Ethiopia.

Indonesia

80. The Government of Indonesia reports that certain difficulties have been experienced regarding the validity of the vaccination certificates. Port Health Services of Indonesia have encountered quite a number of certificates which do not bear the "approved stamp". In other cases, the vaccination has been performed and the certificate signed by a "purser", a "pharmacists' mate" or a "nurse", and there is no approved stamp. A rather unpleasant situation follows when the owner of the certificate is requested to submit to revaccination through no real

fault of his own. It is felt that the whole question of the validity might be authenticated by the affixing of an approved stamp testifying the certified vaccinator. It is generally accepted that there are a number of instances where vaccinations are competently performed by personnel other than qualified medical practitioners.

Nigeria

81. The Government of Nigeria reports that some authenticating officers have an incomplete understanding of the correct place to frank international vaccination certificates; it is found that a single vaccination is authenticated with the same stamp on the same date in several different places on the same certificate. Another common fault reported is that the size of the authenticating stamp is much larger than the space provided in the international vaccination certificate, so that authentication of necessity obliterates parts of the certificate intended for other purposes.

Philippines

82. The Government of the Philippines reports that the inspection of the vaccination certificates required from arrivals is sometimes unsatisfactory because the itinerary followed by the passenger is not known. In some instances, arrivals do not carry the international form of vaccination certificate, but instead a vaccination certificate issued by a private medical practitioner. In other cases, arrivals do not possess the required certificates.

Appendix 4*Australia*¹

83. The Government of Australia reports that the Commonwealth has continued to use and recognize the certificates of vaccination and revaccination prescribed by the International Sanitary Regulations. It regrets recent changes in the smallpox certificate which it does not consider in the best interests of the supervision of quarantinable diseases and it also regrets that apparently a stable pro forma has not yet been reached. The present pro forma although accepted and used by the Commonwealth gives more serious grounds for confusion than the pro forma which it replaced.

Appendix 6*Philippines*

84. The Government of the Philippines reports that the Health Part of the Aircraft General Declaration is often not properly completed.

¹ Not bound by the Regulations

OTHER ASPECTS

85. The Committee's attention is invited to the question of additional regulations and other matters in respect of malaria, presented in a separate document.¹

The Committee notes the rapid progress of malaria eradication projects throughout the world and was given information on the resistance of malaria vectors to insecticides in a number of countries. It notes the report of the WHO Study Group on International Protection against Malaria² and the sixth report of the Expert Committee on Malaria.³

The Committee is of the opinion that health administrations of countries which are approaching or have already reached the phases of consolidation or maintenance of a malaria eradication programme may need to take measures to prevent the importation of malaria; and that a health administration of any country where malaria is present or could develop may need to take measures against the introduction of foreign species of dangerous vectors, as well as of insecticide-resistant species.

The Committee is, however, of the opinion that at this stage an amendment to the International Sanitary Regulations is not indicated.

The Committee meanwhile makes the following observations:

1. The Committee notes the recommendations of the Study Group on International Protection against Malaria relating to persons from areas where malaria exists and proceeding to areas in which malaria has been or is being eradicated:

(a) that international travellers should not be subjected to any special sanitary measures;

(b) that in the case of "migrants, seasonal workers and persons taking part in periodic mass congregations", special measures should be permitted including mass administration of drugs to all the persons of the groups, with the primary purpose of ensuring that they are non-infectious to anophelines, with or without the further aim of a radical cure of their infection; and

(c) that appropriate antimosquito measures should be carried out in the frontier zones or in the centres of aggregation to which such groups are directed.

The Committee is aware of the practical and scientific difficulties in the application of these recommendations, but agrees at present with them. It

stresses the necessity for their continuous review in the light of future knowledge experience gained from their application.

2. The Committee is of the opinion that laws, regulations or agreements between States may be made under Article 103 of the Regulations for the groups mentioned in 1 (b) above. If the individual refuses to submit to special measures, he may be refused entry.

3. The strongest defence against the carriage of mosquitos by sea or air is the rigid protection of seaports or airports by antimosquito measures and the Committee endorses the recommendation of the Study Group on International Protection against Malaria that health administration concerned "should be asked to take all reasonably possible steps to this end".

4. As regards the importation of insect vectors, the Committee is of the opinion that disinsectization of aircraft may be required. Article XVII, paragraph 2, of the International Sanitary Convention for Aerial Navigation of 1944 was excluded from replacement by Article 105 of the International Sanitary Regulations and therefore remains in force for those countries party to that Convention. This paragraph is worded as follows:

In view of the special risk of conveying insect vectors of malaria and other diseases by aircraft on international flight, all such aircraft leaving affected areas will be disinsected. Notwithstanding the terms of Article 54 of the 1933 Convention as hereby amended,⁴ further disinsectization of the aircraft on or before arrival may be required if there is reason to suspect the importation of insect vectors.

The Committee is of the opinion that subject to the provisions of Articles 25, 28, 40 and other articles of the International Sanitary Regulations applicable to diseases other than the quarantinable diseases, States not party to that Convention also have the right to require disinsectization of aircraft on or before arrival if there is reason to suspect the importation of insect vectors. The formulations and methods of disinsectization to be applied are those recommended by the Expert Committee on Insecticides. (The current recommendations are contained in the seventh report of the Expert Committee on Insecticides.⁵)

⁴ As modified by Article XVII of the International Sanitary Convention for Aerial Navigation of 1944

⁵ *Wld Hlth Org. techn. Rep. Ser.* 1957, 125, and Annex V to the Annotated Edition (1957) of the International Sanitary Regulations

¹ Unpublished

² Document WHO/MAL/183 — unpublished

³ *Wld Hlth Org. techn. Rep. Ser.*, 1957, 123

5. *The Committee is of the opinion that subject to any agreements in force between States, disinsectization of other modes of transport on arrival may be required but this right should be exercised only if there is reason to suspect the importation of insect vectors of diseases.*

6. *As regards resistance of malaria vector anophelines to insecticides, the Committee endorses the recommendations of the Study Group on International Protection against Malaria that:*

(a) *WHO should encourage and help studies on the subject of possible sources of origin of resistant vectors and maintain a register of areas in which resistant anophelines occur, with data on their resistance and susceptibility to different insecticides;*

(b) *WHO should further encourage and assist the co-ordination of malaria eradication programmes with the particular objectives of:*

(i) *securing inter-country joint planning of operations and joint mechanisms for the expeditious control of malaria outbreaks in international frontier zones in order to avoid the carrying of the disease from one country to another; and*

(ii) *ensuring full exchange between countries of information on the progress of campaigns, movements of groups of people and the susceptibility and resistance to insecticides of anopheline vectors.*

With regard to sub-paragraph (a), the Committee requests the Director-General to transmit this information to health administrations along with any information on insecticide formulations which may be effective in specific cases.

7. *The Committee recommends that health administrations should inform the Organization concerning any measures or requirements which they have decided to apply to persons or transports for protection against malaria so that the Organization may inform other health administrations.*

8. *The Committee requests the Director-General to encourage health administrations to disinsect effectively before departure all aircraft from an airport situated in an area, as referred to in sub-paragraph 6 (a) above, where resistant vector anophelines exist.*

9. *The Committee further requests the Director-General to collect information from all appropriate sources on the working of the measures outlined in paragraphs 1 to 8 above, in order that the need for and practicability of additional regulations in respect of malaria can be considered at a future meeting of the Committee.*

86. *The Committee's attention is invited to the first report of the Expert Committee on Yellow-Fever Vaccination.¹*

The Committee requests the Director-General to study the question of the implementation of the revised Minimum Requirements for Yellow-Fever Vaccine to be used in completing an International Certificate of Vaccination or Revaccination against Yellow Fever and report to the next meeting of the Committee.

87. *A progress report on cholera vaccine is given in a separate document.²*

The Committee notes that certain studies on cholera sponsored by the Indian Council of Medical Research are being carried out in several centres in India and requests the Director-General to report further progress at the next meeting of the Committee.

88. *A health administration has inquired whether the addition of the words "last vaccinated on (date)" to a new certificate recording a revaccination against cholera or yellow fever would constitute an amendment to the international certificate, thereby possibly rendering it invalid.*

The Committee is of the opinion that such an addition would constitute an amendment to the international certificate. The Committee appreciates the practical problems which motivated this proposal, but is of the opinion that such an addition would not solve them. Discretion to accept such an entry on a certificate rests with the health authority of arrival. Furthermore, the Committee points out that for the purpose of international travel the only evidence of a previous valid vaccination or revaccination is a certificate issued under international sanitary legislation. Health administrations are recommended to advise individuals to retain old certificates for the few days (six in the case of cholera and ten in the case of yellow fever) until the new revaccination certificate is valid by itself.

¹ *Wld Hlth Org. techn. Rep. Ser., 1957, 136*

² *Unpublished*

Appendix

CASES OF QUARANTINABLE DISEASES ON BOARD SHIPS AND AIRCRAFT

Notifications published from 1 July 1956 to 30 June 1957

Ship or aircraft	Date of arrival	Port of arrival	From	Disease, number of cases and probable source of infection	Remarks
1956					
DWARKA	30 Oct.	Bombay	Basra	1 case	Member of crew; disembarked 31 Oct.; diagnosis confirmed 5 Nov.
DAHOMY PALM	16 Nov.	Accra	Freetown	1 case	Member of crew; developed smallpox 21 Nov.
1957					
GARBETA	20 March	Rangoon	Calcutta	1 case; probable source of infection : Calcutta	Member of crew; onset of disease 25 March; hospitalized 28 March; holder of vaccination certificate issued at Calcutta 20 Dec. 1954.
KING CITY	26 March	Bombay	Singapore	1 case; probable source of infection : Calcutta	Member of crew; joined the ship 28 March; disembarked 30 March. Holder of vaccination certificate issued at Calcutta on 19 March 1957.
STANVAC PRETORIA (oil-tanker)	—	Melbourne	Um Said and Bombay	1 suspected case	Member of crew; disembarked 15 April.
LEONIDAS KYRTATOS (merchant ship)	—	Port-Sudan		} 1 case	Member of crew; onset of disease 13 May; disembarked 16 May; hospitalized at Port Sudan 16 May-3 June; (illness diagnosed as chickenpox). Arrived at Athens during desquamation period (illness diagnosed as smallpox).
<i>and</i> Aircraft	5 June	Athens	Port-Sudan		

Annex 2

REPORTS OF THE LÉON BERNARD FOUNDATION COMMITTEE ¹

1. FINANCIAL REPORT ON THE LÉON BERNARD FOUNDATION FUND

[A11/2 — 6 March 1958]

The Léon Bernard Foundation Committee ² met on 24 January 1958 and noted the following situation of the Fund, presented by the Director-General of the World Health Organization as Administrator of the Léon Bernard Foundation.

	Sw. fr.
On 1 January 1957 :	
Capital	13 000.00
Accumulated interest	1 504.70
During 1957 :	
Interest earned	447.50
	TOTAL 14 952.20
During 1957 :	
Award granted	1 000.00
Cost of engraving medal	77.50
	1 077.50
Balance at 31 December 1957:	13 874.70
of which capital	13 000.00
accumulated interest	874.70
Estimated half-yearly interest payable 30 April 1958:	208.70
	14 083.40
Estimated position at 30 April 1958:	14 083.40
of which capital	13 000.00
accumulated interest	1 083.40

The Committee noted that by 30 April 1958 the estimated accrued interest will be sufficient to cover the expenses of awarding a prize in 1958.

¹ See resolution WHA11.3 and verbatim record of the fourth plenary meeting.

² Members: Sir John Charles (Chairman), Professor G. A. Canaperia, Dr Dia E. El-Chatti, Dr P. E. Moore, Dr A. da Silva Travassos

2. NOMINATION OF CANDIDATE FOR THE LÉON BERNARD FOUNDATION PRIZE IN 1958

[A11/3 — 6 March 1958]

The Léon Bernard Foundation Committee ² met on 24 January 1958, in conformity with the Statutes of the Léon Bernard Foundation, to propose to the Eleventh World Health Assembly a candidate for the award of the Léon Bernard Foundation Prize in 1958.

The Committee noted the replies received from governments to the Director-General's circular letter of 21 November 1957 requesting nominations, as well as a reply received from one of the individuals competent to propose candidates, and examined in detail the documentation provided to support candidatures.

It was unanimously agreed to recommend to the World Health Assembly that the Léon Bernard Foundation Prize be awarded in 1958 to Dr Thomas Parran, in recognition of his outstanding contribution and practical achievements in the field of social medicine.

Dr Parran has had a distinguished career in the field of public health and social medicine. He has vigorously promoted national control programmes against venereal disease, tuberculosis and cancer through his activities as Commissioner of Health of the State of New York and later as Surgeon General of the United States of America. In his position as Dean of the Graduate School of Public Health at the University of Pittsburgh he has led several generations of public health students from the United States of America and other countries. Dr Parran played a prominent part in the establishment of the World Health Organization. His contribution to public health and social medicine has been, thus, constant and world-wide.

Annex 3

REIMBURSEMENT OF THE EXECUTIVE BOARD SPECIAL FUND ¹

1. REPORT BY THE DIRECTOR-GENERAL

[A11/AFL/6 — 5 May 1958]

The attention of the Eleventh World Health Assembly is invited to resolution EB21.R9, adopted by the Executive Board at its twenty-first session, dealing with emergency assistance to Ceylon, financed from the Executive Board Special Fund, following the floods which had stricken that country.

At the time this document was prepared the exact costs incurred were not known but will be approximately \$13 350. The reimbursement by the Govern-

ment of Ceylon will be approximately \$11 000. This will leave an amount of approximately \$2 350 to be reimbursed to the Special Fund from the Assembly Suspense Account.

If the Assembly adopts the resolution recommended by the Executive Board in its resolution EB21.R9, the Director-General will be in a position to make such reimbursement when the exact amounts are known.

2. SUPPLEMENTARY REPORT BY THE DIRECTOR-GENERAL

[A11/AFL/6 Add. 1 — 29 May 1958]

1. Subsequent to the preparation of document A11/AFL/6, the Government of Pakistan requested urgent assistance from the Organization to meet the emergency situation resulting from the large number of cases of smallpox which had broken out in East Pakistan. The assistance requested consisted of two million doses of dried smallpox vaccine at an estimated cost, including freight, of \$30 000.

2. Since the situation constituted an emergency as defined in Article 28 (i) of the Constitution and qualified for assistance from the Executive Board Special Fund under the terms of resolution EB15.R59, the Director-General, in accordance with the procedure established in paragraph (7) of that resolution, obtained approval by correspondence from the majority of the members of the Executive Board to provide the assistance requested from the Special Fund.

3. The majority of the members of the Board also signified their agreement with the proposal of the Director-General that the Eleventh World Health Assembly consider replacing the amount used in the Executive Board Special Fund by the transfer of the same amount from cash available in the Assembly Suspense Account. Should the Eleventh World Health Assembly approve this proposed method of reimbursing the Special Fund, the resolution providing for reimbursing the Executive Board Special Fund which the Executive Board at its twenty-first session (resolution EB21.R9) recommended for adoption by the Eleventh World Health Assembly should be amended to read as follows :

The resolution recommended in this final paragraph was, after approval by the Committee on Administration, Finance and Legal Matters at its first meeting, adopted by the Health Assembly as resolution WHA11.5.

¹ See resolution WHA11.5 and minutes of the Committee on Administration, Finance and Legal Matters, first meeting, section 5.

Annex 4

FINANCIAL REPORT OF WHO FOR 1957 AND REPORT OF THE EXTERNAL AUDITOR ¹

[A11/AFL/17 — 27 May 1958]

REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. At its twenty-first session the Executive Board (in resolution EB21.R62) established an ad hoc committee, consisting of Sir John Charles, Dr P. E. Moore and Dr H. van Zile Hyde "to meet on 26 May 1958 to consider the Report of the External Auditor on the accounts of the Organization for the year 1957 and to submit to the Eleventh World Health Assembly, on behalf of the Board, such comments as it deems necessary".

2. The Committee met on 26 May 1958 in Minneapolis, Minnesota, and was attended by the members listed above. Dr P. E. Moore was elected Chairman.

3. The representative of the Director-General introduced the Financial Report ² and gave explanations of the various Exhibits and Schedules contained in the Report.

4. Mr Brunskog, the External Auditor, introduced his report ³ and made comments on the more important matters raised therein.

5. In paragraph 2 (b) of his report the External Auditor drew attention to the fact that the costs relating to the Operating Programme continued to increase and that 87.3 per cent. of the 1957 budget had been expended for the purpose. On the other hand the costs of Administrative Services had continued to decrease and had reached the lowest level hitherto, 9.6 per cent.

6. In paragraph 2 (c) the External Auditor stated :

During 1957 the collection of contributions from active Member States reached the highest percentage since the inception of the World Health Organization, viz. 97.08 per cent. The corresponding figures for the years 1956 and 1955 were 95.59 and 91.91.

7. In paragraph 2 (e) the External Auditor drew attention to the fact that :

¹ See resolution WHA11.9 and minutes of the second meeting, section 5, of the Committee on Administration, Finance and Legal Matters.

² *Off. Rec. Wld Hlth Org.* 85, 2-62

³ *Off. Rec. Wld Hlth Org.* 85, 65-67

In 1957 there was a cash surplus (i.e. the difference between obligations incurred in respect of the financial year 1957 and the budgetary income in cash) amounting to \$90 530. In 1953 there was also a cash surplus; in all other years there have been cash deficits, all of which have been covered by subsequent collections.

8. The Committee was gratified to note paragraph 2 (f) of the External Auditor's Report :

Finally, I would state that the financial situation of the Organization is sound.

9. In reply to a question from a member of the Committee, the External Auditor stated that the report of the Standing Committee on Administration and Finance of the Executive Board had been of great value because the comparative analyses contained therein made it unnecessary for him to provide similar information.

10. The Committee was particularly pleased with the observation contained in paragraph 3 of the External Auditor's Report, and feels that the paragraph should be especially drawn to the attention of the Assembly. This paragraph reads as follows :

This year when the World Health Organization celebrates its Tenth Anniversary it may be appropriate for me to make a brief general comment regarding the management of the funds of the Organization.

The ad hoc committee appointed to act on behalf of the Executive Board to deal with my reports on the audits of the Organization's accounts included during earlier years in its remarks comments on the value of the Auditor's reports. At that time I was obliged to draw attention to defects that existed—to speak frankly of an unsound financial position, or of the inadequacy of the Working Capital Fund, and the like. As time passed and these defects were overcome, and as the Secretariat gained in experience, these critical remarks disappeared from my reports. And now,

the control exercised over all transactions has attained such a standard that I feel obliged to felicitate the World Health Organization on the occasion of its Tenth Anniversary on its very good and sound financial administration.

The final paragraph of the report contained a draft resolution which, after approval by the Committee on Administration, Finance and Legal Matters at its second meeting, was adopted by the Health Assembly as resolution WHA11.9.

Annex 5

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

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

WHEREAS

1. It is provided by Article 31 of the Constitution of the Organization that the Director-General of the Organization shall be appointed by the World Health Assembly on the nomination of the Executive Board on such terms as the Health Assembly may decide; and
2. The Director-General was appointed by the Sixth World Health Assembly for a period of five years as from the Twenty-first day of July One Thousand Nine Hundred and Fifty-three, paragraph I (1) of the Agreement between the Organization and the Director-General providing that "this Agreement may be renewed by decision of the World Health Assembly on such terms as the Health Assembly may decide"; and
3. The Tenth World Health Assembly, in its resolution WHA10.31, believing it desirable that the Director-General continue to serve for a period beyond the expiration date of the five-year period provided in the said Agreement of the Fourteenth day of May One Thousand Nine Hundred and Fifty-three, decided that the Agreement on the terms of employment of the Director-General should be renewed for a period not to exceed five years from the Twenty-first day of July One Thousand Nine Hundred and Fifty-eight; and
4. The Health Assembly, recognizing that the Director-General would wish to give consideration to this decision before deciding whether he was

willing to accept, further requested him to communicate his decision to the President of the Tenth World Health Assembly before the First day of November One Thousand Nine Hundred and Fifty-seven, and authorized the President of the Tenth World Health Assembly to sign the renewal of the Agreement on the terms of employment of the Director-General on behalf of the Organization; and

5. The Director-General, pursuant to the terms of the said resolution WHA10.31, on the Eighteenth day of October One Thousand Nine Hundred and Fifty-seven communicated to the President of the Tenth World Health Assembly his decision to accept the renewal of his contract for a period of two years.

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

1. The Agreement of the Fourteenth day of May One Thousand Nine Hundred and Fifty-three between the Organization and the Director-General is hereby renewed for a further period of two years from the date of its expiry and in consequence the Director-General shall continue to serve from the Twenty-first day of July One Thousand Nine Hundred and Fifty-eight until the Twentieth day of July One Thousand Nine Hundred and Sixty, on which date his appointment and this Agreement shall terminate.
2. Subject to the provisions of paragraph 1 above, the terms and conditions of appointment under this renewal shall be those set forth in the Articles of the Agreement of the Fourteenth day of May One Thousand Nine Hundred and Fifty-three.

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

(signed) Sabih AL-WAHBI (signed) M. G. CANDAU
President Director-General
of the Health Assembly of the
World Health Organization

¹ See resolution WHA11.10.

Annex 6

MALARIA ERADICATION SPECIAL ACCOUNT ¹

[A11/AFL/8 — 12 May 1958]

REPORT BY THE DIRECTOR-GENERAL

1. General

1.1 The Executive Board at its twenty-first session reviewed a report submitted by the Director-General on the Malaria Eradication Special Account² following the adoption by the Tenth World Health Assembly of resolution WHA10.32, on malaria eradication.

1.2 The attention of the Eleventh World Health Assembly is drawn to resolutions EB21.R40 and EB21.R41, adopted by the Executive Board at its twenty-first session, which recommended for adoption by the Assembly certain measures for simplifying the process for acceptance of voluntary contributions to the Special Account between sessions of the Executive Board, and for obtaining increased contributions to the Account. The Executive Board also decided "to study further steps relating to fund-raising for the Malaria Eradication Special Account at its twenty-second session".

2. Methods of Fund-Raising

As will be seen from the report of the Director General,² certain suggestions were made as to the possible methods to be used for raising funds for the Malaria Eradication Special Account. The World Health Assembly will note that in resolution EB21.R41 the Executive Board has recommended that the Assembly adopt a resolution to implement the proposal made by the Director-General.

3. Need for Resources

3.1 The Executive Board also noted, when reviewing the malaria eradication operations planned for financing from the Special Account for the five-year period 1958-62, as contained in Annex 4 to *Official Records No. 81*, that the funds available in the Special Account were sufficient to finance operations only for 1958, the estimated costs of which amount to \$5 057 684. The Board shared the concern of the Director-General over this situation

and expressed the hope that voluntary contributions would be forthcoming to ensure the financing of the planned programmes for 1959 and future years, the estimated costs of which for the period 1959-62 amount to approximately \$27 000 000.

3.2 The Director-General wishes to emphasize the importance of additional contributions being received at an early date from Member governments of the Organization, which represent the major source of voluntary contributions to the Special Account, so that the malaria eradication programme may be energetically pursued and intensified and not be hampered because of lack of financial resources.

4. Status of Malaria Eradication Special Account, 30 April 1958

4.1 The status of the Malaria Eradication Special Account as at 31 December 1957 is shown in the Financial Report for 1957.³

4.2 As of 30 April 1958 the following contributions had been received since the establishment of the Special Account :

		US \$	US \$
1956	China	4 134.00	
	Germany, Federal Republic	47 619.05	
	Brunei	9 900.99	
	Iraq	4 200.00	
	Lebanon	2 242.41	68 096.45
		<hr/>	
1957	Turkey	35 714.29	
	Sudan	3 012.00	
	Lebanon	1 577.18	
	Greece	1 000.00	
	Libya	1 500.00	
	United States of America	5 000 000.00	
	Italy ⁴	3 200.00	
	Private donors	904.52	5 046 907.99
		<hr/>	
1958	Italy ⁴	9 600.00	
	Private donors	642.35	10 242.35
		<hr/>	
	Total Receipts		<hr/> 5 125 246.79 <hr/>

¹ See resolution WHA11.16.

² *Off. Rec. Wld Hlth Org.* 83, 18 (resolution EB21.R41) and Annex 13, part 1

³ *Off. Rec. Wld Hlth Org.* 85

⁴ Of the Italian offer of \$20 000, \$12 800 has been received, leaving a balance of \$7 200.

Annex 7

REPORT ON CO-ORDINATION WITH AND DECISIONS OF THE UNITED NATIONS AND SPECIALIZED AGENCIES ON ADMINISTRATIVE AND FINANCIAL QUESTIONS¹

[A11/AFL/13 — 13 May 1958]

REPORT BY THE DIRECTOR-GENERAL

1. Post Adjustments, Geneva

1.1 The Tenth World Health Assembly, having requested and received from the Director-General a report on the review of salaries, allowances and benefits,² adopted resolution WHA10.48, reading as follows :

The Tenth World Health Assembly,

Having noted the decisions taken at the eleventh session of the United Nations General Assembly concerning the implementation of the recommendations of the Salary Review Committee appointed under General Assembly resolution 975 (X);

Considering that some of these decisions raise important questions of co-ordination; and

Believing that such questions should be examined within the existing framework for co-ordination between the United Nations and the specialized agencies,

1. DECIDES that the considerations applied by the United Nations General Assembly in fixing the post adjustment classification of New York should be similarly applied to Geneva, thus placing Geneva in Class 2, and to such other places where these considerations have not yet been applied, subject to adoption by the Governing Body of the ILO of a similar decision regarding Geneva at its forthcoming session;

2. CONCURS in the Director-General's intended application of this decision effective 1 June 1957 for pay purposes, understanding that future movements of cost of living are to be measured from 1 January 1957; and

3. REFERS to the Executive Board for decision the other detailed issues concerned with this subject.

1.2 *Developments since the Tenth World Health Assembly*

1.2.1 The Governing Body of the International Labour Organisation, meeting immediately following the Tenth World Health Assembly, adopted a similar decision.

1.2.2 The United Nations General Assembly, at its twelfth session in the autumn of 1957, had for consideration a request by the Secretary-General for the application of a similar decision to the staff of the United Nations in Geneva in the interest of equity for such staff in relation to the staffs of ILO and WHO. Following extended discussion, during which a number of delegates in the Fifth Committee of the United Nations General Assembly criticized the ILO and WHO decisions, the General Assembly adopted resolution 1221 (XII), reading as follows :

The General Assembly,

Recalling its resolution 1095 (XI) of 27 February 1957 relating to the United Nations salary, allowance and benefits system,

Having considered the reports of the Secretary-General and of the Advisory Committee on Administrative and Budgetary Questions on the question of the classification of Geneva in the schedule of post adjustments established under that resolution,

Noting the action taken by the World Health Assembly and the Governing Body of the International Labour Office in approving class 2 in the schedule of post adjustments to be applied to the staff of those agencies serving at Geneva,

1. *Decides* to apply, as of 1 August 1957, class 2 in the schedule of post adjustments to United Nations staff members at Geneva;

2. *Decides* to maintain 1 January 1956 as the date from which changes in the cost of living at Geneva should be measured in determining the post adjustment for United Nations staff members;

¹ See resolution WHA11.18.

² *Off. Rec. Wld Hlth Org.* 79, Annex 15

3. *Expresses the hope* that the appropriate legislative authorities of the International Labour Organisation and the World Health Organization will reconsider, in the light of paragraph 2 above, the date from which changes in the cost of living at Geneva should be measured in determining the post adjustment for the staff members of those agencies.

1.3 *The System of Cost-of-living Adjustments*

1.3.1 In order to understand the implications of the General Assembly resolution it is necessary to review briefly the principles of the cost-of-living adjustment system operated by the United Nations and the specialized agencies. These organizations, from their inception, have attached great importance to the existence of a common world-wide international salary schedule for Professional staff in the interest of equality of status, pension benefits, etc., among all Professional staff wherever located. The organizations have recognized that such a common base salary schedule can be maintained only if the system of salaries and allowances makes provision for cost-of-living adjustments of varying magnitude in the several locations where staff are working in order to reflect differences in the value of basic salaries in these different places by reason of differences in the cost of living. In short, the system of cost-of-living adjustments is necessary to maintain equality of living standards between areas where the basic salary has different values.

1.3.2 Any system which has, as its objective, the evaluation of relative costs of living in different places, must necessarily have some basic standard against which the costs in all places are assessed. In theory this could be a hypothetical set of cost figures. For practical reasons and in the interest of staff comprehension it has been the conclusion of the organizations that this standard must be the actual costs in a given place at a given date. It is clear that the costs must relate to a particular date if the standard is to remain a fixed quantity. The original standard adopted by the United Nations organizations was the cost of living for an average staff member in New York on 1 May 1950. New York was chosen as the base place because it was the headquarters of the United Nations, and May 1950 was chosen as the date because it was the effective date of the establishment of the existing Professional salary schedule.

1.3.3 The Salary Review Committee created by the United Nations General Assembly at its tenth

session, was faced, as previously reported, with the choice of recommending that New York, May 1950, remain the base and that the base salary schedule be adjusted upwards to incorporate cost-of-living adjustments which had been made in New York between 1950 and 1956, or that the base be moved to such other place and such other point in time as would avoid any change in the basic salary schedule. The Committee chose the latter course and, as is known, recommended that the existing scale dating from 1950 become, without change, the new scale of 1956 but based on Geneva. As a corollary, the Committee then recommended a new standard for the cost-of-living adjustment system consisting of the cost of living for an average staff member in Geneva on 1 January 1956.

1.3.4 Taking this as the standard, the Salary Review Committee then recommended cost-of-living classifications for all the headquarters duty stations (New York, Montreal, Paris, Rome and Geneva) as at 1 January 1956 and laid down principles on which the executive heads of the organizations were to establish similar classifications for all other duty stations (of which there are presumably 149). As was pointed out in the Director-General's report to the Tenth World Health Assembly, the effect of the Salary Review Committee's recommendations was to discount the Professional salary schedule by about three per cent. By shifting the base for the cost-of-living adjustment system, it, in effect, required all Professional staff to absorb an increase of about three per cent. in the cost of living, except to the extent to which they were compensated in other ways in the fixing of the cost-of-living (or post-adjustment) classification for any location.

1.4 *Decisions on Classification of Duty Stations*

1.4.1 As was reported to the Tenth World Health Assembly, the Salary Review Committee had recommended that the New York situation at 1 January 1956 be rated as class 4 (plus 15 per cent.) in relation to Geneva at the same date, taking into account a number of broad judgment factors (the precise cost-of-living relationship between the two cities was of the order of plus eight in favour of New York). On the recommendation of the Secretary-General of the United Nations, the United Nations General Assembly decided, in the case of New York, to fix the adjustment, not as of 1 January 1956, but as of 1 January 1957, taking into account a further increase in the cost of living during 1956 in New York of about three per cent., plus other factors to the

value of about two per cent. In consequence, the Assembly fixed the post adjustment for the United Nations in New York at class 5 (plus 20 per cent.) with effect from 1 January 1957.

1.4.2 As was also reported to the Tenth World Health Assembly, the executive heads had, in the spring of 1957, found that for practical reasons it was necessary to fix classifications for all duty stations, other than main headquarters, as at 1 January 1957 because data did not exist for fixing these retroactively to 1 January 1956.

1.4.3 On the basis of these considerations the Tenth World Health Assembly decided that considerations which had been applied by the United Nations General Assembly to New York should be applied to all other duty stations to the extent that this had not already taken place. In consequence it specifically decided to place Geneva in class 2 as at 1 January 1957 (but with pay-roll effect from 1 June 1957). For the same reasons the ILO Governing Body took a similar decision. It is to be noted that none of these decisions in any way altered the basic standard of the system, i.e., the recorded level of costs in Geneva at 1 January 1956.

1.5 *The Present Situation*

1.5.1 It is to be noted that the General Assembly at its twelfth session, in adopting the resolution quoted above, took no action to alter its previous decision with respect to New York, either as to class or effective date.

1.5.2 It is also relevant to note that the post adjustment classifications for all other places in the world have now been or are in the process of being fixed in relation to 1 January 1957 or a later date. Under the circumstances, the Director-General finds no basis for recommending to the Assembly that it do other than note the General Assembly resolution.

2. **Report of the Administrative Committee on Co-ordination on Administrative Questions**

2.1 The Administrative Committee on Co-ordination, at its meeting in May 1958, adopted the following report¹ on administrative questions of interest to WHO :

28. The results of the ACC's consultations on administrative questions will be brought to the attention of the General Assembly and the competent organs of the specialized agencies by the members concerned. Attention was given to

several questions concerned with the implementation of the new common salary and allowances system. After consultation with ICSAB [International Civil Service Advisory Board], final arrangements are being made for the appointment of a small committee of outside experts by the ACC to make recommendations on the administration of the system of post adjustments. A review of conditions of service for General Service staff, with particular emphasis on problems at field stations, has been undertaken. A group of experts to study the question of pensionable emoluments, referred to by the ACC in its last report, was constituted in the autumn and is expected to report this summer. An interim report by ICSAB on common grading standards was considered and approved by the ACC and, as requested by the Board, arrangements are being made for gathering from each of the organizations certain basic material needed by the Board in the further stages of its work.

29. The progress achieved in the development of common services at regional and branch offices was reviewed, and it was noted that the Secretary-General is to make a report on this subject to the next session of the General Assembly.

30. The executive heads of the specialized agencies whose headquarters are in Geneva, and which use the Palais des Nations regularly for certain of their meetings, expressed satisfaction with the work that has been undertaken by the United Nations for the enlargement and improvement of the meeting facilities in that building. At the same time, they pointed out that, whereas a corresponding increase in office accommodation in the conference area is required, such accommodation has in fact been reduced, partly as a result of the enlargement of the conference rooms themselves. It was also becoming clear that the lack of office space for the agencies housed in the Palais was forcing them to use offices reserved for conferences. The members of the ACC concerned suggested that attention should be given to this problem, including the question of adequate office space for the regular tenants of the Palais, with a view to an early solution being found. The executive heads of the other specialized agencies, in supporting this suggestion, pointed out the importance they attached to having office space available for their use when attending meetings in the Palais.

31. The United Nations pavilion at the Brussels Universal and International Exhibition was opened on 26 April by the Director-General of ILO on

¹ UN document E/3108

behalf of the United Nations family of organizations. The ACC wishes to record its appreciation of the co-operation of the Belgian authorities and the Belgian association "UNEXPO" which has made this joint exhibit possible.

32. The ACC considers that it would be very desirable if a provision could be included in the International Convention on the Protection of Industrial Property, which is to be revised at an inter-governmental conference in Lisbon next October, protecting the flags and other emblems of the United Nations and the specialized agencies in the same way as State emblems and flags. The Committee further agreed that it would be useful if this protection were extended to protection against the unauthorized commercial use of names and the recognized abbreviations of the United Nations and the specialized agencies. It felt that such action would be a natural complement to that taken by the General Assembly, in resolu-

tion 92 (I),¹ which recommended that "Members of the United Nations should take such legislative or other appropriate measures as are necessary to prevent the use, without authorization by the Secretary-General of the United Nations, and in particular for commercial purposes by means of trade-marks or commercial labels, of the emblem, the official seal and the name of the United Nations, and of abbreviations of that name through the use of its initial letters". The ACC also considered that the question of patent protection for international organizations might be worthy of further consideration.

2.2 The Economic and Social Council will be considering the report of the Administrative Committee on Co-ordination at its meeting in July 1958. This report is presented for the information of the Health Assembly, which may wish to take note of the Committee's report.

Annex 8

HEADQUARTERS ACCOMMODATION ²

[A11/AFL/15 — 23 May 1958]

REPORT BY THE DIRECTOR-GENERAL

1. Introduction

1.1 It has now become clear that the full amount of \$100 000 (Appropriation Section 9) included in the Director-General's proposed programme and budget estimates for 1959 ³ to reimburse the Working Capital Fund will not be required to meet the costs of construction of the accommodation for the Regional Office for the Western Pacific (see Annex 10). Rather than suggest that the proposed budget for 1959 be reduced by the amount estimated not to be required for that building, the Director-General believes it incumbent on him to call the attention of the World Health Assembly to the long-term space requirements at headquarters, and to invite the Assembly to consider whether the time has now come for beginning to make arrangements to meet those requirements.

¹ Similar resolutions have been adopted by the General Conference of UNESCO and the World Health Assembly.

² See resolution WHA11.23.

³ See *Off. Rec. Wld Hlth Org.* 81, XVIII.

2. Present Accommodation

2.1 The premises occupied by the headquarters office have for some time proved insufficient, and will be even more inadequate when the malaria eradication programme, necessitating the employment of a number of additional staff, has been fully developed.

2.2 When in 1948-49 it was decided to accept the offer of the United Nations and to establish the WHO headquarters office in the Palais des Nations, it was anticipated that when the Organization had been developed further the headquarters staff of WHO would comprise about 400 to 450 staff members. At that time, of course, the Expanded Programme of Technical Assistance had not yet been developed. WHO estimated that, to house the staff and to leave a margin for eventual future developments, it would require approximately 310 individual offices. As this requirement necessitated the enlargement of the Palais des Nations, and as the cost of the enlargement exceeded substantially the generous

contribution received from the Swiss Government, WHO agreed, in the interests of economy, to reduce its requirements to approximately 295 offices. In this number were included several double offices for higher executive staff and some bigger rooms for committees, for archives, etc.

2.3 In an Agreement concluded with the United Nations in February 1950 WHO provided the United Nations with the funds necessary to finance the construction of new offices and the transformation of some existing space in the Palais des Nations to provide approximately 210 offices.

2.4 In consideration of the funds paid by WHO to the United Nations for the purposes described in paragraph 2.3, the United Nations leased to WHO approximately 295 offices for a period of 99 years, with an option to lease additional space should WHO require it and should the United Nations be able to make it available.

2.5 In the course of the years following the signature of the Agreement, WHO had to sacrifice some of the smaller offices in order to establish a library reading room and to provide more space for its archives, its stenographic pool, etc. On the other hand a few additional small offices were gained by certain internal transformations. As a result of these changes WHO had at its disposal, at the end of 1955, 271 staff offices, 8 bigger rooms used as library reading room, stenographic pool room, registry, briefing room, travel agency room, etc. and four committee rooms. In the 271 offices there had to be accommodated, at the end of 1955, 436 headquarters staff plus 46 staff of the Regional Office for Europe, the total of 482 staff members by far exceeding the maximum on which WHO planned when leasing its present premises from the United Nations.

2.6 The inadequacy of the existing premises was reported by the Director-General to the Executive Board at its seventeenth session¹ on the occasion of the discussion of the estimates for the upkeep of the premises. The Director-General did not then propose any special measures, expecting that after the removal of the Regional Office for Europe, which then occupied 27 offices, the situation would be somewhat alleviated for the headquarters staff. The transfer of the Regional Office and its staff did in fact permit a more rational distribution of the headquarters staff, but most of the vacated offices were quickly absorbed by the growing staff at headquarters which, from 436 at the beginning of 1956, had by the end of December 1957 reached 460, and

by the end of April 1958, a figure of 519. The number of staff budgeted for at headquarters for 1958 is 470 under regular funds, 42 under the Expanded Programme of Technical Assistance and 25 under the Malaria Eradication Special Account, a total of 537, without taking into account temporary staff, visitors, or short-term consultants who must also be housed.

3. Need for Additional Space

3.1 The development of the technical work of WHO, and in particular of its malaria eradication programme, can be expected to necessitate further increases of the headquarters staff. The moment therefore has arrived for WHO headquarters to seek additional premises either within the Palais des Nations or elsewhere. Having been informed by the United Nations that it is not in a position to place additional office space at the disposal of WHO, the Director-General has entered into negotiations with the Cantonal Authorities of Geneva with a view to leasing at the Centre international situated in the Place des Nations a certain number of offices at present occupied by the International Labour Office and which ILO hopes to evacuate by July 1958. The annual rental is Sw. fr. 50 per square metre, plus Sw. fr. 7 per square metre to cover heating charges. The cleaning of the offices and all other services will be the responsibility of WHO.

3.2 This solution, however, is not only costly, but from the administrative point of view unsatisfactory. Additional space in the Palais des Nations, on the other hand, would permit all headquarters staff to be housed in one building. This, however, would necessitate a further enlargement of the Palais, to which it is understood the United Nations would not be opposed provided that it would not have to bear any of the cost.

3.3 Preliminary studies are being carried out by the Secretariat with a view to establishing with all possible precision the additional space requirements of WHO headquarters, including provision for the future. The United Nations and ILO—which shares with the other organizations the use of the conference facilities in the Palais—being interested in the expansion in the total space resources of the Palais, are willing to proceed immediately with a joint study of the question.

3.4 The Administrative Committee on Co-ordination at its meeting in May 1958 considered the problem, and in its report suggested that attention should be given to the problem of space in the Palais des Nations (see Annex 7, section 2.1).

¹ *Off. Rec. Wld Hlth Org.* 69, Appendix 15

4. Possible Methods of Financing

It is to meet the contingency of the Organization's having ultimately to pay the costs of construction of additional headquarters space that the Director-General proposes that the World Health

Assembly constitute now a new Headquarters Building Fund, into which could be paid from the 1959 budget such amounts as are not required under Appropriation Section 9 for reimbursement of the Working Capital Fund.

Annex 9

AMENDMENT OF ANNEX VII TO THE CONVENTION ON THE PRIVILEGES AND IMMUNITIES OF THE SPECIALIZED AGENCIES¹

[A11/AFL/2 — 17 April 1958]

REPORT BY THE DIRECTOR-GENERAL

The Tenth World Health Assembly adopted resolution WHA10.26, whereby it amended Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies in order to accord diplomatic privileges and immunities to any Deputy Director-General of the World Health Organization. On that occasion the Committee on Administration, Finance and Legal Matters considered a report on the subject by the Director-General (document A10/AFL/11²). This contained the following passage:

It should also be noted that in the International Labour Organisation the Assistant Directors-General enjoy also the immunities and privileges normally accorded to diplomatic envoys. Therefore, as a second step, the Director-General will explore, in consultation with the Secretary-General of the United Nations and his colleagues of the specialized agencies, the status accorded by the Convention to the other high-ranking officials of the Organization, with a view to investigating the possibility of adapting such status to the position and functions entrusted to these officials, in line with the status granted to the high-ranking officials of the International Labour Organisation. The Director-General

will report to a future Health Assembly on these discussions.

The Director-General has studied further the question of the various problems relating to the categories of high-ranking officials of the World Health Organization entitled to be given diplomatic privileges under the afore-mentioned Convention and, for that purpose, consulted with the Directors-General of the United Nations Educational, Scientific and Cultural Organization, the Food and Agriculture Organization and the International Labour Organisation; copies of the correspondence exchanged between the Director-General and his colleagues of these agencies are reproduced in sections 1 to 5 of the Appendix to this report.

The correspondence which took place confirms the Director-General's views that the Assistant Directors-General and the Regional Directors of the World Health Organization should be accorded diplomatic status under Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies.

The views of the Director-General and those of the Directors-General of the other agencies consulted, as stated in this correspondence, have been transmitted to the Secretary-General of the United Nations (see Appendix, section 6). At the time this report was prepared, no comments had been received from the Secretary-General.

¹ See resolution WHA11.30.

² See *Off. Rec. Wld Hlth Org.* 79, Annex 9.

Appendix

1. Letter, dated 14 November 1957, from the Director-General of the World Health Organization to the Director-General of the United Nations Educational, Scientific and Cultural Organization¹

I have the honour to refer to the question of the privileges and immunities afforded to certain categories of high-ranking officials under the Convention on the Privileges and Immunities of the Specialized Agencies and the various annexes thereto.

You will no doubt remember the correspondence which we exchanged previously on one of the aspects of this question at the time when the United Nations communicated to the various agencies their "Instructions for the issuance of the United Nations red-backed laissez-passer to officials of specialized agencies". As a consequence of these instructions, certain high-ranking officials of the World Health Organization, the Deputy Director-General, Assistant Directors-General and Regional Directors, ceased to be accorded the treatment which they had enjoyed in fact as far as the "diplomatic" stamp or notation on their red-backed United Nations laissez-passer was concerned. In your letter of 31 December 1956 you indicated that the examination by the Administrative Committee on Co-ordination of the problem of the red-backed United Nations laissez-passer had not been very thorough and that you would support a request for a reconsideration of the matter.

Since then the World Health Assembly, at its tenth session, approved an amendment to Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies, as follows: "The privileges, immunities, exemptions and facilities referred to in Section 21 of the standard clauses shall also be accorded to any Deputy Director-General of the Organization." In the correspondence exchanged on this subject with the Secretary-General of the United Nations, I reserved the possibility of further discussing the various problems generally relating to the categories of high officials entitled to be given diplomatic privileges and immunities under the Convention, but not necessarily limited to the question of the red-backed laissez-passer. In this connexion I wish to draw your attention to the following passage of document A10/AFL/11 which I submitted to the Committee on Administration, Finance and Legal Matters of the Health Assembly when it considered the question of amending Annex VII to the Convention:

II. It should also be noted that in the International Labour Organisation the Assistant Directors-General enjoy also the immunities and privileges normally accorded to diplomatic envoys. Therefore, as a second step, the Director-General will explore, in consultation with the Secretary-General of the United Nations and his colleagues of the specialized agencies, the status accorded by the Convention to the other high-ranking officials of the Organization, with a view to investigating the possibility of adapting such status to the position and functions entrusted to these officials, in line with the status granted to the high-ranking officials of the International Labour Organization. The Director-General will report to a future Health Assembly on these discussions.

¹ Letters similar in substance were sent on the same date by the Director-General to the Directors-General of FAO and ILO.

As far as the World Health Organization is concerned, it is my opinion that the "diplomatic" status under the Convention should also be accorded to WHO officials having the rank of Assistant Director-General and Regional Director. This view is based on the following facts:

(a) Section 22 of the Convention provides that the "privileges and immunities are granted to officials in the interests of the specialized agencies only and not for the personal benefit of the individuals themselves"; therefore, these privileges and immunities should be commensurate with the importance to the Organization of the functions exercised by the officials concerned.

(b) "Diplomatic" status has been granted to Assistant Directors-General and to Regional Directors under the provisions of the Host Agreement concluded by the Organization with the Swiss Federal Council. "Diplomatic" status also has been accorded to these officials under the provisions of the Host Agreements concluded by the Organization with the governments of the various countries in which it has established its Regional Offices; it is highly desirable that the status afforded to the officials concerned be the same under the Convention on the Privileges and Immunities of the Specialized Agencies and under these Host Agreements.

(c) On numerous occasions, the Assistant Directors-General and Regional Directors act on my behalf, both at headquarters and in the regions, when I or the Deputy Director-General are unable to attend the various conferences, meetings or committees to which I am invited.

(d) The special administrative feature of the World Health Organization resulting from its regional structure, each of the regional offices being headed by a Regional Director who, in the several states in the geographical area concerned, is the highest-ranking official of the Organization; Regional Directors have a very high rank in this Organization, and their posts are above the graded salary scale.

To enable me to report on this question to a future Health Assembly, as provided for in the above-quoted passage of document A10/AFL/11, I would appreciate being informed of your views on this matter and whether you consider that Assistant Directors-General of the United Nations Educational, Scientific and Cultural Organization should also be afforded "diplomatic" status under the Convention on the Privileges and Immunities of the Specialized Agencies and the relevant Annexes thereto.

2. Letter, dated 3 January 1958, from the Director-General of the United Nations Educational, Scientific and Cultural Organization to the Director-General of the World Health Organization

I have the honour to acknowledge receipt of your letter A3/85/6 of 14 November 1957, relating to privileges and immunities accorded to certain categories of high-ranking officials of the specialized agencies.

In your letter you ask for my views on this subject, and in particular whether I consider that the Assistant Directors-General of UNESCO should, under the Convention on the Privileges and Immunities of the Specialized Agencies, be

granted the privileges and immunities accorded to diplomatic envoys.

My reply to this last question is in the affirmative.

Since the post of Deputy Director-General has been abolished in UNESCO, the Assistant Directors-General are, after the Director-General, the highest ranking officials in the Organization. This situation is a recent one and did not exist at the time when the Convention on the Privileges and Immunities of the Specialized Agencies was established. It is for the reason that the Annex relating to UNESCO does not mention the Assistant Directors-General. The same applies to the Host Agreement concluded with the French Government on 2 July 1954.

However, in view of the fact that the Assistant Directors-General were appointed after that date, the French Government agreed—in spite of the absence of any specific provision concerning them in the Agreement—to grant them the status accorded to accredited heads of diplomatic missions in France.

I consider that the Assistant Directors-General of UNESCO should enjoy similar treatment within the territory of all Member States, and that it would be desirable, to this end, to include the necessary provisions in Annex IV to the Convention on the Privileges and Immunities of the Specialized Agencies.

It seems to me, moreover, that the question of the diplomatic status of the Assistant Directors-General of the various specialized agencies could be discussed with advantage by the Administrative Committee on Co-ordination of the United Nations and Specialized Agencies which, as you mention in your letter, has already had occasion to deal with the matter, at least indirectly.

I shall be glad to have your views on the subject and to know whether you intend placing the question on the agenda of the ACC.

3. Letter, dated 14 January 1958, from the Director-General of the Food and Agriculture Organization to the Director-General of the World Health Organization

I have the honour to refer to your letter A3/85/6 of 14 November 1957, regarding the question of the privileges and immunities afforded to certain categories of high ranking officials under the Convention on the Privileges and Immunities of the Specialized Agencies.

In my opinion, the "diplomatic" status under the Convention on the Privileges and Immunities of the Specialized Agencies as far as the issuance of United Nations laissez-passer is concerned should be interpreted in the same manner for the specialized agencies as it is applied to the United Nations officers.

FAO, for the time being, has no Assistant Directors-General. However, it still uses the Principal Director rank.

In accordance with the Headquarters Agreement concluded with the Italian Government (Italian Public Law of 9 January 1951 No. 11), "the Deputy Director-General, Special Assistants to the Director-General, Regional Representatives, senior members of the Office of the Director-General, Directors and Deputy Directors of Divisions and such additional senior officers as may be designated by the Director-General on the grounds of the responsibilities of their positions in FAO, shall be accorded privileges and immunities, exemptions and facilities not less than those accorded to members of the Diplomatic Corps".

The exchange of letters dated 31 October 1950 between the Italian Government and the Director-General of FAO implementing the Headquarters Agreement provides that :

(1) On the basis of the present size of the FAO staff, the total number of officers falling under this sub-section shall not exceed fifty. In the event that the size of staff be increased, the figure of fifty will be revised accordingly.

(2) Of the above fifty a restricted number of high grade officers (not exceeding twelve), i.e. Special Assistants to the Director-General, Regional Representatives and Directors of Divisions shall be granted the rank of Minister Plenipotentiary by the Italian Government.

Section 18 of the Agreement between the Government of Egypt and the Food and Agriculture Organization of the United Nations regarding the FAO Near East Regional Office provides that :

Section 18

(a) In addition to the privileges and immunities specified in Section 17 [this section deals with the privileges and immunities enjoyed by all staff members] :

(i) the Director-General, the Deputy Director-General, the Regional Representative in Egypt and his Deputy, shall be accorded in respect of themselves, their spouses and minor children, the privileges and immunities, exemptions and facilities accorded to *diplomatic envoys* in accordance with international laws and usage;

(ii) on the recommendation of the Regional Representative to the Ministry of Foreign Affairs certain additional senior officers of FAO, attached to the staff of the Regional Office and whose number shall be determined by mutual agreement, may be accorded individually, and on the grounds of their responsibilities in FAO, *privileges and immunities*, exemptions and facilities not less than those accorded to members of the *Diplomatic Corps* of similar rank;

Similar principles are embodied in the agreements regarding other regional offices.

I hope that the information given overleaf will be helpful to you in reporting on this question to the Health Assembly.

4. Letter, dated 3 February 1958, from the Director-General of the International Labour Organisation to the Director-General of the World Health Organization

I have the honour to acknowledge receipt of your letter of 14 November 1957 concerning the privileges and immunities to be afforded to certain categories of high-ranking officials under the Convention on the Privileges and Immunities of the Specialized Agencies.

As far as the International Labour Organisation is concerned, paragraph 2 of Annex I of the Convention provides as follows :

The privileges, immunities, exemptions and facilities referred to in Section 21 of the standard clauses shall also be accorded to any Deputy Director-General of the International Labour Office and any Assistant Director-General of the International Labour Office.

Thus, under the terms of the Convention, the Deputy Director-General and the Assistant Directors-General of the ILO enjoy the privileges and immunities, exemptions and facilities accorded to diplomatic envoys, in accordance with international law.

With regard to the question of laissez-passer, there is no difference in form or in colour among the laissez-passer issued to the various categories of ILO officials. Those issued

to the Director-General, the Deputy Director-General and the Assistant Directors-General are, however, bound in leather, while the others are not. The laissez-passer of ILO officials are issued by the Director-General under the terms of an Administrative Arrangement concluded between him and the Secretary-General of the United Nations in 1950 (Treaty Series, Vol. 68, p. 213).

5. Letter, dated 24 February 1958, from the Director-General of the World Health Organization to the Director-General of the United Nations Educational, Scientific and Cultural Organization

I have the honour to acknowledge with thanks the receipt of your letter of 3 January 1958 relating to the privileges and immunities afforded to certain categories of high-ranking officials under the Convention on the Privileges and Immunities of the Specialized Agencies and the various Annexes thereto.

You state in your letter that the Assistant Directors-General of the United Nations Educational, Scientific and Cultural Organization should be afforded diplomatic status under the afore-mentioned Convention and its Annex IV, and I was pleased to note that your views and my own are similar.

I have also communicated with the Directors-General of the Food and Agriculture Organization and the International Labour Organisation. Copies of their replies are attached for your information.

Last month, the Executive Board of the World Health Organization decided to place on the agenda of the Eleventh World Health Assembly (which will commence on 28 May 1958) the subject of the Convention on Privileges and Immunities of the Specialized Agencies, Amendments to Annex VII. I am obliged to report to that Health Assembly on this question, and I consider that the exchange of correspondence with my colleagues of the specialized agencies, and with the Secretary-General of the United Nations, constitutes the consultation which was necessary to enable me to make my report. The substance of this correspondence will, in my view, provide sufficient information to enable the Eleventh World Health Assembly to take a decision regarding the amendments of Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies, whereby diplomatic status would be afforded to the Assistant Directors-General and Regional Directors of the World Health Organization. For these reasons, I now believe it is not necessary, from my point of view, to have the matter discussed by the Administrative Committee on Co-ordination and I am therefore not requesting the placing of the item on its agenda.

6. Letter, dated 21 February 1958, from the Director-General of the World Health Organization to the Secretary-General of the United Nations

I have the honour to refer to my letter of 6 June 1957 whereby I informed you that the Tenth World Health Assembly had approved an amendment to Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies in order to accord diplomatic privileges and immunities to the Deputy Director-General of the World Health Organization.

On that occasion the Committee on Administration, Finance and Legal Matters of the Tenth Health Assembly considered document A10/AFL/11, from which I quote the following passages :

II. It should also be noted that in the International Labour Organisation the Assistant Directors-General enjoy also the immunities and privileges normally accorded to diplomatic envoys. Therefore, as a second step, the Director-General will explore, in consultation with the Secretary-General of the United Nations and his colleagues of the specialized agencies, the status accorded by the Convention to the other high-ranking officials of the Organization, with a view to investigating the possibility of adapting such status to the position and functions entrusted to these officials, in line with the status granted to the high-ranking officials of the International Labour Organisation. The Director-General will report to a future Health Assembly on these discussions.

As a result of this, I undertook to study further the question of the various problems generally relating to the categories of high-ranking officials of the World Health Organization entitled to be given diplomatic privileges under the aforementioned Convention and, for that purpose, communicated with my colleagues of the specialized agencies on the subject.

As far as the World Health Organization is concerned, it is my opinion that the "diplomatic" status under the Convention should also be accorded to WHO officials having the rank of Assistant Director-General and Regional Director. This view is based on the following facts :

(a) Section 22 of the Convention provides that "the privileges and immunities are granted to officials in the interests of the specialized agencies only and not for the personal benefit of the individuals themselves"; therefore these privileges and immunities should be commensurate with the importance to the Organization of the functions exercised by the officials concerned.

(b) "Diplomatic" status has been granted to Assistant Directors-General and to Regional Directors under the provisions of the Host Agreement concluded by the Organization with the Swiss Federal Council. "Diplomatic" status has also been accorded to these officials under the provisions of the Host Agreements concluded by the Organization with the Governments of the various countries in which it has established its Regional Offices; it is highly desirable that the status afforded to the officials concerned be the same under the Convention on the Privileges and Immunities of the Specialized Agencies and under these Host Agreements.

(c) On numerous occasions the Assistant Directors-General and Regional Directors act on my behalf both at headquarters and in the Regions when I or the Deputy Director-General are unable to attend the various conferences, meetings or committees to which I am invited.

(d) The special administrative feature of the World Health Organization resulting from its regional structure, each of the regional offices being headed by a Regional Director who, in the several States in the geographical area concerned, is the highest-ranking official of the Organization; Regional Directors have a very high rank in this Organization and their posts are above the graded salary scale.

Before transmitting these views to you, I thought it would be useful if I were to consult with my colleagues of the other specialized agencies concerned. I therefore communicated with the Directors-General of the United Nations Educational, Scientific and Cultural Organization, the Food and Agriculture Organization and the International Labour Organisation,

who have given me the benefit of their comments on this question, and I attach copies of our correspondence so that you may be informed as to the views expressed.

In the meantime, the World Health Organization Executive Board, at its twenty-first session, decided to include the question of the amendment of Annex VII to the Convention on the Privileges and Immunities of the Specialized Agencies in the provisional agenda of the Eleventh World Health Assembly which will commence on 28 May 1958.

In order that the Health Assembly be fully apprised of all the views expressed in this matter, and to enable it to amend Annex VII to the above-mentioned Convention so as to accord diplomatic privileges and immunities to the Assistant Directors-General and Regional Directors of the World Health Organization, I would very much appreciate it if you would let me have your views, which would be submitted to the Health Assembly together with those of the specialized agencies concerned.

Annex 10

ACCOMMODATION FOR THE REGIONAL OFFICE FOR THE WESTERN PACIFIC ¹

[A11/AFL/16 — 23 May 1958]

1. REPORT BY THE DIRECTOR-GENERAL

1. Developments subsequent to the Tenth World Health Assembly

1.1 A report ² on the accommodation for the Regional Office for the Western Pacific was made to the Tenth World Health Assembly, and after discussion of various aspects of the situation the Assembly adopted resolution WHA10.28. By this resolution the Assembly decided to accept the offer of the Government of the Philippines for free use of the land on which to construct a new office building and an outright donation of 500 000 pesos towards the cost of construction, and requested the Director-General, in consultation with the Chairman of the Executive Board, to proceed with the negotiation of the terms and the execution of an agreement with the Government for the new accommodation. It also :

1. AUTHORIZES the establishment of a building fund to be maintained notwithstanding Financial Regulation 4.3 until completion of the construction project;
2. DECIDES to credit to the fund the contribution of the Government of the Philippines and any voluntary contributions towards the cost of construction of the building made by Member States in response to the invitation in paragraph 3 of resolution EB19.R27;
3. AUTHORIZES the Director-General to advance as needed from the Working Capital Fund such amounts as may be necessary to meet the cost of

the construction not covered by the contributions credited under paragraph 2 above up to a maximum of US \$250 000 and to credit such advances to the building fund; and

4. APPROVES the Director-General's plan for reimbursing the Working Capital Fund for the advances made under the provisions of paragraph II.3.

1.2 The Director-General reported fully to the Executive Board, at its twenty-first session, the developments which took place subsequent to the Tenth World Health Assembly and up to that time.³ The Board adopted resolution EB21.R56.

1.3 Since the twenty-first session of the Board, the Government of the Philippines has provided the necessary legal document conferring upon the Organization the free use of the land for the building site, and has paid to the Organization the donation of 500 000 pesos, which has been credited to the Building Fund. The contract for the construction of the building has been awarded and the construction work is fully under way.

2. Financial Position

2.1 The financial position with regard to the construction of the regional office building is as follows. The latest estimated total cost of the building is approximately US \$540 000. The Building Fund established by authority of the Tenth World Health Assembly has been credited with the following amounts :

¹ See resolution WHA11.32.

² *Off. Rec. Wld Hlth Org.* 79, Annex 10

³ *Off. Rec. Wld Hlth Org.* 83, Annex 19

	US \$ Equivalent	US \$ Equivalent
Donation by the Government of the Philippines		250 000
Voluntary contributions :		
Brunei	3 300	
Cambodia	5 000	
China	50 000	
Fiji	2 503	
Hong Kong	8 772	
Korea, Republic of	5 000	
Laos	5 000	
Malaya, Federation of	9 900	
Netherlands	10 000	
North Borneo	3 300	
Sarawak	8 251	111 026
Total		361 026

2.2 In addition the following offers of voluntary contributions have been made but payments have not yet been received :

	US \$ Equivalent
Japan	50 000
Singapore	9 900
Viet Nam	5 000
Total	64 900

2.3 Obligations incurred against the Fund up to 30 April amount to US \$235 642, leaving a balance at that date of US \$125 384.

2.4 In the light of the estimated total cost of the building, of the credits in the Fund, and the pledges made so far, it will be necessary to advance an amount of approximately US \$115 000 from the Working Capital Fund to be credited to the Building Fund in accordance with the authority vested in the Director-General under paragraph II.3 of resolution WHA10.28 of the Tenth World Health Assembly. However, it is also clear that the amount actually required to be ultimately advanced from the Working Capital Fund will depend on the final total cost of the building and also on the extent to which any further voluntary contributions may be forthcoming.

2.5 The present position therefore indicates that the provision of US \$100 000 included in the 1958 budget for reimbursement of the Working Capital Fund will be fully used for the purpose. The Director-General finds it difficult, however, at this stage to forecast whether a larger or smaller amount than the remaining US \$15 000, according to present estimates, will be needed for reimbursement of the Working Capital Fund in 1959.

2. FURTHER REPORT BY THE DIRECTOR-GENERAL

[A11/AFL/16 Add. 1 — 9 June 1958]

1. At the request of some delegates of the Health Assembly for additional information on the accommodation for the Regional Office for the Western Pacific, and particularly on the cost, financial implications and justification for a possible extension by one floor of the building at this stage, the Director-General submits the following further report.

2. The new building now under construction, estimated at present to cost US \$540 000, was planned to accommodate seventy-five staff members, which equals the 1958 and 1959 establishment of the regional office staff, the regional advisers and their secretarial assistance. The building will accommodate the staff of the United Nations Information Centre, the UNICEF Area Office and the Office of the Resident Representative of the Technical Assistance Board, totalling twenty-two staff members. In addition, three offices were included for some future expansion.

3. In the original plan for the building construction ¹ the preliminary estimate for the costs of the building

¹ See *Off. Rec. Wld Hlth Org.* 76, Annex 5, part I.

was US \$500 000, of which approximately half would be met by the donation by the Philippine Government of 500 000 pesos, equivalent to US \$250 000. It was therefore considered necessary to plan the construction towards a target cost figure of approximately US \$500 000, and it was not found possible to make provision for more than three offices for future expansion.

4. It is clear that three extra offices do not provide for future expansion. Indeed, they are not sufficient even to accommodate the thirteen additional staff members required for the malaria eradication operations which are to be carried out in the Western Pacific Region and which were not foreseen when the building was planned. To accommodate this staff seven offices are needed. While it is impossible at the present time to forecast what additional staff may be required in the future, it would be prudent, in view of the present trend of progressive expansion of activities, to assume that more staff and consequently more office space will be required in the near future. The experience gained in another regional office, which has fairly recently acquired new accom-

modation, shows that a need already exists for more office space. The Director-General believes, therefore, that very careful consideration should be given now to the possible expansion of the building for the Regional Office for the Western Pacific by the addition of a floor before the construction is completed. Such an addition would be financially more advantageous than to build additions at some future date, and the authorization for the necessary funds already exists.

5. The estimated cost of an additional floor, which would provide about twenty-two offices, to be built before the roof is put on, is \$115 000. In the future, if an additional floor has to be built, and assuming no change in prices, it is estimated that it will cost \$168 500—or \$ 53 500 more. If the Health Assembly should approve the expansion of the building now the financial implications are as follows :

	US \$	US \$
Total cost of expanded building according to present estimates		655 000
Donation by the Government of the Philippines	250 000	
Voluntary contributions received and pledged ¹	239 926	489 926
Balance to be financed by advances from the Working Capital Fund (in accordance with the authority vested in the Director-General by paragraph II.3 of resolution WHA10.28)		<u>165 074</u>

As will be seen from the above table, the amount which would have to be withdrawn from the Working Capital Fund to finance the total cost of an expanded building is \$165 074, which is within the maximum of \$250 000 that the Tenth World Health Assembly

authorized to be advanced from the Working Capital Fund.

Provision is contained in the Appropriation Resolution for 1958 (resolution WHA10.38) under Part IV : Other Purposes, Appropriation Section 9, of an amount of \$100 000 for reimbursement of the Working Capital Fund. A further provision of \$100 000 for the same purpose is included in the Proposed Programme and Budget Estimates for 1959 under the same Part and Appropriation Section.² It will therefore be seen that, thanks to the generous voluntary contributions of Members, it would be possible to meet the cost of an expanded building within the budgetary provisions made and the authorization already given to the Director-General in resolution WHA10.28 of the Tenth World Health Assembly.

6. Should the Health Assembly concur in the Director-General's proposal, it may wish to adopt a resolution along the following lines :

The Eleventh World Health Assembly,

Noting the report of the Director-General on developments with regard to the accommodation for the Regional Office for the Western Pacific,

1. THANKS the donors for their generous contributions towards the costs of construction of the regional office building;
2. EXPRESSES its satisfaction with progress to date;
3. CONCURS in the Director-General's proposal to construct an additional floor of the building, on the understanding that the existing authorization for financing will not be exceeded; and
4. REQUESTS the Director-General to report further progress to the Executive Board.

Annex 11

A STUDY TO PLAN AN INTENSIFIED RESEARCH PROGRAMME ³

[A11/13 — 3 June 1958]

WORKING PAPER SUBMITTED BY THE DELEGATION OF THE UNITED STATES OF AMERICA

During the course of the Tenth Anniversary Commemorative Session the United States suggested, in effect, that WHO might make an intensive exami-

¹ Since part 1 of this report was prepared the equivalent of US \$64 000 has been pledged—\$ 50 000 by the Government of Australia and \$14 000 by the Government of New Zealand.

² See *Off. Rec. Wld Hlth Org.* 81, 9

³ See resolution WHA11.35.

nation of its role in medical and health research, as well as world needs and opportunities for expanded research, with a view to the presentation to the Twelfth World Health Assembly of a carefully conceived and well-designed plan to provide increased WHO leadership in this field. Account was taken, in suggesting the study, of the need for more intensive research in relation to problems encountered in campaigns against diseases for which there are

effective control measures, such as malaria, and particularly of the urgent need for expanded research in relation to other diseases and public health problems, especially in the field of chronic illnesses such as cancer and heart disease.

The suggestion was made in the hope that through the proposed study WHO will find the way to make its greatest contribution to the further development of the total world research potential in medicine and health.

The WHO research policy is stated in a resolution of the Second World Health Assembly (WHA2.19) as follows :

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The Second World Health Assembly

RESOLVES that the following guiding principles should be applied in the organization of research under the auspices of the World Health Organization :

- (1) research and co-ordination of research are essential functions of the World Health Organization ;
- (2) first priority should be given to research directly relating to the programmes of the World Health Organization ;
- (3) research should be supported in existing institutions and should form part of the duties of field teams supported by the World Health Organization ;
- (4) all locally supported research should be so directed as to encourage assumption of responsibility for its continuance by local agencies where indicated ;
- (5) the World Health Organization should not consider at the present time the establishment, under its own auspices, of international research institutions.

It is believed that within this policy WHO can quite well expand its role in research, with great effect, in the following areas of activity, among others :

- (1) co-ordination of research on an international scale through integrated laboratory networks ;
- (2) identification and definition of gap areas in medical and public health research ;
- (3) standardization of scientific terminology and methods ;
- (4) facilitation of communication between scientists and research institutions ;

- (5) determination of unmet requirements for facilities and equipment ;
- (6) training of research personnel ;
- (7) promotion and support of scientific congresses, seminars and other meetings of medical scientists ;
- (8) stimulation and advice to national and international official and voluntary agencies in the research area.

In the belief that an intensive study by WHO can lead to the development of a plan for an expanded WHO role in the furtherance of research that will commend itself to Member States, the United States of America is prepared to make a special grant to WHO to enable it to conduct such a study. It has placed on the agenda the item, "A study to plan an intensified research programme", in the hope that discussion in the Assembly will result in a resolution authorizing appropriate action to give effect to the proposal.

It is the present intent of the United States Government to provide substantial support to any sound programme that may emerge from the proposed study, subject to participation by a number of other Member States. The interest of Congress has been suggested in preliminary form by the Foreign Relations Committee of the United States Senate which — during the course of the present World Health Assembly — has proposed to the Senate an amendment to the Act which provides for United States participation in the World Health Organization, as follows :

SEC. 6. The Congress of the United States, recognizing that the diseases of mankind, because of their widespread prevalence, debilitating effects, and heavy toll in human life, constitute a major deterrent to the efforts of many peoples to develop their economic resources and productive capacities, and to improve their living conditions, declares it to be the policy of the United States to continue and strengthen mutual efforts among the nations for research against diseases such as heart disease and cancer. In furtherance of this policy, the Congress invites the World Health Organization to initiate studies looking toward the strengthening of research and related programs against these and other diseases common to mankind or unique to individual regions of the globe.

It is the hope of the Executive Branch of our Government that this will be enacted into law.

Annex 12

REVIEW AND APPRAISAL OF WHO FELLOWSHIPS ¹

[A11/P&B/5 — 2 April 1958]

REPORT BY THE DIRECTOR-GENERAL

The Director-General presents to the Eleventh World Health Assembly a report on a review and appraisal of WHO fellowships, in accordance with the undertaking given at the Tenth World Health Assembly.

This report provides more detailed data than it was possible to give in the Annual Reports of the Director-General to the Health Assembly. It treats the appraisal of fellowships more extensively and covers almost twice as many fellows about whom reports have been obtained two or more years after their return home.

The Director-General wishes to emphasize that the data on appraisal is only another step towards the development of a simple and objective method of evaluating fellowships. Occasional references to evaluation, which have been included in the Annual Reports since 1948, indicate that appraisal has become progressively more systematic. The experimental stage, however, is not yet over. The co-operation of former fellows and beneficiary governments is gratefully acknowledged. Further effort is necessary to secure complete returns about all former fellows.

The World Health Assembly may wish to take this opportunity to thank the thousands of public health officials, academic teachers and scientists who, in hundreds of institutions in more than a hundred countries, have given and are giving of their time to the 7796 WHO fellows; without their co-operation this large programme of international training and exchange of scientific information would not have been possible.

The report is divided as follows :

1. Some data on fellowships awarded, 1947-57
2. The evolution of the fellowships programme
3. Appraising the fellowships programme
 - (i) Background of the evaluation
 - (ii) How the evaluation is made
 - (iii) Usefulness and limitations of the appraisal
 - (iv) Appraisal of the 1947-54 fellowships
 - (v) Some general comments

¹ See resolution WHA11.37.

4. Summary and conclusion

It includes the following tables and appendices :

Tables

1. Employment given to fellows and use to which fellows put their acquired knowledge (based on 1053 follow-up reports of fellows with utilization statements from governments, obtained two or more years after the fellows' return home)
2. Fellows appropriately employed after return home, (1947-54), and numbers of appraisable awards and of reports received from fellows and governments

Appendices

1. Summary of fellowships awarded in the period 1947-57
2. WHO fellowships, all sources of funds, 1947-57 : Countries of origin with more than fifty fellows
3. Summary classification of WHO fellowships by purpose of study and by year, 1947-1957
4. Summary classification of WHO fellowships by purpose of study and by region, 1947-57
5. Form used for summarizing the evaluation data on each fellowship

1. Some Data on Fellowships awarded, 1947-1957

At the end of 1957, the number of fellowships awarded by WHO for studies abroad reached a total of 7796.² Fellowships financed from regular, Technical Assistance and UNICEF funds are included in this figure, but not fellowships of the Pan American Sanitary Bureau.

Appendices 1 to 4 provide tabular information on the fellowships awarded for the eleven years 1947-57.

Appendix 1 is a summary of the fellowships awarded yearly for the period 1947-57. It shows that the number of countries and territories of origin increased from 10 in 1947 to 117 in 1957, and that

² Not counting travel grants for attendance at educational meetings organized by WHO, or for such purposes as the exchange of research workers

the countries and territories of study increased from 22 to 83. These figures show how the fellowships programme, which was established with UNRRA funds to help war-devastated countries, has become a programme of world-wide scope for the strengthening of health activities. Appendix 1 shows in what proportion these fellowships were financed from the regular budget and from Technical Assistance and UNICEF funds.

The increase in the number of countries of study, on the other hand, reflects the development of training facilities in many countries during the past eleven years — a development to which WHO has in some cases contributed by helping with training and demonstration projects, by providing assistance to educational institutions (including visiting professors and fellowships) and by organizing or assisting special group-training programmes. Most of the latter are of short duration (about a month) and of a temporary character, but a few are normal academic year programmes and/or are repeated. Appendix 1 also shows that 65 per cent. of the fellows were able to study in countries of their region of origin.

Appendix 2 shows the main beneficiary countries — those in which more than fifty fellows originated. It is clear that the need for study abroad is universal, although, of course, the type of information or training sought may vary considerably. The number of fellowship awards depends not only on the country's needs and on the planned activities for which the assistance of WHO is required, but also on the number of trained personnel eligible for, and who may benefit from, advanced study abroad. In some cases fellowships had to be given to foreign employees of governments or to candidates for basic professional training (full medical studies, sanitary studies, etc.) which was not yet available in the country of origin. But even in such cases the number of candidates and the requirements for acceptance in foreign institutions are limiting factors.

Appendix 3 summarizes, by year, the main fields of study. It shows a shift of emphasis from advanced studies abroad in purely clinical fields (which in the early two years formed more than one third of the fellowships) to public health and preventive medicine, including communicable diseases. Fellowships of the former type, however, are still given, especially when the candidate has teaching responsibility or is expected to introduce or strengthen a new medical speciality in his country.

Appendix 4 brings out the differences between regions in the distribution of fellowships by subject of study. It shows the relative importance given

by the various regions to subjects in the fields of health organization and services, of communicable-disease services, and of medical education and clinical and basic medical sciences.

2. The Evolution of the Fellowships Programme

It may be interesting to mention here some policy or procedural decisions which have greatly influenced this evolution of the fellowships programme and the methods of work.

The Interim Commission, the World Health Assembly and the Executive Board have taken decisions, which have formed policy with respect to the fellowships programme. Experience in the day to day functioning of the fellowships programme and a continuing review and follow-up of fellowships have enabled improvements to be introduced.

During the Interim Commission period, certain procedures were established which are still basic elements in the handling of fellowships. They include such requirements as a request from the government desiring fellowships for its nationals, a selection committee in the country of origin, acceptance of the candidates by the Organization, placement with the authorities in the country of study and issue of an award to the fellow through his government.¹ The candidate undertakes to serve his government after return from his fellowship.²

The fellowship period was set as being normally of more than six months, with exceptions for senior persons, for whom three months were given as a usual minimum.³

The First World Health Assembly decided that consideration should be given to fellowships of short duration for persons in key positions; that it would be desirable for countries to contribute towards the cost of the fellowships granted to their candidates or to pay fully for additional fellowships; and that the fellowships should be extended to undergraduates and to foreign employees in the case of countries which do not possess their own graduate health personnel suitable for fellowships.⁴ The Executive Board, at its second session, clarified the division of fellowship costs between WHO and governments.⁵

The Second World Health Assembly expressed itself in favour of arranging fellowships on a group basis, as far as possible, and encouraged assistance

¹ *Off. Rec. Wld Hlth Org.* 6, 123-125

² *Off. Rec. Wld Hlth Org.* 5, 90

³ *Off. Rec. Wld Hlth Org.* 7, 153

⁴ *Off. Rec. Wld Hlth Org.* 13, 306

⁵ *Off. Rec. Wld Hlth Org.* 14, 17, 78

for the establishment and development by governments of national educational institutes in health and of courses having an international character (resolution WHA2.7). In the discussion at that Assembly, while it was stressed that as far as possible fellows should be sent to suitable schools within their own region, a warning was given against too regionalized and parochial a spirit.¹

The Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel has provided guidance for the development of the fellowships programme.²

Following discussions at the Fourth World Health Assembly, to the effect that fellowships should not be regarded as a separate programme but as an essential part of co-ordinated services to governments, the Executive Board, when it discussed the presentation of the proposed programme and budget estimates, decided that either fellowships should be included in the programme of assistance as a component part of appropriate projects, or that it should be indicated that they form the only type of assistance given for a government project.³

When considering resolution EB6.R1 on the Expanded Programme of Technical Assistance, the Executive Board at its eleventh session extended and amplified the priority it gave to “(i) stimulation of campaigns against communicable diseases, (ii) professional and technical education including fellowships, and (iii) public health administration”, by stressing that “efforts should be directed towards measures of preventive as compared with curative medicine, it being fully recognized that the line between preventive and curative medicine is a tenuous one, and that for the development of optimal health programmes, activities more directly related to curative medicine must in some instances be undertaken” (resolution EB11.R57.6).

The various policy decisions and the accumulating experience have been reflected in the Organization's internal regulations and in the information booklet on WHO fellowships,⁴ whose successive editions are made available to governments and candidates.

It should be added that some of the regulations, for instance those dealing with “stipends”, have gradually come to be established not by WHO alone, but jointly with the other United Nations agencies. Arrangements have been developed for inter-agency consultations and decisions on fellowships matters,

and these have led to a considerable degree of uniformity or even identity of procedure in specific areas of action. This is mostly done under the authority of the United Nations Administrative Committee on Co-ordination, especially through the Technical Working Group on Fellowships and the Consultative Committee on Administrative Questions, and by the Technical Assistance Board.

The regulations governing WHO fellowships and the other co-ordinating functions of headquarters have provided for a unity of approach towards this part of the Organization's activities, as well as for a uniformity in reporting on it; it is in this context that the expression “fellowships programme” is being used. The planning, however, of assistance through fellowships has been gradually decentralized and is part of the programme of assistance elaborated by the requesting countries and the regional offices. The implementation also now rests with the regional offices, headquarters having the opportunity to contribute in respect of the study plans for candidates whose studies cannot be carried out within the region of origin.

3. Appraising the Fellowships Programme

Advanced studies abroad are widely recognized as a valuable means of developing a country's human capital, which is indispensable for progress. This seems to be taken generally for granted, judging from the multiplication and growth of the various fellowships schemes offering such possibilities. It is a direct means of bringing to the country—in a permanent way, through its own nationals—the benefit of advances made abroad. The Rockefeller Foundation, which spent nineteen million dollars on six thousand directly administered fellowships between 1917 and 1950,⁵ stated that “in retrospect, few activities of the Foundation appear of more general and enduring value...”⁶ How much may be due to the selected individual and how much to the educational experience provided to him through the fellowship is a moot point; the value of a fellowship to a country is in the end judged by what the fellow has contributed after returning home. Obviously the best results may be expected from a good selection of both the individual and the educational experience; but the best of men, with the best of educational experience, can only contribute to the extent that opportunities are given him.

In accordance with standing WHO regulations, a constant review is made of the fellows' educational

¹ *Off. Rec. Wld Hlth Org.* 21, 160-161

² *Wld Hlth Org. techn. Rep. Ser.* 1950, 22

³ *Off. Rec. Wld Hlth Org.* 36, 9 (resolution EB8.R28), 29

⁴ World Health Organization (1958) *WHO fellowships: an information booklet*, Geneva

⁵ The Rockefeller Foundation (1951), *Directory of fellowship awards, 1917-1950*, New York

⁶ The Rockefeller Foundation (1954) *Annual report, 1953*, New York

experiences, through study of their periodic (monthly or quarterly) and final reports. Mistakes made in the study plans are corrected, if it is still possible, or are noted in order that similar errors may be avoided in study arrangements for future fellows. Suggestions are taken into consideration and successful experiences lead to further utilization of the same institutions.

Conclusive appraisal of courses utilized has not been within the scope of this review of educational experience, but comments and suggestions which tend to recur are noted for informal discussions with the institutions concerned when occasion arises. Regarding the courses leading to a degree in public health, an expert committee meeting is being prepared for 1958 to discuss how they can best meet the needs of foreign students.¹

Special mention should be made of the fellowships that are being granted to professors of schools of public health to visit some of the countries from which they have been receiving foreign students, and to discuss with them whether the training they were given had met their needs. The experience gathered by these professors, as indicated in their final fellowship report, provides valuable guidance on changes or additions which may be desirable in the existing curricula; their follow-up reports should show what it has been possible to achieve.

The selection of candidates for a fellowship has been a matter of constant concern. Errors made are felt acutely by the institutions and countries of study, while the countries of origin and WHO are debited with the unsuccessful fellowship. There has been, therefore, a strengthening of eligibility requirements. The planning of fellowships as an integral part of the projected assistance to a country has introduced some pre-selection of fellows, which in most cases is favourable. Field staff and regional offices being closer at hand, it is easier for governments to consult with them on most eligible candidates, thus introducing a further measure of pre-selection, before applications are sent to WHO headquarters for acceptance. Selection is, however, beset by pitfalls, and the best of candidates may still not be good enough; he may be the only possibility for studies abroad which are necessary to carry out a particular activity in his home country.

Difficulties have been encountered because of insufficient previous training and experience, lack of adequate knowledge of the foreign language and because of the personality of the fellow. The first is a serious handicap but may be overcome by an able,

hard-working student. An insufficient understanding of the language shuts off the student and makes the fellowship futile. The most serious difficulties are, however, those created by personality; the fellow may be gaining something from his studies, but his behaviour is not only detrimental to his own success in the country of study, but also is prejudicial to the acceptance of future fellows. In very difficult cases, including sickness, there may be no choice but for the fellow to return home before the end of his studies; fortunately such cases have been exceedingly rare, something like one in a thousand.

In the following paragraphs, a more detailed review is made of the value of fellowships, as judged from the employment of the fellow and the contributions he has been making after returning home.

(i) *Background of the Evaluation*

The discussion on fellowships evaluation which took place at the Tenth World Health Assembly² is the latest expression of interest of the governing bodies of WHO in this subject. In a way it was a sequel to the discussions at the Ninth World Health Assembly, where it was said that the Organization should be informed of the use to which fellows subsequently put their acquired knowledge,³ and to those at the nineteenth session of the Executive Board in January 1957, when the Director-General reported that the Organization was making a special study of fellowships, with a view to measuring the degree of success or failure in the fellowships programme.⁴ It is recalled that the evaluation of fellowships *per se* was excluded from the evaluation of projects, even education and training projects, in the Executive Board's organizational study on programme analysis and evaluation.⁵

As early as January 1948, at the fifth session of the Interim Commission, it was reported that "a follow-up system is being instituted in order to establish adequate records on the end results of the programme".⁶ A first analysis of 115 follow-up reports from fellows was made in 1949.⁷ That same year, at the meeting convened by UNESCO of the Committee of Experts on Administration of Fellowships and Related Problems, at which the question of evaluation was on the agenda, WHO had the opportunity to outline the system of routine reports which

² *Off. Rec. Wld Hlth Org.* 79, 209, 212, 286

³ *Off. Rec. Wld Hlth Org.* 71, 176-7

⁴ See minutes of the nineteenth session, tenth meeting, EB19/Min/10 Rev. 1, p. 245.

⁵ *Off. Rec. Wld Hlth Org.* 60, 34

⁶ *Off. Rec. Wld Hlth Org.* 7, 160

⁷ See *Off. Rec. Wld Hlth Org.* 24, 17.

¹ See *Off. Rec. Wld Hlth Org.* 74, 53.

it had introduced with a view to attempting in due course an appraisal of the results obtained. Gradually the forms of follow-up reports and the method of work were improved. The Executive Board's organizational study on the education and training programme listed a number of criteria which might serve to evaluate, with further refinements, the results of fellowships.¹

In 1952 a series of experimental evaluations was begun. This contributed to the refinement of the techniques used and is the basis of the method followed at present. It was reported to the World Health Assembly in the Annual Report of the Director-General for 1953² and to the Technical Working Group on Fellowships, which is part of the co-ordinating machinery of the United Nations and the Technical Assistance Board.³ At the twenty-seventh session of the Technical Assistance Board in December 1953 it was agreed that the procedure carried out by WHO and the forms used in the WHO survey should be studied by the organizations participating in the Expanded Programme of Technical Assistance with a view to the adoption of similar practices.⁴ At the ensuing fifth meeting of the Technical Working Group on Fellowships, no decision was reached on uniform methodology, but data were provided by the other agencies and WHO, and these ultimately formed the relevant part of the report of the Technical Assistance Board to the Technical Assistance Committee.⁵ In the meantime, in order to promote the evaluation study, explain the technique and co-ordinate the procedure involving former fellows, their governments, the regional offices and headquarters, a medical officer from headquarters made special visits to two regional offices and eleven countries. Six hundred former fellows were interviewed, with the co-operation of the national health and educational authorities; the findings of this person-to-person survey⁶ did not indicate anything different from the results of the routine follow-up and evaluation.

(ii) *How the Evaluation is made*

There seem to be two ways of evaluating the fellowships programme. The appraisal may be a

¹ *Off. Rec. Wld Hlth Org.* 46, 143

² *Off. Rec. Wld Hlth Org.* 51, 38

³ Technical Assistance Board document TAB/TWGF/3/Working Paper/2

⁴ Technical Assistance Board document TAB/SR.27/Rev. 1

⁵ United Nations, Technical Assistance Committee (1955) *Review of Technical Assistance activities in six selected countries, and of the fellowships programme (1951-1954): report of the Technical Assistance Board*, document E/TAC/SC.1/R.1, especially pp. 8-9, 251-292

⁶ See *Off. Rec. Wld Hlth Org.* 59, 35.

continuous one, based on follow-up reports received as a routine from fellows and their governments, which may be supplemented, occasionally, by special investigations; or it may be carried out through extensive occasional surveys and studies, with detailed questionnaires and, possibly, interviews. In either case an attempt may be made to elicit information on some or all of the major phases of a fellowship—the planning of a fellowships programme, the selection and preparation of candidates, after their return home and the results obtained by the country because of the fellowships.

Preference was given to the simplest possible method and range of appraisal likely to provide clear-cut answers and suitable for incorporation without much difficulty in the routine implementation of the WHO fellowships programme. Obviously, the purpose of the appraisal was limited and did not encompass the wide range of methods for evaluating the education⁷ obtained through the fellowship.

The specified objective of any particular fellowship is to provide advanced training abroad to a person who needs it for a specific undertaking on his return home. To measure the results "in terms of the fulfilment of the program's objective"⁸ clearly implies noting "the use to which fellows subsequently put their acquired knowledge".⁹ This provides a simple yardstick of the value of the fellowships awarded.

The simplest and most immediate measurement, after the return home of a fellow, is therefore to see whether he is indeed utilized as was planned or, more generally, whether the assignment given to him is in line with the studies he pursued abroad under the fellowship. In a way it corresponds to the terminal evaluation of a project. This method was used for the evaluation made of fellowships awarded under the Expanded Programme of Technical Assistance⁵. The next step, after the fellow has had time to work for a while, is to see what type of contribution he has made since his return home.¹⁰

Under the appraisal method used by WHO two follow-up reports are required from the fellow—one six months after his return home and the other a

⁷ Wrightstone, J. W., Justman, J. & Robbins, I (1956) *Evaluation in modern education*. New York

⁸ *Publ. Hlth Rep. (Wash.)*, 1955, 70, 136

⁹ *Off. Rec. Wld Hlth Org.* 71, 176-7

¹⁰ See *Off. Rec. Wld Hlth Org.* 46, 143.

year and a half later. The latter report is accompanied by a statement from the national health administration which requested the fellowship, and is supplemented by such first-hand information as may be available to WHO regional and field staff. The first follow-up report, apart from providing information on the post occupied by the fellow, is mainly a means of keeping in contact with him during an often difficult period of adjustment and assertion. The second follow-up report is for the purpose of obtaining specific information on the fellow's contribution since his return.

After receipt of the second follow-up report, the fellow's file is studied. Particularly, his application, his award and his final report (summarizing his studies and analysing the knowledge gained with particular reference to his future work) are compared with the two follow-up reports. An "Evaluator's Note" is then prepared showing whether a positive or negative appraisal was reached on fifteen questions about the studies, the employment and the fellow's contribution (see Appendix 5). Two-thirds of these questions relate to the employment of the fellow on return and the type of contribution he has made to the national health.

Although a methodology for appraisal has been developed, the evaluation of fellowships is not yet out of the pioneering stage. This seems to be true not only of the United Nations agencies,¹ but also of other organizations with long-established fellowships programmes, as for instance the Rockefeller Foundation and the Commonwealth Fund; both have begun the review of their programmes by sending questionnaires to their former fellowship holders and establishing a directory of former fellows.²

The possibility of a percentage evaluation of each fellowship, by assigning numerical values to the various criteria, is being explored, but there are obvious difficulties in the way of building up an index with proper weight on its component items. Experimental use of a "point system" is being made.

(iii) *Usefulness and Limitations of the Appraisal*

The evaluation procedure outlined above should not be seen only as a method of checking the results

¹ United Nations, Technical Assistance Committee (1955) *Review of Technical Assistance activities in six selected countries, and of the fellowships programme (1951-1954) report of the Technical Assistance Board*, document E/TAC/SC.1/R.1, especially pp. 8-9, 251-292

² The Rockefeller Foundation (1951) *Directory of fellowship awards, 1917-1950*, New York; The Commonwealth Fund (1956) *Report for the year ending 30 June 1956*, New York

of a particular fellowship, desirable as this may be. The great usefulness of evaluation, as carried out by WHO (a continuing process incorporated into the implementation of each fellowship) lies in the fact that it is a means of constant guidance to governments and to WHO as to whether the best was done in the selection of fellows and in their utilization, and as to how to improve fellowship procedures and placement of fellows. In a recent UNESCO publication the same opinion was expressed.³ It is obvious that the mere fact of having to account for the fellowships, and the opportunity of appraising the results obtained against certain criteria, are of help in avoiding failures and may aid the search for results which are not merely good but which are the best possible.

The evaluation of the relevant fellowships, carried out, as outlined above, more than two years after the return of the fellows, may provide important elements for the long-term evaluation of the project with which they were connected. But even the first step in the evaluation of fellowships can contribute to the evaluation of the project, at the time of its completion, if only by showing whether the most immediate objective has been achieved, i.e., whether the fellows on their return are being utilized as planned. Thus, in such a terminal evaluation of a project, former fellows connected with it may be shown, for instance, as having been counterparts of the international experts, or as continuing their work after their withdrawal. In the case of demonstration projects or of projects consisting of fellowships only, information on the employment of the fellows on return might show whether they are employed in the country in the type of activity the project itself was intended to promote.⁴

Information showing the value, as a whole, of the fellowships programme is also useful to those who contribute of their time in receiving fellows for study. Such information helps in overcoming the occasional resistance encountered in the placement of further fellows in cases when the impression created by a previous fellow was not favourable.

It is appropriate, however, not to overestimate the possibilities of a fellowship evaluation. The evaluators of the Institute of Inter-American Affairs' activities stated that the significance of the fellowships programme is to be judged in part by the records of the recipients subsequent to their return

³ Ferguson, G. A. (1955) *Fellowship evaluation*. In: United Nations Educational, Scientific and Cultural Organization, *Study abroad, 1955-1956*, Paris, vol. VII

⁴ See the organizational study of the Executive Board on programme analysis and evaluation, *Off. Rec. Wld Hlth Org.* 60, 38.

to their own countries, although it is impossible in this way to assign a true value to the fellowship experience, since there is no way of knowing what the individuals might have accomplished had they not had it.¹ A similar view had been expressed by the Rockefeller Foundation.² Even less is it possible to say whether the persons chosen were always the best possible and whether they benefited to the utmost from their fellowship experiences, or whether, after their return, they were always given the fullest opportunity to make their contribution.

(iv) *Appraisal of the 1947-54 Fellowships*

The present appraisal had to be limited to fellowships awarded before 1955. Many of the fellowships awarded in 1954 started in 1955 and were completed only in 1956. Follow-up reports from fellows, with utilization statements from their governments two years after the fellows' return, i.e., in 1957, could not therefore be expected even on all the 1954 fellowships.

The last appraisal, of which a summary was included in *The First Ten Years of the World Health Organization*,³ referred only to fellowships awarded between 1947 and 1952 and covered 576 returns. The present appraisal covers 1053 fellowships (see Table 1). Some of the returns added since the previous appraisal refer to the early years of the fellowship programme. This is due to the fact that all six WHO regional offices have now sought such reports, as compared to only four before 1957, and that the reporting is now done more systematically, with the increasing co-operation of governments.

To prepare this appraisal, the same evaluator reviewed the files on each fellowship on which a follow-up report with a utilization statement had been received two or more years after the fellow's return. On each of these fellowships the evaluator prepared a note giving a positive or negative appraisal on about fifteen items relevant to the fellow's studies, his employment and the contribution made since his return to his country.

Appraisal was not easy in all cases. In the early years the fellowships application form did not

provide for a concrete statement as to the proposed employment of the fellow on return. Some of the early files were not as complete as could be desired. Likewise the earlier follow-up and utilization forms were improved later through experience. There is, furthermore, a subjective element in the appreciation of facts reported and statements made. Never-

TABLE 1. EMPLOYMENT GIVEN TO FELLOWS AND USE TO WHICH FELLOWS PUT THE KNOWLEDGE ACQUIRED

(based on 1053 follow-up reports of fellows with utilization statements from governments, obtained two or more years after the fellows' return home)

	Positive findings ^a	
	Number	Percentage
1. Fellows whose employment was appropriate to studies	961 ^b	92
1) With promotion, or more responsibility, in their former type of employment	323	(% of 961 cases) 34
2) In a new activity for which training was obtained through the fellowship	133	14
2. Fellows appropriately utilized who made one or more ^c of the following contributions :		
1) Informing others (participation in committees, writing articles, etc.)	615	64
2) Training others (in-service and/or formal teaching)	751	78
3) Introducing new methods in existing services	391	41
3(a) Improving existing services	472	49
4) Establishing new services (not available in community or institution)	223	23
5) Conducting research, field, clinic or laboratory (published)	254	26
6) Other forms of leadership (mostly indirect contribution towards improvement and expansion of services, organization of training and research, etc.)	60	6

^a Evaluator's findings are counted as positive only when conclusive data are available.

^b The 92 fellows on whom findings were negative include eight who did not return home, ten undergraduates who were terminated as having failed in their professional studies abroad, eighteen fellows who left the country, resigned or retired after returning home, and twenty whose employment is only indirectly related to their studies, even though with promotion in some cases. As regards the rest, either they are employed in an unrelated field or the data on them are inconclusive.

^c Two-thirds made three or more of the different types of contribution.

¹ United States Department of Health, Education and Welfare, Public Health Service (1953) *Ten years of cooperative health programs in Latin America: an evaluation*, Washington, D.C. (survey conducted for the Institute of Inter-American Affairs)

² The Rockefeller Foundation (1951) *Directory of fellowship awards, 1917-1950*, New York

³ World Health Organization (1958) *The first ten years of the World Health Organization*, Geneva, pp. 385-390

theless on a random sample of 348 evaluation notes prepared by two evaluators (only one of whom was a medical officer), there were only nine major differences of opinion, the medical officer not being satisfied in those cases that the employment of the fellow was appropriate to his studies. There were, in addition, forty-one plus and fourteen minus changes spread over the seven types of contribution made by fellows since return.

Table 2 provides data on the number of appraisable fellowships (i.e., excluding from the 4472 awards made during the period 1947-54 the 744 which were for short group training and the 366 made to fellows from countries which afterwards withdrew from active participation in WHO), on the number of follow-up reports with utilization statements received, and on the number of fellows appropriately employed.

Follow-up reports were received from fellows and utilization statements from governments on 31 per cent. of all appraisable awards. The percentage varies according to region from 22 to 62, and by year of award it decreases progressively from 84 to 15. The same table shows that the percentage of fellows in appropriate employment varies according to region from 79 to 99 and by year of award from 87 to 96.

A similar breakdown by country was attempted but the figures are too small for such a detailed tabulation. It was noticeable, however, that often the proportion of follow-up reports and utilization statements was highest from the countries in which a relatively small number of awards had been made. It was also found that on 1126 awards to 42 countries, which according to the data had appropriately utilized all the fellows, follow-up reports with utilization statements were received on 41 per cent. of the awards, while on 567 awards to 19 countries, where less than nine-tenths of the fellows were appropriately utilized, follow-up reports with utilization statements were obtained on 58 per cent. of the appraisable awards.

Theoretically, it seems that the Organization was more likely to receive follow-up reports with utilization statements on fellows who, since their return, are in some public service employment than on those not so employed. It therefore appeared desirable to attempt some checking independently from the follow-up reports and utilization statements. The result did not indicate anything greatly different from the results of the appraisal based on these routine reports. Nevertheless, the matter is receiving further attention.

The two instances of independent checking were as follows :

In 1954 an evaluator visited seven countries in Europe and four in the Eastern Mediterranean and interviewed about six hundred former fellows.¹ He concluded that "in general the findings differ little from those of the preliminary study [on evaluation]... Relatively few fellowships can be classified as wholly unsuccessful: most WHO fellows are physicians, nurses or sanitarians, already pre-selected through long studies and vocational calling, and many of them have long-standing professional careers. Only a few of the fellowships that must be classified as wasted on account of "force majeure"—death, sickness, political changes, etc.—or personal incompatibility could have been prevented by better selection and more thorough medical examination. It has been found that it is easier for governments to use fellows effectively, on their return, when the fellowship has formed part of a planned programme for the development of a particular aspect of the public health services".²

Further, it can be seen from the mimeographed "Directory of WHO Fellows, 1947-1953", prepared in March 1955 after a first check on the employment and addresses of returned fellows, that in most cases the fellow is employed in some official capacity directly related to the subject of study of his fellowship. A rough check shows that, of 3325 fellows listed in the Directory, only 4 per cent. did not appear to be utilized in public service (health authorities, academic institutions, etc.), including those who had resigned, retired or died, while 2 per cent. were still studying. Of the 94 per cent. of fellows utilized in public service, 80 per cent. were employed in the subject of their study, 8 per cent. in a related subject, and 2 per cent. in a different subject. Information on 4 per cent. does not make it clear whether they are appropriately employed or not. It should be stressed that these are averages only; by regions, fellows not utilized in public service varied from 2 to 14 per cent.

Delegates to the Tenth World Health Assembly referred to the value of the fellowships to their countries, in which fellows had been appropriately employed.³

(v) *Some General Comments*

During the past ten years, steady progress has been noticeable in perfecting the use of fellowships as a means for achieving specified aims. The more

¹ 250 from Italy, Yugoslavia, Austria; 150 from Lebanon, Egypt, Syria, Israel, Greece; 200 from Norway, Sweden, Finland

² See *Off. Rec. Wld Hlth Org.* 59, 35.

³ *Off. Rec. Wld Hlth Org.* 79, 210, 223-224, 236, 251

**TABLE 2. FELLOWS APPROPRIATELY
(and Numbers of Appraisable Awards and of**

Region of origin	1947			1948			1949			1950			1951		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
Africa	—	—	—	—	—	—	—	—	—	3	1	—	17	13	9
The Americas	—	—	—	—	—	—	16	2	2	59	13	13	81	16	13
South-East Asia	—	—	—	2	1	1	51	43	40	39	30	29	112	69	61
Europe	59	54	49	72	42	38	73	37	36	119	67	64	196	78	69
Eastern Mediterranean	—	—	—	—	—	—	32	17	16	51	16	15	89	44	39
Western Pacific	5	—	—	3	2	2	13	11	11	28	27	27	21	16	16
Total	64	54	49	77	45	41	185	110	105	299	154	148	516	236	207
<i>Percentage :</i>															
(2) : (1)	84			58			59			51			46		
(3) : (2)	91			91			95			96			88		

(1) = Appraisable awards, i.e., excluding those for short group-training courses or to fellows from countries which withdrew from active participation in WHO

(2) = Follow-up reports received from fellows with utilization statements from governments

(3) = Fellows in employment appropriate to their studies

systematic planning for the development of health programmes in many countries is reflected in the efforts (which include the award of fellowships) being made to prepare personnel for their implementation. At the same time, fellowships cannot but reflect the personnel problems with which the countries are faced. It is realized, for instance, that the selection of a candidate for a fellowship with a view to a specific assignment on his return may naturally be limited to the person or persons already holding such a responsibility—even if he is not necessarily the best suited for advanced study abroad. It is therefore a matter of pleasant surprise to see how few real failures occur during the study period abroad, and, considering political changes, opportunities for advancement and human frailties, how few fellows are not employed in the field studied during their fellowship.

Unfortunately, a few unsuccessful fellowships draw much attention and sometimes tend to overshadow the great bulk of successful ones. However, these unsuccessful fellowships—exceptions to the rule—have also great value for the fellowships programme. Their study may point to errors which

may be avoidable, especially if they tend to recur. One of the lessons learnt is that there should be a clear understanding of the purpose for which the fellowship studies are to be undertaken in relation to the task to be assumed on return home.

Before closing this evaluation, it may be appropriate to give here two relevant paragraphs from the Review of the Fellowships Programme sponsored under the Expanded Programme of Technical Assistance, 1951-1954, mentioned earlier :¹

21. Participating organizations differ greatly in the information they possess concerning the utilization of former fellows. It is, in any case, too early to attempt an overall assessment of results achieved in this respect. It would appear from such information as is available that a high percentage of fellows is now employed in positions in which they can use the knowledge acquired abroad, including employment on Technical

¹ United Nations, Technical Assistance Committee (1955) *Review of Technical Assistance activities in six selected countries, and of the fellowships programme (1951-1954) : report of the Technical Assistance Board*, document E/TAC/ SC.1/R.1

EMPLOYED AFTER RETURN HOME (1947-1954)
Reports received from Fellows and Governments)

1952			1953			1954			1947-1954					Region of origin
(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	Percentage		Percentage			
									(2) : (1)	(3)	(3) : (2)	(3)		
45	11	5	27	17	15	77	47	41	169	89	53	70	79	Africa
138	30	25	147	43	37	141	30	25	582	134	23	115	86	The Americas
72	38	36	105	59	55	24	11	10	405	251	62	232	92	South-East Asia
352	27	27	260	1	1	280	1	1	1411	307	22	285	93	Europe
115	34	29	148	10	10	96	1	1	531	122	23	110	90	Eastern Mediterranean
78	47	47	62	34	34	84	13	12	294	150	51	149	99	Western Pacific
800	187	169	749	164	152	702	103	90	3392	1053		961		Total
23			22			15						31		Percentage: (2) : (1)
90			93			87						91		(3) : (2)

Assistance projects. Few are otherwise employed or, for various reasons, can be considered failures. In cases where fellows have not been re-employed in positions promised, there can be many reasons why this has not been so, not all of which can be blamed on the government. One of the reasons can often be found in the original planning of the fellowship, in which such factors as the continuation of a project, the demands of seniority, the inadequacy of salary scales in the fellow's home country, or the individual ambitions of a fellow were not taken sufficiently into account. A major responsibility rests with governments to ensure that returned fellows can use the knowledge they have acquired abroad for the benefit of their countries.

22. Although participating organizations are now taking steps to collect concrete information concerning the utilization of former fellows, they will depend greatly in this task upon the co-operation of governments. It is hoped that in addition to their responsibilities towards the fellows themselves, governments will feel an equal responsibility towards participating organizations in pro-

viding them with all available information upon which an appraisal of fellowship programmes can be based.

4. Summary and Conclusion

Data are provided on the 7796 fellowships awarded by WHO in the eleven-year period 1947-57. Apart from their distribution by year, by region and by source of funds, the data include information on the number of countries of origin and of study, the proportion of fellowships for studies within the region of origin and for attending group-training programmes organized or assisted by WHO. Information is also provided on the subjects of study.

Reference is made to the major decisions which have affected the evolution of the fellowships programme. Fellowships have been increasingly used as one of the means for pursuing or promoting certain national activities assisted by WHO.

The appraisal of the fellowships is reviewed, from the points of view of the objectives and methodology developed. A study is made of 1053 fellowships to show whether the fellows have been properly utilized since their return home—whether they are employed

in the subject they had the opportunity to study abroad—and what their contributions have been.

Obviously, there are important variations from country to country, but, in general, about 8 per cent. of the fellows are not properly utilized. This includes inconclusive cases and fellows whose employment is indirectly related to their studies. Fellows are making contributions in informing and training others, in improving or expanding

existing services or establishing new ones, in carrying out research and in providing leadership. Some of the reasons for failing to utilize the fellows properly cannot be avoided. Better planning, better selection of candidates and better working conditions for returning fellows are obviously important elements in further improvements. So is a systematic appraisal, by governments and by WHO, so that lessons may be learned from errors that tend to recur.

Appendix 1

SUMMARY OF FELLOWSHIPS AWARDED IN THE PERIOD 1947-1957¹

Year	Number of fellowships	Countries of origin	Intra-regional fellowships *		Group-training fellowships **		Source of funds						Fellowship visits to countries†	Countries of study
			Number	%	Number	%	Regular budget		Technical Assistance Programme		UNICEF			
							Number	%	Number	%	Number	%		
1947	199	10	76	38	—	—	199	100	—	—	—	—	289	22
1948	228	11	109	48	—	—	226	99	—	—	2	1	312	19
1949	224	35	79	35	—	—	198	88	—	—	26	12	378	29
1950	396	65	237	60	120	30	352	89	—	—	44	11	618	39
1951	662	77	443	67	266	40	511	77	85	13	66	10	1 011	51
1952	1 143	107	758	66	489	57	718	63	372	32	53	5	1 653	60
1953††	904	110	596	66	321	36	652	72	229	25	23	3	1 324	67
1954	716	105	485	68	174	24	461	64	253	35	2	1	1 255	82
1955	1 020	109	674	66	285	28	559	55	455	45	6	—	1 638	80
1956	904	109	629	69	229	25	500	55	391	43	13	2	1 454	82
1957	1 400	117	957	68	397	28	1 006	72	375	27	19	1	2 063	83
Total	7 796	153	5 043	65	2 281	29	5 382	69	2 160	28	254	3	11 995	114

¹ See p. 434.

* As distinct from fellowships for study outside the region of origin of the fellow

** As distinct from individual fellowships not awarded for attendance at a specified course organized or assisted by WHO (see also ††)

† The same fellow may visit more than one country.

†† Since 1953, those attending an educational meeting where there is no formal differentiation between teachers and trainees have been called "participants" and are not included in the fellowship statistics (see also **).

Appendix 2

WHO FELLOWSHIPS, ALL SOURCES OF FUNDS, 1947-1957 : COUNTRIES OF ORIGIN WITH MORE THAN FIFTY FELLOWS

Region and country of origin	Number of fellows	Region and country of origin	Number of fellows
Africa		United States of America	87
Portuguese Territories	81	Chile	86
Belgian Congo	66	Guatemala	79
		Argentina	78
The Americas		Peru	77
Mexico	121	Panama	58
Paraguay	94	Uruguay	58
		Costa Rica	55

Region and country of origin	Number of fellows	Region and country of origin	Number of fellows
The Americas (continued)		Ireland	97
Brazil	53	Belgium	96
El Salvador	51	Switzerland	91
Haiti	51	United Kingdom of Great Britain and Northern Ireland	88
South-East Asia		Portugal	72
India	237	Czechoslovakia	65
Indonesia	122	Morocco	63
Thailand	113		
Burma	109	Eastern Mediterranean	
Ceylon	73	Iran	176
Afghanistan	59	Egypt	154
Europe		Ethiopia	114
Yugoslavia	460	Syria	88
Finland	214	Tunisia	85
France	214	Pakistan	82
Italy	187	Lebanon	77
Austria	181	Iraq	73
Sweden	155	Israel	67
Turkey	154	Libya	65
Norway	152	Sudan	57
Denmark	149		
Spain	132	Western Pacific	
Germany, Federal Republic	126	China	305
Poland	126	Philippines	90
Netherlands	119	Japan	83
Greece	115	Korea, Republic of	50

Appendix 3

SUMMARY CLASSIFICATION OF WHO FELLOWSHIPS BY PURPOSE OF STUDY AND BY YEAR, 1947-1957

Purpose of Study	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	Total
Health Organization and Services												
1. PUBLIC HEALTH ADMINISTRATION												
1. Public health administration	18	17	14	24	68	89	113	108	103	137	141	832
2. Hospital and medical care administration	3	11	4	2	11	20	8	7	18	16	2	102
3. Hospital and clinic buildings	1	—	2	2	—	3	—	2	5	1	23	39
4. Medical librarianship	—	1	—	1	1	5	2	—	1	3	4	18
Sub-total—Public Health Administration	22	29	20	29	80	117	123	117	127	157	170	991
2. SANITATION												
1. Environmental sanitation	4	1	5	41	51	76	57	52	107	104	97	595
2. Housing and town planning	—	—	—	1	—	—	1	—	1	—	2	5
3. Food control	—	—	—	5	1	4	13	7	15	4	10	59
Sub-Total—Sanitation	4	1	5	47	52	80	71	59	123	108	109	659

Purpose of Study	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	Total
3. NURSING												
1. Nursing and midwifery	2	3	2	6	19	60	49	25	59	48	81	354
2. Public health nursing	3	6	3	48	17	25	33	22	25	44	42	268
3. Medical social work	1	3	—	—	2	1	—	—	3	1	1	12
Sub-total—Nursing	6	12	5	54	38	86	82	47	87	93	124	634
4. MATERNAL AND CHILD HEALTH												
1. Organization of maternal and child health services	10	7	20	14	44	78	46	30	48	66	78	441
2. Paediatrics and obstetrics	13	9	6	45	36	20	26	26	31	26	34	272
Sub-total—Maternal and Child Health	23	16	26	59	80	98	72	56	79	92	112	713
5. OTHER HEALTH SERVICES												
1. Mental health	5	9	11	11	61	98	81	26	39	20	42	403
2. Health education	4	2	—	1	9	12	9	9	21	24	36	127
3. Occupational health	2	10	3	1	15	58	21	8	41	23	86	268
4. Nutrition	3	4	7	8	17	37	12	8	29	7	34	166
5. Health statistics	4	1	—	7	59	22	21	42	49	39	54	298
6. Dental health	1	4	3	2	7	7	4	2	6	13	17	66
7. Rehabilitation	3	6	7	6	30	45	15	18	11	16	37	194
8. Control of pharmaceutical and biological preparations	—	1	—	1	4	9	2	5	8	11	10	51
Sub-total—Other Health Services	22	37	31	37	202	288	165	118	204	153	316	1573
TOTAL—HEALTH ORGANIZATION AND SERVICES	77	95	87	226	452	669	513	397	620	603	831	4570
<i>Percentage</i>	39	42	39	57	68	59	57	56	61	65	59	59
Communicable Disease Services												
6. COMMUNICABLE DISEASE AND LABORATORY												
1. Malaria	1	3	25	15	16	38	57	40	72	51	49	367
2. Venereal diseases and treponematoses	4	6	27	45	19	64	35	31	23	8	14	276
3. Tuberculosis	8	13	28	31	55	59	94	73	81	45	57	544
4. Other communicable diseases	13	22	8	12	28	130	61	40	76	47	169	606
5. Laboratory	16	14	10	21	19	47	35	40	41	39	103	385
6. Chemotherapy, antibiotics	1	2	—	3	—	8	10	1	—	—	—	25
TOTAL—COMMUNICABLE DISEASE SERVICES	43	60	98	127	137	346	292	225	293	190	392	2203
<i>Percentage</i>	22	26	44	32	21	30	32	31	29	21	28	28
Medical Education, Clinical and Basic Medical Sciences												
7. CLINICAL MEDICINE												
1. Surgery and medicine	18	23	6	12	28	37	28	25	30	37	57	301
2. Anaesthesiology	2	1	1	15	14	29	17	16	19	12	22	148
3. Radiology	8	7	—	—	1	3	7	3	5	5	17	56
4. Haematology	3	2	—	1	5	4	1	6	3	5	5	35
5. Other medical and surgical specialities	34	19	16	9	13	41	34	18	22	14	24	244
Sub-total—Clinical Medicine	65	52	23	37	61	114	87	68	79	73	125	784
8. BASIC MEDICAL SCIENCES AND EDUCATION												
1. Basic medical sciences	14	21	12	2	5	9	8	10	12	16	33	142
2. Medical education	—	—	4	4	7	5	4	16	16	22	19	97
Sub-total—Basic Medical Sciences and Education	14	21	16	6	12	14	12	26	28	38	52	239
TOTAL—MEDICAL EDUCATION, CLINICAL AND BASIC MEDICAL SCIENCES	79	73	39	43	73	128	99	94	107	111	177	1023
<i>Percentages</i>	39	32	17	11	11	11	11	13	10	14	13	13
GRAND TOTAL	199	228	224	396	662	1143	904	716	1020	904	1400	7796

Appendix 4

SUMMARY CLASSIFICATION OF WHO FELLOWSHIPS BY PURPOSE OF STUDY AND BY REGION, 1947-1957

Purpose of Study	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific
Health Organization and Services						
1. PUBLIC HEALTH ADMINISTRATION						
1. Public health administration	25	172	42	378	82	133
2. Hospital and medical care administration	3	12	9	48	12	18
3. Hospital and clinic buildings	3	3	—	27	3	3
4. Medical librarianship	—	6	1	8	1	2
Sub-total—Public Health Administration	31	193	52	461	98	156
2. SANITATION						
1. Environmental sanitation	48	209	30	198	79	31
2. Housing and town planning	—	1	—	3	1	—
3. Food control	2	3	1	29	21	3
Sub-total—Sanitation	50	213	31	230	101	34
3. NURSING						
1. Nursing and midwifery	14	100	46	68	79	47
2. Public health nursing	4	93	52	72	19	28
3. Medical social work	—	3	1	5	1	2
Sub-total—Nursing	18	196	99	145	99	77
4. MATERNAL AND CHILD HEALTH						
1. Organization of maternal and child health services	18	46	70	194	72	41
2. Paediatrics and obstetrics	18	18	32	159	20	25
Sub-total—Maternal and Child Health	36	64	102	353	92	66
5. OTHER HEALTH SERVICES						
1. Mental health	8	20	13	249	45	68
2. Health education	12	22	25	23	22	23
3. Occupational health	5	7	7	231	14	4
4. Nutrition	60	20	25	34	16	11
5. Health statistics	3	134	40	50	38	33
6. Dental health	3	17	14	20	5	7
7. Rehabilitation	4	4	6	159	8	13
8. Control of pharmaceutical and biological preparations	—	2	3	28	7	11
Sub-total—Other Health Services	95	226	133	794	155	170
TOTAL—HEALTH ORGANIZATION AND SERVICES	230	892	417	1 983	545	503
<i>Percentage</i>	<i>48</i>	<i>63</i>	<i>56</i>	<i>61</i>	<i>49</i>	<i>63</i>
Communicable Disease Services						
6. COMMUNICABLE DISEASE AND LABORATORY						
1. Malaria	77	94	64	63	53	16
2. Venereal diseases and treponematoses	11	31	56	109	41	28
3. Tuberculosis	59	91	63	184	76	71
4. Other communicable diseases ¹	34	169	39	211	87	66
5. Laboratory	23	70	37	171	48	36
6. Chemotherapy, antibiotics	—	1	10	9	—	5
TOTAL—COMMUNICABLE DISEASE SERVICES	204	456	269	747	305	222
<i>Percentage</i>	<i>42</i>	<i>32</i>	<i>36</i>	<i>23</i>	<i>28</i>	<i>28</i>

¹ Including veterinary public health, Africa, 2; The Americas, 60; South-East Asia, 11; Europe, 54; Eastern Mediterranean, 17; Western Pacific, 11

Purpose of Study	Africa	The Americas	South-East Asia	Europe	Eastern Mediterranean	Western Pacific
Medical Education, Clinical and Basic Medical Sciences						
7. CLINICAL MEDICINE						
1. Surgery and medicine	27	2	1	87	165	19
2. Anaesthesiology	8	—	3	114	17	6
3. Radiology	4	3	8	19	17	5
4. Haematology	—	—	—	26	5	4
5. Other medical and surgical specialities	5	4	9	181	36	9
Sub-total—Clinical Medicine	44	9	21	427	240	43
8. BASIC MEDICAL SCIENCES AND EDUCATION						
1. Basic medical sciences	2	6	18	84	12	20
2. Medical education	2	54	18	12	2	9
Sub-total—Basic Medical Sciences and Education	4	60	36	96	14	29
TOTAL—MEDICAL EDUCATION, CLINICAL AND BASIC MEDICAL SCIENCES	48	69	57	523	254	72
<i>Percentage</i>	10	5	8	16	23	9
GRAND TOTAL	482	1417	743	3253	1104	797

Appendix 5

FORM USED FOR SUMMARIZING THE EVALUATION DATA ON EACH FELLOWSHIP

WHO FELLOWSHIPS—SUMMARY EVALUATION NOTE		
Rev. 7/28.2.58		
Name of Fellow :	Date of Award :	
Country of Origin :	Duration of Studies :	
Subject of Study :	Date returned home :	
		Findings *
<i>Fellowship studies</i>		
1. Study plans suitable	Yes	No
2. Completed as planned	Yes	No
3. Returned home	Yes	No
<i>Employment of fellow since return</i>		
4. Appropriate to studies **	Yes	No
5. Promotion or more responsibility (in former type of employment)	Yes	No
6. New activity (different from former type of employment) † for which training was obtained abroad	Yes	No

* Findings are counted as positive only when conclusive data are available

** Including those who have since obtained international employment

† Not including those holding international employment

	Findings *	
	Yes	No
<i>Contribution to national health since return ††</i>		
7. Informing others (conferences, articles, committees, etc.)	Yes	No
8. Training others (in-service and/or formal teaching)	Yes	No
9. Introducing new methods in existing services	Yes	No
9(a). Improving existing services	Yes	No
10. Establishing new services (not available in community or institution)	Yes	No
11. Conducting field, clinic or laboratory research (published)	Yes	No
12. Other forms of leadership (mostly indirect contribution towards improvement and expression of services, organization of training, etc.; developing public demand for health services)	Yes	No
<i>Contribution to international exchanges</i>		
13. Continued contact with other fellows, teachers and officials met during fellowship (including participation foreign societies and meetings)	Yes	No
14. International assignment abroad	Yes	No
OPINION OF REGIONAL OFFICE		
HQ COMMENTS		

* Findings are counted as positive only when conclusive data are available.

†† The same person is counted each contribution that he makes.

Annex 13

DEVELOPMENTS IN ACTIVITIES ASSISTED JOINTLY WITH UNICEF¹

[A11/P&B/12 — 2 May 1958]

REPORT BY THE DIRECTOR-GENERAL

1. General

1.1 At the twenty-first session of the Executive Board the Director-General submitted a report on the developments, up to the September 1957 session of the UNICEF Executive Board, in activities assisted jointly with UNICEF. Its main points are included in the present report, which also gives information on the developments since that date, especially the decisions taken by the UNICEF Executive Board at its March 1958 session.²

1.2 In the present report the items on malaria eradication, on the establishment of an FAO/UNICEF Joint Policy Committee, and on co-operation of

UNICEF with the United Nations Bureau of Social Affairs, are of particular importance to the World Health Organization and its programmes.

2. Allocations

2.1 The total allocations for 1957 approved by the UNICEF Executive Board were as follows :

	US \$	Percentage of total
Maternal and child welfare	6 415 900	31.4
Disease control	9 553 487	46.8
Nutrition	4 059 000	19.9
Emergency aid.	386 404	1.9
	<u>20 414 791</u>	

2.2 At its session in March 1958 the UNICEF Executive Board approved allocations totalling \$7 379 500 to forty-three countries and territories,

¹ See resolution WHA11.40.

² See UN document E/3083 (E/ICEF/368 Rev. 1).

of which 48.11 per cent. was for basic maternal and child welfare services, 30.18 per cent. for malaria eradication programmes, 9.14 per cent. for other forms of disease control, and 12.57 per cent. for

nutrition projects. Most of the allocations were for continuation and extension of programmes already in operation; however, nine of them were for programmes receiving UNICEF aid for the first time.

ALLOCATIONS APPROVED BY THE UNICEF EXECUTIVE BOARD IN MARCH 1958
(by type of programme and by area)

	Africa	Asia	Eastern Mediterranean	Europe	The Americas	Total
	US \$	US \$	US \$	US \$	US \$	US \$
Basic maternal and child welfare services	208 500	2 798 000	51 000	160 000	332 700	3 550 200
Disease control						
Malaria	257 200	152 000	1 193 000	—	625 000	2 227 200
BCG	—	137 300	—	—	20 000	157 300
Yaws and venereal diseases	381 000	29 000	—	—	—	410 000
Trachoma	—	7 000	—	—	—	7 000
Leprosy	82 000	18 500	—	—	—	100 500
Total — Disease control	720 200	343 800	1 193 000	—	645 000	2 902 000
Nutrition						
Child feeding	28 000	429 000	173 000	—	77 300	707 300
Food conservation	—	191 000	29 000	—	—	220 000
Total — Nutrition	28 000	620 000	202 000	—	77 300	927 300
Total allocations	956 700	3 761 800	1 446 000	160 000	1 055 000	7 379 500

3. Orientation of UNICEF Aid

The administration of UNICEF presented to the UNICEF Executive Board at its March 1958 session a report entitled "Review of the Orientation of UNICEF Aid".¹ The purpose of this report was to give the UNICEF Board an overall view of the present status of various types of activities aided by UNICEF, taking into account evaluations so far available from the technical, administrative and economic points of view. An important conclusion of the report was that it was necessary to recognize that the needs of children are not isolated but have to be viewed within the context of their environment; that, whenever possible, specific measures for the health, nutrition and welfare of children should fit into broader measures for the improvement of family and community levels of living; and that international aid, in its various forms, should therefore be oriented accordingly.

¹ UN document E/ICEF/356 Add. 6

It is the intention of the UNICEF administration to present a similar review to the Board in March 1959.

4. Disease Control

4.1 Malaria

The following table shows the malaria programmes assisted by UNICEF during 1957 :

Type of Programme	Africa	Asia	Eastern Mediterranean	The Americas
Eradication	—	2	8	20
Control	9	2	2	—
Survey	1	—	—	—
DDT production	—	2	1	—
Total	10	6	11	20

At its March 1958 session, the UNICEF Executive Board allocated \$2.2 million for malaria campaigns in thirteen countries. Approximately \$8 million was allocated in 1957 and a similar amount is expected to be allocated in 1958, taking into account the next UNICEF Board session in September 1958.

The \$10 million originally accepted as a ceiling has not been reached. For some years to come, demands on governments conducting eradication programmes will continue to be so heavy that UNICEF's assistance will remain indispensable.

The Executive Director of UNICEF in his statement to the March 1958 session of the UNICEF Executive Board said that the present exceptional level of UNICEF allocations for malaria, amounting to over \$8 million in 1958, would have to continue through 1960. WHO and the United States International Co-operation Administration had been advised that, after that date, they could not count on more than the equivalent of \$4 or \$5 million annually, which was the level envisaged by the UNICEF Board three years earlier. That was because UNICEF could not foresee its resources and the other demands upon them sufficiently clearly to recommend any larger planning target at the time.

In the statement to the UNICEF Executive Board,¹ circulated to its members at their request, the representative of WHO at the Board's March 1958 session reviewed the present general situation with regard to global malaria eradication and the progress of work in Africa. He said :

The generous contribution of the United States of America of \$5 million to the Malaria Eradication Special Account of WHO brought the total amount of this account on 31 December 1957 to the figure of \$5 111 773. A further sum of \$2 000 000 has been added to the Malaria Fund of the PASB/WHO Regional Office for the Americas account.

The proposals for the world-wide eradication campaign have been planned in the first instance for the five-year period 1958-1962. These plans are based on the known needs of the governments which have to undertake eradication programmes and have been discussed and cleared with the governments concerned. Further, the estimated cost of these proposals is based on the following principles and assumptions :

1. The operations planned to be financed from the WHO Malaria Eradication Special Account supplement and do not supplant the assistance which countries receive or are expected to

receive under the WHO regular budget or from the Expanded Programme of Technical Assistance.

2. The very substantial assistance being provided from bilateral sources will be maintained.

3. The contributions of UNICEF to such programmes will be continued at least at the level presently being made. For this purpose the Director-General took into account the decision of the UNICEF Executive Board taken in March 1956—document E/ICEF/337/Rev.1, page 8, para. 136—which states, "The Executive Board believed that commitments for malaria eradication ought not to go beyond \$10 000 000 a year".

Based on these assumptions the financial resources for 1958 for a world-wide eradication programme as now being initiated are quite adequate.

However, for the years 1959-1962 it is estimated that \$27 000 000 will be necessary for international assistance and for the external costs of the requests of governments for assistance. This sum is higher than the resources which at present can be counted upon on the assumptions I have mentioned earlier. WHO therefore notes with some concern that the Executive Director of UNICEF considers the present level of the UNICEF contribution to this programme as exceptional and advises us not to count on more than \$4 to \$5 000 000 beyond 1960.

He called the attention of the UNICEF Executive Board to the view expressed in this connexion by the Executive Board of WHO, which in resolution EB21.R45 expressed "the hope that the UNICEF Executive Board will continue to give maximum assistance for malaria eradication in the future".

The UNICEF Board requested a global review of various national and international efforts against malaria. The WHO representative stated that Annex 4 to the WHO Proposed Programme and Budget Estimates for 1959 constituted the kind of report on the world-wide malaria eradication programme that had been requested. This annex has since been made available to the UNICEF administration for distribution to members of the UNICEF Executive Board. A request was also made to WHO for information at the next session on the economic impact of malaria eradication, including its effect on productivity. The WHO representative stated that available material would be reviewed in order to see if it was possible to comply with the request.

¹ UN document E/ICEF/365

4.2 Control of other Diseases

4.2.1 *Trachoma and related eye diseases.* UNICEF and WHO are currently aiding eleven projects for control of trachoma and related eye diseases: three in North Africa, three in Asia, three in the Eastern Mediterranean area, and two in Europe. Included in these is a pilot project in India, designed to pave the way for the eventual development of a mass campaign. Experiments with various control methods are now in progress with a view to establishing simple and economical methods adaptable to the means of individual countries.

4.2.2 *Leprosy.* At its March 1958 session the UNICEF Board approved a pilot project in leprosy control for Indonesia. This brings to fourteen the number of projects being assisted by UNICEF and WHO: seven in Africa, five in Asia, one in the Eastern Mediterranean, and one in the Americas. In reply to a request for enlightenment, the WHO representative informed the UNICEF Board of the action being taken by WHO to facilitate the technical co-ordination of leprosy control programmes among the various countries and regions. He said that consultants were being provided and advice was being given by the regional offices; WHO was convening a conference of chiefs of leprosy control services in Africa early in 1959 and was planning to provide advisory teams to work in Africa on the assessment and evaluation of leprosy control.

4.2.3 *Tuberculosis.* The UNICEF Board at its September 1957 session adopted the recommendations of the UNICEF/WHO Joint Committee on Health Policy on tuberculosis control, including BCG vaccination and domiciliary chemotherapy. The modifications in BCG campaigns advised by WHO were discussed. It was recognized that there was a need for pre-planning prevalence surveys carried out with a standardized methodology in order to define areas of operations according to the degree of prevalence, and for periodic revaccinations in areas of high or medium prevalence of tuberculosis.

4.2.4 *Bilharziasis.* At its September 1957 session, the Executive Board of UNICEF, in its deliberations on the conclusions of the UNICEF/WHO Joint Committee on Health Policy, agreed with the Committee that "the basic knowledge of the problem and control methods available are not sufficiently developed to warrant recommendations to UNICEF to include projects for the control of bilharziasis among those to which it should give support at the present

time".¹ The Board also noted that the Joint Committee on Health Policy had asked to be kept informed of the progress made in future with respect to new knowledge in this field.

The WHO bilharziasis programme has been developed along three lines. Research in the basic knowledge needed to improve control methods is being co-ordinated on an international scale. The Organization is also stimulating the establishment of pilot projects to determine more economical and practical measures of control. Meanwhile, assistance is being given with national programmes, e.g., in Egypt, Iraq and Syria.

At the March 1958 session of the UNICEF Executive Board, a formal request was made by the representative of the United Arab Republic that at its next session the UNICEF/WHO Joint Committee on Health Policy should again consider the question of UNICEF aid for bilharziasis control. It was agreed that the UNICEF administration would discuss this request with the WHO Secretariat.

5. Maternal and Child Welfare

5.1 At its September 1957 session, the UNICEF Board had before it a WHO document entitled "Review of Maternal and Child Health Activities and Related Training of Professional and Auxiliary Health Workers", which pointed out that more encouragement and help should be offered to governments by WHO and UNICEF for:

- (a) provision for qualified technical leadership and supervisory services effective at all levels;
- (b) integration of maternal and child health services into general health services, at the same time ensuring that the special needs of mothers and children are met;
- (c) co-ordination of maternal and child health services with community development, school health services, and with social welfare and other departments serving mothers and children.²

In terms of activities, the report made a number of specific suggestions designed to:

- (a) reorient programmes away from concentration on midwifery to include emphasis on care of pregnant women and on child care, especially for the pre-school group. Continuing services from infancy through at least the second and third years constitute a goal for major immediate emphasis. In this connexion paediatric education

¹ See UN document E/ICEF/345.

² See UN document E/3050 (E/ICEF/353 Rev. 1).

for doctors and nurses should be extended and improved, and more training in child care should be incorporated in the preparation of midwives and auxiliary workers;

(b) give emphasis to training of all categories (physicians, nurses, midwives, traditional birth attendants and other auxiliaries) and increased attention to professional training of teaching and supervisory personnel;

(c) give more emphasis to child nutrition, including nutrition education of mothers and the increased distribution of milk to priority groups in countries where protein malnutrition is prevalent;

(d) use schools more effectively to carry on health education, including adequate training of teachers in health, and provision of sanitary school environments;

(e) engage in pilot studies to improve the health of children living in urban slums.¹

The Executive Board of UNICEF adopted these WHO recommendations which it considered "guidance for the future planning and execution of maternal and child health programmes to which UNICEF and WHO are devoting efforts and resources".¹

5.2 At its March 1958 session, the UNICEF Board had before it a UNICEF document which described the various activities constituting basic maternal and child welfare services as follows :

(a) establishment or improvement of maternal and child health services or medico-social services, where possible within the framework of a permanent health organization;

(b) establishment or improvement of child welfare services through channels other than a health department, such as a community development or a social welfare department;

(c) environmental sanitation through improvement of village water supplies, excreta disposal and related community health education;

(d) specialized programmes, such as those for physically handicapped children and premature babies;

(e) training of professional and auxiliary personnel for the above.²

It was agreed that the UNICEF administration should discuss with governments and the specialized agencies the fuller use of the types of assistance in training in maternal and child health. The possibility that the United Nations Bureau of Social Affairs would give closer attention to certain aspects of such training was also considered by the UNICEF Board, which requested the Executive Director to include a chapter on training in his "Review of the Orientation of UNICEF Aid" to be presented to the Board in March 1959.

5.3 The UNICEF Executive Board approved a procedure for formalizing the collaboration between the UNICEF secretariat and the United Nations Bureau of Social Affairs. This provided :

(a) that there will be regular discussions on policy between the two secretariats to which both sides would contribute;

(b) that the Bureau of Social Affairs is to be informed by the UNICEF staff, at the earliest possible date, when new types of programme aid, or individual country projects appearing to have important social aspects, are likely to come forward. These will be discussed at Headquarters level in the first place. The Bureau will seek to keep UNICEF informed of social data and trends which may affect the work of UNICEF;

(c) that, in cases where the Bureau wishes and is able to participate in the field development of projects, its technical approval of their social aspects will be secured before the request is submitted to the UNICEF Board. If for any reason the Bureau cannot participate in the preparation of the project in the field, UNICEF's subsequent action with respect to the project will be based upon the Bureau's advice in regard to its social aspects.²

Projects in community development will be among the programmes to which these arrangements will apply. In this field, if the health aspects of a community development project predominate, participation in planning and technical approval by WHO will be required, in accordance with established procedures. If the health aspects of such a project are marginal, there will be consultation with WHO at both the planning and implementation stages. In most cases, technical approval will be provided

¹ See UN document E/3050 (E/ICEF/353 Rev. 1).

² See UN document E/3083 (E/ICEF/368 Rev. 1).

only by one agency. Where more than one agency has a sufficient interest to merit participation both in the planning and implementation, each will give technical approval for the aspects within its competence. Procedures for consultation with WHO on programmes of marginal interest are to be developed in further negotiations with WHO.

5.4 *Special Aspects of Maternal and Child Welfare*

5.4.1 *Aid for children in institutions and day care centres.* At the March 1958 session of the UNICEF Executive Board the representative of the United States of America drew the attention of the Board to the desirability of considering ways in which UNICEF aid could be extended to residential institutions and day care centres. The United States representative proposed that a study be undertaken of how UNICEF aid with equipment, supplies and training of staff could improve both the physical care of children and the programmes of the institutions and day care centres. It was recognized that technical guidance in developing UNICEF aid of this type would need to come from the Bureau of Social Affairs of the United Nations. WHO, through its maternal and child health staff, would also be able to provide technical advice. The UNICEF administration has been requested to submit a paper outlining a programme on this subject for the consideration of the UNICEF Executive Board at its March 1959 session.

5.4.2 *Environmental sanitation.* At its September 1957 session, the UNICEF Executive Board made allocations to three jointly assisted projects in the Region of the Americas, the scope of each of which is to develop maternal and child health and to strengthen environmental sanitation within a comprehensive rural health programme.

At the March 1958 session of the UNICEF Executive Board questions arose regarding the volume of UNICEF aid for environmental sanitation in relation to other forms of assistance. This will be reviewed by the UNICEF Board at its September 1958 session when it has before it the annual review of forecasts of requests for UNICEF allocations.

The UNICEF Board requested the Executive Director of UNICEF to include a chapter on environmental sanitation in his "Review of Orientation of UNICEF Aid" to be presented to the UNICEF Board in March 1959. A general review of this question has been requested for inclusion in the agenda of the UNICEF/WHO Joint Committee on Health Policy at its 1959 session.

6. Nutrition

6.1 At its March 1958 session the UNICEF Executive Board reviewed the progress in the development of expanded and national activities of UNICEF and the assistance given by FAO and WHO. The WHO representative described the gradual expansion which was taking place in WHO's activities in nutrition, including advisory services to governments, surveys, and aid for training. The appointment of nutrition advisers to some of WHO's regional offices was under consideration. The closest collaboration was being maintained with FAO and UNICEF on nutrition, and WHO had a direct interest in UNICEF feeding programmes and skim milk distribution projects. WHO wished to be more closely and more directly associated with these UNICEF activities in the future. Finally, he emphasized WHO's interest in the training of nutrition personnel and informed the Executive Board that WHO was prepared to take an active role in this important work. The Board welcomed this support of WHO to the joint UNICEF/FAO/WHO nutrition activities.

7. FAO/UNICEF Joint Policy Committee

The UNICEF Executive Board, at its session in September 1957, approved in principle UNICEF's material aid for five related activities to help governments improve child nutrition: nutrition services, professional training in nutrition, nutrition education of the village people, nutritional activities in the villages and, where appropriate, limited supplementation with vitamins or minerals. The UNICEF Board also requested the UNICEF Executive Director to consider with the specialized agencies concerned how best to achieve closer collaboration both in policy and in aid to governments in this field.

At its March 1958 session, the UNICEF Board had before it a recommendation by the Executive Director of UNICEF that an FAO/UNICEF Joint Policy Committee, on lines parallel to the UNICEF/WHO Joint Committee on Health Policy, should be established and that it should consist of ten members, five appointed by FAO and five by UNICEF. The recommendation also outlined the proposed functions of such a committee and its relationship with WHO and other existing committees in the field of nutrition.

Considerable discussion took place as to whether it was necessary to set up a new body and whether the need for co-ordinating the nutrition work of UNICEF and the specialized agencies could not be

met by inter-secretariat co-operation. The UNICEF Executive Board set up a working party of its members to try to reconcile the different points of view and to draw up proposals.

The proposal by the administration of UNICEF which suggested that the members should be appointed by the Executive Board of UNICEF was modified by the working party to the effect that the Board should elect five governments which would appoint their own representatives.

The working party's proposal, amended to include the provision that the UNICEF Executive Board at its spring 1959 session should reconsider the matter in the light of the experience gained in the intervening period, was adopted by the UNICEF Executive Board.

The UNICEF Board adopted the following terms of reference¹ for the FAO/UNICEF Joint Policy Committee :

- (a) to recommend general principles to be followed by FAO and UNICEF in jointly assisting governments, within FAO's sphere of competence, to improve the nutrition of mothers and children;
- (b) to recommend to the UNICEF Executive Board the types of country programmes of interest to FAO to receive UNICEF support; and also to recommend to the FAO Council and through it to the Conference the accompanying assistance required from FAO, drawing attention to any budgetary implications;
- (c) to recommend and review from time to time the general measures needed to develop and co-ordinate the assistance provided jointly to governments by FAO and UNICEF, having regard to the different procedures as well as the different timing of the session of the governing bodies of the two organizations, and taking into account the participation of WHO and other international agencies in activities in the field of maternal and child nutrition;
- (d) to receive evaluation reports on the different types of programmes jointly assisted and to forward recommendations for further action to the UNICEF Executive Board and the FAO Council;
- (e) to recommend methods by which programmes assisted by UNICEF and FAO may be more effectively co-ordinated with the United Nations Technical Assistance programmes within the country, particularly at the planning stage;

(f) to review the manner in which FAO and UNICEF divide their efforts in carrying out joint projects, and to call attention to any instances where either agency duplicates, or is apt to duplicate, the functions of the other;

(g) to make recommendations concerning any other matters of joint interest to FAO and UNICEF;

(h) to submit to the FAO Council and the UNICEF Executive Board its conclusions relating to (a) and (g) above.

It was agreed that the Director-General of WHO should be invited to be represented at meetings of the FAO/UNICEF Joint Policy Committee and to participate in the discussions. Documentation for the Committee bearing on WHO's interests will be cleared with WHO.

The following governments were elected to appoint members and alternates to represent UNICEF on the Joint Committee :

Members: Austria, El Salvador, Philippines, Tunisia, Union of Soviet Socialist Republics;

Alternates: Australia, Ecuador, Germany, Indonesia, Italy.

8. UNICEF/WHO Joint Committee on Health Policy

8.1 The following members and alternates were designated to represent UNICEF on the UNICEF/WHO Joint Committee on Health Policy.

Members: Mr M. Shafqat (Pakistan), Mr M. A. O. de Almeida (Brazil), Professor R. Debré (France), Mrs Z. Harman (Israel), Miss M. Radić (Yugoslavia);

Alternates: Dr B. Kozusznik (Poland), Mr P. Kaul (India), Mrs M. López (Colombia), Baron P. de Gaiffier d'Hestroy (Belgium), Mr H. Etazadi (Iran).

8.2 From a consideration of current developments in projects assisted by UNICEF and WHO the various proposals that have been requested for inclusion on the agenda of the next session of the UNICEF/WHO Joint Committee on Health Policy can be listed as follows :

- (a) review of the present position in leprosy control
- (b) review of trachoma programmes
- (c) progress report on malaria eradication activities
- (d) review of tuberculosis activities—to be included if WHO finds that an appropriate stage has

¹ See UN document E/3083 (E/ICEF/368 Rev. 1)

been reached in chemotherapy and in the development of freeze-dried BCG vaccine for such a review to be presented. If that stage has not been reached, the item might be placed on the agenda for the 1959 session.

9. Government Requests for Allocations

The following is quoted from the report of the UNICEF Executive Board on its March 1953 session.¹

The Executive Board had before it a proposal by three delegations (Brazil, India and the United Arab Republic) that the Executive Director circulate to each session of the Board a paper giving information on all government requests for assistance which had the technical approval of the specialized agencies concerned, but which the Executive Director did not feel justified in recommending for allocation to that session of the Board (E/ICEF/58-A/CRP/10). The proposal received the support of a number of representatives

on the ground that this would provide the Board with information necessary to discharge its responsibilities more effectively. Other representatives believed, however, that the implications of the proposal needed more serious consideration than was possible at the present session. Some representatives thought it might have complicating effects as a result of Board intervention in negotiations with Governments, who, under present procedures, were free on their own initiative to bring any grounds for dissatisfaction to the attention of the Programme Committee. Several suggested that its effects be weighed as a precedent for other types of United Nations aid, such as technical assistance.

The Board decided to defer consideration of the proposal to its September session. It requested the Executive Director to study the proposal in the light of the various views expressed in the Board, and in consultation with other appropriate United Nations departments, and to submit a report to the September session.

Annex 14

CO-OPERATION WITH UNITED NATIONS AND SPECIALIZED AGENCIES AND THEIR DECISIONS AFFECTING WHO'S ACTIVITIES²

[A11/P&B/16 — 16 May 1958]

REPORT BY THE DIRECTOR-GENERAL

I. UNITED NATIONS

Membership of the United Nations

1. The Federation of Malaya was admitted to membership of the United Nations on 17 September 1957.

Revision of the United Nations Charter

2. At its twelfth session, in 1957, the General Assembly decided to consider not later than at its fourteenth session, in 1959, recommendations to be submitted by its committee on arrangements for a conference for the purpose of reviewing the Charter (resolution 1136 (XII)).

Peaceful Uses of Atomic Energy

Agreement between the United Nations and the International Atomic Energy Agency

3. The General Assembly, in resolution 1145 (XII), approved the text of an agreement between the United Nations and the International Atomic Energy Agency, which had already been approved by the General Conference of the Agency.

Effects of Atomic Radiation

4. This subject is dealt with in a separate document.³

Economic and Social Activities

Financing of Economic Development

5. This matter is dealt with under item 7.17 of the agenda.⁴

¹ UN document E/3083 (E/ICEF/368 Rev. 1) paras 82 and 83

² See resolution WHA11.43 and minutes of the twelfth and thirteenth meetings of the Committee on Programme and Budget.

³ Unpublished

⁴ See Annex 18.

Reports on the World Social Situation

6. At its twenty-fourth session, in July-August 1957, the Economic and Social Council requested the Secretary-General (in resolution 663 E (XXIV)) to prepare for the Social Commission three reports under the heading "World Social Situation": a survey of programmes of social development (1959); a brief survey of major trends in the social situation and a study of balanced economic and social development (1961); a report on the world social situation, including a comprehensive review of changes in levels of living throughout the world and analyses of such special problems as the situation demands (1963).

7. By the same resolution it further requested the Secretary-General, in collaboration with the specialized agencies, to explore ways of improving the quality of the data available for analysis on the world social situation.

8. The Council attached special importance to the question of urbanization and invited the specialized agencies to continue their work in this field, looking towards the evolution of integrated policies to be developed with due regard to both rural and urban aspects of the problem (resolution 663 H (XXIV), paragraph 6).

Balanced and Integrated Economic and Social Progress

9. In connexion with the request reported under 6 above, the Council considered of special importance the problems of balance among the factors of economic and social development and the interaction between developments in the economic and social fields (resolution 663 H (XXIV), paragraph 5).

10. The General Assembly, noting this action by the Council, recommended that the Council, in co-operation with the specialized agencies, should intensify its efforts in the study and recommendation of measures to effect balanced and integrated economic and social progress (resolution 1161 (XII)).

Economic Commission for Africa

11. The Economic Commission for Africa was established by the Economic and Social Council on 2 May 1958 (resolution 671 (XXV)), following the recommendation in General Assembly resolution 1155 (XII). It received from the Economic and Social Council wide authority as regards measures for economic and social development, including advisory services that do not overlap the work of other United Nations bodies or specialized agencies.

Provision has been made for liaison with the specialized agencies. The geographical scope of the Commission's work is the whole continent of Africa and the African islands; its headquarters will be in Addis Ababa.

Development and Co-ordination of the Economic, Social and Human Rights Activities of the United Nations and the Specialized Agencies as a Whole

12. The Economic and Social Council gave particular attention to this item at its twenty-fourth session (July 1957) and decided to do so again in 1958.

13. The Council, having considered the reports of the specialized agencies, invited them, *inter alia*, "to consider the extent to which they may be able to apply the general guiding principles in the field of co-operation and concentration of activities, as... approved by the Council at its twenty-fourth session as guides to the future work of the United Nations and its subsidiary organs in the field of co-ordination" (resolution 664 A (XXIV)).

14. The principles are as follows:

(i) All efforts to achieve greater effectiveness in the work of the United Nations in the economic, social and human rights fields should be regarded as a continuing process and to this end programmes of work of the Council and its subsidiary bodies should continue to be reviewed at periodic intervals by the Council on the basis of reports submitted by the Secretary-General;

(ii) The promotion of economic and social development of under-developed countries should continue to be the overriding objective of all activities in this field as established by the Council at its fourteenth session;

(iii) The achievement of optimum results, within the limits of whatever resources may be available at any given time, can best be assured by concentration of efforts on a limited number of major areas of activity, by giving preference to those projects which promise practical results, by grouping together and interrelating, where appropriate, individual items of demonstrable urgency or importance, or by eliminating or deferring projects of relatively low priority;

(iv) Continued attention should be paid to the closer co-ordination of the economic and social aspects of international development work, to the elimination of unrelated and isolated activities

which are not of demonstrable urgency or practical value, and to the most effective co-ordination of the work of the Secretariat at headquarters and in the regional economic commissions.

15. In considering the extent to which WHO can apply these general principles, it appears that the principles and criteria which the Eighth World Health Assembly approved in the second programme of work covering a specific period¹ are in harmony with those adopted by the Council in resolution 664 A (XXIV).

16. In connexion with the sub-item "General Review" of its agenda, the Council adopted resolution 665 (XXIV).

17. Resolution 665 A (XXIV) of the Council² deals with conditions of effective concerted action. At its twenty-first session the Executive Board, after considering this resolution and the report of the Director-General on participation by WHO in broad programmes of the United Nations and the specialized agencies in the social and economic fields, adopted resolution EB21.R15 on the same subject.

18. At its meeting in May 1958 the Administrative Committee on Co-ordination prepared the report on possibilities of concerted action which was requested by the Council in resolution 665 A (XXIV). This report is contained in Annex I of the twenty-second report of the ACC to the Council (see Appendix to this annex) which will be considered by the Economic and Social Council at its twenty-sixth session.

19. The fields of activity in which further steps toward fully concerted action are considered feasible and desirable are discussed in paragraphs 5 to 15 of Annex I to the ACC's report. They are: community development; water control and utilization and related fields; housing, building and planning; industrialization and productivity; and urbanization. These are the programmes in which the Executive Board in its resolution EB21.R15 recommended participation by WHO. It should be noted that the Board considered urbanization as being included in the broad programme of industrialization and productivity.

20. Procedures for concerted action are discussed in paragraphs 21 to 25 of Annex I to the report of the ACC, which set out the decisions adopted by the Governing Body of ILO, by the Executive

Board of UNESCO, and by the Health Assembly (in resolution WHA10.39). In view of the opinion expressed by the Tenth World Health Assembly in paragraph 2 of that resolution, the Assembly may wish to note particularly the conclusion of the ACC in paragraph 25 of Annex I to its report (see page 467). This statement will be considered by the Council at its twenty-sixth session.

21. In its resolution 665 C (XXIV) (see page 468) the Council requested the Secretary-General of the United Nations to make an appraisal of the scope, trend and cost of the United Nations programmes in the economic, social and human rights fields for the period 1959-64 and invited five of the specialized agencies³ including WHO to "consider the most appropriate and practical methods of preparing similar appraisals of their own programmes for the same period".

22. At its twenty-first session, after considering the Director-General's report, the Executive Board adopted resolution EB21.R19, "Implementation of Resolution 665 C (XXIV) of the Economic and Social Council".

23. Resolution 665 C also calls for a special report by the ACC on the preparation of the appraisals. The executive heads of the organizations concerned agreed, at the meeting of the ACC held in May 1958, to the report which constitutes Annex II of the twenty-second report of ACC to the Council (see appendix to this annex).

This report will be considered by the Economic and Social Council at its session in July 1958. Both this report and any action which the Economic and Social Council may take in this regard will be reported to the Executive Board at its twenty-third session, in conformity with resolution EB21.R19.

International Co-operation in the Field of Science, Culture and Education

24. The General Assembly adopted resolution 1164 (XII) inviting UNESCO and other specialized agencies concerned to include in their annual reports to the Economic and Social Council a statement of their views and activities in the field of international scientific and cultural co-operation. The Council is invited, at its twenty-sixth session in 1958, to give special attention to the statements of the specialized

¹ *Off. Rec. Wld Hlth Org.* 63, 413

² Reproduced in *Off. Rec. Wld Hlth Org.* 83, 113

³ The agencies to which this resolution is addressed are ILO, FAO, UNESCO, WHO, and WMO.

agencies and to include a section on this subject in its report to the thirteenth session of the Assembly in September 1958.

Community Development

25. The Economic and Social Council, in resolution 663 D (XXIV), commended to the attention of governments and international organizations the latest formulation of the essential character and requirements of the principles and techniques of community development process embodied in the twentieth report of the Administrative Committee on Co-ordination in 1957 (submitted to the Executive Board at its nineteenth session). It recommended international action on six points, including study of the possibilities of application of community development in urban areas, and requested a progress report, including recommendations for further action, for the Council in 1959.

*Development and Utilization of Water Resources*¹

26. In May 1958, at its twenty-fifth session, the Economic and Social Council, by resolution 675 (XXV), noted a report on co-ordinated work in this field submitted by the United Nations in consultation with the interested specialized agencies, including WHO. It also commended the United Nations Panel of Experts on Integrated River Basin Development, with whose work WHO was associated, for its report which, *inter alia*, called for concerted action in this sector of water resource development.

Participation of Women in Community Development

27. In resolution 1162 (XII) the General Assembly recommended that governments and international agencies should encourage the full participation of women in community development programmes and requested that this matter should be covered in future reports to the Economic and Social Council.

Economic Opportunities for Women

28. The Economic and Social Council, in resolution 652 E (XXIV), invited the specialized agencies to co-operate in a report to the Commission on the Status of Women in 1959 on employment opportunities for women in three fields. One of the fields selected is engineering, which includes sanitary engineering.

Addiction-Producing Drugs

29. The Economic and Social Council, in resolution 667 D (XXIV) invited WHO to study the medical aspects of the habitual chewing of the leaves of khat and to report thereon to the Commission on Narcotic Drugs. It also recommended that the United Nations and the specialized agencies concerned give consideration to requests for technical Assistance from India and Morocco on matters including the treatment of addicts using cannabis (resolution 667 F (XXIV)) and from Iran for questions including the treatment of opium addicts (resolution 667 G (XXIV)).

Appointments to Permanent Central Opium Board and Drug Supervisory Body

30. In view of the interlocking work of the Permanent Central Opium Board and the Drug Supervisory Body, the Council decided to establish a personal union between these two organs by means of a common membership to both. It invited the World Health Organization, in resolution 667 H (XXIV), to consider appointing to the Drug Supervisory Body persons who are members of the Permanent Central Opium Board. After the nomination of three candidates by the World Health Organization, the Economic and Social Council elected two of them as members of the Permanent Central Opium Board, and the World Health Organization appointed them as members of the Drug Supervisory Body.

Demographic Questions

31. The Economic and Social Council, in resolution 642 (XXIII), requested the Population Commission, in consultation with the specialized agencies, to report in 1959 on wider co-operation in demographic studies and vital statistics in Africa and on the possibilities of establishing demographic research and training centres in Africa. In this connexion, it noted the work done by the African Seminar on Vital and Health Statistics, held in Brazzaville in November 1956.

Observance of the Tenth Anniversary of the Adoption of the Universal Declaration of Human Rights

32. The Economic and Social Council approved the plans for the observance of this anniversary, which will take place in 1958 and particularly on 10 December 1958. The specialized agencies are invited to co-operate in that observance (resolution 651 B (XXIV)).

¹ UN document E/3114

International Administrative Service

33. In a memorandum¹ submitted to the Economic and Social Council at its twenty-fourth session, the Secretary-General of the United Nations put forward suggestions aiming at the creation of an "international administrative service". In his opening statement, at the 980th plenary meeting of the Council, he described this as "an international service composed of experienced officials who would actually occupy responsible—though presumably not central policy-making—posts in national administrations..." The Technical Assistance Committee defined it as "an experimental programme for providing to less-developed countries at their request internationally recruited administrators to work in the civil service of the requesting governments".

34. In his statement to the Council, the Director-General said "that the World Health Organization continued to believe that so far as its work was concerned, an international civil service was unnecessary. WHO had always acted in accordance with the policy of helping States to help themselves, and had based all its assistance on the training of local personnel. He doubted the feasibility of any new approach."²

35. At the twenty-first session of the Board in January 1958 several members endorsed the views expressed by the Director-General to the Council on this question.³

Trust and Non-self-governing Territories

36. At the twenty-first session of the Trusteeship Council (January 1958), WHO presented individual reports on its observations concerning the health conditions of the five trust territories under review: Tanganyika, Ruanda-Urundi, French Cameroons, British Cameroons and the autonomous Republic of Togo.

37. The Committee on Information from Non-self-governing Territories, at its ninth session (April 1958), gave special attention to social conditions and WHO presented three reports on health conditions in these territories. The reports dealt, respectively, with long-term health planning, population and public

health, and maternal and child health. In addition, the Committee was informed of WHO's activities in the non-self-governing territories.

38. Work continued on the report of progress achieved by the non-self-governing territories during the period 1949 to 1955 which will be considered by the General Assembly of the United Nations in 1959. WHO is collaborating with the United Nations in preparing the health chapter of this report.

II. SPECIALIZED AGENCIES

International Labour Organisation

39. The International Labour Conference adopted in June 1957 the Convention relating to the Protection and Integration of Indigenous and other Tribal and Semi-tribal Populations in Independent Countries. The Convention as adopted includes the provisions approved by the Health Assembly in resolution WHA10.41.

40. The Governing Body of the International Labour Office, which determines the agenda of the International Labour Conference, decided that the Conference would consider in 1958, *inter alia*, the organization of health services for workers in places of employment and in 1959, *inter alia*, the protection of workers against radiations.

Food and Agriculture Organization

41. The Conference of FAO approved in November a resolution whereby it considers that basic policy with respect to joint FAO/UNICEF activities can best be dealt with by a Joint FAO/UNICEF Policy Committee. The action taken by the Executive Board of UNICEF in March 1958 is described in the Director-General's report on developments in activities assisted jointly with UNICEF.⁴

International Civil Aviation Organization

42. Arrangements have been concluded with ICAO concerning close co-operation with respect to aviation medicine.

Universal Postal Union

43. Amended regulations to facilitate postal transmission of perishable biological goods were prepared in consultation with UPU and were adopted in August 1957 by the Universal Postal Congress. WHO also advised UPU on occupational diseases of postal workers.

¹ UN document E/3017

² *Official Records of the Economic and Social Council*, Twenty-fourth session, p. 85

³ Document EB21/Min/8 Rev.1, pp. 213-15

⁴ See Annex 13.

Interim Commission of the International Trade Organization (General Agreement on Tariffs and Trade)

44. GATT consulted WHO concerning technical questions arising from a proposal by the Council of Europe to lift trade restrictions on artificial limbs and orthopaedic appliances.

III. INTERNATIONAL ATOMIC ENERGY AGENCY

45. As stated in the Director-General's report on the peaceful uses of atomic energy,¹ discussions of a relationship agreement between the Agency and WHO have started and are proceeding in a satisfactory way.

Appendix

[UN document E/3108² — 13 May 1958]

TWENTY-SECOND REPORT OF THE ADMINISTRATIVE COMMITTEE ON CO-ORDINATION TO THE ECONOMIC AND SOCIAL COUNCIL

I. Introduction

1. The Administrative Committee on Co-ordination, under the Chairmanship of the Secretary-General, met at United Nations Headquarters, New York, on 7-8 October 1957, and at the European Office of the United Nations, Geneva, on 5-6 May 1958. Present at one or both of these sessions were the Directors-General of the International Labour Organization, Food and Agriculture Organization of the United Nations, United Nations Educational, Scientific and Cultural Organization and World Health Organization, the Vice-President of the International Bank for Reconstruction and Development (also representing the President of the International Finance Corporation), the Managing Director of the International Monetary Fund, the President of the Council of the International Civil Aviation Organization, and the executive heads of the International Telecommunication Union, Universal Postal Union and World Meteorological Organization. At the Committee's May session, the Director-General of the International Atomic Energy Agency participated for the first time. His colleagues in the Committee wished to express their satisfaction that the Agency was now a full participant in the work of the ACC.

2. The Executive Chairman of the Technical Assistance Board, the Executive Director of the United Nations Children's Fund, the Director of the United Nations Relief and Works Agency for Palestine Refugees and the United Nations High Commissioner for Refugees were also present at one or both sessions. During the October session, an informal meeting was arranged between the members of the ACC and the Secretary-General of the Organization of American States for discussion of questions of co-ordination.

II. Technical Assistance

3. The ACC heard a report from the Executive Chairman of the Technical Assistance Board on the progress of the Expanded Programme. The Executive Chairman informed the ACC that, measured in monetary terms, the programme of technical assistance carried out in 1957 was the largest in the history of the Expanded Programme. For the first time it had been possible to earmark in January practically all the funds necessary to carry out all the planned programme for

the year. Despite some anxieties, this progress was being maintained in 1958. Some thirty-four countries had increased their contributions to the programme and it was now expected that total contributions for 1958 would amount to 31.5 millions, which would be a record figure. The prospects were less certain in view of the reduction in the United States matching formula from 45 per cent to 40 per cent or even 38 per cent. The future resources of the Expanded Programme would also have to be considered in relation to the broader perspectives opened by the establishment of the Special Fund.

4. The Executive Chairman drew the attention of the ACC to two specific questions which had recently engaged the attention of TAB, namely, (i) the provision of technical assistance to countries in Europe which had hitherto not been served; and (ii) the implications of the possible decision of IAEA to take part in the Expanded Programme.

5. The ACC noted that TAB had not renewed for 1959 its decision not to extend technical assistance to countries in Europe which had not had programmes in past years, subject to the qualification that it would be unrealistic to give requesting governments the impression that the non-renewal of its previous decision could result in the provision of significant amounts for technical assistance to countries where no programme had hitherto existed, and that it would be clear that the Technical Assistance Board could expect to meet only a small number of such requests where particular urgency could be shown.

6. It was further noted that this position would be subject to consideration by the Technical Assistance Committee at the end of June. It was agreed that the question called for further study, and that representatives of the organizations concerned would keep in touch with each other and with the Executive Chairman in preparation for the discussion of the question at TAC.

7. The Committee was informed by the Director-General of IAEA that the Board of Governors of the Agency had decided to recommend to the IAEA General Conference that the Agency should become a participating organization of EPTA. The ACC noted that TAB had decided to set on one side a small reserve of \$200 000 to provide the basis for 1959 programme planning within the field of activities of IAEA, should the Agency decide to take part in the Expanded Programme. This reserve, together with supplementary

¹ See Annex 17.

² Mimeographed version

allocations to meet specific requests, under the Executive Chairman's contingency authority, would enable IAEA to make a modest start in meeting requests for technical assistance under the Expanded Programme. It was too early to determine the scale of assistance which would be needed to meet well-considered requests from less developed countries for help in the peaceful use of atomic energy, but it was expected that the experience gained next year would give a clearer picture of the future scale of need.

8. The Director-General of IAEA, while not in a position to evaluate at this stage the appropriate magnitude of IAEA's initial programme, if it were to join EPTA, expressed his appreciation of the initiative taken by TAB and pointed out that the final decision on participation in EPTA would rest with the IAEA General Conference.

9. The Director-General of FAO drew the attention of the ACC to what he considered to be serious defects in the operation of the country programming procedures in the Expanded Programme. He believed that the time had come for radical changes to improve programming, and pointed out that FAO had made a number of practical suggestions to this end. The Executive Chairman welcomed the initiative taken in this matter, but suggested that it might be well to take into account the experiences of this third year of country-programming procedure. He suggested that TAB should make a thorough study of the experience of existing procedures with a view to making practical proposals for consideration by the ACC at its meeting in May 1959. It was decided to ask TAB to make such a study.

10. The ACC heard a statement from the Executive Chairman on the annual report of the Technical Assistance Board to the Technical Assistance Committee for 1957. The report had been submitted to the ACC in final draft form, and it was decided to endorse it for presentation to TAC.

III. Special Fund

11. The ACC has noted the arrangements and plans set out by the Preparatory Committee for the Special Fund in its report to the Council.¹ It considers that the inter-secretariat consultations held prior to the meetings of the Preparatory Committee were valuable and hopes that the measure of agreement reached as a result of those consultations may have facilitated the Preparatory Committee's task.

IV. Co-ordination of Activities in the Field of Atomic Energy

12. During the May session of the ACC, there was an exchange of information on the arrangements for the forthcoming Second United Nations International Conference on the Peaceful Uses of Atomic Energy, for which papers on the following topics have been submitted by organizations in the United Nations family: the programme of the International Commissions on Radiological Protection and on Radiological Units and Measurements (WHO), a joint study by the Govern-

ment of Italy and IBRD of a large nuclear power plant in Southern Italy (IBRD), meteorological aspects of the peaceful uses of atomic energy (WMO) and the development of international collaboration in the field of atomic energy (IAEA). ILO will be communicating to the Conference the first instalment of the ILO manual of industrial radiation protection, now in course of preparation; UNESCO will submit a report on the international conference which was held under its auspices, in September 1957, on the use of radioisotopes in scientific research; IAEA plans to provide a survey on the use of radioisotopes in physics, chemistry and technology, while the United Nations Secretariat will provide a review of problems of economic analysis of nuclear power, particularly in relation to power development in general.

13. It was noted that representatives of FAO, UNESCO, WHO, IBRD, ICAO and WMO as well as IAEA attended the fourth session of the Scientific Committee on the Effects of Atomic Radiation, held early this year. Reports for consideration at that session included information from WMO on the question of suitable international standards applicable to the collection of samples of precipitation for the measurement of radioactivity; a joint report of FAO, UNESCO and WHO on sea and ocean disposal of radioactive wastes; and a report of FAO regarding calcium availability in the broad soil groups of the world in relation to the uptake of radio-strontium. In addition, ILO informed the Scientific Committee of its activities in the field of radiation protection.

14. With reference to the future scope and extent of the activities of the Scientific Committee on the Effects of Atomic Radiation, it was generally agreed that the Committee provides a useful focal point for work on various aspects of the effects of radiation, with which intergovernmental agencies as well as non-governmental scientific organizations and institutions are concerned. It provides a framework within which specialized agencies, the IAEA and non-governmental scientific institutions can co-operate on specific matters of common interest in the radiation field, and through which the relevant research programmes can be stimulated and co-ordinated and results evaluated. This activity is especially important in a complex scientific field in which both resources of skill and of trained manpower and research facilities are scarce.

15. The members of the ACC will continue to be available for informal consultations with a view to giving any assistance required by the Secretary-General and the Scientific Committee on the question of strengthening and widening scientific activities in this field, on which the Secretary-General, in consultation with the Scientific Committee, is called upon to report to the next session of the General Assembly.

16. Consultations are currently under way between IAEA and several of the specialized agencies having an interest in atomic energy matters. The purpose of these consultations is to prepare for the conclusion of relationship agreements and to ensure the most appropriate division of labour as well as mutual assistance in the execution of programmes of common concern.

¹ E/3098

V. Development of Co-ordination and Co-operation in Major Economic, Social and Human Rights Activities

(a) Possibilities of Concerted Action

17. The ACC's response to the questions addressed to it by the Council last summer in resolution 665 A (XXIV) is the subject of a special report, which is attached as Annex I.

18. In preparing this report, the Committee reviewed the practical arrangements for ensuring co-operation and co-ordination that have been built up over the years in respect of a wide range of activities, and brought up to date the material on this subject that had been submitted to the Council in 1954 (E/2607/Add.1). In the ACC's view, the significance of this new and revised material is such that it should be made available to the members of the Council. It is to be found in document E/3108/Add.1.

19. The arrangements referred to above necessarily operate within the framework of the constitutions and the decisions of the governing organs of the various agencies. Because of this constitutional position, as well as, of course, the nature of the problems involved, which obviously set limits to what inter-secretariat action can achieve, the importance of co-ordination at the national level for the purpose of ensuring coherence and concentration of international programmes cannot be over-emphasized. The ACC notes that a report dealing with the methods adopted by governments to ensure co-ordination of their activities in different international organizations is to be submitted to the Council by the Secretary-General this summer.¹

(b) Programme Appraisals for the Period 1959 to 1964

20. The Secretary-General and the executive heads of ILO, FAO, UNESCO, WHO and WMO have consulted on the manner in which they could best give effect to the request addressed to them by the Council, under resolution 665 C (XXIV). Consideration was given to the question of the preparation in comparable form of the appraisals of the programmes of their respective organizations for the period 1959 to 1964. In the light of these consultations, the ACC has responded to the Council's request for a report regarding the preparation of the appraisals and major problems encountered. This report, which includes a summary of action taken, under the Council's resolution, by the governing bodies of the specialized agencies concerned, will be found in Annex II.

(c) Recent Consultations on Economic and Social Activities

21. In the past year, particular attention has been devoted, in inter-agency consultations, to questions relating to community development, water resource control and utilization, and commodity questions.

22. As regards community development, efforts in 1957 and 1958 have been directed towards practical steps to be taken in field work to implement the principles and concepts governing concerted action among the organizations concerned, which had been agreed upon in 1956.² In this connexion, certain criteria have been adopted for planning at the country level and for the recruitment and briefing of experts. The public administration aspects of community development have been the subject of special study, and the statements of 1956 concerning the technical services contributing to community development are to be revised in the light of the experience acquired.

23. The proposals now before WMO for the extension of the work of that Organization into the field of hydrology were noted. These proposals, as formulated by the WMO panel on water resource development, envisage that, in addition to subjects common to both meteorology and hydrology (precipitation and evaporation), WMO should accept responsibility as regards other aspects of hydrology, such as stream flow, sedimentation and underground water, but should not be involved in engineering work, such as design of dams and other hydraulic structures, nor in the broad-scale planning of water resource development. The ACC welcomed the principle of the extension of the responsibility of WMO in the field of hydrology. At the same time, it recognized the importance, in accordance with the resolution adopted by the Council on 2 May 1958, of avoiding duplication with the work in this field of the United Nations and other specialized agencies and, in particular, FAO, UNESCO and WHO. With this in view, the ACC arranged for inter-secretariat consultations to be held on the allocation of primary responsibilities between the interested organizations in the field of hydrology. The results of these consultations would be submitted to the governing bodies of the specialized agencies concerned, which would be invited to communicate their views to WMO before a final decision would be reached by that organization.

24. The ACC was of the opinion that there was a need for further clarification and standardization of terminology in the various fields of water resources. In pursuance of Council resolution 345 A (XII), relating to the development of standard concepts useful for the survey and inventory of specific types of non-agricultural resources, the ACC invited UNESCO, in close collaboration with the organizations concerned, to intensify and co-ordinate the work already undertaken towards the standardization of terminology in the above fields.

25. In connexion with the ACC's May session, a consultation was held between the Executive Secretary of ECAFE and representatives of several of the specialized agencies in regard to the project for development of the lower Mekong river. The project has been undertaken jointly by Cambodia, Laos, Thailand and Viet Nam on the basis of an initiative taken and studies made by ECAFE, and was recently the subject of a United Nations technical assistance survey mission headed by General Wheeler. The executive heads of ILO, FAO, UNESCO, WHO and WMO stressed the importance they attached to being associated in appropriate ways in the further development of the project, to certain aspects of which, such as agricultural development, training and manpower, they believed their agencies could make a useful contribution.

26. The ACC authorized the setting up of a Sub-Committee on Commodity Problems, consisting of the executive heads of the United Nations, FAO and GATT or their representatives. It was understood that other agencies interested in particular aspects of the problem, such as ILO and IMF, would be kept informed of the Sub-Committee's work and be entitled to participate in it whenever they considered it desirable to do so. The first meeting of the Sub-Committee, largely of an exploratory nature, was held in April of this year.

27. Other subjects to which attention has been directed, from the point of view of the development and co-ordination of programmes, include agrarian reform and migration. Inter-agency consultations have continued on the preparation of the Secretary-General's report, called for by General Assembly resolution 1053 (XI), on progress in the non-self-governing

¹ E/3107

² E/2931, Annex III

territories. Consultations have also been held regarding the preparation of the report to be submitted to the Council's twenty-sixth session on the development and co-ordination of UNICEF programmes with the regular and technical assistance programmes of the United Nations and the specialized agencies.

VI. Administrative and Other Questions

28. The results of the ACC's consultations on administrative questions will be brought to the attention of the General Assembly and the competent organs of the specialized agencies by the members concerned. Attention was given to several questions concerned with the implementation of the new common salary and allowances system. After consultation with ICSAB, final arrangements are being made for the appointment of a small committee of outside experts by the ACC to make recommendations on the administration of the system of post adjustments. A review of conditions of service for General Service staff, with particular emphasis on problems at field stations, has been undertaken. A group of experts to study the question of pensionable emoluments, referred to by the ACC in its last report,¹ was constituted in the autumn and is expected to report this summer. An interim report by ICSAB on common grading standards was considered and approved by the ACC and, as requested by the Board, arrangements are being made for gathering from each of the organizations certain basic material needed by the Board in the further stages of its work.

29. The progress achieved in the development of common services at regional and branch offices was reviewed, and it was noted that the Secretary-General is to make a report on this subject to the next session of the General Assembly.

30. The executive heads of the specialized agencies whose headquarters are in Geneva, and which use the Palais des Nations regularly for certain of their major meetings, expressed satisfaction with the work that has been undertaken by the United Nations for the enlargement and improvement of the meeting facilities in that building. At the same time, they pointed out that, whereas a corresponding increase in office accommodation in the conference area is required, such accommodation has in fact been reduced, partly as a result of the enlargement of the conference rooms themselves. It was also becoming clear that the lack of office space for the

agencies housed in the Palais was forcing them to use offices reserved for conferences. The members of the ACC concerned suggested that attention should be given to this problem including the question of adequate office space for the regular tenants of the Palais, with a view to an early solution being found. The executive heads of the other specialized agencies, in supporting this suggestion, pointed out the importance they attached to having office space available for their use when attending meetings in the Palais.

31. The United Nations pavilion at the Brussels Universal and International Exhibition was opened on 26 April by the Director-General of ILO on behalf of the United Nations family of organizations. The ACC wishes to record its appreciation of the co-operation of the Belgian authorities and the Belgian association "UNEXPO" which has made this joint exhibit possible.

32. The ACC considers that it would be very desirable if a provision could be included in the International Convention on the Protection of Industrial Property, which is to be revised at an intergovernmental conference in Lisbon next October, protecting the flags and other emblems of the United Nations and the specialized agencies in the same way as State emblems and flags. The Committee further agreed that it would be useful if this protection were extended to protection against the unauthorized commercial use of names and the recognized abbreviations of the United Nations and the specialized agencies. It felt that such action would be a natural complement to that taken by the General Assembly, in resolution 92 (I),² which recommended that "Members of the United Nations should take such legislative or other appropriate measures as are necessary to prevent the use, without authorization by the Secretary-General of the United Nations, and in particular for commercial purposes by means of trademarks or commercial labels, of the emblem, the official seal and the name of the United Nations, and of abbreviations of that name through the use of its initial letters". The ACC also considered that the question of patent protection for international organizations might be worthy of further consideration.

33. The Committee noted the text of a proposed agreement³ between ILO and the League of Arab States and has no observations to make on the proposed text.

Annex I

POSSIBILITIES OF CONCERNED ACTION

1. Last summer the Council had before it a report of the ACC⁴ calling attention to a problem which arose out of the increasing concern of the United Nations and certain of the specialized agencies with broad aspects of economic and social development requiring concerted action among several organizations. If there were to be fully concerted action on such programmes, the ACC felt, certain developments in the

existing arrangements for inter-agency co-ordination seemed to be required. The Council also had before it the views of the governing bodies of several of the specialized agencies, which had had an opportunity of considering and commenting on the ACC's report, together with a detailed proposal prepared for—and subsequently adopted by—the Executive Board of UNESCO regarding the procedure which might be followed in the formulation of major programmes requiring concerted action.

2. The ACC, in the report referred to above, expressed the view that one part of the answer to the questions it had raised lay in the widest application of procedures ensuring full prior consultation before decisions are taken by the

¹ E/2993, para. 24

² Similar resolutions have been adopted by the General Conference of UNESCO and the World Health Assembly.

³ E/3082

⁴ E/2931, paras 27-31

governing body of one organization on matters of concern to others. It urged fuller application of the draft rules of procedure which it had formulated, and which the Council had approved in 1951,¹ for the purpose of achieving co-ordinated use of the resources of the respective agencies. It also undertook to ensure fuller application of existing arrangements for inter-secretariat consultation on programmes from the earliest planning stages. Finally, it felt that special action may be required to ensure that, before final decisions on a broad programme involving a major initiative are taken by an organization, the governing bodies of the other organizations directly concerned are consulted and afforded due opportunity to express their views. The delay necessarily entailed would, it was believed, be fully compensated in terms of facilitating and promoting concerted international action.

3. Emphasis was placed by certain of the specialized agencies on the establishment of procedures for consultation and on the distinction they felt should be drawn between "concerted action" and the "co-ordination of activities" with which the Council and the ACC had so far been mainly concerned. While co-ordination normally implied efforts to harmonize actions undertaken by different agencies within the framework of different programmes, concerted action was held to imply action under a jointly conceived and unified plan aimed at a common broad objective.

4. After consideration of the problem referred to it by the ACC, the Council adopted resolution 665 A (XXIV), the operative part of which reads as follows :

1. *Reaffirms* its reliance on the Administrative Committee on Co-ordination, under the leadership of the Secretary-General, to continue to develop and improve arrangements for the fullest consultations between the secretariats in all stages of planning and execution of programmes of common interest;

2. *Recognizes* the need for establishing, on a regular basis, consultations of the governing bodies of competent organizations in all cases of major programmes calling for the participation of several organizations within the framework of a plan of concerted action;

3. *Invites* the Administrative Committee on Co-ordination, in the light of the opinions expressed in the Council and of the positions taken by the governing bodies of the specialized agencies, to formulate for the consideration of the Council at its twenty-sixth session :

(a) a preliminary list of specific fields of activity requiring concerted action among several organizations;

(b) suggested procedures for the elaboration and execution of plans of concerted action in such fields, including steps to be taken by the governing bodies of the specialized agencies;

(c) proposals concerning measures which might be taken to assist the Council in the exercise of its role of co-ordination as regards such plans.

5. With reference to paragraph 1 of the above resolution, the ACC proposes to concern itself to a greater degree than

heretofore with broad programming issues. To this end, it decided to review its machinery and procedures, in order to increase in every way possible the effectiveness of the contribution it can make to the work of the Council and the governing organs of the specialized agencies.

6. With reference to paragraph 3 (a) of the above resolution, the ACC examined certain fields of activity with a view to determining whether further steps towards fully concerted action were feasible and desirable. These fields included community development; water control and utilization and related fields; housing, building and planning; industrialization and productivity; and urbanization.

7. It was decided to apply the criterion that "concerted action" should only be envisaged if the programme were (a) sufficiently complex to call for efforts from different directions; (b) sufficiently specific to allow the combination of those efforts within a definite area; and (c) capable of a definition which the various parties concerned agree to accept as the framework of their joint efforts. It was agreed that each case should be examined separately and so far as possible at the technical as well as the policy-making level.

Community Development

8. In community development, a beginning of concerted action was achieved as a result of the working out through the ACC, on the basis of inter-secretariat co-operation, of an agreed body of concepts and principles (see Annex III to the ACC's twentieth report to the Council, E/2931) and the acceptance of these concepts and principles by the governing bodies concerned. A long-range plan of concerted action was then developed, the details of which are elaborated and adjusted from year to year among the agencies concerned.

Water Control and Utilization and Related Fields

9. The question of the possibilities of concerted inter-agency action in the field of water resource utilization and development was referred for study at the technical level to the annual inter-agency meeting on water resource programmes. In the light of its findings, the ACC feels that in the field as a whole the approaches of the various agencies are at present too dissimilar and the concrete problems in which they are interested too disconnected to allow of the establishment of a unified programme at this stage. The question could usefully be raised again at some future date, in the light of intervening developments. An essential condition of a unified programme is the identification and classification of the main problems in the water field of concern to the interested organizations. The ACC is taking the necessary steps to meet this requirement.

10. There was general consensus, on the other hand, that certain fields of activity—in respect of each of which one of the United Nations organizations could act as the focal point—might be suitable for concerted action. The domain which particularly commended itself was integrated river basin development, regarding which a panel of United Nations experts has recently reported to the Council.² The ACC noted the resolution of the Council adopted on 2 May 1958,

¹ Council resolution 402 B (XIII), Annex, para. 39

² E/3066

requesting the Secretary-General and the specialized agencies, in their programme of studies, to give priority for concerted action not only to this question, but also to certain others which are the subject of current inter-agency co-operation. These include problems of ground water and water pollution control, to which the members of the ACC concerned propose to devote attention at an early date.

11. It considers that close co-operation in the planning and execution of projects dealing with water/plant/soil relationship and training in special fields would be desirable. It believes, moreover, that possibilities of concerted action exist, and that pilot studies would be useful, in regard to problems of the humid tropics.

12. The ACC was informed of the consultations entered into between FAO and UNESCO on the possibilities of closer co-ordination and concerted action in regard to arid zone programmes. As an initial step, the two organizations have agreed to carry out joint training or research projects dealing with specific problems in the arid zones where co-ordination has already been effective over an appreciable period of time. Such problems include amelioration of soil salinity and plant ecology, hydrology and use of brackish waters and desert locust ecological survey. In so far as the implementation of these projects will involve the participation of the United Nations, WMO or other specialized agencies, these organizations will be consulted in the drawing up of plans.

Housing, Building and Planning

13. In 1957 the Council approved¹ the recommendation of the Social Commission² that the Secretary-General, in consultation with the regional economic commissions, the specialized agencies and the non-governmental organizations concerned, should prepare proposals for a long-range concerted programme of action in the field of housing and community improvement. With a view to drawing up such a long-range concerted programme, arrangements have been made under auspices of ACC for a Working Group on Housing, Building and Planning to meet in Geneva in June 1958. In preparation for this meeting, the second annual report of activities of the United Nations, its regional economic commissions and the specialized agencies has been prepared. The main task of the Working Group will be to discuss a draft long-range programme in the fields indicated, prepared by the Secretary-General. In addition to the specialized agencies, the regional economic commissions and the Organization of American States will participate in the meeting. It is further proposed to consult interested non-governmental international organizations in order to obtain their views. It is anticipated that on the basis of the discussions in the Working Group and the ACC itself a proposed long-range programme will be agreed upon at the secretariat level which will be submitted for review by the Social Commission and the Council, and by the governing bodies of the specialized agencies concerned.

Industrialization and Productivity

14. In the other major fields of activity examined by the ACC in connexion with the present inquiry, namely, industrialization

and productivity, and urbanization, programmes are still largely exploratory, and a development of existing arrangements for co-operation seems more appropriate at this stage than concerted action. The report recently submitted by the Secretary-General to the Council³ on the United Nations organizational and administrative machinery in the field of industrialization and productivity brings out that there has been effective co-operation between the United Nations Secretariat and the specialized agencies mainly concerned in the planning and implementing of projects of common interest. As the scope of the programmes of work on industrialization of the United Nations and the specialized agencies expands in the future,⁴ the processes of mutual consultation will be intensified on an *ad hoc* basis within existing procedures. For that purpose, use would be made of such working arrangements (for example, inter-agency meetings) as have proved effective in other fields of common work.

15. *Ad hoc* arrangements for co-operation should be devised for certain projects which are to be—or may be—carried out by Headquarters jointly with the regional commissions in areas which also involve the particular competence of one or more of the specialized agencies. As an illustration, projects involving studies of the development of the fertilizer industry in some countries might involve preliminary surveys of the needs for fertilizers undertaken jointly with FAO. The closest co-operation with the latter organization would also be involved, as in the past, in studies relating to the establishment of pulp or paper industries. Certain aspects of studies in industry management or of studies of relative use of capital and labour in certain industrial processes, to be undertaken under the programme, would involve co-operation between the United Nations and ILO. As another illustration, projects relating to establishment of institutes for higher technical education would involve the collaboration of the United Nations, ILO and other specialized agencies with UNESCO. Arrangements of this nature might lead, in certain cases, to concerted action in the planning and carrying out of undertakings involving the competence of one or more of the specialized agencies.

Urbanization

16. In recent years the subject of urbanization has been discussed in the Inter-Agency Meeting on International Social Programmes and by the ACC itself, and as reported earlier to the Council,⁵ these consultations have contributed to the formulation of plans now under way for the second United Nations/UNESCO seminar on urbanization, to be held in Latin America at the end of 1958, as well as the preparations for the study of programmes in this broad field which will be included in the Second International Survey of Programmes of Social Development which will be published early in 1959. These activities are expected to provide a better insight into the nature and scope of the problems of urbanization which is essential before deciding upon the next steps international organizations should take with a view to assisting Governments.

³ E/3079

⁴ E/3078 and E/3079

⁵ E/2931, para. 24

¹ Council resolution 663 A (XXIV)

² E/3008, Annex II, Project 13.1

17. The ACC feels, however, that at the present stage the field of urbanization does not meet the criteria for programmes of concerted action formulated above (see para. 7 above), and that it would now be premature to decide whether urbanization might later be a suitable subject for such action. It strongly supports the continuation of joint seminars in which, for example, the United Nations, ILO, FAO, UNESCO and WHO participate, as well as co-ordinated field projects and overall reports on this subject, but it does not consider it feasible to define at this stage the types of programmes that might be undertaken, or to make specific proposals for long-range action to the governing bodies of the organizations concerned.

Other Fields of Concerted Action

18. The ACC proposes to keep under regular review the various fields of co-operative activity among the United Nations and the specialized agencies with a view to identifying possibilities of concerted action as they mature. Several such fields of activity, in addition to those mentioned in paragraph 6 above, have indeed been examined by the ACC from this point of view and to two of these a reference must be made.

19. The first relates to the living and working conditions of indigenous peoples. In its last report,¹ the ACC expressed satisfaction with the arrangements for co-operation with ILO by the United Nations and certain of the specialized agencies in the implementation of the Convention and Recommendation on this subject. The conclusion has been reached, on the other hand, that the time is not yet ripe for further concerted action by international organizations in this field.

20. The second is the Mediterranean Development Project, approved by the FAO Conference in November 1957, which involves an examination of the barriers to agricultural expansion, pastoral improvement and reforestation in that area. In this project steps have already been taken to bring about concerted action between FAO and the United Nations in the country studies which are to be undertaken. Arrangements are also being made for the co-operation of UNESCO, in so far as this project is connected with UNESCO's arid zone programme.

Suggested Procedures for the Elaboration and Execution of Plans of Concerted Action, including Steps to be taken by the Governing Bodies of the Specialized Agencies

21. Clearly, no uniform method for the initiation of plans of "concerted action" would be realistic. Sometimes the first step will be taken by the Council or the General Assembly of the United Nations or a governing body of one of the specialized agencies; sometimes the initial proposal may come from the secretariats or the ACC itself as the result of experience of co-operation of a looser kind. In any event, in order to develop the common conceptual framework that must underlie "concerted action", much consultation and practical experience of co-operation among the agencies concerned are usually required. The ACC believes that a step-by-step and tentative approach will be found desirable in respect of the other suggested areas for the development of concerted action mentioned in this report.

22. The Governing Body of the ILO, when it raised the problem of appropriate procedures in the case of broad programmes involving participation of several organizations, stressed the importance of ensuring that each agency has full and early opportunity of expressing its views on the substance of any proposal for concerted action and the obligation of all agencies initiating broad programmes to observe the principle of "full consultation before commitment". It considered that the arrangements—including the time allowed—for such consultation should be such as to enable the governing organs themselves to consider the matter in all appropriate cases.

23. The Executive Board of UNESCO has approved in principle² an "Outline of a procedure of consultations and co-ordination for the planning and conduct of concerted action"³ with particular reference to the interrelations of the Council and the agencies' governing organs. Briefly, the outline provides for a procedure which would begin by decision of the Council to include consideration of a problem likely to require concerted international action on its agenda for the following year, and in the meantime to request the executive heads of the organizations concerned and the ACC to provide relevant information and to advise on the possibility and advisability of taking concerted action on the question. In the second year, the Council would decide in principle, in the light of these reports, whether or not to proceed and, in the affirmative case, would refer the question to the governing organs of the competent organizations and to the ACC for further consultation and preparations. In the third year, the Council would take its final decision and issue appropriate recommendations and directives to all organs and organizations concerned.

24. The World Health Assembly considered the procedures necessary to enable the governing organs of other specialized agencies concerned to approve, within their respective programmes, their contributions to a programme of concerted action before the programme as a whole is approved by the Council. In resolution WHA10.39, the Assembly approved the procedure to be followed by WHO to this end, authorizing the Executive Board to review any proposal for concerted action and determine the priorities for WHO participation in it; to instruct the Director-General to communicate to the Council the Board's views on the priorities and merits of participation by WHO; and to request the Director-General, after consultation with the other agencies concerned, to provide in his annual programme proposals and budget estimates for the requisite action by WHO. As an interim measure pending the adoption of a common procedure, the Assembly approved a small contingency item in the budget of WHO for 1958 to enable the Organization to take part in existing programmes of concerted action.

25. The members of the ACC concur in the ideas expressed in paragraph 22, above. Consultations concerning proposed new "concerted programmes" should take place at a sufficiently early stage to permit of their being brought as special items to the attention of the governing organs of the specialized

¹ E/2993, para 17

² 48 EX/Decisions, item 8.1

³ 48 EX/19, para. 20

agencies for consideration from the point of view both of substance and of financial implications.

As to the methods calculated to make concerted action effective and, in particular, as regards the role of the governing organs, the ACC recognizes that no one method is applicable in all cases, but agrees that the procedure of consultations formulated by the governing organs of UNESCO and WHO may be required. It may be noted that, in order to increase the flexibility of inter-agency action, FAO has in recent years established contingency credits to give any necessary support to new programmes that may originate in other organizations before the beginning of its next budgetary period.

Measures to assist the Council in the Exercise of its Role of Co-ordination as regards Plans of Concerted Action

26. The role of the Council as co-ordinator in respect of plans for concerted action cannot but be facilitated by the early association of the governing organs of the specialized agencies in the elaboration of such plans. The decision of the ACC to review its machinery and procedures has been mentioned in paragraph 5, above. The Committee will be at the Council's disposal at all stages in the development of plans for concerted action, in order to present a picture of the views of the organizations concerned and consider any aspects of proposals which the Council may wish to refer to it.

Annex II

PROGRAMME APPRAISALS FOR THE PERIOD 1959 TO 1964

I. Introduction

1. By resolution 665 C (XXIV), the Council (1) requested the Secretary-General to make an appraisal of the scope, trend and cost of the regular United Nations programmes in the economic, social and human rights fields for the period 1959-1964 for consideration by the Council at its twenty-eighth session; (2) invited ILO, FAO, UNESCO, WHO and WMO to consider the most appropriate and practical methods of preparing similar appraisals of their own programmes for the same period; (3) requested the Secretary-General and the executive heads of the agencies concerned to consult on the preparation of these appraisals in comparable form; and (4) requested the ACC to present to the Council at its twenty-sixth session a report regarding the preparation of these appraisals and on major problems which may have been encountered. Under the same resolution, the Council decided to consider, at its twenty-sixth session, "the arrangements necessary for preparing on the basis of the above-mentioned appraisals a consolidated report with conclusions, to be submitted, together with the appraisals, to the Council at its thirtieth session [1960]."

2. In considering the Council's request under (4) above, the ACC has kept in mind the development of the Council's efforts in the direction of programme concentration and co-ordination, four aspects of which may be distinguished.

3. First, there was the establishment of criteria for priorities followed by the actual establishment of priorities to be applied to the work programmes in the economic and social fields.¹ Further detailed consideration was then given to priorities for the work of the United Nations and the specialized agencies in the social fields.²

4. Second, the Secretary-General's report, in 1954, on the organization and work of the Secretariat in the economic and social fields³ and resolution 630 A I (XXII), adopted by the Council in 1956, marked stages in a more direct approach toward programme concentration. Acting on this resolution, the Secretary-General proposed last year⁴ a "streamlining"

of the United Nations programme of work, in the sense of proposing the deletion of certain projects and the addition or expansion of others. By resolution 664 A (XXIV), the Council *inter alia* requested the Secretary-General to submit a further "streamlining" report to the twenty-sixth session. It also invited the specialized agencies to include in their 1958 reports passages dealing specifically with the further concentration of their programmes, and to consider the extent to which they might be able to apply in the field of co-operation and concentration of activities certain general guiding principles which were set out in the annex to that resolution.

5. Third, the Council has devoted continuing attention to the promotion of co-ordination and co-operation in respect of the substantive activities of the United Nations and the specialized agencies. Reference may be made in this connexion to the special review of current arrangements for programme co-ordination which has been undertaken this year by the ACC.⁵

6. Finally, while co-ordinated and co-operative action has been in large measure achieved over a wide area of activities, the Council has been increasingly concerned in recent years to promote fully concerted action in certain broad programmes which require the active participation of several organizations. The response of the ACC to the request addressed to it in this connexion by the Council in resolution 665 A (XXIV) will be found in Annex I to the present report.

II. Approach to the Question by the ACC

7. The question of the preparation of the appraisal reports for the period 1959 to 1964 was considered in a preliminary manner by the ACC at its October 1957 session. The Committee noted that, while the Secretary-General was directly requested to undertake the appraisal for the United Nations programmes in the economic, social and human rights fields, the specialized agencies concerned were invited to prepare similar appraisals of their own programmes. The governing bodies of each of the organizations concerned had, therefore, to be consulted regarding the implementation of the Council's resolution. For the purpose of these consultations and as a basis for the preparatory work to be undertaken, the Committee interpreted the terms "appraisals" and "trends"

¹ Council resolutions 259 (IX), Annex; 324 (XI); 402 B (XIII); 451 A (XIV)

² Council resolutions 496 (XVI) and 627 (XXII)

³ E/2598

⁴ E/3011

⁵ See para. 18 of the main body of the report.

of programmes to mean essentially an indication of the orientation, character and scope, which the governing bodies of the agencies concerned might consider both possible and desirable in respect of their principal programmes in the years immediately ahead.

8. It was felt that each organization's appraisal should be conceived within the framework of the organization's objectives as defined in its constitution, and should take account of the methods for achieving these objectives, and the way in which major changes could best be met. It should also take into account the results achieved in response to the steps taken in regard to streamlining and concerted action and should be based as far as possible on the guiding principles and priorities established by the Council, to which reference has been made above. The discussions in the ACC brought out that the differences in functions, structure and programming procedures of the different agencies would influence the manner in which the appraisals could be carried out.

9. The Advisory Committee on Administrative and Budgetary Questions was informed of the results of the ACC's preliminary consultations in the course of its consideration of the administrative budgets of the specialized agencies for 1958. In a report to the twelfth session of the General Assembly,¹ the Advisory Committee clarified the intent of its recommendation to the previous session of the General Assembly,² which had led to the Assembly's request to the Council that forward programme appraisals should be undertaken.³ It stated that "the forward look would, in its view, be in terms of the general scope and trend of broad segments of the programmes, rather than of a rigid blueprint of detailed projects to be undertaken over a period of several years. At present there is a wide range in the degree of forward planning, even in a broad sense, of programmes among the organizations. Special problems will no doubt arise in some of the organizations in attempting to define long-term trends in programmes; such problems should, however, be possible of solution—with sufficient margin for flexibility—in the interest of an orderly planning of over-all international effort in the economic and social fields".

III. Action taken by the Specialized Agencies

10. In the light of the ACC's discussions last autumn and of the general understanding regarding the intentions of the Council's resolution as indicated in the foregoing, the executive heads of the specialized agencies concerned brought that resolution to the attention of their respective governing bodies. The initial action taken by the competent organs of the ILO, FAO, UNESCO, WHO and WMO is being brought to the Council's attention in separate documents.⁴ An attempt is made in the following paragraphs to set out in summary form some of the points contained in these documents which most closely affect the task entrusted to the ACC.

11. The Governing Body of the ILO expresses its willingness to co-operate by arranging for the Council to be furnished with appropriate information concerning its prospective programmes, on the understanding that the interpretations given by the ACC to the terms "appraisals" and "trends"

(see para. 7 above) is acceptable, and subject also to certain further considerations. It emphasizes that the tripartite nature of the ILO implied that the formulation of the programmes of the Organisation depends in the first instance on negotiations between representatives of workers and employers, with the governments participating, and that the results of these negotiations, which depend on a large number of factors, are difficult to foresee. The Governing Body further considers that while there are problems within the province of the ILO which in principle may lend themselves to long-range planning, a large proportion of the major problems with which the ILO has to deal are as dynamic in character and as difficult to forecast as the problems created by technological progress or those closely related to the fluctuations of the labour market, inflationary movements, industrial unrest, and other changing realities of the world social and economic situation. The governments themselves, the Governing Body points out, have not been able to map their own course of action in respect of such problems except in the broadest possible manner. Furthermore, there are fields in which the ILO cannot draw up a long-range programme on its own initiative beyond indicating the nature of the facilities which it will attempt to provide, since external factors are determinative. What the ILO could supply to the Council for general appraisal purposes would therefore be an outline of the future trends of the ILO programmes on the basis of the agenda which is planned for the succeeding two conferences and other meetings concerning which decisions have been taken, together with certain other activities which can be expected to be of a continuing nature. Because of the problems which are peculiar to the ILO and are inherent in its tripartite structure and in the manner in which its programme of activities is built up by a process of continuous adjustment to new developments, the Governing Body considers that the information which it will supply could not appropriately or conveniently form part of a consolidated report such as is contemplated in the last paragraph of resolution 665 C (XXIV), but that it could nevertheless be presented to the Council simultaneously with, although separately from, any such consolidated report. The Governing Body would, moreover, co-operate in an appropriate procedure for a joint comparative review of the appraisals to be made by the executive heads of the participating organizations.

12. The FAO Conference, at its session of November 1957, agreed that FAO should participate in the invitation of the Economic and Social Council to the specialized agencies to prepare an appraisal of the scope, trend and costs during the next five years of their programmes of work. It endorsed the recommendation of the ACC that such an appraisal should comprise a forecast of the orientation, character and scope of the programme and should not attempt any detailed forward budgeting for each of the years referred to. It was thought important that in making any such forward appraisal the necessary flexibility in programming procedure should not be sacrificed and the FAO should retain the right to make such adjustments as might be necessary during that period to deal with new situations. Any forward appraisals should relate to anticipated major lines of development and not to individual projects which comprise those major lines. The Conference requested the Director-General to consider the most appropriate and practical method of preparing such a forward appraisal of the FAO programme, and to continue through the ACC the consultations already initiated with the United Nations and the specialized agencies in the preparation of the report to be presented by the ACC to the Council in implementation of that resolution.

¹ A/3767, para. 9

² A/3489 paras 6-7

³ General Assembly resolution 1094 I (XI)

⁴ For ILO, see E/3089, paras. 6 to 25; for FAO, UNESCO, WHO and WMO, see their annual reports (E/3105/1 Add.2, E/3101/Add.1, E/3106 and E/3090, respectively).

13. The Executive Board of UNESCO, at its session of November-December 1957, decided that UNESCO would co-operate fully in the implementation of the Council's resolution by providing (a) an appraisal of its main programmes as reviewed in 1959 and (b) a forecast of the scope, trend and cost of the programmes for the years 1960-1964. The Board also approved a time-table of work proposed by the Director-General. In accordance with this time-table, the Director-General prepared and submitted to the Executive Board at its fiftieth session (April-May 1958) a report for the twenty-sixth session of the Economic and Social Council concerning the methods which the Organization intends to employ in making an appraisal of its programmes. The Director-General also prepared for the consideration of the Executive Board a preliminary study in which he suggested a list of eleven major areas of work to be the subject of the appraisal recommended by the Council. Although this list, which is included in the document mentioned above, was not intended to cover the totality of the work of UNESCO, it would allow an evaluation of the results achieved by the Organization in its principal fields of activity. The following aspects were treated in each area: the problem, methods employed, costs incurred, evaluation of results and forecast. After ascertaining the views of the Executive Board on the main questions put forward in the preliminary study, the Director-General will prepare a document for submission to the tenth session of the General Conference in November 1958. The Executive Board will have an opportunity at its fifty-first session (September 1958) to comment on this document in the light of decisions which the Economic and Social Council may take at its twenty-sixth session. On the basis of directives received from the General Conference, the Director-General will prepare in 1959, under the authority of the Executive Board, a final document to be incorporated in the over-all report to be submitted by the ACC to the Economic and Social Council at its thirtieth session.

14. The Executive Board of WHO felt that the study envisaged by the Council should be considered, from WHO's standpoint, in relation to its practice of establishing long-term programmes. This practice had been developed to meet the constitutional requirement that the Board should submit to the Health Assembly for consideration and approval a general programme of work covering a specific period, and the Health Assembly considers that its general programme of work covering a specific period provides a broad general policy that will serve as an appropriate framework for the development of detailed annual programmes. The Board considered that the general programme of work covering a specific period, adjusted if necessary to the period referred to in the resolution of the Council, provided the most appropriate and practical forecast of the scope and trend of the future programme of WHO. It requested the Director-General (a) to participate in the joint effort with the Secretary-General and the heads of the specialized agencies to formulate, to the extent possible, a method or methods by which the general appraisals referred to in the Council resolution might be undertaken; (b) to bring this decision to the attention of the Council at its twenty-sixth session and to make available to the Council the General Programme of Work covering a speci-

fic period. The Board recognized that it was not possible to determine precisely the cost of future programmes. It finally decided to consider the question of appraisals further at a future session, in the light of the findings of the ACC and of any pertinent resolution which may be adopted by the Council at its twenty-sixth session.

15. The Executive Committee of WMO, at its session of October 1957, prior to the preliminary discussion which took place in the October 1957 session of the ACC, directed the Secretary-General to consult with the executive heads of the United Nations and the specialized agencies invited by the Council to consider the preparation of appraisals of their programmes for the period 1959-1964. The programme and budget of the Organization for this period was accordingly communicated to the other organizations concerned.

16. From the action taken by the governing bodies of the specialized agencies, it appears that a forecast in broad terms of programme developments by each agency is practicable, but that there will inevitably be differences in method and degree of detail in the appraisals, and that they will not look forward the same number of years in all cases.

IV. Problems arising in connexion with the Preparation of the Appraisal Reports

17. The major problems of method which seem to arise in connexion with the preparation of the appraisals concern (a) the interpretation of the terms "programmes" and "regular programmes" used in Council resolution 665 C (XXIV), (b) the size and delimitation of the programmes to be appraised, keeping in mind the need for as much comparability as possible in the various agencies' reports, and (c) the estimation of further programme expenditure.

(a) Interpretation of the Terms "Programmes" and "Regular Programmes"

18. The first question which arises in connexion with the interpretation of these terms is to what extent account should be taken of the Expanded Programme of Technical Assistance and other programmes financed from sources other than the regular budgets.

19. Not only is a large percentage of the professional staff of certain organizations concerned from day to day with the substantive aspects of the Expanded Programme of Technical Assistance, but in the course of the last few years the regular programmes of some organizations have to a considerable degree been reorientated to support these field activities. Any substantial change in activities under the Expanded Programme between now and 1964 would affect the regular programmes, in terms both of content and of staff-time required to assure substantive support of the operational work. There has been, moreover, a considerable degree of integration of regular and technical assistance programmes, and in some agencies, the latter are conceived as an extension of the former. The potential impact of the Expanded Programme on the regular programmes therefore cannot be ignored and must be duly taken into account in

the appraisals. While it is obvious that neither the requests of governments nor the size of the technical assistance programme as a whole can be forecast, the ACC suggests that certain assumptions may be made for the purpose of the appraisals on the basis of the 1956 report of the Technical Assistance Board entitled "A Forward Look",¹ to which the Council has given its general endorsement.

20. Since the projects to be undertaken under the proposed Special Fund are also likely to have a bearing on the future scope—and in some cases, the character—of the regular programmes of the organizations concerned, it is proposed that the appraisals should likewise take account of the decisions that may be reached by the Council and the General Assembly regarding fields of assistance and types of projects to be financed from the Special Fund.²

(b) *Size and Delimitation of Programmes to be Appraised*

21. The ACC considered that the individual appraisal reports should be mainly concerned with major fields of activity rather than with detailed individual projects, and within those major fields, with anticipated major lines of development and changes of emphasis. Information and views were exchanged concerning the major fields of activity which could be used in the appraisals of the programmes of the respective organizations, in view of the Council's request that these appraisals be prepared in a comparable form.

22. Within each of the major subject-areas, consideration should be given not only to broad developments and trends, but also to the objectives aimed at, the nature of the problems encountered, and the methods adopted to deal with these problems. The methods or types of activity would, so far as feasible, be distinguished.

23. A review along these lines should indicate, where appropriate, activities which are likely to be completed or reduced or might be transferred to other authorities in the course of the five-year period, as well as activities that might need to be initiated or extended. Furthermore, fields of activity which are of direct interest to other organizations or which require joint action should be identified.

(c) *Estimating Future Programme Costs*

24. Irrespective of the sources from which they are financed, programmes vary in accordance with the wishes of governments at any given time. The costs of an organization's activities are likely to be influenced by the widening of the geographical scope of international action, the volume of the

requests of Governments for services and the development of new knowledge which may be applied to the problems confronting governments. Forecasting is also affected, although to a lesser degree, by uncertainties as to the movement in prices and salary levels.

25. The governing bodies of ILO, FAO and WHO have referred specifically to the difficulty of complying with the Council's request for an appraisal of the cost of their future programmes, citing *inter alia* some of the problems just mentioned. As far as the United Nations is concerned, the Secretary-General is of the opinion that while certain *a priori* assumptions could be made regarding the future trend of the United Nations budget, it would not be possible at this stage to relate such a trend directly to a forecast of the development of particular programme areas.

26. Every effort will be made to meet the Council's wishes. However, it is clear from the above that it is impossible to forecast future costs with any assurance. There are, it is true, certain long-term programmes where it may be possible to indicate in a general way the anticipated order of magnitude of increases or decreases of activities; and some guidance may be obtained from indications of past expenditure over the past, say, five years. Such indications as could be given, however, would vary considerably as between agencies, in the light of differences in their areas of work and budgetary procedures.

V. Co-ordination in the Further Implementation of the Council's Resolution

27. In regard to many phases of the appraisal operation, close and frequent inter-secretariat consultations under the auspices of the ACC would be required. These consultations would make it possible for the ACC, when the time comes, to arrange for a summary to be made of the individual appraisal reports, with tentative conclusions based thereon, for consideration by the Council. Such a summary might assist in presenting a general picture and in clarifying such matters as the interrelationship of the programmes of the organizations concerned, the extent to which these programmes (or parts thereof) supplement each other or possibly overlap, and the need to cover important subject-areas more adequately.

28. FAO feels that the best way in which a consolidated report such as is contemplated in paragraph 7 of Council resolution 665 C (XXIV) could be prepared would be by the appointment, under the auspices of the ACC, of consultants who would work closely with the agencies whilst the appraisals are being prepared and would ultimately be joined by a committee on which each of the participating agencies would be represented.

¹ E/2885

² General Assembly resolution 1219 (XII)

Annex 15

**SUMMARY OF BUDGET ESTIMATES
FOR THE FINANCIAL YEAR 1 JANUARY—31 DECEMBER 1959**

As approved by the Eleventh World Health Assembly ¹

	1959 Estimated expenditure US \$			1959 Estimated expenditure US \$
PART I — ORGANIZATIONAL MEETINGS		SECTION 2 EXECUTIVE BOARD AND ITS COMMITTEES		
SECTION 1 WORLD HEALTH ASSEMBLY		Chapter 00 Personal Services		
Chapter 00 <i>Personal Services</i>		01 Salaries and wages (temporary staff)		28 000
01 Salaries and wages (temporary staff)	39 500		Total — Chapter 00	28 000
Total — Chapter 00	39 500	Chapter 20 Travel and Transportation		
Chapter 20 <i>Travel and Transportation</i>		21 Duty travel		8 490
21 Duty travel	9 200	25 Travel and subsistence of members		41 760
25 Travel of delegates.	67 000	26 Travel and subsistence of temporary staff		4 500
26 Travel and subsistence of temporary staff	12 800		Total — Chapter 20	54 750
Total — Chapter 20	89 000	Chapter 30 Space and Equipment Services		
Chapter 30 <i>Space and Equipment Services</i>		31 Rental and maintenance of premises		1 580
31 Rental and maintenance of premises	5 500	32 Rental and maintenance of equipment		1 320
32 Rental and maintenance of equipment	2 000		Total — Chapter 30	2 900
Total — Chapter 30	7 500	Chapter 40 Other Services		
Chapter 40 <i>Other Services</i>		43 Other contractual services		3 900
43 Other contractual services	7 300	44 Freight and other transportation costs		500
44 Freight and other transportation costs	2 200		Total — Chapter 40	4 400
Total — Chapter 40	9 500	Chapter 50 Supplies and Materials		
Chapter 50 <i>Supplies and Materials</i>		51 Printing.		14 900
51 Printing.	54 820	53 Supplies		11 100
52 Visual material	1 500		Total — Chapter 50	26 000
53 Supplies	10 000	Chapter 60 Fixed Charges and Claims		
Total — Chapter 50	66 320	62 Insurance		850
Chapter 80 <i>Acquisition of Capital Assets</i>			Total — Chapter 60	850
82 Equipment	1 500		TOTAL — SECTION 2	116 900
Total — Chapter 80	1 500	SECTION 3 REGIONAL COMMITTEES		
TOTAL — SECTION 1	213 320	Chapter 00 Personal Services		
		01 Salaries and wages (temporary staff)		16 140
			Total — Chapter 00	16 140

¹ See resolution WHA11.47.

	1959 Estimated expenditure US \$		1959 Estimated expenditure US \$
Chapter 20 <i>Travel and Transportation</i>		Chapter 30 <i>Space and Equipment Services</i>	
21 Duty travel	26 490	31 Rental and maintenance of pre- mises	42 950
26 Travel and subsistence of tempo- rary staff	9 900	32 Rental and maintenance of equip- ment	2 503
Total — Chapter 20	36 390	Total — Chapter 30	45 453
Chapter 30 <i>Space and Equipment Services</i>		Chapter 40 <i>Other Services</i>	
32 Rental and maintenance of equip- ment	1 000	41 Communications	39 488
Total — Chapter 30	1 000	42 Hospitality	4 841
Chapter 40 <i>Other Services</i>		43 Other contractual services	33 432
43 Other contractual services	6 430	44 Freight and other transportation costs	6 172
Total — Chapter 40	6 430	Total — Chapter 40	83 933
Chapter 50 <i>Supplies and Materials</i>		Chapter 50 <i>Supplies and Materials</i>	
53 Supplies	5 290	51 Printing	174 606
Total — Chapter 50	5 290	53 Supplies	16 659
TOTAL — SECTION 3	65 250	Total — Chapter 50	191 265
TOTAL — PART I	395 470	Chapter 60 <i>Fixed Charges and Claims</i>	
		61 Reimbursement of income tax	1 543
		62 Insurance	1 166
		Total — Chapter 60	2 709

PART II — OPERATING PROGRAMME

SECTION 4 CENTRAL TECHNICAL SERVICES

Chapter 00 <i>Personal Services</i>		Chapter 70 <i>Grants and Contractual Technical Services</i>	
01 Salaries and wages	1 019 207	72 Contractual technical services	102 765
02 Short-term consultants' fees	34 200	Total — Chapter 70	102 765
Total — Chapter 00	1 053 407	Chapter 80 <i>Acquisition of Capital Assets</i>	
Chapter 10 <i>Personal Allowances</i>		81 Library books	20 000
11 Repatriation grant	12 400	82 Equipment	3 429
12 Pension fund	125 691	Total — Chapter 80	23 429
13 Staff insurance	14 942	TOTAL — SECTION 4	1 914 890
15 Other allowances	101 516	SECTION 5 ADVISORY SERVICES	
Total — Chapter 10	254 549	Chapter 00 <i>Personal Services</i>	
Chapter 20 <i>Travel and Transportation</i>		01 Salaries and wages	3 468 629
21 Duty travel	39 800	02 Short-term consultants' fees	290 750
22 Travel of short-term consultants	37 050	Total — Chapter 00	3 759 379
23 Travel on initial recruitment and repatriation	13 818	Chapter 10 <i>Personal Allowances</i>	
24 Travel on home leave	42 160	11 Repatriation grant	21 200
25 Travel of temporary advisers	13 500	12 Pension fund	234 783
26 Travel and subsistence of tempo- rary staff	3 300	13 Staff insurance	55 328
27 Transportation of personal effects	7 752	15 Other allowances	905 234
Total — Chapter 20	157 380	Total — Chapter 10	1 216 545

	1959 Estimated expenditure US \$		1959 Estimated expenditure US \$
Chapter 20 <i>Travel and Transportation</i>		SECTION 6 REGIONAL OFFICES	
21 Duty travel	525 067	Chapter 00 <i>Personal Services</i>	
22 Travel of short-term consultants	323 288	01 Salaries and wages	1 064 434
23 Travel on initial recruitment and repatriation	160 808	Total — Chapter 00	1 064 434
24 Travel on home leave	293 506	Chapter 10 <i>Personal Allowances</i>	
25 Travel of temporary advisers	33 650	11 Repatriation grant	9 700
26 Travel and subsistence of temporary staff	51 249	12 Pension fund	136 970
27 Transportation of personal effects	8 650	13 Staff insurance	15 903
Total — Chapter 20	1 396 218	15 Other allowances	192 448
Chapter 30 <i>Space and Equipment Services</i>		Total — Chapter 10	355 021
31 Rental and maintenance of premises	50 069	Chapter 20 <i>Travel and Transportation</i>	
32 Rental and maintenance of equipment	7 051	21 Duty travel	62 426
Total — Chapter 30	57 120	23 Travel on initial recruitment and repatriation	14 568
Chapter 40 <i>Other Services</i>		24 Travel on home leave	69 700
41 Communications	51 773	27 Transportation of personal effects	4 838
42 Hospitality	3 554	Total — Chapter 20	151 532
43 Other contractual services	37 379	Chapter 30 <i>Space and Equipment Services</i>	
44 Freight and other transportation	19 511	31 Rental and maintenance of premises	28 037
Total — Chapter 40	112 217	32 Rental and maintenance of equipment	4 069
Chapter 50 <i>Supplies and Materials</i>		Total — Chapter 30	32 106
51 Printing	2 992	Chapter 40 <i>Other Services</i>	
53 Supplies	143 413	41 Communications	56 299
Total — Chapter 50	146 405	42 Hospitality	7 200
Chapter 60 <i>Fixed Charges and Claims</i>		43 Other contractual services	15 613
61 Reimbursement of income tax	12 281	44 Freight and other transportation costs	11 589
62 Insurance	2 880	Total — Chapter 40	90 701
Total — Chapter 60	15 161	Chapter 50 <i>Supplies and Materials</i>	
Chapter 70 <i>Grants and Contractual Technical Services</i>		51 Printing	5 664
71 Fellowships	1 252 760	52 Visual material	56 952
72 Contractual technical services	160 948	53 Supplies	20 066
73 Participants in seminars and other educational meetings	356 104	Total — Chapter 50	82 682
Total — Chapter 70	1 769 812	Chapter 60 <i>Fixed Charges and Claims</i>	
Chapter 80 <i>Acquisition of Capital Assets</i>		61 Reimbursement of income tax	42 836
81 Library books	1 655	62 Insurance	3 867
82 Equipment	91 879	Total — Chapter 60	46 703
Total — Chapter 80	93 534	Chapter 80 <i>Acquisition of Capital Assets</i>	
Contingency provision, European Region	85 000	81 Library books	2 845
TOTAL — SECTION 5	8 651 391	82 Equipment	23 236
		Total — Chapter 80	26 081
		TOTAL — SECTION 6	1 849 260

	1959 Estimated expenditure US \$		1959 Estimated expenditure US \$
SECTION 7 EXPERT COMMITTEES		Chapter 20 <i>Travel and Transportation</i>	
Chapter 00 <i>Personal Services</i>		21 Duty travel	52 000
01 Salaries and wages (temporary staff)	9 602	22 Travel of short-term consultants	2 600
Total — Chapter 00	9 602	23 Travel on initial recruitment and repatriation	9 442
Chapter 20 <i>Travel and Transportation</i>		24 Travel on home leave	42 580
21 Duty travel (permanent staff)	5 287	27 Transportation of personal effects	4 148
25 Travel and subsistence of members	117 587	Total — Chapter 20	110 770
26 Travel and subsistence of temporary staff	3 557	Chapter 30 <i>Space and Equipment Services</i>	
Total — Chapter 20	126 431	31 Rental and maintenance of premises	40 513
Chapter 30 <i>Space and Equipment Services</i>		32 Rental and maintenance of equipment	1 864
32 Rental and maintenance of equipment	355	Total — Chapter 30	42 377
Total — Chapter 30	355	Chapter 40 <i>Other Services</i>	
Chapter 40 <i>Other Services</i>		41 Communications	28 180
43 Other contractual services	8 535	42 Hospitality	3 605
Total — Chapter 40	8 535	43 Other contractual services	19 911
Chapter 50 <i>Supplies and Materials</i>		44 Freight and other transportation costs	4 996
51 Printing	20 900	Total — Chapter 40	56 692
53 Supplies	13 515	Chapter 50 <i>Supplies and Materials</i>	
Total — Chapter 50	34 415	51 Printing	503
Chapter 60 <i>Fixed Charges and Claims</i>		52 Visual material	49 000
62 Insurance	1 762	53 Supplies	12 463
Total — Chapter 60	1 762	Total — Chapter 50	61 966
TOTAL — SECTION 7	181 100	Chapter 60 <i>Fixed Charges and Claims</i>	
TOTAL — PART II	12 596 641	61 Reimbursement of income tax	6 658
		62 Insurance	868
		Total — Chapter 60	7 526
		Chapter 80 <i>Acquisition of Capital Assets</i>	
PART III — ADMINISTRATIVE SERVICES		82 Equipment	2 853
SECTION 8 ADMINISTRATIVE SERVICES		Total — Chapter 80	2 853
Chapter 00 <i>Personal Services</i>		TOTAL — SECTION 8	1 195 489
01 Salaries and wages	713 481	TOTAL — PART III	1 195 489
02 Short-term consultants' fees	2 400		
Total — Chapter 00	715 881	PART IV — OTHER PURPOSES	
Chapter 10 <i>Personal Allowances</i>		SECTION 9 REIMBURSEMENT OF WORKING CAPITAL FUND	100 000
11 Repatriation grant	8 600	TOTAL — PART IV	100 000
12 Pension fund	94 830	TOTAL — PARTS I, II, III AND IV	14 287 600
13 Staff insurance	10 690		
14 Representation allowance	6 500		
15 Other allowances	76 804		
Total — Chapter 10	197 424		

	1959 Estimated expenditure US \$		1959 Estimated expenditure US \$
PART V — RESERVE			
SECTION 10 UNDISTRIBUTED RESERVE	1 078 060	Miscellaneous income	304 562
	<hr/>	Available by transfer from cash portion of Assembly Suspense Account	74 348
TOTAL — PART V	1 078 060	Available by transfer from the Publications Revolving Fund	19 000
	<hr/>		<hr/>
TOTAL — ALL PARTS	15 365 660	TOTAL — CASUAL INCOME	400 000
	<hr/>		<hr/>
<i>Less:</i>		TOTAL — ASSESSMENTS ON MEMBERS	14 965 660
Assessments on new Members from previous years	2 090		<hr/>

Annex 16

[A11/P&B/14 — 12 May 1958]

WHO PARTICIPATION IN THE EXPANDED PROGRAMME OF TECHNICAL ASSISTANCE ¹

REPORT BY THE DIRECTOR-GENERAL

1. Introduction

This report is provided to bring up to date the information, presented to the Executive Board at its twenty-first session, on the Expanded Programme of Technical Assistance. At that session the Board examined a full report by the Director-General on WHO's participation in the Expanded Programme ² and also reviewed the tentative proposals for provision by WHO of assistance to governments under the Expanded Programme in 1959, including administrative and operational services, as part of the proposed programme and budget estimates for that year.³ The Executive Board adopted resolution EB21.R48 on the Expanded Programme of Technical Assistance.

2. The Programme during 1957

2.1 Programme Operations

The part of the 1957 Expanded Programme carried out by WHO was about the same size as in 1956, on the basis of the numbers of project staff and fellowship awards. In 1957 WHO project staff and consultants engaged in field activities in the Expanded Programme numbered 446 as compared with 436 in 1956. As

regards fellowships and participation in seminars, there were 370 fellowships and 117 study grants awarded in 1957; the comparable figure for the previous year was 387 fellowships and 87 study grants. The recipients were from 91 countries and territories and were placed for study in 52 different countries. The largest number of field staff coming from countries which also received assistance were recruited from India (22), Brazil (19), Egypt (13), and Chile (12). Similarly a large number of fellows and trainees were placed in these countries: India (44), Chile (37), Brazil (21), and Egypt (18).

At the request of the Technical Assistance Committee, the Technical Assistance Board has been engaged in making an analysis of the projects in operation in the Expanded Programme which were in operation in previous years and are continuing into 1958. It was found that of the total number of projects in the purview of the various participating organizations, only six per cent. had existed for three to four years and the proportion rose sharply to seventeen per cent. for projects over four years in duration. This can be explained by the fact that a substantial number of long-term projects are in operation in the Expanded Programme which have had to be planned to continue beyond four years. An analysis of WHO's activities under the Expanded Programme showed that about nine per cent. of WHO projects had continued for three to four years and some eighteen per cent. for more than four years.

¹ See resolution WHA11.48 and minutes of the twelfth and fourteenth meetings of the Committee on Programme and Budget.

² *Off. Rec. Wld Hlth Org.* 83, Annex 15

³ *Off. Rec. Wld Hlth Org.* 84, 58-60, 118, 119-20

In view of the long-term character of many health programmes, of which malaria control and eradication, training projects and integrated public health programmes may serve as examples, these proportions are not high.

2.2 Financing in 1957

A total of \$6 205 934 was available to WHO from the Expanded Programme in 1957. Obligations were incurred in the amount of \$5 527 977; \$457 918 was re-allocated in 1958 to pay for supplies and equipment ordered before 30 November, but not delivered by 31 December 1957; the surplus of \$220 039 has reverted to the Special Account.

3. Programme for 1958

3.1 The programme approved by the Technical Assistance Committee for 1958 appears in the 1958 column of *Official Records* No. 81, Proposed Programme and Budget Estimates for 1959. The cost of the approved programme, including administrative and operational services, but excluding "local costs" of international personnel assessed on recipient governments, is \$5 461 879. In addition to the programme approved by the Technical Assistance Committee, the Executive Chairman of the Technical Assistance Board has approved the following projects to be financed under the contingency provisions of the Working Capital and Reserve Fund :

	us \$
Ghana : Tuberculosis control	10 042
Training of nursing personnel (Fellowships)	6 600
Health education	5 550
Environmental sanitation	16 304
Sudan : Malaria demonstration and training centre (Fellowship)	2 100
Nursing (Fellowship)	1 500
Health education (Fellowships)	7 000
Total	49 096

Supplementary programmes for Malaya and for French overseas territories are also under negotiation, and are also expected to be financed from this source. On the basis of the best estimates of resources available for the 1958 programme at the time of its meeting in March 1958, the Technical Assistance Board has earmarked funds for 97 per cent. of the approved programme, including \$5 299 600 for WHO. In addition, TAB has earmarked 74 per cent. of the amounts assessed on governments in respect of the local costs of experts serving in their countries based on experience in 1957 of the percentage delivered of the man-days for which assessments were made.

The amount earmarked for WHO for this purpose is \$533 900. As reported in paragraph 2.2 above, an amount of \$457 918 has been re-allocated for equipment and supplies ordered but not delivered in 1957.

3.2 In summary, there are available to WHO for 1958 the following amounts :

	us \$
(1) From contributions and general resources	5 299 600
(2) From local costs assessments	533 900
(3) From "Contingency Fund" allocations	49 096
Total, 1958 programme	5 882 596
(4) Re-allocated from 1957 for supplies and equipment.	457 918
Total available, 1958	6 340 514

4. Planning for the 1959 Programme

4.1 The Director-General reported to the Executive Board¹ that TAB had, in October 1957, decided provisionally to plan for 1959 at a level 10 per cent. lower than in 1958. The target figures were, at the suggestion of the Executive Chairman, increased in early March of 1958, and the planning figures for WHO changed from \$4 238 000 to \$4 962 000 for field projects. Explaining the reasons for proposing an upward revision of the planning target for the total 1959 Category I field programme, the Executive Chairman recalled the statement which he had made to the Preparatory Committee for the Special Fund established under General Assembly resolution 1219 (XII), and which was reported as follows² :

"19. While the Executive Chairman earnestly hopes that contributing governments will follow policies which will ensure a small annual rate of growth to the Expanded Programme, he feels bound to draw to the attention of the Preparatory Committee an aspect of the present financial situation of the Expanded Programme which calls for an early decision with regard to the planning of next year's activities. Although there has been a welcome increase in government contributions, this increase has not been sufficient to offset the effect of the decline in the percentage at which the United States proposes to match the combined contributions of other governments. Already, in 1958, this has resulted in some curtailment of effort; and a conservative estimate of the prospects for 1959 based on the outlook immediately following the Pledging Conference last year

¹ *Off. Rec. Wld Hlth Org.* 83, 135

² UN document A/AC.93/L.10, paras 19-22

indicated that it would be wise to make plans to cut the field programme in 1959 by 10 per cent. Preliminary dispositions to this end were in fact made and this was reported to the Technical Assistance Committee in November 1957.

“ 20. The severe consequences of such a cut, following on the drastic reduction in the Programme in some countries this year, can now be estimated. It would certainly result in a most unfortunate setback, especially in some of the newly independent countries which have only recently begun to benefit from the Programme, and it is for serious consideration whether any final decision should be taken at this stage in view of the new developments foreshadowed by the General Assembly resolution. The probable effect of negotiating a 10 per cent. cut in an established Programme serving over a hundred countries and territories precisely when new expectations have been aroused is not lightly to be dismissed.

“ 21. After the most careful consideration of this situation, the Executive Chairman proposes to recommend to the TAB at its forthcoming meeting in March 1958 that the 1959 Programme should in fact be planned on the basis of a very small increase (less than 4 per cent. over 1958), with a clear indication to receiving governments that some reduction, either in the finally approved figures or in delivered programmes, will have to be made if the necessary resources are not available.

“ 22. While the exigencies of programming schedules call for immediate administrative decisions, no action is proposed which would commit the governing organs of the Programme in any way. It would probably be well, however, for the Economic and Social Council to review the whole question of financial policy in relation to

immediate needs as well as to future developments in both programmes as soon as possible. The establishment of the Special Fund will be an event of great importance to many governments which are looking to the United Nations for new encouragement and help in grappling with their problems of economic development. It is most desirable that it should not be accompanied by disappointments based on avoidable misunderstandings.”

4.2 It is therefore clear that although the planning target figure towards which WHO is now working is \$4 962 000 for country and regional projects in 1959, as compared to the \$4 238 000 reported to the Executive Board at its twenty-first session, the lower figure is probably nearer the level of the programme for 1959, unless the financial situation of the Expanded Programme improves more than at present seems likely.

4.3 The Director-General reported to the Executive Board at its twenty-first session that TAB had in March 1957 agreed as an interim measure to postpone the consideration of assistance in any new programmes for European countries. WHO had disagreed with that decision.¹ TAB at its meeting in March 1958 reconsidered the whole question and decided not to renew for 1959 its previous decision. In doing so, TAB stated :

“ However, in view of the uncertainty regarding the prospective financial resources for 1959..., the Board felt that it would be unrealistic to give requesting governments the impression that the non-renewal of its previous decision could result in the provision of significant amounts for technical assistance to countries where no programme had hitherto existed ”.

Annex 17

PEACEFUL USES OF ATOMIC ENERGY ²

[A 11/P&B/7 — 21 April 1958]

REPORT BY THE DIRECTOR-GENERAL

1. INTRODUCTION

1.1 The Tenth World Health Assembly, after examining the reports of the Director-General on

the peaceful uses of atomic energy to the nineteenth session of the Executive Board and to the Tenth World Health Assembly,³ adopted resolution WHA 10.21. This resolution approved the measures taken

¹ *Off. Rec. Wld Hlth Org.* 83, 134-5

² See resolution WHA 11.50.

³ *Off. Rec. Wld Hlth Org.* 76, Annex 3; 79, Annex 7

by the Director-General in this field and requested him to continue WHO's collaboration with the United Nations and the other specialized agencies concerned, as well as with the competent non-governmental organizations. The Assembly also noted with satisfaction that the Director-General, as authorized by the Executive Board, had initiated discussions with the Executive Secretary of the Preparatory Commission of the International Atomic Energy Agency, with a view to concluding an agreement between the two organizations on the basis of the agreements entered into between WHO and the specialized agencies.

2. CURRENT ACTIVITIES

The following activities in the field of atomic energy have taken place since the report of the Director-General to the Tenth World Health Assembly or are in preparation for the year 1958.

2.1 Radiation Protection

2.1.1 *Education and Training*

Two expert committees were convened during the closing part of 1957 on this subject, and their reports will be submitted to the Executive Board at its twenty-second session. One of these committees dealt with the introduction of radiation medicine into the undergraduate curriculum, and the other with post-graduate training in the public health aspects of atomic energy.

In October 1957 an international course on radiation protection (health physics) was arranged through the Regional Office for Europe at Mol (Belgium), with the co-operation of the Government of Belgium and the United States Atomic Energy Commission. This course was at an advanced level, involving a good deal of mathematics and physics. It was intended for those contemplating taking up health physics work as a professional study, particularly from the countries new to atomic energy. Twenty-four participants from 19 different European and Eastern Mediterranean countries took part in the course.

In January 1958 a course was arranged through the Regional Office for Europe with the Atomic Energy Research Establishment, Harwell (England) on the public health aspects of radiation protection, for health officers from European countries. As distinguished from the previous course, this was intended to be an introductory course for medical officers and sanitary engineering personnel who might have to make broad general decisions on radiation protection questions in the course of their

general duties. Twenty-seven participants from various European countries took part in this course.

Seventeen health officers from 16 countries in the European and Eastern Mediterranean Regions also attended, as WHO fellows, a four-week course in radiation protection at the Centre d'Etudes nucléaires, Saclay (France). The course was arranged by the Institut des Sciences et Techniques nucléaires with the assistance of the Ecole nationale de la Santé publique. It was of a similar scope to that held at Harwell, but was a good deal more comprehensive, and lasted from 3 to 28 March 1958.

Another international course on radiation protection of a similar type to that which took place at Mol is planned to take place later in 1958, and will be organized through the Regional Office for South-East Asia.

A further activity at the end of 1957 was the visit of a short-term consultant to India and Ceylon to advise and lecture on hospital physics at various centres, with particular reference to radiation protection.

2.1.2 *Genetic Effects of Radiation*

For 1958, as approved for this year, an expert committee is being arranged on the effect of radiation on human heredity. This subject was considered as one of interest to WHO, in resolution EB17.R59. The committee will follow up the results of the Study Group on the Effect of Radiation on Human Heredity held in 1956 at Copenhagen. The main item on the agenda of this committee will be the subject of planning genetic investigations in areas with high natural radiation background. In preparation for such a committee three consultants on human genetics, together with two Indian colleagues, have made a preliminary survey of the possibilities of studying hereditary conditions in the area in Kerala State, India, where there is a high natural radiation background.

2.1.3 *Radiochemical Methods of Analysis*

A joint WHO/FAO expert committee on radiochemical methods of analysis is being prepared to take place later in 1958. This committee is designed to be supplemented by a committee with the same title proposed for 1959, as explained in paragraph 3.2.1.

2.1.4 *Mental Health*

A Study Group on the Mental Health Aspects of the Peaceful Uses of Atomic Energy met at the end of 1957. This study group was foreseen in the report of the Director-General on the peaceful uses

of atomic energy to the Tenth World Health Assembly.

2.2 Clinical and Public Health Uses of Radioisotopes

2.2.1 Fellowships

In addition to fellowships for participants in the courses mentioned above, 25 individual fellowships were awarded on some aspect of radiation and health during 1957. Fellowships are particularly useful for the study of the clinical uses of radioisotopes, since the recipient is enabled at the same time to study isotope techniques and to gain experience in the clinics of the host country necessary for decisions as to types of cases where these methods are best used: 11 of the above fellowships were concerned with the use of isotopes in clinical medicine. Following the advice given by a Study Group on Radiological Units and Radiological Protection, such fellowships are usually of several months' to a year's duration to enable clinical experience to be gained.

Other individual fellowships have been awarded covering radiobiology, medical research techniques using radioisotopes, or radiation protection. Two fellowships have been awarded by the Regional Office for Africa for the study of radioisotopes to trace insect vectors of disease.

Appendix 2 relates to fellowships awarded from 1949 to 1957 in health aspects of radiation.

3. PROPOSED PROGRAMME FOR 1959

The following are the proposals concerning the peaceful use of atomic energy for the year 1959, as contained in *Official Records* No. 81.

3.1 Staff (*Official Records* No. 81, page 22)

3.1.1 Headquarters Staff

The staff dealing with atomic energy in relation to health, as approved by the Tenth World Health Assembly, comprises two medical officers, a secretary and a clerk stenographer. The work consists in the collection of data, the preparation of expert committees and seminars, assistance to the regions in planning their programmes, and also in following up the recommendations of expert committees and study groups. A significant part of the activities of the staff will be devoted to co-operation with two non-governmental bodies in official relationship with WHO—the International Commission on Radiological Protection and the International Commission on Radiological Units and Measurements—

with the International Atomic Energy Agency and specialized agencies such as UNESCO, FAO, ILO, and with the United Nations, which implies participation in the Atomic Energy Sub-Committee of the Administrative Committee on Co-ordination.

In addition to services for the expert committees mentioned below, the staff dealing with atomic energy will co-operate with the regional offices and headquarters staff in the selection and placement of fellows in radiation medicine and associated subjects.

3.1.2 Consultants

It is difficult to foresee two years ahead the exact type of activities required in this rapidly advancing field. There is also a shortage of staff for this kind of work, and the great majority of the subjects dealt with are of a highly specialized nature. In view of the importance of the health aspects of atomic energy as a whole, it is proposed to increase the provision for consultants from nine consultant months, as in previous years, to sixteen consultant months in 1959.

3.2 Radiation Protection (*Official Records* No. 81, page 22)

The following notes on the two expert committees proposed for 1959 are somewhat more detailed than those appearing in *Official Records* No. 81.

3.2.1 Expert Committee on Radiochemical Methods of Analysis

Work in this field was suggested to WHO by a Study Group on Radiological Units and Radiological Protection held in April 1956. The relevant passage of this group's report reads as follows: "The Group recommends that WHO should serve as a clearing house for collection and dissemination of information on analytical methods which may be used in the identification of specific radionuclides in water, in soils or bottom muds, in flora and fauna, and in body fluids and tissues." The object of the Expert Committee will be to consider available analytical methods, and select those which would be suitable for laboratories new to these procedures: such analyses are used for the control of radioactive waste disposal or in the medical supervision of those working with radioisotopes. This selection of methods should be useful for public health laboratories, as they will no doubt become involved more and more in these problems. A joint WHO/FAO expert committee on radiochemical methods of analysis will meet in 1958, as foreseen in the budget for that year, to consider some aspects of the problem.

As, however, the subject is a somewhat wide one, it was thought that a further committee should meet in 1959. It is proposed that this committee shall have nine WHO members and that it shall also be a joint WHO/FAO expert committee. In addition an invitation has been extended to the International Atomic Energy Agency to be represented.

3.2.2 The second expert committee (of nine members) proposed for 1959 would, as a first choice, be on the subject of protection of patients from the adverse effects of ionizing radiation used in medicine. There has been much discussion in the last two years concerning reduction of radiation doses in the medical use of x-rays; many papers have been written on the large contribution which diagnostic x-rays in particular make to the total irradiation of a population in some countries. By using appropriate techniques this rather high average radiation dose to a population might be decreased without impairing the diagnostic value of the x-rays used. It is felt that WHO should take some place in discussing such important medical questions and giving guidance where necessary. Also it is important that WHO programmes themselves should be a model in regard to the careful use of radiation. Month by month, however, new data are appearing, and the general picture tends to change rapidly; it is therefore difficult to formulate at this time the exact shape of such a committee's agenda.

Should it appear, in the course of our discussions with the International Commission on Radiological Protection, that this body is about to conduct a comprehensive study on the subject, then it would not be necessary to convene such an expert committee. In that case the next health problem which would require to be studied by an expert committee would be that of standards of medical examination for radiation workers. Such questions would be considered as the type of chronic disease, e.g. healing tuberculosis or epilepsy, or chronic slight abnormality of the blood count, which might be considered to make a career involving occupational exposure to radioisotopes or other forms of radiation undesirable. Also the types of medical supervision required could be considered. It is not thought that such a committee would suggest any rigid standards, but it would provide for an exchange of views by medical experts from different countries, and some general principles could be enunciated which would help newcomers to the field. The term "radiation workers" in this sense would apply to both clinical and atomic energy workers, but in practice it is more likely that the atomic energy worker would be stressed. An expert committee of this type would enable

WHO to advise governments and other international organizations on this question. The co-operation of the International Labour Office and the International Atomic Energy Agency would, of course, be invited.

3.2.3 *Proposed Regional Programmes in Atomic Energy for 1959*

Region of the Americas (Official Records No. 81, page 182)

The Regional Office for the Americas is developing a programme on the health aspects of nuclear energy during 1959, to be financed by PASB funds (AMRO 142).

South-East Asia Region (Official Records No. 81, page 194)

Fellowships (public health aspects of atomic energy). Plans are being worked out in India for the utilization of atomic energy for peaceful purposes. Provision is therefore made for a twelve-month international fellowship for training in the medical and health aspects of atomic energy (India 116).

European Region (Official Records No. 81, pages 241-2).

Courses on radiation protection. It is intended to continue and develop assistance in the organization of courses on radiation protection for health officers, sanitary engineers, and other health personnel. Provision is made for lecturers and fellowships (EURO 100.5).

Advisory group on radiation protection. With the aim of advising the Regional Office on future work in radiation protection in Europe, an advisory group is planned. Provision has been made for the services of a consultant, temporary advisers and servicing staff (EURO 175).

Western Pacific Region (Official Records No. 81, page 318)

Fellowships (health physics). In connexion with the establishment by the Government of China of an institute of atomic medicine in Taiwan, provision is made for a twelve-month fellowship for a physician whose training would cover both health protection and the clinical use of radioisotopes (China 28).

3.2.4 *Inter-regional Activities (Official Records No. 81, page 354)*

*Seminar on the public health aspects of the disposal of radioactive material*¹. There is in Europe and

¹ Entitled "Seminar on disposal of radioactive waste" in *Off. Rec. Wld Hlth Org.* 81

many other parts of the world a strong demand for training in the disposal of radioactive waste. The seminar would be oriented towards the health problems rather than to engineering or chemical methods of waste disposal, so far as these aspects of the subject can be separated. This seminar is not intended to be as technical as a health physics course and therefore a wider range of applications will be considered, for instance from : (i) candidates having a medical background with some experience of atomic energy or other radiation work; (ii) sanitary engineers with some experience of radiation work; (iii) health physicists connected with public health work; (iv) certain other candidates interested in public health and radiation, possibly with a chemical or biological background. The wide range of candidates is to take account of the fact that government officers interested in radioactive waste disposal come from widely different backgrounds. It is proposed that the seminar shall last approximately a week and be held in Europe. This project was originally proposed for 1958 and was included in the programme and budget proposals for that year, under "Supplement"¹ but could not be implemented and was deferred until 1959.

3.3 Clinical and Public Health Uses of Radioisotopes

3.3.1 *Study Group on Pharmacopoeial Specifications for Radioisotopes used in Medicine (Official Records No. 81, page 26)*

The number of radioisotopes used in medicine is increasing and some have already been included in national pharmacopoeias. Furthermore, a study group on radiological units and radiological protection, convened by the Organization, recommended that WHO consider including in the International Pharmacopoeia suitable information on preparations of radioactive substances which may be utilized in medicine. It is therefore proposed to convene a study group to prepare specifications for suitable substances to be included in the International Pharmacopoeia.

3.3.2 *Eastern Mediterranean Region (Official Records No. 81, page 276)*

Medical use of radioisotopes. A consultant will visit some countries in the Eastern Mediterranean Region in 1958 to make recommendations on the use of radioisotopes for medical purposes. A further consultant to be provided in 1959 for three months will follow up the implementation of these recommendations and give advice to hospitals and insti-

tutions. It is planned that a training course will be organized by the consultant in one of the medical schools of Beirut (Lebanon 24).

4. RELATIONSHIP WITH OTHER INTERNATIONAL ORGANIZATIONS

4.1 International Atomic Energy Agency

Following the authorization given to the Director-General by the Executive Board at its nineteenth session (resolution EB19.R2) to initiate discussions with the Preparatory Commission of the International Atomic Energy Agency (IAEA) "with a view to concluding an agreement between the two organizations on the basis of the agreements entered into between WHO and the specialized agencies", the Director-General communicated to the then Executive Secretary of the Preparatory Commission of the Agency, in January 1957, a draft preliminary agreement for his consideration and comments.

As stated below, in December of the same year, the Director-General of the new Agency started preliminary contacts with the Director-General concerning the arrangements for the discussion of a relationship agreement between the two agencies.

The question of the relationship of the IAEA with the specialized agencies was considered both by the Board of Governors and by the first conference of the Agency, held simultaneously in October 1957 in Vienna. The specialized agencies had been invited to send representatives to attend the conference. They were also invited to attend that part of a meeting of the Board of Governors at which the question of relationship between the Agency and the specialized agencies was discussed. In consultation with the representatives of the other specialized agencies in Vienna, the representative of the World Health Organization made a declaration on behalf of all these agencies (see Appendix 1).

On the recommendation of the Board of Governors, the Conference of the Agency adopted in October 1957 the following resolution :

The General Conference,

(a) *Noting* that Article XVI.A of the Statute provides that "the Board of Governors, with the approval of the General Conference, is authorized to enter into an agreement or agreements establishing an appropriate relationship between the Agency. . . and any other organizations the work of which is related to that of the Agency";

(b) *Noting* further that Article V.E.7 of the Statute provides that the General Conference shall approve any agreement or agreements between the

¹ *Off. Rec. Wld Hlth Org.* 74, 405

Agency and other organizations provided for in Article XVI; and

(c) *Having considered* the recommendations submitted by the Preparatory Commission concerning the guiding principles for relationship agreements between the Agency and the specialized agencies in accordance with paragraph C.7(b) of Annex I to the Statute,

1. *Authorizes* the Board of Governors, taking into account the guiding principles drawn up by the Preparatory Commission for relationship agreements between the Agency and the specialized agencies, to negotiate relationship agreements with the appropriate authorities of the specialized agencies;

2. *Requests* the Board to submit these agreements to the General Conference for approval during the regular session following the negotiation of each such agreement.

The Board of Governors of the Agency held another session in December 1957 and considered again the question of the plans or the initiation of negotiations between the Agency and the specialized agencies. It adopted on 17 December the following resolution :

The Board of Governors,

(a) *Recalling* resolution GC.1(S)/RES/11 adopted by the General Conference on 24 October 1957, in which the Board was authorized, taking into account the guiding principles drawn up by the Preparatory Commission, to negotiate relationship agreements with the appropriate authorities of the specialized agencies;

(b) *Recalling* further that in view of the Agency's primary responsibility for international activities concerned with the peaceful uses of atomic energy in accordance with its Statute, the initial programme approved by the Board and the General Conference provided that the Agency should seek to exercise, through its activities, a co-ordinating effect and to discourage undesirable duplication of effort in the development of the peaceful uses of atomic energy;

(c) *Noting* that several specialized agencies will shortly consider their future programming, including any activities relating to the peaceful uses of atomic energy;

(d) *Considering* that machinery for effective consultation and co-operation should be established at an early date; and

(e) *Recognizing* that the effective development of such arrangements will be dependent upon the

availability to the Agency of scientific advice and further definition of the Agency's programme;

1. *Requests* the Director-General to arrange, as soon as practicable, for the initiation of consultations with the specialized agencies whose work is related to that of the Agency with a view to :

(a) exploring of possible overlapping of activities and the delineation of primary functions;

(b) devising arrangements for co-ordinated programming on a continuing basis; and

(c) incorporating provision for such arrangements in appropriate relationship agreements;

2. *Decides* to establish a committee consisting of the Chairman or, in his absence or disability, one of the Vice-Chairmen acting as Chairman, and five members of the Board, designated by the Chairman with the concurrence of the Board, to advise the Director-General on negotiations with the specialized agencies, and

3. *Requests* the Director-General to report, during subsequent series of meetings of the Board, on the progress made, to enable the Board to review the procedure for negotiation in the light of such progress.

The Director-General of the International Atomic Energy Agency, appointed by the General Conference of the Agency in October 1957, started preliminary contacts with the Director-General of the World Health Organization at the end of December 1957 concerning the arrangements for the discussions of a relationship agreement between the Agency and WHO. These discussions have started and are proceeding in a satisfactory way.

4.2 United Nations Scientific Committee on the Effects of Atomic Radiation

This body has been working for nearly two years on, *inter alia*, the task of collating information on radiation effects on man and his environment. In this it has had the co-operation of WHO, and a member of the Secretariat has attended the meetings in an observer capacity; in addition the report of the WHO Study Group on the Effect of Radiation on Human Heredity was presented to the Committee, and the rapporteur of this study group, at the invitation of the Committee, has taken an active part in drafting part of the Committee's report.

The Director-General is grateful to Professor Bacq, present chairman of this United Nations Committee, who made one of the concluding speeches in the WHO course on radiation protection at Mol

(Belgium). A telegram of good wishes to the course was also received from Professor Sievert, the Swedish delegate to the United Nations Scientific Committee, and Chairman of the International Commission on Radiological Protection.

The United Nations Scientific Committee is due to report to the General Assembly of the United Nations in July 1958. In resolution 1147 (XII) of 14 November 1957 the General Assembly requested "the Secretary-General, in consultation with the Committee, to consider the question of the strengthening and widening of scientific activities in this field" (i.e. the field of radiation effects on man and his environment). A WHO observer was able to be present at the initial discussions which took place between the Secretary-General and the members of the Scientific Committee on this topic.

4.3 United Nations Educational, Scientific and Cultural Organization

Four evening lectures on different health aspects of radiation were given by WHO consultants at the UNESCO International Conference on Radioisotopes in Scientific Research held in September 1957. Two of the lecturers were chosen after consultation with the chairman and secretary of the International Commission on Radiological Protection. The aim of the evening lectures was to give a general survey of matters such as health aspects of radiation protection and the clinical use of radioisotopes which were not specifically on the agenda of the Conference from the point of view of the contribution of original papers.

4.4 International Labour Organisation

A member of the Secretariat of WHO attended the ILO Meeting of Experts on Radiation Protection held in November and December 1957. This meeting, which lasted two-and-a-half weeks, was for the purpose of discussing and making recommendations concerning the protection of workers against ionizing radiations. In particular, recommendations were made on the revision of the provisions regarding ionizing radiation in the ILO Model Code of Safety Regulations for Industrial Establishments for the Guidance of Governments and Industry. Other recommendations were made concerning three codes of practice on protection against radiation for use as manuals. The subjects of these codes of practice are as follows:

- (i) Industrial radiation protection;
- (ii) Radiation protection in industrial radiography and fluoroscopy;

- (iii) Radiation protection in luminizing work.

A review of the work of ILO in the field of protection of workers against radiation was also undertaken, and recommendations made for its future activities.

4.5 Food and Agriculture Organization of the United Nations

Co-operation with FAO has been close, particularly in connexion with plans for the Expert Committee on Radiochemical Methods of Analysis, and with UNESCO and FAO in connexion with certain information requested from the three agencies by the United Nations Scientific Committee on the Effects of Atomic Radiation and referred to in a previous report.¹

4.6 Sub-Committee on Atomic Energy of the Administrative Committee on Co-ordination

Co-operation with the United Nations and the other specialized agencies is facilitated by this sub-committee.

4.7 International Commission on Radiological Protection and International Commission on Radiological Units and Measurements

These bodies are in official relationship with WHO and there is much informal contact between members of the Commissions and the WHO Secretariat; also many members of the ICRP and ICRU are members of the WHO Expert Advisory Panel on Radiation. An observer from WHO attended a meeting of the ICRP at New York in March 1958.

Much of the work of the ICRP is concerned with the recommendation of maximum permissible levels of radiation of various types, and is therefore in a somewhat different category from that performed by WHO.

The latest recommendations of the ICRP, founded on the results of its meeting in 1956, are eagerly awaited by workers in radiation protection, and should be of considerable value to Member governments of WHO as a basis for their own radiation protection regulations. The recommendations are also very useful to WHO to serve as a foundation for its advice to other international organizations or to expert committees. It is accordingly planned to circulate the recommendations of the ICRP to Member governments when they are issued.

¹ *Off. Rec. Wld Hlth Org.* 76, 39

The ICRU report on recommended units of radiation for medical and other use was published in 1957 and, in agreement with the ICRU, a number of copies were distributed to Member governments and also to some individuals recommended by their

countries' delegates to the International Congress of Radiology. This should provide a wider circulation than might otherwise have been obtained for this valuable report and encourage the use of the same units of radiation throughout the world.

Appendix 1

STATEMENT MADE TO THE BOARD OF GOVERNORS OF THE INTERNATIONAL ATOMIC ENERGY AGENCY BY THE REPRESENTATIVE OF WHO ON BEHALF OF ILO, FAO, UNESCO AND WHO

Dr DOROLLE (World Health Organization) said that to save time his colleagues had requested him to act as their spokesman. Their presence testified to the close interest taken by the International Labour Organisation (ILO), the Food and Agriculture Organization (FAO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO) in establishing relations with the Agency. Those organizations had had almost ten years' experience of working together in accordance with the provisions of the bilateral agreements concluded between them. These agreements had proved to be satisfactory, as evidenced by the fact that, when the last Health Assembly considered whether these agreements required revision, it was decided, after consultation with the other agencies, that no modifications were necessary.

The basis of these agreements was that the overriding responsibility and competence of each agency in its particular sphere was recognized by the others; but there were marginal areas where responsibilities might merge or overlap, and it was in such areas that arrangements had to be agreed upon to demarcate common activities, and avoid gaps and overlapping.

He would not of course take it upon himself to comment

on the draft resolution submitted by Canada, Egypt and the United States (GOV/15); but he felt justified in expressing the view that paragraph (c) of the preamble and paragraph 1 of the operative part of the draft resolution proposed to be recommended for adoption by the General Conference would allow for the flexibility necessary to permit negotiations.

In conclusion, he assured the Board that the Agency's representatives in the negotiations with other specialized agencies would find the latter eager to co-operate and that during the interim period working relations would be established with due respect to the competence of each.

Dr DOROLLE said that he and his colleagues had carefully noted the observations of the Board of Governors and in particular those of the Governors from South Africa and France, who had so rightly pointed out that the Secretariats of specialized agencies could not commit their governing bodies, which must have the final word in respect of policy matters and of agreements.

He thanked the Chairman and the Board for the opportunity afforded to his colleagues and himself to be present at the meeting.

Appendix 2

ANALYSIS OF FELLOWSHIPS¹ AWARDED BY WHO ON THE HEALTH ASPECTS OF RADIATION, 1949 TO 1957

I. SUBJECTS OF STUDY

Subject	Years				Total
	1949-54	1955	1956	1957	
Therapeutic and diagnostic uses of radioisotopes	3	2	—	11	16
Medical research uses of radioisotopes	2	1	1	5	9
Radiobiology	—	—	1	4	5
Radiation protection and health physics	—	—	2	5	7
Radioactive waste disposal	—	2	1	—	3
Total	5	5	5	25	40

¹ These fellowships were for individual training. Fellows who participated in organized courses are not included.

II. DISTRIBUTION OF FELLOWS BY REGION OF ORIGIN

Region	Year				Total
	1949-54	1955	1956	1957	
Africa	—	—	—	4	4
Americas	—	—	—	2	2
Europe	2	5	2	12	21
Eastern Mediterranean	2	—	—	5	7
South-East Asia	—	—	—	2	2
Western Pacific.	1	—	3	—	4
Total	5	5	5	25	40

III. NUMBER OF FELLOWS ACCEPTED BY DIFFERENT COUNTRIES FOR TRAINING (1949-1957) ¹

Country	Number of fellows
Canada	1
Denmark	1
France	9
Germany, Federal Republic	4
Italy	2
Netherlands	1
Puerto Rico (United States course)	2
Sweden	6
Switzerland	1
United Kingdom of Great Britain and Northern Ireland	19
United States of America	14

¹ Many fellows visited more than one country.

Annex 18

SPECIAL FUND FOR IMPROVING NATIONAL HEALTH SERVICES : REPORT ON RESOLUTION 1219 (XII) OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS ON FINANCING OF ECONOMIC DEVELOPMENT ¹

[A11/AFL/12 — 12 May 1958]

REPORT BY THE DIRECTOR-GENERAL

The Executive Board, in resolution EB21.R49, requested the Director-General to report to the Eleventh World Health Assembly on resolution 1219 (XII) of the General Assembly of the United Nations on financing of economic development.

The Director-General, in response to the invitation in paragraph II.8 of resolution 1219 (XII),² forwarded his views and suggestions to the Preparatory Committee established by the resolution (see Appendix 1 to this annex). The report and recommendations of the Preparatory Committee for the Special Fund have now been issued and are reproduced as Appendix 2. The report of the Preparatory Committee will be considered by the Economic and Social Council at its twenty-sixth session, in July 1958.

Appendix 1

[UN document A/AC.93/L.7 ³ — 4 March 1958]

THE SPECIAL FUND

Views and Suggestions of the Director-General of the World Health Organization in response to General Assembly Resolution 1219 (XII)

28 February 1958

In response to the invitation expressed in paragraph II.8 of resolution 1219 (XII) of the General Assembly of the United

Nations, the Director-General of the World Health Organization has the honour to forward his views and suggestions to the Preparatory Committee established by paragraph II.4 of the same resolution. The views and suggestions presented herein were discussed by a working group composed of the entire membership of the Executive Board of the Organization in January 1958, and the Board adopted resolution EB21.R49 on the subject, which reads as follows :

¹ See resolution WHA11.53.

² See page 499.

³ Mimeographed version

The Executive Board,

Having considered resolution 1219 (XII) of the General Assembly of the United Nations on Financing of Economic Development;

Considering the inseparability of social, economic and health factors in the development of the less developed countries, which has been affirmed by the Economic and Social Council,¹ as well as by the World Health Assembly and the Executive Board;²

Considering that at present the basic fields of assistance which the Special Fund should encompass have not been defined, nor has the administrative and operational machinery for the Fund been established; and

Considering the invitation in paragraph II.8 of resolution 1219 (XII) of the General Assembly to the executive heads of the specialized agencies to forward their views and suggestions to the Preparatory Committee established by paragraph II.4 of the same resolution,

1. BELIEVES that the discussions in the working group have given the Director-General a useful basis for expressing his views and suggestions to the Preparatory Committee; and

2. REQUESTS the Director-General to submit a report on this subject to the Eleventh World Health Assembly and to the twenty-third session of the Board.

The Director-General welcomes the decision of the General Assembly to establish a Special Fund to provide systematic and sustained assistance in fields essential to the integrated technical, economic and social development of the less developed countries as an important further step in enlarging technical assistance and development activities. The World Health Organization is ready and willing to provide such assistance as is requested in its field of competence, as defined in its Constitution.

The World Health Organization has from its inception provided technical assistance upon the request of governments, financed from regular budget funds. With the advent of the Expanded Programme of Technical Assistance, the work under the new programme was integrated with the normal work of technical assistance to governments and, in fact, health projects undertaken with Expanded Programme funds have been an expansion of, and supplementary to, technical assistance provided with regular budget funds of the Organization.

It is the hope of the Director-General that the establishment of the new Special Fund will not result in a decrease of resources for the Expanded Programme of Technical Assistance and that provision will be made to safeguard not only the present level of resources but also the orderly increase in the level of resources for that programme.

1. Health Programmes which might Appropriately be Financed from the Special Fund

1.1 The World Health Organization is prepared to provide advice on the health aspects of any projects undertaken under

¹ Resolutions 451 (XIV) and 496 (XVI)

² *Handbook of Resolutions and Decisions*, 4th ed., pp. 140-141

the Special Fund and is ready to assist governments in planning and implementing projects in the field of health which may be accepted for financing from the Special Fund.

The activities in the field of health directly related to economic development and the purposes for which special projects are to be accepted might fall within the following three interrelated groups :

(1) Certain diseases are in themselves important in the economic development of under-developed countries, for instance malaria, yaws,³ tuberculosis, bilharziasis,⁴ ankylostomiasis,⁵ onchocerciasis⁶ and trypanosomiasis,⁷ the latter two especially for Africa. The eradication or control of such diseases would have a direct impact on the economic development and on the standard of living.

(2) Since economic development cannot be dissociated from manpower resources and is dependent on a productive labour force, a healthy population is basic to any large-scale industrial or agricultural development programme. This requires healthy living conditions and due consideration should be given to the health aspects of housing and town planning. More particularly the need for providing a safe and adequate water supply and sewerage systems. Sound public health services are indispensable to provide both preventive and curative facilities and of course occupational health problems must be met.

(3) Economic development is liable to create new health problems by the spread of diseases. Two classical examples are malaria and bilharziasis which have been dangerously spread to new areas through irrigation or other water resources schemes. In addition, important industrial development schemes, which bring about the migration of populations and their crowding in relatively small areas, may create health hazards to the newcomers as well as to the local population.

1.2 The Director-General presents in the Annex to this paper a few examples of activities which, if resources were available, could result in making a significant contribution to

³ Yaws, or framboesia, is a contagious non-venereal disease of the hot regions, due to a treponeme, creating multiple raspberry-like excrescences of the skin, progressing to destructive and painful lesions of the skin and bones.

⁴ Bilharziasis is caused by a blood-fluke called *Schistosoma* which causes a severe chronic condition leading to general debility. The parasite is transmitted by water and enters the body through the skin or by drinking. The host is water-snails living in the banks of streams and irrigation canals.

⁵ Ankylostomiasis is a disease, due to the presence of hook-worm, occurring principally in the tropical belt, causing gastro-intestinal disturbances, but mainly severe anaemia, emaciation and loss of working capacity.

⁶ Onchocerciasis is found in the tropical belt, mainly in Africa. It is transmitted by minute biting flies (*Simulia*). The filarial worms causing the disease are found in the skin and eyes, when it causes blindness — known in some areas as "river blindness".

⁷ Sleeping sickness or African trypanosomiasis is caused by the presence in the body fluids of parasites conveyed by the bite of tsetse flies. It is marked first by fever, anaemia, and then depression, progressing to coma, emaciation and death. Cattle are affected by the same parasite which thus causes additional economic loss.

plans for the economic development of the less developed countries. These examples are drawn from activities in which the Organization already has experience.

In comprehensive plans for economic and social development, chiefly in the purview of other agencies, the health aspects play an essential role and should not be overlooked. WHO is ready to provide advice.

2. Administrative and Operational Machinery

2.1 Regarding the administrative and operational machinery to be established for the Special Fund, the Director-General has kept in mind the frequently expressed wishes of governments for economy and efficiency in the management of the affairs and programmes of the international organizations. The Director-General therefore believes that the administrative and operational machinery of the Fund should be as simple and flexible as possible, to facilitate efficiency and economy in planning and operating projects financed from the Special Fund, and that no new machinery need be created which might duplicate or overlap already existing machinery, and complicate unduly planning and execution. The necessary overall co-ordination can best be provided by the existing inter-secretariat machinery of the United Nations and the specialized agencies (including the International Bank and the International Monetary Fund), i.e. the Administrative Committee on Co-ordination.

2.2 The Director-General assumes that, whatever the structure of the Special Fund, the regulations will include provisions to preclude duplicating or overlapping by requiring the technical approval of the appropriate specialized agency or agencies co-operating in the programme, e.g. the technical approval of WHO for health projects, of FAO for agricultural projects, etc., as does the UNICEF Executive Board, prior to approving and allocating funds for projects in the technical fields of the specialized agencies. It would appear both unnecessary and uneconomical for the Special Fund itself to employ directly expert advice which is readily obtainable from existing sources in the United Nations family of organizations. Furthermore, projects will be proposed in the same fields of work in which projects are already being carried out in a country or groups of countries by one or more of the agencies, and it is important that the appropriate relationships between them be established. This would most readily, effectively and economically be accomplished by utilizing the same instruments

of technical advice and approval as are utilized for the existing work.

2.3 It should be possible to set up a fairly simple machinery whereby an intergovernmental Executive Board, or other intergovernmental body, would be responsible for approving programme proposals and for deciding which co-operating agency or agencies should carry them out. The co-operating agencies would be represented at all meetings of such intergovernmental body. They would be expected to render an account of their stewardship by periodic progress reports and financial reports, including audited accounts submitted by the External Auditor of the agency concerned. An Executive Director could be appointed to receive programme proposals and submit them, with his recommendations, to the intergovernmental body for approval.

2.4 In carrying out projects financed by the Special Fund or in providing technical advice on various aspects of projects, it is of particular importance to make the best possible use of existing sources of support.

It seems clear that this is what governments expect. One simple arrangement, which should work satisfactorily, would be for the Special Fund to request the appropriate co-operating agency or agencies to carry out specific projects, or parts of projects, which the Fund authorities have approved. Thereafter, the necessary funds would be made available to co-operating agencies to carry out the approved project in accordance with their normal administrative, financial and personnel practices and procedures. Those practices and procedures are already being co-ordinated by the Administrative Committee on Co-ordination and its Consultative Committee on Administrative Questions.

3. Financial Aspects

3.1 To attain the objective of the Special Fund, it is necessary that projects, once approved and begun, be carried out to their planned completion. Therefore, it is suggested that when the appropriate authority of the Fund approves a project, it set aside the full amount of funds necessary to finance it to completion. Actual cash advances could be made available to agencies on an annual or shorter periodic basis.

3.2 Consideration will need to be given to the method of reimbursing the related administrative and operational servicing costs to the co-operating agencies.

Annex

SOME EXAMPLES OF HEALTH PROJECTS SUITABLE FOR FINANCING FROM THE SPECIAL FUND

1. Yaws Eradication

Yaws is the most important treponemal disease from an economic as well as from a health point of view in underdeveloped rural, tropical countries of the world. It is estimated that there are about 400 million people in rural areas of tropical countries. About half of these—some 200 million—live in areas of endemic treponematoses, and probably over 50 million people were infected before recent yaws control campaigns were undertaken.

Disabling deformities and lesions in as much as 25 per cent. to 30 per cent. of those infected seriously reduce the working capacity of adolescents and adults. This disease is thus of considerable direct and indirect importance in agricultural and industrial development of the country concerned, because it causes loss of productive manpower. On the other hand the prevention of deformities and the cure of active manifestations by modern mass yaws campaigns increase significantly the manpower available for rural development. In Haiti, for example, where yaws was widely prevalent in the rural

population, it has been estimated approximately 100 000 incapacitated persons have been able to return to work after treatment, with a consequent increase in national production of \$5 000 000 a year. In the African Region alone, it is estimated that 25 million persons are infected; some 10 per cent. of these will become permanently disabled or will for years remain seriously incapacitated for physical work because of painful lesions of hands and feet, unless mass yaws campaigns are undertaken on a larger scale.

The work already done and planned in this field can be summarized as follows : by the end of 1958 about 100 million people, or half of the population living in areas of endemic treponematoses, will have been examined for yaws and some 25 million people treated with penicillin. The cost of yaws eradication campaigns so far undertaken has been approximately 10 to 15 cents per person examined, taking into account all expenditure, national and international. The results have shown that the stage has now been reached when yaws eradication is considered technically feasible, so that the remaining estimated 100 million people living in endemic areas in tropical countries should be examined and treated, and yaws effectively eradicated. A considerable increase in the pool of productive manpower can be expected to follow yaws campaigns and to become available for rural development.

2. Bilharziasis Control

It is estimated that a total of 150 million human beings suffer at present from bilharziasis all over the world. It affects the physical and mental development of children and greatly diminishes the strength and productive power of adults, as their working ability is reduced by 16 to 18 per cent. in mild cases, by 50 to 57 per cent. in moderate cases and by 72 to 80 per cent. in severe cases.

Economic development by the construction of hydro-electric dams and the creation of canals to irrigate zones previously arid, as well as the transformation of irrigation schemes from periodical to perennial, directly influence the importance of bilharziasis by spreading its distribution, increasing its frequency, and intensifying its effects and complications.

The severity and importance of bilharziasis resulting from man-made irrigation as compared to bilharziasis found in natural surroundings is well known. For example, before irrigation in the Gezira area of the Sudan the infection was only seen sporadically, but afterwards a survey revealed that the infection rate reached up to 80 per cent.

Economic loss due to bilharziasis has been calculated by the Philippines bilharziasis pilot project team in terms of inability to work. The annual loss for 125 000 infected persons is \$1 350 000 (the minimum daily wage in this country is \$2.00). The total medical expenditure calculated for 100 000 persons (with symptomatic manifestations) is \$5 282 500. Likewise in Egypt, loss due to reduced productivity of workers has been estimated at an annual total of \$57 000 000, which is considered a minimum. In Japan, economic loss and the cost of treatment of the disease, calculated for an area of ninety square miles, is \$3 000 000 per year, and for the Isle of Kyushu alone the loss is put at \$2 522 000.

To seek a solution to this complex problem the combined efforts of experts in very different disciplines such as irrigation

engineering, malacology, parasitology, sanitary engineering, agronomy and public health administration, are necessary. The simultaneous application of various control measures is urgently required. Progress in this direction has been hampered by lack of sufficient funds. Assistance is therefore urgently needed to strengthen national control projects which are already under way in certain countries. This programme will also enable governments where bilharziasis is a serious economic problem to take full advantage of new programmes of development of water resources and irrigation projects, and thus improve their agrarian economy and industrial development.

3. Environmental Sanitation

(a) *Urban Water Supply and Sewerage*

As it is anticipated that the economic development of the less-developed countries will take place not only in already existing large centres but also in new industrial centres to be established at strategic points where hydro-electric power and sources of raw materials can be found, the sanitation aspect of any large conglomeration of the population is an important consideration. Indeed, health progress in most countries of the world cannot be expected to reach a significant level unless a greater and more rapid improvement takes place in basic sanitation. While the improvement of general sanitation must continue, efforts should be concentrated on the provision of safe and adequate water supplies and sewerage systems for urban areas.

A satisfactory pure water supply under pressure has an actual monetary value as it reduces substantially the amount of sickness in a community and absenteeism. Such a supply of water will also make it possible to establish manufacturing plants requiring large quantities of water, thus creating increased productivity and increased employment.

A study of the economics of community water supplies in Venezuela undertaken ten years ago has shown that the cost to the nation per year due to deaths and illness from water-borne diseases, financial loss due to absenteeism and the cost of medical care amounted to approximately \$43 000 000, to which was added \$17 000 000 as the cost of contaminated water bought from vendors or carried from streams, making a grand total of a loss of some \$60 000 000.

Where safe water supplies are to be provided, there must also be sewers for carrying away the wastes of populous communities and, where necessary, plants for treating these wastes to render them suitable for discharge into receiving waters. By such means foci of disease infection are effectively removed, the community becomes more healthful, and an impetus is given to economic betterment and to raising the standard of living.

(b) *Technical Training of Public Health Engineers*

There is a shortage of all types of engineers in virtually all countries of the world, and that shortage is particularly acute as it relates to sanitary engineers. Since the control of the environment is basic to good health and the work of sanitation is seriously hampered by the lack of such engineers, especially in less-developed countries, national staff need training so as to solve their own problems in their own ways. Two general classes of personnel need to be trained : profes-

sional engineers in post-graduate work related to public health, and sanitarians. The nature of training courses must be adapted to regional needs, in terms of national programmes of sanitation. In a number of countries there are institutions which could be developed to train engineers in the special field of sanitation, provided they receive assistance to provide for laboratories, teaching facilities, engineering equipment, teaching staff and trainees. Some of them could become regional training centres for South-East Asia, Africa and Latin America.

The objective is to produce sufficient numbers of qualified specialists who will be suited by experience and temperament to carry forward national sanitation programmes which are necessary to conserve the vital energy and productive capacity of the people.

(c) *Health Aspects of Housing*

There are a number of international agencies interested in the field of housing, including the United Nations and its regional commissions, ILO and WHO. The main activities will be in the fields of economics, building materials, housing statistics, housing research, standards, and community planning, but there is no doubt that the health aspects of

housing deserve fuller consideration. Most housing experts stress the need for housing that will promote good health.

When governments of under-developed countries request international assistance on housing plans and policy in connexion with their industrial or agricultural development, WHO would be ready to advise on the many health aspects of such programmes.

4. *Malaria Eradication*

The global malaria eradication programme which has been developed has profound implications for the economic development of the countries concerned and eradication programmes, once started, must continue until eradication is achieved. The malaria eradication programme is not however suggested as a project to be financed from the Special Fund, because it is assumed that sufficient funds will become available in the Malaria Eradication Special Account of the World Health Organization and the Special Malaria Fund of the Pan American Sanitary Organization, and that Technical Assistance, UNICEF and bilateral funds will continue to be available at an adequate level to carry out the programme

Appendix 2

[UN document E/3098¹ — 22 April 1958]

**ECONOMIC DEVELOPMENT OF UNDER-DEVELOPED COUNTRIES : REPORT
AND RECOMMENDATIONS OF THE PREPARATORY COMMITTEE FOR THE SPECIAL FUND
SUBMITTED IN ACCORDANCE WITH GENERAL ASSEMBLY RESOLUTION 1219 (XII)**

TABLE OF CONTENTS

- I. Introduction
- II. Report
- III. Recommendations
- Annex 1. Illustrative list of types of projects
- Annex 2. Text of General Assembly resolution 1219 (XII)

LETTER OF TRANSMITTAL

15 April 1958

Sir,

I have the honour to submit to the Economic and Social Council the Report and Recommendations of the Preparatory Committee for the Special Fund which was established by the General Assembly in its resolution 1219 (XII).

Accept, Sir, the assurances of my highest consideration.

Mohammed Mir Khan
*Chairman, Preparatory
Committee for the Special Fund*

Mr George Davidson,
President, Economic and Social Council
United Nations, New York

¹ Incorporating document E/3098/Corr. 1 of 26 September 1958

PART I

INTRODUCTION

1. The Preparatory Committee for the Special Fund was established by section II, paragraph 4, of General Assembly resolution 1219 (XII) of 14 December 1957 and was entrusted with the following tasks :²

- (a) To define the basic fields of assistance which the Special Fund should encompass and, within these fields, the types of projects which should be eligible for assistance;
- (b) To define the administrative and operational machinery to be recommended for the Special Fund, including such changes as may be required in the present legislation and procedures of the Expanded Programme of Technical Assistance;
- (c) To ascertain the extent to which governments would be willing to contribute to the Special Fund.

2. The General Assembly, in section II, paragraph 7, of its resolution, requested governments to assist the Preparatory Committee in its work by forwarding their views and suggestions to the Committee through the Secretary-General and, in particular, by indicating the extent to which they would be willing to contribute to the Special Fund. The General Assembly also invited the Secretary-General of the United

² The text of the resolution is reproduced in Annex 2.

Nations, the executive heads of the specialized agencies and the Executive Chairman of the Technical Assistance Board to forward their views and suggestions to the Preparatory Committee (section II, paragraph 8).

3. The General Assembly requested the Preparatory Committee to submit the results of its work in the form of a report and recommendations to the Economic and Social Council at its twenty-sixth session. The Economic and Social Council, in turn, was requested to transmit the Preparatory Committee's report, together with its own comments, to the General Assembly, at its thirteenth session, for final action.

4. In section II, paragraph 11, of its resolution, the General Assembly looked forward to the establishment of the Special Fund as of 1 January 1959.

5. The Preparatory Committee met at United Nations Headquarters in New York City from 11 March to 15 April 1958. The members of the Committee were represented as follows :

Canada

Representative: Mr S. Pollock;
Adviser: Mr Rodney Grey;
Adviser: Mr J. Hadwen.

Chile

Representative: H.E. Sr José Serrano;
Adviser: Sr Octavio Allende.

Denmark

Representative: Mrs N. Wright.

France

Representative: M. Pierre Charpentier;
Adviser: M. Jean Denis Turpin;
Adviser: M. Gérard Amanrich;
Adviser: M. Philippe Marandet.

Ghana

Representative: Mr D. A. Chapman;
Alternate: Mr F. S. Arkhurst;
Alternate: Mr Y. B. Turkson.

India

Representative: H.E. Mr Arthur S. Lall;
Alternate: Mr M. Gopala Menon;
Adviser: Mr M. N. Sivaraman.

Japan

Representative: Mr Masayoshi Kakitsubo;
Adviser: Mr Motoo Ogiso;
Adviser: Mr Masao Ito.

Mexico

Representative: H.E. Sr Rafael de la Colina;
Alternate: H.E. Sr Eduardo Espinosa y Prieto;
Adviser: Sr A. González de León Q.;
Adviser: Sr Agustín López Munguía.

Netherlands

Representative: Mr J. Kaufmann;
Alternate: Miss J. D. Pelt.

Pakistan

Representative: H.E. Mr Mohammed Mir Khan;
Adviser: Mr Niaz A. Naik;
Adviser: Mr S. A. Karim.

Peru

Representative: H.E. Sr Fernando Berckemeyer;
Alternate: Sr José Encinas.

Union of Soviet Socialist Republics

Representative: Mr Aleksei Roslov;
Alternate: Mr Aleksei Sokirkin.

United Arab Republic

Representative: Mr Abdel-Moneim El-Banna;
Alternate: Mr Abdel Hamid Abdel-Ghani
Alternate: Mr Aly Fahmy;
Adviser: Mr Adel A. Talaat.

United Kingdom of Great Britain and Northern Ireland

Representative: Mr R. D. J. Scott Fox;
Alternate: Mr R. C. Barnes.

United States of America

Representative: Mr Christopher H. Phillips;
Adviser: Mr William Stibravy;
Adviser: Mr Seymour M. Finger;
Adviser: Mr Albert F. Bender;
Adviser: Mr Chauncey Parker;
ad hoc adviser: Mr William Wynne;
ad hoc adviser: Mr Peter Delaney.

Yugoslavia

Representative: H.E. Mr Leo Mates;
Adviser: Mr Janvid Flere;
Adviser: Mr Bora Jevtic.

6. The Committee elected the following officers :

Chairman: H.E. Mr Mohammed Mir Khan (Pakistan)
Vice-Chairman: H.E. Sr Fernando Berckemeyer (Peru);
Rapporteur: Mr J. Kaufmann (Netherlands).

7. The United Nations was represented by the Deputy Under-Secretary for Economic and Social Affairs, the Director of the Bureau of Economic Affairs, and by the Director-General and the Deputy Director-General of the Technical Assistance Administration.

8. The Executive Chairman of the Technical Assistance Board participated in the work of the Preparatory Committee. The Committee invited representatives of the specialized agencies and of the International Atomic Energy Agency to participate in its work. The following agencies were represented :

International Labour Organisation (ILO)

Mr Jef Rens, Deputy Director-General of the International Labour Office
Mr R. A. Métall, Director, ILO Liaison Office with the United Nations
Mr O. S. Seiersen

Food and Agriculture Organization (FAO)

Mr Joseph L. Orr, Director, FAO Liaison Office with the United Nations

United Nations Educational, Scientific and Cultural Organization (UNESCO)

Mr René Maheu, Representative of UNESCO to the United Nations
Mr Arthur H. Gagliotti, Assistant Representative of UNESCO to the United Nations

World Health Organization (WHO)

Mr Milton P. Siegel, Assistant Director-General, Department of Administration and Finance
Dr R. L. Coigny, Director, WHO Liaison Office with the United Nations

International Bank for Reconstruction and Development

Mr Richard H. Demuth, Director, Technical Assistance and Liaison
Mr Enrique López-Herrarte, Liaison Officer with the United Nations

International Monetary Fund

Mr Gordon Williams, Assistant to the Managing Director and Special Representative to the United Nations

International Civil Aviation Organization (ICAO)

Mr E. R. Marlin, Director, Technical Assistance Bureau

International Telecommunication Union (ITU)

Mr Gerald C. Gross, Assistant Secretary-General of the ITU

World Meteorological Organization (WMO)

Dr H. Sebastian, Chief, Technical Assistance Unit of WMO

International Atomic Energy Agency (IAEA)

Mr Andrey I. Galagan, Representative of the IAEA at the United Nations
Mr Alwyn V. Freeman, Deputy Representative of the IAEA at the United Nations

9. The Committee held one public meeting¹ and nineteen closed meetings.² In addition, meetings were held by a Working Group which elected Mr M. Gopala Menon (India) as Chairman and H.E. Sr José Serrano (Chile) and Mr Janvid Flere (Yugoslavia) as Vice-Chairmen.

10. The present report and recommendations were adopted on 15 April 1958.³

¹ The summary record of this meeting was distributed as A/AC.93/SR.1.

² The minutes of these closed meetings are contained in documents A/AC.93/SR.2-20, which the Committee decided at the end of its session to de-restrict.

³ The following statement was submitted by the representative of the Union of Soviet Socialist Republics:

"In the drafting of the recommendations in the Committee's report in connexion with paragraphs 4 (a), (b) and (c) of General Assembly resolution 1219 (XII), the representative of the USSR upheld the fundamental principles which, in his opinion, should serve as the basis for the organization of the Special Fund. This fund should form the nucleus of a United Nations fund for the financing of economic development. Among these fundamental principles are the following: all countries wishing to participate in the Fund should be free to do so; contributions to the Fund should be voluntary and should be payable in the national currency or in kind; loans should be granted on advantageous conditions as a form of assistance from the Fund to under-developed countries in the development of their national economies and in particular of their industries; the Fund should be an independent organ of the United Nations and not subordinate to the International Bank for

11. In transmitting its report and recommendations to the Economic and Social Council, the Preparatory Committee wishes to express its appreciation of the competent and devoted assistance it has received throughout its work from the Rapporteur and the Secretariat.

PART II

REPORT

12. The Preparatory Committee had before it the following views and suggestions submitted in accordance with General Assembly resolution 1219 (XII):

(a) the views and suggestions of the Governments of Austria, the Dominican Republic, Finland, Jordan, Morocco, the Netherlands, Turkey, China, Israel, Cambodia, Norway, the Byelorussian Soviet Socialist Republic, Spain, Panama, Sweden, Ceylon, El Salvador, Switzerland, Poland, New Zealand, the Republic of Korea, Portugal, and the Philippines. In addition, the statements made in the Preparatory Committee during the general debate by the representatives of Chile, France, Ghana, India, Mexico, Peru, the United Arab Republic and Yugoslavia were published, at the request of those representatives, as the views and suggestions of their respective Governments;

(b) the views and suggestions of the Secretary-General of the United Nations, and of the Executive Chairman of the Technical Assistance Board;

(c) the views and suggestions of the Director-General of the ILO, the Director-General of FAO, the Director-General of UNESCO, the Secretary-General of ICAO, the Director-General of WHO, the Secretary-General of ITU and the Secretary-General of WMO;

(d) the views and suggestions of the Director-General of the International Atomic Energy Agency (IAEA).

13. After a general exchange of views, the Preparatory Committee decided to take as a point of departure for its discussions the views and suggestions presented by the Secretary-General of the United Nations in document A/AC.93/L2 and a number of analytical working papers prepared by the Secretariat at the request of the Committee.

Reconstruction and Development, and private commercial and financial interests should be excluded from its activities. He further referred to the views expressed in the reply of the USSR (A/AC.83/L.1/Add.19) to the questionnaire of the Secretary-General of the United Nations in connexion with General Assembly resolution 923 (X), and also to the stand taken by the Soviet delegation at the time of the adoption of Economic and Social Council resolution 662 B (XXIV) and General Assembly resolution 1219 (XII).

"In this connexion he stated his position regarding the various points in the recommendations included in the Committee's report.

"The representative of the USSR also stated that the recommendations in the report did not take account of the tasks of the United Nations Special Fund with regard to promoting the development of industry and other branches of the national economy through the financing of capital construction, that without justification they encroached upon the field of activity, organizational structure and financial resources of the Expanded Programme of Technical Assistance, and that, in his view, they did not bring nearer the possibility of establishing SUNFED as a body which would more closely meet the need for the financing of economic development in the under-developed countries."

14. The results of the Committee's work in connexion with the tasks defined in section II, paragraphs 4 (a), (b) and (c), of General Assembly resolution 1219 (XII) are embodied in the present report and recommendations which the Committee has the honour to submit to the Economic and Social Council for its consideration. The Committee deemed it useful to present its recommendations in a form which would facilitate their inclusion in a draft resolution (see part III below).

A. Basic Fields of Assistance and Types of Projects

15. Most of the material before the Committee relating to basic fields of assistance and the types of projects which should be eligible for assistance by the Special Fund dealt with the distinguishing features of the new Special Fund and the principles and criteria which should serve as a guide in establishing programmes of operation. The Committee agreed that a set of guiding principles and criteria should be included in its recommendations. These are set forth in paragraphs (2) to (4) of part III below and are preceded in paragraph (1) by a general statement on the Special Fund's objectives as laid down in General Assembly resolution 1219 (XII).

16. The basic fields of assistance are set forth in paragraph (5) of the Committee's recommendations.

17. Regarding the types of projects, the Preparatory Committee has included recommendations concerning the forms in which assistance by the Special Fund would be rendered (part III, paragraph (6)). Examples of types of projects, on the other hand, scarcely lend themselves to inclusion in a legal text. The Committee has therefore decided to annex to its report an illustrative list of types of projects based on the replies of governments, on the views of the Secretary-General of the United Nations, the Executive Chairman of the Technical Assistance Board, the executive heads of the specialized agencies and the International Atomic Energy Agency, and on the statements and suggestions of the governments represented in the Preparatory Committee. The Committee wishes to stress that this list is purely illustrative and that it is in no way intended to limit or determine the operations of the Special Fund.

B. Administrative and Operational Machinery of the Special Fund

18. The recommendations of the Preparatory Committee regarding the administrative and operational machinery of the Special Fund are embodied in paragraphs (8) to (31). In addition to recommendations regarding the organs of the Special Fund (Governing Council, Managing Director and staff, Consultative Board) the Committee has made specific recommendations on the role of the Economic and Social Council and of the General Assembly in the guidance and review of the Special Fund's operations (paragraphs (8) to (11)). Also, in paragraphs (32) to (45) it has set forth recommendations regarding procedures—in particular the sources and formulation of requests, their evaluation and approval, and the execution of projects.

19. The suggestion was made that arrangements might be explored for obtaining an allocation from the regular budget of the United Nations to cover the administrative budget of the Special Fund or for financing this budget on the same basis of assessments as exist for the regular budget of the United Nations.

C. Extent of Willingness of Governments to Contribute to the Special Fund

20. A total of twenty-six governments referred to the question of contributions in their replies or in statements made at the meetings of the Preparatory Committee. Only three governments gave precise indications of the extent of their possible contributions. The Government of the Netherlands stated in its reply that it was provisionally considering a contribution to the Special Fund which would have the same ratio to the target figure of the Special Fund as the present Netherlands contribution to the Expanded Programme of Technical Assistance had to the total of the contributions to that programme. This means, according to the Netherlands Government, that its contribution to a fund of \$100 million would be approximately 3.3 times the present Netherlands contribution of \$1 092 500 to the Expanded Programme; a final decision, subject to parliamentary approval, would be taken after the establishment of the Special Fund. The Government of Turkey stated in its reply that its contribution to the Special Fund percentage-wise should not be over the percentage represented by its present \$210 000 share to the existing technical assistance programme, compared to the total contributions made by all the participants to the programme, and that this share would be paid in Turkish currency. This will be subject to the approval of the Turkish Grand National Assembly.

21. The representative of the United States, in a statement made at the third meeting of the Preparatory Committee, observed that General Assembly resolution 1219 (XII) spoke of the possibility of having available for total United Nations technical assistance activities the sum of \$100 million and that this was the target figure his Government had utilized in taking steps to assure that it would be in a position to contribute its share of this intensified effort to spur economic development. He indicated that the United States Government had therefore requested Congress for an authorization of \$38 million as its contribution towards a combined 1959 programme of \$100 million, such contribution being subject to Congressional approval and to the percentage limitation provided for by United States law.

22. Other governments stated that they could be in a position to offer firm and tangible support, provided that the Preparatory Committee agreed on the way in which the programme would develop, and provided that the organizational arrangements would lead to sound and carefully executed projects;¹ that at present they were not in a position to indicate their contribution to the Special Fund and that consideration was being given or would be given at the appropriate time to this matter;² that they could not make any appreciable contribution³ or could consider only a token contribution or a contribution⁴ of their share of local costs.⁵ Six governments stated that they would be unable to contribute at present owing to financial or balance of payments difficulties or the need for assistance.⁶

¹ Canada (statement at the third meeting of the Preparatory Committee)

² China, the Dominican Republic, France, Israel, Ghana, Japan, Mexico, Morocco, Norway, Poland, Sweden, Switzerland and Yugoslavia

³ Cambodia, Ceylon and the Philippines

⁴ Austria, Finland, Jordan, the Republic of Korea, New Zealand and Portugal

23. The Preparatory Committee concluded that in view of the information before it and the time at its disposal, it could not carry out the provision of section II, paragraph 4 (c), of resolution 1219 (XII). The Preparatory Committee therefore decided to request the Secretary-General to transmit the Committee's report to States Members of the United Nations or Members of the specialized agencies or of the International Atomic Energy Agency and to invite governments to provide information of as precise a nature as possible concerning the extent to which they would be willing to contribute to the Special Fund described in the present report. The Committee also decided to request the Secretary-General to bring to the attention of governments the desirability of making the highest possible contributions and ask them to take into account for their contribution for the year 1959 the amount of \$100 million mentioned in resolution 1219 (XII). The Committee hopes that for the year 1959 an amount of at least \$100 million will be available for the operations envisaged in resolution 1219 (XII). The Preparatory Committee further requested the Secretary-General to inform the Economic and Social Council at its twenty-sixth session and the General Assembly at its thirteenth session of the replies received to this new inquiry.

24. The Preparatory Committee agreed to suggest that the Special Fund study methods of encouraging donations from non-governmental sources.

D. Questions concerning Changes in the Present Legislation and Procedures of the Expanded Programme of Technical Assistance

25. The Committee considered three specific points bearing on the future relationship between the Special Fund and the Expanded Programme which might require changes in the present legislation and procedures of the Expanded Programme.

26. The Preparatory Committee considered in particular that in view of the necessity of ensuring the fullest degree of co-ordination between the two operations, the Managing Director should be associated as fully as possible in the deliberations of the Technical Assistance Board. This might be achieved by the adoption by the Economic and Social Council, at its session immediately following the establishment of the Special Fund by the General Assembly, of a resolution drafted along the following lines :

“ *The Economic and Social Council,*

“ *Considering* resolution . . . of the General Assembly establishing the Special Fund,

“ *Considering* that it is important that the fullest degree of co-ordination should be maintained between the operations of the Special Fund and those of the Expanded Programme of Technical Assistance,

“ *Resolves* that the Managing Director of the Special Fund or his representative shall be entitled to attend the meetings of the Technical Assistance Board and to participate without vote in the Board's deliberations.”

27. In paragraph (54) of its recommendations, the Committee proposes that “ appropriate provision shall be made . . . for an exchange of currencies between the Special Fund and the Special Account for the Expanded Programme of Technical Assistance ”. Having regard to this recommendation, and existing legislation and practice, the Committee believes that no change would be required in the resolutions governing

the Expanded Programme in order to permit such exchange of currencies, which in each case would be subject to appropriate arrangements between the Secretary-General, the Managing Director of the Special Fund and the Executive Chairman of the Technical Assistance Board.

28. Paragraph (29) of the Committee's recommendations provides for the Managing Director and the Executive Chairman to enter into an agreement concerning the role of the resident representatives in the work of the Special Fund. The Committee believes that no change would be required, in the resolutions governing the Expanded Programme, to permit the Executive Chairman to enter into such an agreement.

29. While, in the initial period of the Special Fund's operations, no further changes appear to be necessary in the legislation or procedures of the Expanded Technical Assistance Programme, to permit the fullest co-operation, the Committee believes that changes in both the legislation and procedures of the Expanded Programme may be required as arrangements for co-operation between the two programmes are further developed. The Committee suggests that the Technical Assistance Committee should authorize the Executive Chairman and the Technical Assistance Board to keep these questions under review and to make to the competent organs whatever recommendations may seem desirable.

PART III

RECOMMENDATIONS FOR INCLUSION IN A DRAFT RESOLUTION

I. Guiding principles and criteria

(1) Pursuant to the provisions of General Assembly resolution 1219 (XII) and pending a possible review by the General Assembly of the scope and future activities of the Special Fund, as envisaged in section III of that resolution, the Special Fund shall :

(a) be a separate fund;

(b) provide systematic and sustained assistance in fields essential to the integrated technical, economic and social development of the less developed countries;

(c) in view of the resources prospectively available at this time, which are not likely to exceed \$100 million annually, direct its operations towards enlarging the scope of the United Nations programmes of technical assistance so as to include special projects in certain basic fields as outlined hereunder.

The Special Fund is thus envisaged as a constructive advance in United Nations assistance to the less developed countries which should be of immediate significance in accelerating their economic development by, *inter alia*, facilitating new capital investments of all types by creating conditions which would make such investments either feasible or more effective.

(2) In establishing programmes, the Managing Director and the Governing Council of the Special Fund¹ shall be guided by the following principles and criteria :

(a) The Special Fund shall concentrate, as far as practicable, on relatively large projects and avoid allocation of its resources over a great number of small projects;

¹ See paragraphs (8) to (26) below.

- (b) Due consideration shall be given to the urgency of the needs of the requesting countries;
- (c) Projects shall be undertaken which will lead to early results and have the widest possible impact in advancing the economical, social or technical development of the country or countries concerned, in particular by facilitating new capital investment;
- (d) Due consideration shall be given to a wide geographical distribution in allocations over a period of years;
- (e) Due consideration shall be given to technical, organizational and financial problems likely to be encountered in executing a proposed project;
- (f) Due consideration shall be given to the arrangements made for the integration of projects into national development programmes and for effective co-ordination of the project with other multilateral and bilateral programmes;
- (g) In accordance with the principles of the Charter of the United Nations, the assistance furnished by the Special Fund shall not be a means of foreign economic and political interference in the internal affairs of the country or countries concerned and shall not be accompanied by any conditions of a political nature;
- (h) Projects shall be devised in such a way as to facilitate transfer, as soon as practicable, of the responsibilities of the Special Fund to assisted countries or to organizations designated by them.
- (3) Projects may be for one country or a group of countries or a region.
- (4) Projects may be approved for the period of time needed for their execution, even if more than one year.

II. Basic fields of assistance and types of projects

- (5) The Special Fund shall assist projects in the fields of resources, including the assessment and development of manpower, industry, including handicrafts and cottage industries, agriculture, transport and communications, building and housing, health, education, statistics and public administration.
- (6) In view of the resources prospectively available at the time of the initial period of the Special Fund's operations, projects to be assisted by the Special Fund might be in one or a combination of the following forms: surveys; research and training; demonstration, including pilot projects. These may be implemented by the provision of staff, experts, equipment, supplies and services, as well as the establishment of institutes, demonstration centres, plants or works, and other appropriate means, including fellowships in so far as they are integral parts of a specific project financed by the Special Fund, in such proportions as are judged necessary by the Managing Director for each project, taking into account the type of assistance requested by governments.

III. Participation in the Special Fund

- (7) Participation in the Special Fund shall be open to any States Members of the United Nations, or members of the specialized agencies or of the International Atomic Energy Agency.

IV. Organization and management

- (8) There are established as organs of the Special Fund: a Governing Council, a Managing Director and his staff, and a Consultative Board. The Special Fund shall be an organ

of the United Nations administered under the authority of the Economic and Social Council and of the General Assembly which will exercise in respect of the Special Fund their powers under the Charter.

- (9) The Economic and Social Council shall be responsible for the formulation of the general rules and principles which will govern the administration and operations of the Special Fund; the review of the operations of the Special Fund on the basis of the annual reports to be submitted by the Governing Council; and the consideration of the Expanded Programme of Technical Assistance and of the Special Fund in relation to each other.

- (10) With a view to facilitating the effective discharge of these responsibilities, it is recommended that the Economic and Social Council establish a Committee of the Council to assist in the examination of the reports submitted to the Council concerning the Special Fund and the Expanded Programme of Technical Assistance, and of such questions relating to their operations as the Council may refer to it.

- (11) The Economic and Social Council shall transmit the report of the Governing Council, together with its own comments, to the General Assembly. The Assembly will review the progress and operations of the Special Fund as a separate subject of its agenda and make any appropriate recommendations.

Governing Council

- (12) The immediate intergovernmental control of the policies and operations of the Special Fund shall be exercised by a Governing Council which will consist of representatives of eighteen States.

- (13) The Governing Council shall provide general policy guidance on the administration and operations of the Special Fund. It shall have final authority for the approval of the projects and programmes recommended by the Managing Director. It shall review the administration and the execution of the Special Fund's approved projects and shall submit reports and recommendations to the Economic and Social Council, including such recommendations as the Governing Council may deem appropriate in the light of the relevant provisions of General Assembly resolution 1219 (XII).

- (14) The States members of the Governing Council shall be elected by the Economic and Social Council from among Members of the United Nations or Members of the specialized agencies or of the International Atomic Energy Agency.

- (15) There shall be equal representation on the Governing Council of economically more developed countries, having due regard to their contributions to the Special Fund, on the one hand, and of less developed countries, on the other hand, taking into account the need for reasonable geographical distribution among the latter members.

- (16) States members of the Governing Council shall be elected for a term of three years, provided, however, that of the members elected at the first election, the terms of six members shall expire at the end of one year and the terms of six other members at the end of two years. Retiring members shall be eligible for re-election.

- (17) Decisions of the Governing Council on important questions shall be made by a two-thirds majority of the members present and voting. These questions shall include

questions of policy, the approval of projects and the allocation of funds. Decisions of the Governing Council on other questions shall be made by a majority of the members present and voting.

(18) The Governing Council shall adopt its own rules of procedure, including the method of selecting its officers.

(19) The Governing Council shall normally meet twice a year and on such occasions as may be necessary, in conformity with its rules of procedure.

(20) The Managing Director of the Special Fund shall participate without vote in the deliberations of the Governing Council.

(21) The Governing Council shall make appropriate arrangements in its rules of procedure for the representation of the specialized agencies, the International Atomic Energy Agency and the Executive Chairman of the Technical Assistance Board. To this end, it shall take due account of the practice followed by the Economic and Social Council.

Managing Director

(22) The Special Fund shall be administered by a Managing Director under the policy guidance of the Governing Council. The Managing Director shall have the overall responsibility for the operations of the Special Fund, with sole authority to recommend to the Governing Council projects submitted by governments.

(23) After having consulted the Governing Council, the Secretary-General will appoint the Managing Director subject to confirmation by the General Assembly.

(24) The Managing Director shall be appointed for a term of four years, or for a shorter period. He shall be eligible for reappointment.

(25) Appropriate arrangements shall be made for the participation of the Managing Director in the Technical Assistance Board.

(26) The Managing Director shall establish and maintain close and continuing working relationships with the specialized agencies concerned with those fields of activity in which the Special Fund will operate, and with the International Atomic Energy Agency. He may also establish appropriate contacts with other organizations which may be concerned with the activities of the Special Fund.

Consultative Board

(27) A Consultative Board shall be established to advise the Managing Director. The function of the Board shall be to assist the Managing Director with advice in the examination and appraisal of project requests and proposed programmes of the Special Fund. The Board shall be composed of the Secretary-General of the United Nations, the Executive Chairman of the Technical Assistance Board and the President of the International Bank for Reconstruction and Development or their designated representatives.

(28) The Managing Director of the Special Fund shall make, as appropriate, arrangements for representatives of the specialized agencies and of the International Atomic Energy Agency to be invited to the deliberations of the Consultative Board when projects falling mainly within their fields of activity are considered.

(29) To facilitate the field co-ordination between the Special Fund and the Expanded Programme of Technical Assistance in the countries seeking assistance, the Managing Director shall enter into an agreement with the Executive Chairman of the Technical Assistance Board concerning the role of the resident representatives in the work of the Special Fund.

Staff

(30) The Managing Director shall be assisted by a small group of officials to be selected by, or in consultation with him, on the basis of their special competence.

(31) For other services, the Managing Director shall rely as far as possible on the existing facilities of the United Nations, the specialized agencies, the International Atomic Energy Agency and the Technical Assistance Board. These facilities should be made available to the Special Fund without charge except when clearly identifiable additional expenses are involved. The Managing Director may also, as required, engage expert consultants.

V. Procedures

A. Sources and formulation of requests

(32) Projects shall be undertaken only at the request of a government or group of governments eligible to participate in the Special Fund.

(33) Governments shall present their requests for assistance in a form indicated by the Managing Director. Requests shall include all possible information on the intended use and benefits expected to be derived from the Special Fund's assistance, evidence of a technical nature regarding the projects for which assistance is requested, data bearing upon the economic appraisal of such projects, and statements concerning the part of costs which the government itself would be ready to assume. The Special Fund, the Expanded Programme of Technical Assistance, the United Nations, the specialized agencies and the International Atomic Energy Agency should be ready to assist and advise governments, at their request, in the preparation of their applications for assistance.

(34) The Special Fund shall utilize only the official channel designated by each government for the submission of requests.

B. Evaluation and approval of requests

(35) The Managing Director shall be responsible for evaluation of project requests. In this evaluation, he will normally be expected to rely upon the assistance of existing services within the Expanded Programme of Technical Assistance, the United Nations, the specialized agencies and the International Atomic Energy Agency. He shall also be authorized to contract the services of other agencies, private firms or individual experts for this purpose, in case the services of the United Nations, the specialized agencies or the International Atomic Energy Agency are wholly or partly unavailable or inadequate.

(36) On the basis of the evaluation of project requests, the Managing Director shall periodically develop programmes for submission to the Governing Council. In developing his recommendations to the Governing Council, he shall consult the Consultative Board established under paragraph (27) above.

(37) The Managing Director shall, at the request of the government or governments which have submitted such

projects, submit to the Governing Council for its consideration a report on project requests which he has been unable to include in his programme.

(38) The Governing Council shall examine the programmes and projects submitted by the Managing Director. Each project shall be accompanied by :

- (a) An evaluation of the benefits expected to be derived by the requesting country or countries;
- (b) A summary of its technical evaluation;
- (c) A proposed budget showing the financial implications of the project in their entirety, including a statement on the costs which would be borne by the recipient governments;
- (d) A draft agreement with the requesting government or governments;
- (e) When appropriate, a draft agreement with the agent or agents responsible for execution of the project.

(39) The Governing Council shall take a final decision on the projects and programmes recommended by the Managing Director and authorize him to conclude the appropriate agreements.

C. Execution of Projects

(40) Projects shall be executed, whenever possible, by the United Nations, by the specialized agencies concerned, or by the International Atomic Energy Agency, it being understood that the Managing Director shall also be authorized to contract for the services of other agencies, private firms or individual experts in the cases mentioned in paragraph (35) above.

(41) Arrangements for the execution of projects shall be subject to the approval of the requesting government or governments and shall be specified in an agreement with these governments. Such arrangements shall contain provisions regarding the cost, including any local costs, which the requesting government will assume and those facilities and services it will provide.

(42) Where requests for assistance fall within the sphere of two or more organizations, arrangements shall be made for joint execution by the organizations concerned and for proper co-ordination.

(43) The Managing Director shall make appropriate arrangements to follow the execution of projects.

(44) The Managing Director shall report to the Governing Council on the status of projects and the financial position of the projects and programmes.

(45) The Managing Director and the Governing Council shall take appropriate measures to ensure an objective evaluation of the results of projects and programmes.

VI. Finances

(46) The financial resources of the Special Fund shall be derived from voluntary contributions by governments of States Members of the United Nations, or Members of the specialized agencies or of the International Atomic Energy Agency. The Special Fund is also authorized to receive donations from non-governmental sources. It is recommended that contributions by governments should be paid as early in each year as possible. Furthermore, while contributions will normally be on an annual basis, it is recommended, in

view of the expected longer term of many of the Special Fund's projects, that contributions be pledged or indicated, whenever possible, for a number of years.

(47) The Secretary-General is requested to convene annually a pledging conference at which governments would announce their contributions to the Expanded Programme of Technical Assistance and to the Special Fund respectively. If a government pledges an initial lump sum, it should, within a reasonably short period, indicate the division of its contribution between the two programmes.

(48) Contributions shall be made by governments in currency readily usable by the Special Fund consistent with the need for efficiency and economy of the Special Fund's operations, or shall be transferable to the greatest possible extent into currency readily usable by the Special Fund. To this end, governments are urged to make available as large a percentage as they may find possible of their contributions in such currency or currencies as the Managing Director may indicate are required for the execution of the Special Fund's programme. The Managing Director should, consistent with the criteria set forth respecting the nature and utilization of contributions, endeavour to make the fullest possible use of available currencies.

(49) The Managing Director shall, at the end of the first year of the operations of the Special Fund and subsequently as he deems necessary, report to the Governing Council for its consideration on the extent to which restrictions which may have been maintained on contributions have affected the flexibility, efficiency and economy of the Special Fund's operations. The Governing Council shall also consider what action may be necessary with respect to currency found not readily usable in order to facilitate the Special Fund's operations. Any action in this respect shall be subject to review by the Economic and Social Council and the General Assembly.

(50) Contributions shall be made without limitation as to use by a specific agency or in a specific recipient country or for a specific project.

(51) To the end that the multilateral character of the Special Fund shall be strictly respected, no contributing country should receive special treatment with respect to its contribution nor should negotiations for the use of currencies take place between contributing and receiving countries.

(52) Since programmes shall be developed on a project basis, there should be no *a priori* allocation of funds on a country basis or among basic fields of assistance.

(53) Recipient governments shall be expected to finance part of the costs of projects, at least that part payable in local currency. This general rule may, however, be waived in the case of countries deemed financially unable to make even a local currency payment.

(54) The Special Fund shall be governed by financial regulations consistent with the financial regulations and policies of the United Nations. The financial regulations for the Special Fund shall be drafted by the Secretary-General of the United Nations, in consultation with the Managing Director, for approval by the Governing Council, after review by the Advisory Committee on Administrative and Budgetary Questions. In the preparation of these regulations, account shall be taken of the special requirements of the Special Fund's operations; in particular, appropriate provision shall be made to permit the approval of projects of more than one

year's duration and for an exchange of currencies between the Special Fund and the Special Account for the Expanded Programme of Technical Assistance. Provision should also exist under which the Managing Director is authorized in consultation with the Governing Council to establish appropriate financial rules and procedures.

(55) The administrative budget prepared by the Managing Director with the assistance of the Secretary-General of the United Nations shall be submitted for approval to the Governing Council with the comments, if any, of the Advisory Committee on Administrative and Budgetary Questions. It shall be submitted to the General Assembly at the same time as the annual report of the Governing Council with the comments of the Advisory Committee on Administrative and Budgetary Questions.

(56) The Special Fund shall be authorized to build up gradually a reserve fund by earmarking a specific percentage of the total contributions of each year up to an amount to be determined by the Governing Council on recommendation of the Managing Director.

(57) The Governing Council shall be authorized to consider allocating part of the resources of the Special Fund for assistance on a refundable basis at the request of governments for projects within the terms of reference of the Special Fund.

ANNEX 1

ILLUSTRATIVE LIST OF TYPES OF PROJECTS

The following list of types of projects is based on the replies of governments, on the views of the Secretary-General of the United Nations, the Executive Chairman of the Technical Assistance Board and the executive heads of the specialized agencies and the International Atomic Energy Agency in response to General Assembly resolution 1219 (XII), and on the statements and suggestions of representatives of the member governments of the Preparatory Committee. The list is by no means exhaustive and should be considered only as illustrative. It is in no way intended to limit or determine the operations of the Special Fund. The order in which projects are listed is not intended to suggest any priorities. Moreover, it may well be that many projects will combine several of the elements enumerated below; for example, demonstration centres may be operated in conjunction with other training and research facilities.

I. Resources

A. Economic surveys to determine the potentialities for economic development either in a country, a group of countries or a specific sector of an economy :

1. General surveys—to indicate areas for development and areas where more detailed surveys could usefully be conducted.

2. Integrated surveys, e.g. national and regional investigations of soil, hydrologic and other resources for multi-purpose development schemes, involving some of the specialized surveys outlined below.

B. Surveys of natural resources :

1. Mineral, hydrologic, soil, forestry, marine and meteorological surveys; evaluation of potential sources for industrial raw materials, agricultural development, conventional and non-conventional power development, including development of nuclear power; including aerial photography, mapping, mineral and forestry explorations.

2. Establishment of institutes, regional or national, to conduct the above surveys so far as required on a continuing basis, including research into area problems such as arid zones and resources of the sea.

C. Human resources :

1. General surveys relating to the mobilization of human resources and social aspects of development.

2. Assessment of manpower resources and potential labour supply especially from surplus agricultural populations; surveys of composition and distribution of population, including internal migration, family patterns and community organization, urbanization.

3. Establishment of institutes, regional or national, to conduct the above surveys so far as required on a continuing basis.

4. Demonstration projects, such as experimental community development schemes.

II. Industry

A. Industrial resource development (see also I above). Research institutes for investigation into technological problems connected with the development of indigenous raw materials, such as industrial use of minerals and timber, use of local sands for glass and cement; including research into marketing problems.

B. Programmes for vocational and supervisory training, management training and advanced technological instruction, including institutes, apprenticeship and other forms of in-plant training, the establishment of centres for dissemination of technical information.

C. Pilot and demonstration projects in connexion with commercial development of indigenous raw materials; e.g. experimental plants for processing of agricultural and forestry products and other raw materials; demonstration centres for cottage, handicraft and small industry development; experimental power units.

D. Productivity institutes, to provide general and specialized assistance to industry and agriculture in improving efficiency of production.

E. Technological institutes, national or regional, for training technicians and developing techniques, including methods of producing equipment and examining possibilities of adapting equipment in various fields such as electronics and chemistry.

F. Institutes for promoting the use of radioisotopes, development of nuclear energy, or dissemination of nuclear technology in general, including training and dissemination of information on health and safety or waste disposal.

III. Agriculture and other renewable resources

A. Agricultural resource development (see also I above). Research institutes for investigations into problems connected with the development of indigenous agricultural or other renewable resources, such as improvement of seeds and fertilizers to meet local soil conditions, selective livestock breeding; including research into marketing problems.

B. Training institutes for improving farming, fishing and forestry techniques, including establishment of demonstration farms and assistance to the organization of co-operatives; specialized training centres for agronomists, foresters, agricultural economists; provision for dissemination of technical and scientific documentation.

C. Pilot schemes and demonstration centres for irrigation, drainage, polders, agrometeorology, and land use and conservation; including experimental work with mechanized fishing vessels.

IV. Transport and communications

A. Surveys of transport and communications requirements.

B. Pilot and demonstration projects in civil aviation safety services, complex telecommunications systems.

C. Training institutes for personnel in such fields as telecommunications, civil aviation, highway maintenance and administration.

V. Building and housing

A. Surveys of housing and other building requirements.

B. Research institutes for the study of technological problems in connexion with construction methods, for example the use of local raw materials, experimental designs for tropical regions, problems connected with prefabrication.

VI. Health

A. Surveys of health problems such as urban water supply and environmental sanitation.

B. Training institutes for personnel in fields such as sanitary engineering and public health administration.

C. Health demonstration and pilot projects directly related to economic and social development, including the provision of equipment and supplies.

VII. Education

A. Surveys of general and technical education needs.

B. Training institutes for personnel in mass education, medium and high level technical education.

C. Equipment and supplies for libraries, technical documentation centres.

VIII. Statistics

Establishment of statistics and survey research institutes to train administrative and technical personnel in handling data required for policy formulation and in applying suitable methodology for developing such data, including particularly survey and research methods adapted to evaluating material and human resources required for economic and social development, compiling and analysing information, organizing needed surveys and providing advice and assistance in the conduct of surveys and research.

IX. Public administration

Training centres for personnel in various aspects of public administration, such as finance and fiscal administration, administration of public enterprises.

ANNEX 2

TEXT OF GENERAL ASSEMBLY RESOLUTION 1219 (XII)

The General Assembly,

In conformity with the determination of the United Nations, as expressed in its Charter, to promote social progress and better standards of life in larger freedom, and for these ends, to employ international machinery for the promotion of the economic and social advancement of all peoples,

Conscious of the particular needs of the less developed countries for international aid in achieving accelerated development of their economic and social infrastructure,

Recalling its resolutions on the establishment of an international fund for economic development within the framework of the United Nations and, in particular, reaffirming its unanimously adopted resolutions 724 A (VIII) and 724 B (VIII) of 7 December 1953,

Noting the recommendation of the Economic and Social Council in its resolution 662 B (XXIV) of 31 July 1957,

Recognizing that the United Nations Expanded Programme of Technical Assistance is of proven effectiveness in promoting the economic development of the less developed countries,

Recognizing however that neither the Expanded Programme nor other existing programmes of the United Nations or the specialized agencies can now meet certain urgent needs which, if met, would advance the processes of technical, economic and social development of the less developed countries, and, in particular, would facilitate new capital investments of all types—private and public, national and international—by creating conditions which would make such investments either feasible or more effective,

Convinced that a rapidly achieved enlargement in the financial resources and scope of technical assistance rendered by the United Nations and the specialized agencies to the

less developed countries would constitute a constructive advance in United Nations assistance and would be of immediate significance in accelerating their economic development,

Recognizing that, while long-term pledges are desirable, some Governments are unable to make financial commitments except with the approval of their legislatures and on an annual basis,

I

Commends the *Ad Hoc* Committee on the Question of the Establishment of a Special United Nations Fund for Economic Development for the work embodied in its final ¹ and supplementary ² reports prepared in accordance with General Assembly resolutions 923 (X) of 9 December 1955 and 1030 (XI) of 26 February 1957;

II

1. *Decides* that, subject to the conditions prescribed hereunder, there shall be established as an expansion of the existing technical assistance and development activities of the United Nations and the specialized agencies a separate Special Fund which would provide systematic and sustained assistance in fields essential to the integrated technical, economic and social development of the less developed countries,

2. *Decides further* that, in view of the resources prospectively available at this time, which are not likely to exceed \$100 million annually, the operations of the Special Fund shall be directed towards enlarging the scope of the United Nations programmes of technical assistance so as to include special projects in certain basic fields to be defined by the Preparatory Committee provided for in paragraph 4 below, for example, intensive surveys of water, mineral and potential power resources, the establishment—including staffing and equipping—of training institutes in public administration, statistics and technology, and of agricultural and industrial research and productivity centres;

3. *Considers* that while, without impairing the separate identity of the Special Fund, the fullest possible use should be made of the existing machinery of the United Nations, the specialized agencies—including the existing international financial institutions—and the Expanded Programme of Technical Assistance, the Special Fund will require some new administrative and operational machinery;

4. *Decides* to establish a Preparatory Committee composed of representatives of sixteen Governments to do the following, taking into account the principles set out in the annex to the present resolution and the views and suggestions forwarded by Governments pursuant to paragraph 7 below :

(a) Define the basic fields of assistance which the Special Fund should encompass and, within these fields, the types of projects which should be eligible for assistance;

(b) Define in the light of paragraph 3 above the administrative and operational machinery to be recommended for the Special Fund, including such changes as may be required in the present legislation and procedures of the Expanded Programme of Technical Assistance;

¹ Document A/3579 and Add. 1

² Document A/3580

(c) Ascertain the extent to which Governments would be willing to contribute to the Special Fund;

5. *Invites* the President of the General Assembly to appoint the members of the Preparatory Committee;

6. *Invites* the Secretary-General to provide the Preparatory Committee with all the necessary facilities, including the provision of such expert consultants as might be required;

7. *Requests* Governments to assist the Preparatory Committee in its work by forwarding their views and suggestions to the Committee through the Secretary-General and, in particular, by indicating the extent to which they would be willing to contribute to the Special Fund;

8. *Invites* the Secretary-General, the executive heads of the specialized agencies and the Executive Chairman of the Technical Assistance Board to forward their views and suggestions to the Preparatory Committee;

9. *Requests* the Preparatory Committee to submit the results of its work in the form of a report and recommendations to the Economic and Social Council, at its twenty-sixth session;

10. *Requests* the Economic and Social Council to transmit the Preparatory Committee's report, together with its own comments, to the General Assembly, at its thirteenth session, for final action;

11. *Looks forward* to the establishment of the Special Fund as of 1 January 1959;

12. *Appeals* to all States Members of the United Nations, in a spirit of co-operation and solidarity, to give the greatest possible assistance to the Special Fund;

III

Decides that as and when the resources prospectively available are considered by the General Assembly to be sufficient to enter into the field of capital development, principally the development of the economic and social infrastructure of the less developed countries, the Assembly shall review the scope and future activities of the Special Fund and take such action as it may deem appropriate.

730th plenary meeting, 14 December 1957.

Annex

1. The Special Fund shall be a multilateral fund of the United Nations, with financial resources principally derived from voluntary annual contributions of Governments and others in or transferable into currency usable by the Fund and, as much as possible, pledged or indicated for a number of years.

2. Assistance from the Special Fund shall be given only to projects which would make a contribution to the economic development of the requesting country or countries. The operations of the Fund shall be in conformity with the principles of the Charter of the United Nations and shall not be influenced by political considerations.

3. The Special Fund shall be administered by a chief executive officer under policies established by an executive body in accordance with such rules and principles as may be laid down by the General Assembly and the Economic and Social Council. The membership of the executive body shall be equally distributed between two groups, one consisting

mainly of major contributing countries and the other consisting mainly of less developed countries. Each member of the executive body shall have one vote. Decisions of the executive body on questions of policy, including the allocation of funds, shall require a qualified majority vote.

Annex 19

1. SMALLPOX ¹

REPORT BY THE DIRECTOR-GENERAL

[A11/P&B/17 — 19 May 1958]

Outline of Previous Decisions of the World Health Assembly and the Executive Board

The Third World Health Assembly recommended (resolution WHA3.18) that greater weight should be given to smallpox in the regular programme of the World Health Organization for 1952. The Executive Board at its eleventh session noted a report submitted by the Director-General dealing with further action on general world health problems, and considered that a campaign against smallpox would be suitable for a world-wide programme (resolution EB11.R58). The Sixth World Health Assembly, after considering the resolution of the Executive Board, requested the Board to proceed with a detailed study of the means of implementing such a campaign (resolution WHA6.18). At the request of the Executive Board (resolution EB12.R13) the Director-General consulted with Member States, WHO regional committees, and members of expert advisory panels, reporting to the Board at its thirteenth session. The Board requested the Director-General to urge health administrations to conduct wherever possible campaigns against smallpox as an integral part of public health programmes and to include where possible additional studies on smallpox in his future programme plans (resolution EB13.R3). The Seventh World Health Assembly considered the results of the study carried out by the Executive Board and, in resolution WHA7.5, requested the Director-General :

- (1) to continue studies on the most effective methods of smallpox control, particularly with reference to those countries where the disease is endemic;
- (2) to urge health administrations to conduct, wherever possible and necessary, campaigns against smallpox as an integral part of the public health programmes;
- (3) to provide within budgetary limitations the assistance requested by national administrations to further their smallpox control programmes...

The Director-General called the attention of all Member States to these resolutions, as a result of which twelve countries made new requests for assistance, which, in many cases, has been or is being given. The Eighth World Health Assembly again urged health administrations to conduct where necessary campaigns against smallpox as an integral part of their public health programmes (resolution WHA8.38).

Reported Smallpox

A brief survey of the smallpox situation is given below. The appendix to this report provides information on the number of reported cases and the number of vaccinations registered in different countries in the latest years for which information is available.

Smallpox due to Imported Cases

In 1956 and 1957 smallpox cases were brought in and secondary foci started in several countries in

¹ See resolution WHA11.54.

Europe and in the Eastern Mediterranean and South-East Asia areas which had been free from smallpox for two or more consecutive years.

Country	Number of cases reported	Imported from
Aden Protectorate	65	Yemen
Bahrain	68	*
Ceylon	21	India
Italy	8	Asia
Jordan	2	Lebanon
Kuwait	31	*
Lebanon	209	Iraq
Muscat and Oman	26	*
Qatar	6	*
Trucial Oman	5	*
Turkey	128	*
United Kingdom of Great Britain and Northern Ireland	4	Nigeria

* Not stated, probably from neighbouring countries.

Smallpox was imported into the following other countries where the disease was already present :

Country	Imported from
Argentina . . .	Bolivia—one case in a seasonal farm worker
Ghana	Sierra Leone—one ; Nigeria—one; French West Africa—two
Iran	Unspecified neighbouring countries (?Afghanistan, Iraq, Pakistan)—caused 108 cases
Iraq	Muscat—two ; Iran—one
Paraguay . . .	Brazil
Sierra Leone	Areas of West Africa from French West Africa to North Nigeria
Sudan	West Africa ; Eritrea

Smallpox was imported into the following countries, but did not give rise to secondary cases and no other cases were present :

Country	Number of cases reported	Imported from
Germany, Federal Rep.	1	? India or Pakistan
Greece	1	Sudan
Syria	41	? Iraq

Appendix

CASES OF SMALLPOX REPORTED AND SMALLPOX VACCINATIONS REGISTERED (latest available yearly figures ¹)

Country	Year	Population (1000)	Cases	Vaccinations (and revaccinations)
Africa				
Algeria	1954	9 444	67	957 789
	1955	9 620	73	1 744 302
	1956		18	...
	1957		7	...
Angola	1954	4 243	135	...
	1955	4 280	122	...
	1956	4 317	106	...
	1957		11	...
Bechuanaland	1954	321	4	...
	1955	324	—	...
	1956	327	—	...
	1957		111	...
Belgian Congo	1954	12 264	5 221	5 123 575
	1955	12 536	6 221	4 376 307
	1956	12 806	4 294	4 741 476
	1957		2 032	...
Cameroons (French)	1954		177	670 364
	1955	3 146	42	468 434
	1956		42	630 174
	1957		4	...

... = not available
— = nil

+ = not yet received
* = provisional

¹ The figures for 1956 and 1957 are provisional.

Country	Year	Population (1000)	Cases	Vaccinations (and revaccinations)
<i>Africa (continued)</i>				
Egypt	1954	22 462	...	4 429 678
	1955	22 936	—	5 999 311
	1956	23 516	—	+
	1957	24 020	2	+
Ethiopia	1954		378	...
	1955	20 000	282	...
	1956		555	...
	1957		403	...
French Equatorial Africa	1954	4 560	669	1 908 178
	1955	4 680	315	1 943 213
	1956	...	57	1 701 245
	1957	...	57	...
French West Africa	1954	18 774	3 863	5 239 660
	1955	18 729	3 983	7 551 066
	1956		4 855	5 461 902
	1957		12 570	...
Gambia	1954	274	107	...
	1955	285	31	...
	1956		15	...
	1957		33	...
Ghana	1954	4 548	36	1 041 672
	1955	4 620	125	...
	1956	4 691	259	...
	1957		184	...
Kenya	1954	5 948	—	...
	1955	6 048	61	...
	1956	6 150	396	...
	1957		789	...
Libya	1954	1 092	—	...
	1955	1 105	—	...
	1956		—	...
	1957		2	...
Morocco (former French Zone)	1954	8 350	—	864 643
	1955	8 495	2	2 207 796
	1956	8 620	—	...
	1957		2	...
Mozambique	1954	5 975	28	920 336
	1955	6 040	31	1 150 118
	1956	6 105	4	+
	1957		—	+
Nigeria	1954	30 300	6 372	3 699 298
	1955	31 254	5 828	...
	1956	31 834	4 798	...
	1957	32 433	9 733	...
Portuguese Guinea	1954		150	...
	1955	541	56	...
	1956	547	4	...
	1957		149	...

... = not available
— = nil

+ = not yet received
* = provisional

Country	Year	Population (1000)	Cases	Vaccinations (and revaccinations)
<i>Africa (continued)</i>				
Rhodesia and Nyasaland, Federation of:				
Northern Rhodesia				
	1954	2 070	1 024	...
	1955	2 130	2 861	1 370 478
	1956	2 180	266	2 997 000
	1957	2 240	565	...
Nyasaland				
	1954	2 480	5	357 532
	1955	2 540	28	772 839
	1956	2 600	243	335 538
	1957	2 650	315	...
Southern Rhodesia				
	1954	2 320	1	584 876
	1955	2 399	157	845 580
	1956	2 480	150	937 393
	1957	2 560	35	...
Ruanda-Urundi				
	1954	4 262	234	3 858 345
	1955	4 280	113	24 588
	1956	4 433	58	41 529
	1957		34	...
Sierra Leone				
	1954	2 040	5	62 209
	1955	2 050	49	108 966
	1956	2 100	922	...
	1957		4 845	...
Somalia				
	1954	1 269	818	304 185
	1955	1 280	193	38 727
	1956	1 300	3	...
	1957		—	...
Somaliland Protectorate				
	1954	640	818	18 521
	1955	640	—	4 043
	1956	640	—	...
	1957		3	...
Sudan				
	1954		...	431 554
	1955		4 200	428 923
	1956	10 226	438	...
	1957		285	...
Tanganyika				
	1954	8 186	911	...
	1955	8 324	543	...
	1956	8 456	605	...
	1957	8 588	856	...
Togo				
	1954	1 060	226	303 653
	1955	1 080	4	108 897
	1956	1 100	6	253 136
	1957		11	...
Tunisia				
	1954	3 680	1	...
	1955	3 745	—	...
	1956	3 783	2	...
	1957	3 800	—	...
Uganda				
	1954	5 425	218	...
	1955	5 508	69	...
	1956	5 593	231	...
	1957		481	...

... = not available
— = nil

+ = not yet received
* = provisional

Country	Year	Population (1000)	Cases	Vaccinations (and revaccinations)
Africa (continued)				
Union of South Africa	1954	13 425	7	...
	1955	13 669	27	...
	1956	13 915	3	...
	1957	14 167		...
Zanzibar	1954	277	—	28 033
	1955	278	3	28 996
	1956	280	56	90 994
	1957		1	...
No cases of smallpox were reported in Basutoland, French Somaliland, Madagascar, Mauritius, Seychelles, St Helena, Swaziland.				
America				
Argentina	1954	18 754	252	...
	1955	19 118	55	...
	1956	19 486	86	...
	1957	19 858	322	...
Bolivia	1954	3 162	624	226 036
	1955	3 198	355	505 443
	1956	3 235	434	270 948
	1957	3 273	1 311	...
Brazil (Federal District and state capitals)	1954		1 012	...
	1955		2 580	...
	1956		1 604	...
	1957	61 268	693	...
Chile	1954	6 597	—	* 517 794
	1955	6 761	—	+
	1956	6 944	...	+
	1957		...	+
Colombia	1954	12 382	7 203	1 645 633
	1955	12 657	3 404	1 364 025
	1956	12 939	2 572	1 799 193
	1957	13 227	2 103	...
Ecuador	1954	3 567	2 516	...
	1955	3 691	1 888	...
	1956	3 796	674	289 024
	1957	3 890	923	...
Mexico	1954	28 853	...	1 221 200
	1955	29 679	...	1 243 690
	1956	30 538	—	4 699 174
	1957	31 426	—	...
Paraguay	1954	1 530	207	232 246
	1955	1 565	57	175 694
	1956	1 601	43	221 811
	1957	1 638	93	...
Peru	1954	9 213	115	460 684
	1955	9 396	—	831 238
	1956	9 651	—	895 325
	1957	9 923	—	...

... = not available
— = nil

+ = not yet received
* = provisional

Country	Year	Population (1000)	Cases	Vaccinations (and revaccinations)
America (continued)				
Uruguay	1954	2 579	1	...
	1955	2 615	43	...
	1956		42	96 635
	1957		2	...
Venezuela	1954	5 605	13	1 257 609
	1955	5 774	17	1 078 777
	1956	5 953	4	1 132 812
	1957	6 134	—	...
No cases of smallpox were reported in Alaska, British Guiana, British Honduras, Canada, Costa Rica, Cuba, Dominican Republic, El Salvador, Falkland Islands, Haiti, Jamaica, Martinique, Miquelon, Nicaragua, Panama, Panama Canal Zone, Puerto Rico, St Pierre, Tobago, Trinidad, United States of America.				
Asia				
Aden Colony	1954	150	66	89 239
	1955	140	1	61 573
	1956		—	+
	1957		13	+
Aden Protectorate	1954	650	—	...
	1955		—	9 341
	1956		—	11 315
	1957		48	+
Afghanistan	1954		1 725	178 802
	1955	12 000	1 345	...
	1956	12 000	1 002	...
	1957		239	...
Bahrain	1954		—	18 764
	1955	122	1	44 842
	1956	122	61	...
	1957	124	7	...
Burma	1954	19 242	216	...
	1955	19 434	1 673	...
	1956	19 856	4 223	2 389 799
	1957	20 054	359	...
Cambodia	1954	4 100	443	...
	1955	4 358	486	...
	1956		525	...
	1957		110	...
Ceylon	1954	8 385	2	248 764
	1955	8 589	—	250 935
	1956	8 929	—	259 644
	1957		19	...
China (Taiwan)	1954	8 617	9	5 758 538
	1955		—	...
	1956		—	...
	1957		—	...

... = not available
— = nil

+ = not yet received
* = provisional

Country	Year	Population (1000)	Cases	Vaccinations (and revaccinations)
<i>Asia (continued)</i>				
India	1954	356 829	46 629	42 988 074
	1955	(1951 figure)	41 932	10 574 794
	1956		45 166	...
	1957		74 416	...
Indonesia	1954	81 100	1 879	...
	1955	82 600	1 377	...
	1956	84 000	2 943	...
	1957		1 479	...
Iran	1954	21 181	90	...
	1955	21 794	542	...
	1956	22 307	1 616	...
	1957		547	...
Iraq	1954	4 948	22	402 327
	1955	5 200	72	...
	1956		1 179	...
	1957	6 538	1 919	...
Japan	1954	88 000	2	5 215 000
	1955	89 000	1	5 212 000
	1956	90 000	—	4 311 000
	1957	90 900	—	...
Jordan	1954	1 384	—	77 085
	1955	1 425	—	90 835
	1956	1 471	—	65 500
	1957		2	...
Korea	1954	21 687	781	5 560 029
	1955	21 526	2	4 595 912
	1956		9	3 563 721
	1957		7	...
Kuwait	1954	200	—	...
	1955	203	—	...
	1956		8	...
	1957		23	...
Lebanon	1954	1 385	—	5 246
	1955	1 425	—	2 291
	1956	1 450	101	...
	1957		92	...
Muscat and Oman	1954	550	—	...
	1955		1	...
	1956		22	...
	1957		4	...
Pakistan : Total	1954	81 228	2 568	...
	1955	82 439	3 261	...
	1956	83 603	5 346	...
	1957	84 777	25 640	...
East Pakistan	1954	42 063	446	...
	1955	(1951 figure)	1 879	...
	1956		5 170	...
	1957		24 621	...

... = not available
— = nil

+ = not yet received
* = provisional

Country	Year	Population (1000)	Cases	Vaccinations (and revaccinations)
<i>Asia (continued)</i>				
Portuguese India	1954	643	13	32 400
	1955	644	23	25 073
	1956	645	1	21 663
	1957		42	
Qatar	1954	30	—	...
	1955	35	—	...
	1956		4	...
	1957		2	...
Saudi Arabia	1954	7 000	5	...
	1955	(1952 figure)	1	...
	1956		—	...
	1957		65	...
Syria	1954	3 670	7	197 164
	1955	3 856	—	169 330
	1956	3 970	—	...
	1957		41	...
Thailand	1954	19 925	21	...
	1955	20 302	117	...
	1956	20 686	4	...
	1957	21 076	3	...
Trucial Oman	1954	80	—	...
	1955		—	...
	1956		3	...
	1957		—	...
Turkey	1954	23 441	—	3 974 697
	1955	24 122	—	4 226 212
	1956	24 797	—	...
	1957		128	...
Viet Nam	1954		3 564	...
	1955		932	...
	1956	12 000	256	...
	1957		83	...

No cases of smallpox were reported in the Federation of Malaya or Hong Kong.

... = not available
— = nil

+ = not yet received
* = provisional

2. ERADICATION OF SMALLPOX ¹

REPORT SUBMITTED BY THE GOVERNMENT OF THE UNION OF SOVIET SOCIALIST REPUBLICS

[A11/P&B/18 — 27 May 1958]

The prophylaxis of smallpox is based on the classic observation by Jenner (1798) that inoculation with smallpox vaccine protects human beings against this disease.

As early as 1806, the President of the United States of America Thomas Jefferson (1743-1826) said in his letter to Jenner: "It is owing to your discovery... that in the future the peoples of the world will learn about this disgusting smallpox disease only from

¹ See resolution WHA11.54.

ancient traditions." This prophecy has not as yet been accomplished even nowadays, despite great progress in many branches of human activity. Smallpox is still one of the six diseases subject to international conventions, a dark shadow on humanity, and the eradication of this pernicious infection is still a matter of concern to vast numbers of people in the five continents.

Before proceeding to set forth our proposals, some mention should be made of our experience in eradicating naturally occurring smallpox in the USSR. In the Soviet Union this disease was eradicated over twenty years ago as a result of rigorously applied measures. Under the system followed in our country, great attention is paid to the health education of the population and its active participation in carrying out prophylactic measures. The same principle applies in regard to the basic measure for the prevention and control of smallpox, namely compulsory vaccination of all citizens of the USSR: vaccination during the first year of life and revaccination at the ages of five, eleven, and eighteen to twenty. The relevant law (decree) was promulgated in 1919 and re-promulgated with some additions in 1939. Under this law, the Republics of the Union and the local administrations are authorized within the boundaries of their territory to issue compulsory regulations for the carrying-out of extra vaccinations against smallpox. As a rule such measures are adopted when there is a danger of the disease being brought in from outside and they are generally of a temporary nature. This peculiarity of the Soviet law is of great importance as it increases the responsibility of local authorities in protecting the population against smallpox and stimulates the vigilance of the local medical and sanitary organizations in the proper direction. The existence of large numbers of non-

vaccinated persons is regarded as a danger to the rest of the population.

Regular and emergency vaccinations against smallpox, being strictly regulated by law, do not, as a rule, involve any increase in the percentage of anomalies or complications in the vaccination process.

The law on compulsory vaccination against smallpox ensures that the localities are supplied in good time with the requisite quantity of high-grade effective smallpox vaccine and with the necessary funds for prophylactic measures.

As a government measure, this law is of great educational value for the people.

Mention should also be made of the fact that the Soviet Union has industrial plants producing high-grade smallpox vaccine (vacuum dried preparation).

As a result of the combined efforts of the scientific and practical institutions of the USSR, the research work headed by Professor M. I. Morozov and by other workers of the N. F. Gamaleya Institute of Epidemiology and Microbiology has made possible the production of a dried smallpox vaccine of extremely high quality as regards its potency and purity, as well as resistance to heat and intense solar radiation. It can be stored for a long time, which greatly facilitates the eradication of smallpox in areas with a warm and subtropical climate, such as the Crimea, Transcaucasia and the Republics of Central Asia.

Despite the great progress made throughout the world in reducing and eradicating infectious diseases, smallpox still remains in many countries a very widespread infection, although the incidence of the disease shows a marked tendency to decrease. Table 1 gives some data on the incidence of small-

Table 1

A. DEATHS FROM SMALLPOX

Continent	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Asia	68 536	46 613	57 494	42 258	94 060	200 608	57 656	2 204	14 238	10 773	15 813
Africa	4 624	3 047	3 224	3 275	5 661	3 475	3 717	1 052	2 313	2 152	1 272
Americas	1 480	1 692	3 627	3 947	4 954	2 131	1 743	655	604	1	—
Europe	146	84	33	21	17	15	7	9	0	22	—
Australia	0	0	0	0	0	—	—	—	0	—	—
Total	74 786	51 436	64 378	49 501	104 692	206 229	63 123	3 920	17 155	12 948	17 085

B. SMALLPOX INCIDENCE THROUGHOUT THE WORLD, BY CONTINENT ¹

Continent	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Asia	101 352	97 729	248 151	451 554	108 440	53 674	57 974	51 846	62 470	96 441
Africa	25 603	25 838	37 879	27 317	31 665	21 392	26 322	23 140	17 651	31 986
Americas	30 063	17 908	20 538	9 038	8 948	7 382	11 429	7 638	5 528	3 688
Europe	373	101	108	160	247	40	57	88	—	13
Oceania	—	—	3	—	—	—	—	—	—	—
Total	157 391	141 576	306 679	488 069	149 300	82 488	95 782	82 712	85 649	132 128

¹ Compiled from WHO data—document EB/21/WP/21 of 24 January 1958

pox over a period of eleven years, namely, from 1946 to 1957.

In compiling this table, use was made of the material provided by the Director-General at the twenty-first session of the Executive Board, as well as of epidemiological and demographic reports. Even if allowance is made for the fact that these data may be incomplete, it will nevertheless be recognized that :

(a) smallpox incidence decreases slowly, that is to say only by 16 per cent. in ten years, and probably even less;

(b) the disease is mainly concentrated in Africa and Asia;

(c) periodic invasions of smallpox, as well as epidemic outbreaks of this disease, occur in a number of countries of Asia, Africa, America and Europe. Within recent years, even in Western Europe, 50 to 100 cases per annum have been recorded (see Table 2);

(d) smallpox mortality is still high, the number of persons who died from this disease in 1955-56 being 13 000 and 17 000 respectively (Table 1).

Smallpox vaccination on a large scale is carried out every year in various countries. Thus, in 1954 the number of vaccinations in those countries which have submitted information (88) amounted to over 73 millions (Table 3).

However, in some countries, particularly in those where smallpox is endemic, vaccination covers only part of the population, while large groups of people remain susceptible to this disease.

Thus, in Ceylon, with its 8 600 000 population, 243 000 persons were vaccinated in 1954; in the same year 250 000 persons were vaccinated in the Federation of Malaya, with a population of 6 058 000, and 762 000 in Burma, with a population of 19 000 000.

Owing to the small number of vaccinations in Asia, South America and Africa, the principal traditional smallpox foci have not yet been eradicated and are

Table 2

SMALLPOX INCIDENCE IN EUROPE

Country	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Belgium	29	1	1	—	—	—	—	—	3	—
Spain	35	20	4	2	3	1	1	2	—	—
France	47	3	2	—	—	75	—	15	87	—
Italy	42	9	4	1	—	—	—	—	—	—
Netherlands	—	—	—	—	52	—	—	40	—	—
Portugal	853	336	54	65	78	36	9	—	—	—
England and Wales	78	—	19	8	27	135	30	—	—	—

— = no incidence

Table 3

VACCINATIONS AGAINST SMALLPOX THROUGHOUT
THE WORLD, ACCORDING TO 1954 DATA

Continent	Total number of countries	Number of countries which submitted information	Number of vaccinations in countries which submitted information
Asia	42	20	27 125 432
Africa	40	21	29 376 618
Americas	39	21	6 135 709
Europe	35	23	11 005 528
Oceania	22	3	10 651
Total	178	88	73 653 938

Remarks

(1) In those countries where there is no information for 1954, the data for the nearest year (1953 or 1952) have been taken.

(2) Not included are the data for such large countries as the Union of Soviet Socialist Republics, China, United States of America, India, Argentina, Indonesia, Brazil, Federal Republic of Germany, German Democratic Republic.

a constant danger to the adjacent countries. The countries which are free from smallpox have therefore to make considerable efforts and spend large sums on vaccinating and revaccinating the population in order to provide constant strong immunity against this disease.

Meanwhile, the modern status of medical science and health protection is such that the eradication of smallpox throughout the world is a practical possibility with a minimal expenditure and within a relatively limited period of time. To this end it is not necessary to immunize simultaneously the whole population of the world because :

(a) a considerable number of countries carry out more or less regular smallpox vaccinations of the population so that most of the people in these countries are immune to smallpox;

(b) there is another group of countries which, although not practising regular smallpox vaccinations, are only sporadically afflicted with this disease, either on account of their favourable epidemic environment or their geographical isolation (islands).

Thus, the problem of smallpox eradication throughout the world is to a large extent reduced to the eradication of the principal endemic foci of this disease by means of the vaccination of the whole population. Our proposal envisages therefore

the elaboration of a programme for the eradication of smallpox over a period of three to five years.

The antismallpox campaign should be initiated in the countries most infected with the disease.

In view of the progress made in the USSR in eradicating smallpox, we submit the proposal that our system be recommended as a basis in countries with endemic foci. As regards the Leister system, which is used mainly in England as a prophylactic measure against smallpox, it is very inadequate for the above-mentioned countries. This system consists, as is well known, in prompt identification of the disease, special notification, isolation, quarantine (usually for fourteen days), disinfection measures and eradication of flies, but it does not provide for compulsory vaccination. In view of this last fact it cannot be regarded as the basic system, although it can certainly be recommended wherever, for any serious reasons, compulsory smallpox vaccination cannot be carried out.

It should be emphasized that a sufficient number of well-vaccinated people affords good protection for unvaccinated persons with decreasing immunity, in so far as the vaccinated individuals prevent the spread of the disease just as spaces between buildings stop fire spreading in an inhabited locality.

To ensure successful vaccination in 1959 it is necessary to carry out already in 1958 large-scale preparatory work on the drawing-up of a detailed plan for smallpox eradication through vaccination.

This plan should include the following items :

(a) the placing of orders by WHO with national biological firms (factories, plants) for the preparation during 1958-60 of adequate quantities of smallpox vaccine;

(b) the training of smallpox vaccinators among the local population of the countries where vaccination is planned;

(c) the securing of funds from local sources as well as from WHO allocations for the purchase of vaccine and for the remuneration of the vaccinators and the directing personnel.

After the completion of the first series of vaccinations, provision should be made for additional vaccination of the population in the foci where the disease still occurs. As regards revaccination, time-limits should be planned for each country, with due regard to special conditions applying in each case.

To achieve the greatest possible success in all countries and especially in those situated in the tropics and subtropics, it would be best to carry out vaccination in the cool season of the year. The vaccine should be dry and of good quality. In

addition to vaccination, the Leister system should be used as fully as possible : together with vaccination it will greatly accelerate the eradication of smallpox.

It is also necessary to get scientific workers in all countries to carry out research with a view to improving smallpox vaccine so as to provide an inexpensive vaccine with high immunogenic potency and stability. The co-operation of all practical workers is also necessary for the carrying out of the prophylactic measures.

It should also be noted that our proposals are strongly supported by economic considerations.

It is quite clear that the cost of uncoordinated smallpox vaccination carried out in various countries over a number of years exceeds the sums that would be required for a co-ordinated campaign against smallpox in endemic areas.

There can be no doubt that, if our proposals are accepted and medical workers in every country do their best, smallpox, which has been the scourge of mankind for centuries, will be practically eradicated within five years. As regards its complete eradication throughout the world, we think that this can be achieved within the next ten years.

Annex 20

AMENDMENTS TO THE RULES OF PROCEDURE OF THE HEALTH ASSEMBLY¹

[A11/AFL/3 — 23 April 1958]

PROPOSAL OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA

The Director-General has the honour to communicate to the World Health Assembly the texts of the following communications received from the Representative of the United States of America to International Organizations in Geneva :

Letter dated 21 March 1958

I have the honor to inform you that the Government of the United States desires to inscribe as an item on the agenda of the Eleventh World Health Assembly the question of a two-thirds majority vote on issues affecting the level of the World Health Organization budget. A draft resolution embodying the proposal of the United States will be submitted at a later date.

It is the intention of the United States that the terms of the resolution to be submitted for consideration should not apply to the budget of the World Health Organization for 1959. It would be effective only for subsequent budgets.

Letter dated 9 April 1958

With reference to my letter of March 21 concerning voting procedure on the level of the World Health Organization budget, I now have the honor to

request, on behalf of my Government, that the following resolution be submitted to the Eleventh World Health Assembly with a view to amendment of the Rules of Procedure of the Assembly under Item 7.7. of its agenda :

The Eleventh World Health Assembly,

Recalling that Rule 67 of the Rules of Procedure provides that decisions on important questions shall be made by a two-thirds majority of the Members present and voting,

Recalling that Rule 68 of the Rules of Procedure provides that decisions on other questions, including the determination of additional categories of questions to be decided on by a two-thirds majority, shall be made by a majority of the Members present and voting,

Recognizing that the level of the budget is an important question,

DECIDES that Rule 67 of the Rules of Procedure be amended to include decisions on the level of the budget as one of the categories of questions to be decided by a two-thirds majority of the Members present and voting.

I would be grateful if you would circulate the text of this resolution to all Members of the World Health Organization.

¹ See resolution WHA11.36.

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